Risk, welfare and the treatment of adolescent cannabis users in England

Simon Flacks

Westminster Law School, University of Westminster

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Introduction

Few issues cause more disquiet among the public and political elite than the sticky subject of drug policy, and children and youth[1] remain central to our anxieties**.** Whilst there has, in England at least, been some understanding that the use of certain drugs, particularly cannabis, have become a 'normal' part of youth culture (Parker et al. 1995; Measham and Shiner, 2009), there is still strident resistance to the belief that drug use should be framed as a 'practice of the self' (Duff, 2004). Illegal drugs are broadly perceived as a risk to individuals, and to public health and safety in general, and it is still true to say that "most people do not take illicit drugs and do not like the idea that other people do" (Hathaway 2001: 132).

'Children' are at the heart of government drug policy rhetoric, demonstrated by their central place within drug strategy documents (see, for example, Home Office, 2008, 2010).

[1] The terms 'children', 'young people' and 'youth' will be used at different times throughout this article. Although 'child', according to both the Children's Act 1989 and United Convention on the Rights of the Child (Article 1) refers to anyone under the age of 18, the majority of older 'children' do not refer to themselves as such. This thesis addresses drug treatment for all people under the age of 18, although in reality very few individuals below the age of 14 are receiving treatment for drug problems (Roberts, 2010).

It is perhaps unremarkable that drugs and children are so often discursively associated; children *embody* 'risk' in advanced liberal democracies. The lurking dangers of contemporary life, real or imagined, coagulate in the adolescent's emerging, unfinished-adult body (Tulloch and Lupton, 1998). The use of drugs is a particularly profound threat to the nascent, vulnerable teenager who remains under the watchful eye of various scientific disciplines (Moore, 2002: 16). Understanding individual risk-taking, and risk 'consciousness' (O'Malley, 2004), are thus thought critical to ensuring the safe passage of young people through the perils of teenage-hood.

Whilst drugs and 'youth' have in general been the subject of considerable academic scrutiny (see, for example, Young, 1971; Shiner and Newburn, 1997; Collison, 1996; Moore, 2002), the issue of under-18 drug treatment has remained largely outside the scope of critical criminological interest.[2] The aim of this article, which is based on interviews conducted with both drug workers and service users, is to address this lacuna. It is especially interested in the rationalities and technologies pervading drug treatment as it relates to under-18s, with a focus on the drugs-crime nexus and the apparent division between 'welfarist' and 'risk-based' approaches. It has been argued that the primacy of the reoffending principle[3] in the youth justice system has led to a reduced role for children's *welfare* in favour of a focus on risk (Arthur, 2008), while broader criticisms relate to the way in which criminal justice measures are being used to govern areas of social policy that should be left to other government agencies to direct and manage. As such, argues Rodger (2008: 18), there has been a "displacement of goals" so that "the objectives of social policy subordinate issues of welfare to those of crime prevention" (Rodger 2008: 18).

Research has moreover questioned whether seemingly beneficial diversionary youth justice measures help or hinder young people, and perhaps constitute novel means of disciplining the 'usual suspects' (McAra and McVie, 2005). Case and Haines (2009: 305) note that "The use of risk as the normative touchstone for youth justice practice has, for some critical commentators…encouraged a deficit-focused, exclusionary, dehumanising, deindividualising and pessimistic view of young people as potential offenders/reoffenders – who must then

[2] There is, however, a considerable body of positivist research assessing the relationship between substance abuse and juvenile delinquency. For an overview, see YJB (2005a).

[3] Section 37(1) of the Crime and Disorder Act 1998 decrees that the *principal* aim of the youth justice system is to prevent offending or reoffending by young people under the age of 18.

be subjected to individualised, responsibilising risk-focused interventions 'for their own good'". Authors have also considered the ways in which risk necessarily invokes responsibility (for example Petersen, 1996). Many refer to David Garland's (2001) account of a new crime control complex involving preventative 'responsibilisation' strategies, which enlist and incentivise individuals and communities to respond to crime.

This article will consider this scholarship on risk and welfare in light of under-18 drug treatment. It begins with a description of the methods used in the collection of the interview data. There follows a discussion of the scope of young people's services, proceeded by analysis of the interviews. This analysis has been divided into, first, an exploration of how strategies of risk, welfare and responsibilisation operate within the drug treatment setting, and, second, consideration of under-18 drug treatment's role as a mechanism of social control. In particular, the findings point to a problematisation of dichotomous conceptions of risk and welfare. They also suggest that some drug treatment research has tended towards sweeping accounts of policy changes, when the specificities of age, drug type and history demand more nuanced explanation, as Mike Shiner (2013) has argued in his critique of the 'criminalisation thesis', discussed further below. Finally, the analysis suggests there should be some concern about the extent of 'net-widening' (Cohen, 1985) within the drug treatment system.

Methods

The research for this article is based on qualitative analysis of 19 in-depth, semi-structured, interviews conducted between March and August 2011. Six were conducted with drug workers between the ages of 28 and 54, and 13 with adolescents aged between 15 and 17. Eight of the young people were male, and five were female. Three of the males were Black British, one identified as Polish-British and the other four were White British. One of the females was Black British, the rest were White British. One of the young people was attending drug treatment services because he had been ordered to by a Court. The others were attending because they had been referred through Youth Offending Teams (YOTs), because their social workers had referred them to the service, or because they had been identified, at schools for excluded pupils that they were attending, as having problems

relating to drug use. Either teachers or drug workers may have identified use as problematic since drug workers operated an outreach service and visited the school on a regular basis. Methods of referral will be further discussed in due course.

In respect of the drug workers, four of the informants were women and two were men. One of the men was Black British, the rest were White British. Five of the drug workers specialized in young people's drug and alcohol treatment. A sixth was employed to work with the parents of drug using children and did not work with young people directly. One of the specialist young people's drug workers was seconded to a Youth Offending Team (YOT), and worked out of the office of the drug treatment charity. The research, which formed the basis of a PhD project, was funded by the University of Vienna and approved by a university ethics board. All interviews were based on informed consent and were conducted at three drug service sites, two of which were in the same metropolitan area, whilst another was provincial but adjoining this metropolitan area. The names used below bear no relation to the interviewees' actual names.

Given the specificity of the research locations, and the relatively small sample size, caution should be exercised in generalising on the basis of the data set. Nevertheless, it is argued that gathering interview data from both service deliverers and service users offers a unique perspective from which to attempt to 'understand' young people's drug treatment. This is particularly so given the general scholarly reluctance to interview adolescents and children due to ethical concerns, and difficulties gaining ethical approval (on this subject, see, for example, Balen et al. 2006). Indeed, the relatively small sample size was in part a product of the protection concerns of gatekeepers. It should also be recognised that the sample of young people may have been biased towards those who were engaging well with the drug workers interviewed, who also acted as gatekeepers. My analytical approach could be described as adaptive coding (Layder, 1998), since it included the development of initial open codes followed by selective coding to saturation (Charmaz, 2006).

The scope of young people's services

Government spending on young people's drug services in England more than doubled from £15.3 million in 2003–04 to at least £36 million in 2009-2010 (Roberts, 2010: 22; National Audit Office, 2010)[4], mirroring comparable rises in adult treatment spending. Whilst children and young people who enter drug treatment do so as a result of consumption of a range of drugs, and increasingly alcohol, the majority do so because of cannabis use. More than 20,500 young people accessed specialist substance misuse services in 2011-12, a decrease of 2,840 individuals (12.1 per cent) since 2009-10 (NTA, 2012a).[5] Of these, 64 per cent were treated for cannabis issues, and 29 per cent for alcohol. In contrast, only eight per cent of adults are in drug treatment primarily as a result of cannabis (NTA, 2012b). The young people interviewed for this research had all been identified through risk assessments as having problems with cannabis.

In respect of referral to services, seven per cent of young people in drug treatment have self-referred (NTA, 2012a), in stark contrast to adult services in which the majority has self-referred (NTA, 2012c). Thirty four percent of referrals in 2011-12 were from Youth Offending Teams (NTA, 2012a), partly reflecting greater coordination between the National Treatment Agency (NTA) and the Youth Justice Board (YJB). The NTA wants to increase referrals from other young people's services, and young people under 18 are increasingly being referred through the Common Assessment Framework (CAF), which enables those working across the range of children's services to assess young people that they work with using a standardised approach (Roberts, 2010: 27). Just 49 per cent of young people in treatment for substance misuse problems are in mainstream education (NTA, 2012a).

Expressions such as 'dependence', 'addiction' or 'problem use' (see Room, 2006, for a discussion of the 'addiction' concept) that are applied to adult drug users tend not to be considered applicable to people under the age of 18 because of the less debilitating nature of their drug use (Roberts, 2010: 14). Drug treatment organisations provide a range of

[4] This is a crude estimate given that funding might come from a variety of central and local government sources.

[5] Despite its potential significance, there is not space here to explore the possible reasons for this drop.

services for young people which may not relate to drug use specifically. According to two of the drug workers:

> We've got quite a wide reach… in supporting young people not only around their drug and alcohol use but in terms of, you know, of everything actually like abuse, housing, sexual health. I think we've got quite a wide net [Site B, Paula, Senior Drug Worker].

> [T]ypical interventions we offer are employment workshops…life skills, helping them to be able to communicate better, especially non-verbal communication so it's going to stand them in good stead when they do, say, go for an interview…we try and… make available lots of…positive diversion activities that promote community cohesion [Site A, Graham, Drugs Worker].

According to research from the United States, around ten per cent of those who ever use cannabis meet criteria for dependence; this rises to 16 per cent for persons who initiate in early adolescence (Anthony, 2006). The potential risks of cannabis itself include the possibility of triggering mental health disorders, for developing dependency, and for leading on to other, perhaps 'stronger' drugs, although such risks are often overstated and causal evidence is lacking (see Stevens, 2011: 24). Research suggests that heavy cannabis use in late adolescence lowers the chances of obtaining a degree and a good job, and that adolescents who do not have positive career aspirations are more likely to get involved with drugs (Fergusson and Boden, 2008; Skorikov and Vondracek, 2007). Persistent cannabis use, particularly among adolescent onset users, has been associated with neuropsychological decline (Meier et al., 2012). Stevens (2011: 24) reports evidence, cautioning that such research is only suggestive, that early onset drug use is the most risky for later problems, and that, although few adolescent cannabis users became dependent later on, those who did were more likely to have experienced socio-economic deprivation or the death of a parent before the age of 15 (Chen et al., 2009; von Sydow et al., 2002).

Drug treatment, crime and responsibility

Toby Seddon (2010) maintains that the elevation of 'neo-liberal'[6] systems of logic, characterised in part by the rise of 'risk' as a strategy and focus of government, has been responsible for reshaping (adult) treatment provision (see also Seddon et al. 2008; 2012). He argues that the definition of the drug 'problem' has been expanded in the last 30 or so years to embrace, most importantly, the harm caused to others, particularly in the context of the HIV crisis, and in respect of concerns over the links between drugs and property crime (Seddon, 2000). Drug users are "[i]ncreasingly…urged and enjoined to act prudentially, by making responsible choices about their consumption practices" (2010: 85). The proposed 'criminal turn' in drug treatment policy, whereby drug users are 'quasi-coerced' into treatment programmes through a clutch of provisions under the Drugs Act 2005 (known as the Drug Intervention Programme (DIP), is a feature of this increasing focus on risk, according to Seddon et al. (2012). The intention is to reduce criminal risk, and property crime, through treatment.

Mike Shiner (2013), however, is suspicious of any account of drug policy that affords too much authority to significant shifts in policy priorities, noting that "theories of change often rest on simplistic versions of a past that never was" (Shiner, 2013: 639). He argues that, instead of a shift from health to crime in the governance of drug problems, treatment and health objectives remain key 'adaptive' strategies (Garland, 2001). He draws attention to Berridge's (1993: 152) warning that "the overall balance of power within policy is too complex and historically specific to be adequately subsumed under rhetorical barriers such as the 'public health' approach". Official responses to drug use were therefore never 'benign' nor "wholly committed to protecting the well-being of individual users" (Shiner, 2013: 639). Current drug policy initiatives include both investment in treatment, and a reduction in the severity of penalties for the majority of drugs offences, as well as 'tough talk' and net widening for supply-side offences. Such an approach, argues Shiner (2013: 636) "enables the criminal justice state to adjust to the realities of widespread drug use while maintaining the myth of sovereign state control".

[6] There is some dispute over the merits of the category 'neo-liberalism' and its various associated incarnations (see, for example, Braithwaite, 2008: 4). I agree with Seddon et al. (2012: 4) who retain the use of the term because it helps to represent today's social developments as the latest form of classic liberalism, rather than something entirely new.

Crime reduction objectives would likely not, in any case, have been responsible for the growth of young people's drug treatment in the same way as they are alleged to have been for adult services because of differences in conceptions of the 'problem user', and governmental concern about the perceived criminal risks associated with different drugs. A report by the Prime Minister's Strategy Unit in 2003 stated that crack cocaine and heroin users were responsible for 56 per cent of all crimes (Number 10 Strategy Unit, 2003: 94), although the direct causal association between the consumption of these drugs and offending has been disputed (see, for example, Seddon, 2010; Stevens, 2011). Given the very small number of under-18s believed to be users of these drugs, criminal measures designed to bring young people into treatment must be informed by other rationales besides the need to minimize the imminent risk to communities, particularly in respect of property crime. The large expansion in under-18 drug treatment occurred under a New Labour government that both heavily invested in children's welfare *and* attempted to address 'social exclusion' by way of the criminal justice system (Muncie, 2009: 302). The National Treatment Agency frames adult practice according to the primary goal of reducing offending and associate harm to communities. Although social factors and causes are recognised, they are for the purposes of enabling 'recovery' from addiction (see, for example, NTA, 2009, 2012d). The NTA's Story of Drug Treatment (NTA, 2009) is much more explicit about the social causes of young people people's drug misuse than adults', describing it as "as much a consequence as a cause of mental illness, truancy, offending or emotional pressures" (Ibid.). The NTA consider a primary purpose of the youth drug treatment system to be the prevention of "further problems in adulthood, such as addiction" (NTA, 2011: 3).

Despite a diminished policy focus on crime control objectives compared with adults, the most common referral route for young people into specialist services is, by far, the youth justice system (34 per cent) (NTA, 2012a). In fact, and perhaps surprisingly, only 29 per cent of adults are referred to treatment in this way, whereas most self-refer (40 per cent) (NTA, 2012c). There are a variety of criminal disposals available to courts when sentencing young illicit drug users, including drug treatment and testing orders when they are attached to a Youth Rehabilitation Order (Criminal Justice and Rehabilitation Act (CJRA) 2008). A Drug Treatment Requirement (DTR) (Section 1(1)(l) and paragraph 22 of Schedule 1 CJRA 2008)

means that the young person must submit to treatment during the period specified in the order with a view to the reduction or elimination of the young person's dependency on, or propensity to misuse, drugs. A DTR can only be attached when a young person's drug use has been identified as a substantive factor in their offending behaviour.

At first blush, these measures would seem to support Garland's (2001: 124) account of a new crime control complex involving preventative 'responsibilisation' strategies, which enlist and incentivise individuals and communities to respond to crime in a more indirect way. Responsibilisation is understood to be "a distinctive feature of neoliberalism, where individuals are encouraged and cajoled to act responsibly to minimise risk" (Seddon 2010: 91). Reflecting the 'Tough Choices' mantra, this process of responsibilisation means that young people may also be subject to various punishments if they are found to have breached the terms of a YRO. If a young person refuses to acquiesce to the drugs test, or rejects, or fails to attend, drug treatment, they may face harsher criminal sanctions including perhaps a tougher community sentence.

Yet in reality, very few young people enter treatment as a direct result of a YRO. In the year ending April 2011, out of 39 per cent of youth justice referrals, 35 per cent were referred through Youth Offending Teams (YOTs) and one per cent came from the secure estate (NTA, 2011). There is, as yet, no data on the number of young people handed treatment orders attached to YRO, which were introduced in 2009. However, Drug Treatment and Testing Orders, introduced under the Crime and Disorder Act 1998 and then discontinued as a result of the introduction of the YRO, were rarely issued to young people. In fact, less than 300 such sentences were recorded between September 2002 and September 2009 (Ministry of Justice, 2012). As such, even though children commonly enter treatment as a result of risk assessments through the criminal justice system, it is rarely the case that they do so as a result of directive orders. Instead, tools such as the 'Asset' create a common assessment process for YOTs across England and Wales, and are aimed at improving methods for identifying risk (YJB, 2005b). The Asset must be used by YOTs following the issue of a final warning, in preparing a court report and following sentence from court. Its aim is to statistically assess the risk of further offending according to criminogenic factors. Substance use is included in the assessment process.

Risk, responsibilisation and welfare

According to the interviewees, risk-based, responsibilising mechanisms for identifying and treating drug users may not result in processes of responsibilisation in practice. Young offenders face an either/or choice of harsher punishments, perhaps even custody, or treatment. This means that the extent to which they themselves could be said to the taking responsibility is questionable. Rather, they may be likely to choose the lesser of two evils:

> [O]bviously I smoke and [my drug worker] asked me if I was going to stop and I said "no", so there's nothing much she could do. I still see her but she just gives me information about it so I know about it, but...there's nothing much she can tell me because I'm not going to stop. But I have to go back to court if I stop seeing her, so… so I just got to do what has to be done sort of thing [Site A, James, 17].

As such, although criminal legal provisions invoke strategies of responsibilisation, they may not translate into practice on the ground. Moreover, where young people accessed drugs services through Youth Offending Teams (YOTs), but not because of sentencing, risk assessments did not necessarily invoke responsibilisation for drug use either. According to one drug worker, once at the YOT, young people may simply prefer to see drug workers rather than other social service workers. She said:

> [I]f a young person is involved with drugs or alcohol…the probation officer can do it so that they see me once a week and herself once a week…They tend to always say "OK I'll see [drug worker] once a week and you once a week" just so it's a different person, you know? [Site A, Rachel, Senior Drug Worker].

Service users might thus 'choose' to see a Substance Misuse Worker, who screen young people for substance use at the YOT and address relating issues (YJB, 2006), simply in order to see 'a different person' rather than because they understood their drug use to be 'irresponsible'.

Although the use of cannabis by many of the young interviewees was described as 'problematic' or at least heavy by drug workers, most young people described treatment as "seeing their drug worker" or "drug education" and never in terms such as 'drugs counselling', 'therapy' or 'treatment'. They also remarked that drug use was not necessarily a central part of drug worker sessions:

> Most times when we talk, like, you don't talk about alcohol because I don't drink but if you talk about drugs only like, she'll ask me do I still smoke and why, like, she'll just try and convince me to, but most times we just speak about [pause] general stuff…. what I'm doing with my life, like things at home... like if there's anything going on at home then we'll talk about it. Or, how's school going...just random stuff [Site A, Jon, 16].

Since responsibilisation must be contingent on some level of acknowledgement or perhaps confession, using the youth justice system to corral young people into treatment did not necessarily involve technologies of responsibility. Drug counselling sessions were not solely focused on drugs per se, or the harm they caused. Drug workers recognised that the young service users faced a myriad of problems in their lives which were irreducible to drug use.

> I think also that for young people who have been through trauma, their personal circumstance can be their own barrier. Because, to be honest, a lot of young people I've worked with...I can't really blame them for wanting to block out some of the things they've been through [Site B, Paula, Senior Drug Worker].

Where counselors did focus on drug harms, none suggested that their role concerned community safety or public health. They were predominantly concerned about the risks young people posed to themselves rather than to others, and they advocated a 'harm reduction' approach. Harm reduction is broadly understood to refer to policies, programmes and practices that aim to reduce the harms associated with the use of drugs, without necessarily advocating abstinence from consumption per se See Strang (1993: 3). Young people also explained that they had received harm reduction advice:

> Like the other day, yeah, she's told me what to do if I whitie. [A friend of mine] said she felt like…this feeling had come through her legs, and she just, like, passed out on

> the floor and she was like throwing up and that…I told [my drug worker] that story and she was just like "ah, well if you ever feel like that's going to happen to you, if you get the feeling come through your legs, just put your head between your lap and drink water…" [Site A, Cath, 15].

At the same time, almost all the drug workers worried that young people did not perceive cannabis 'as a drug', and were therefore not aware of the risks. One said:

> I think…because there's this whole issue about cannabis not really being a drug, or being seen as a soft drug, it can kind of get brushed over a bit and kids are not really aware of what they're getting into [Site B, Paula, Senior Drug Worker].

The drug workers therefore tried to encourage desistance from drug use, even if they did not require it of the service users, subject to any criminal justice order requiring abstention, and workers noted the profound effect that use might have on other areas of the young people's lives. Cannabis was not necessarily regarded as inherently problematic, however, particularly if the "child was on track and doing the normal things, looking after their physical health, they were washing, going to school, they have ambition and things like that…" [Site B, Jo, Family Drug Worker]. In fact, drug workers argued that the severest risks might be posed *by* the family *to* the child:

> We've worked with a lot of parents who completely lose the plot and actually end up calling the police...they end up trying to get their kids sections and all sorts [Site B, Paula, Senior Drug Worker].

> [M]y work is very much about protecting a child from the adverse reaction from a parent when they are starting to cope with their young person experimenting with drugs or alcohol or going out and things like that because a parent who isn't equipped for it emotionally or rationally can cause damage with their reaction [Site B, Jo, Family Drugs Worker].

There was thus a clear concern for the welfare of young people, as well as for the future risks their behaviour posed. They were worried about the risks levied both *by* and *to* families. At the same time, almost all of the young service users themselves said that they benefited from the services provided, particularly in respect of support unrelated to

cannabis consumption, and as a result of establishing positive relationships with individual drug workers. One said:

> Like, it keeps me a bit sane 'cos now, I ain't got no social worker. Like my social worker, she's just gone, like, so I've no mental...no one to talk to really. Me and my Mum don't got along, like...just don't get along...so I just come here (Site A, Cath, 15].

Another young person, although still smoking daily, said he had cut down as a result of support from a drug worker:

> I didn't think it was that bad really. I thought it was just normal. But then I saw [drug worker] and he was telling me about it...how many people smoke it, what the effects are and everything, and I thought I'm smoking too much really. So I just cut down a bit. It's good [Site C, Jason, 15].

The emphasis on welfare in treatment practice suggests that we should be wary of monolithic understandings of risk logic, identification, assessment and management (see, for example, O'Malley, 1992, 2004; Sparks, 2001). Security concerns are not the only rationalities pervading young people's treatment, and even if treatment is partly founded on the rationale of responsibilising young people to avoid them becoming adult, drug dependent *offenders* or deviants, the interview data suggests that welfare considerations and harm reduction approaches predominate within the treatment setting. Harm reduction initiatives have themselves been described as a manifestation of risk-based public policies (Seddon, 2010), yet they tend not to be endorsed at the political level because of the "'amorality' and 'tolerance' projected by this particular form of risk-based response" (O'Malley, 2001: 93). Indeed, there is no mention of harm reduction/minimisation in the government's latest drug strategy (Home Office, 2010). The interviews suggest that reducing the harms associated with drug consumption, including promoting individual health and wellbeing, remain key 'adaptive' strategies at the community level even if harm reduction is not explicitly endorsed at the political level.

Treatment, as allied strongly with the youth justice system in general, has a punitive and coercive focus at the expressive State level. This is also reflected in the fact that the

reoffending principle, rather than any rehabilitative ideal, is the prime expressed rationality behind youth justice policy. However, treatment practice may reflect the 'bifurcated' nature of drug policy, whereby welfare may be "muted but not entirely eclipsed" (Shiner, 2013: 639; Stevens, 2011: 100). Heavy investment in treatment, and the reduction in the severity of punishment for many drug possession offences, has taken place alongside harsher penal measures.

This analysis is also consistent with those critiques of Garland's (2001) ubiquitous work that have considered the ways in which high-level theorising about the nature of risk and control at the political end of governance may fail to dovetail with grassroots practices and experiences (see, for example, Zedner, 2002; Seddon et al. 2012). Garland himself concedes that there is a necessary tension between generalisations and "empirical particulars" (2001: vii). Other scholars have used empirical data to demonstrate the potential ruptures between risk-orientated rhetoric and policy, especially penal populist discourse, and ground-level practice (see, for example, Goddard, 2012; O'Malley, 2004; Kemshall, 2002). O'Malley (2004: 303), for example, warns that risk "is simply a variable technique, and it may be deployed in different forms to quite distinct ends by parties with divergent and even diametrically-opposed ends" (ibid.). Moreover, he reminds us that: "[I]n some cases, risk-based models may be (and are being) used to deliver resources to poor and oppressed people…" (O'Malley, 2004:304). Similarly, Richard Sparks cautions that simplistic assertions about risk tend to ignore its most interesting attributes, "namely that like the language of rights, justice and legitimacy, with which it so clearly intersects, it is a site of struggle for influence, credibility and recognition" (Sparks, 2001: 162).

As such, while the rise in young people's treatment provision has been linked to a broader risk-based security project, based on concerns about heroin and crack cocaine in particular, and future slides into deviancy and addiction, it was not tied to it. This also adds credence to those commentators who have questioned the assumption that we are now in a 'post-welfare' society in which crime control rationalities have 'taken over' areas of youth work practice (see, for example, Goddard, 2012). Welfare considerations have not simply been eclipsed by a 'new risk', perhaps driven by a 'new penology' (Feeley and Simon, 1992). There are areas of both convergence and divergence between policy and practice so that narratives of risk operate in conjunction with those of welfare.

It is important not to privilege 'welfare' as a monolithic description or, for that matter, as an automatic 'good' in opposition to risk rationalities. John Muncie writes that "[w]elfarism…is just as capable of drawing more young people into the net of juvenile justice as it is of affording them care and protection" (Muncie, 2009: 277). As we shall now see, some of the drug workers expressed concern about young people being 'overloaded with help', whilst others felt that 'harsher' treatment for young people was justified with regard to long term 'welfarist' objectives.

Net-widening and strengthening

The interviews suggested a propensity towards 'net widening', a phenomenon observed following the enactment of the Children and Young Person's Act 1969 when more and more 'pre-delinquent' children were brought into the 'net' of the youth justice system under the premise of 'treatment'. Stan Cohen (1985: 37) discussed net-widening as an extension of mechanisms of state control. Austin and Krisberg (1981) argue that the process can occur in different ways, catching more individuals, creating a greater intensity of intervention, or deploying more forms of control (stronger, wider and different nets respectively).

Drug workers were enthusiastic about working with young people because they were not yet 'lost causes', and because there was perceived to be a greater opportunity to influence:

> This role is really important because we're catching a really risky and vulnerable group that would not necessarily engage... I just think there's an opportunity with young people that's really amazing [Site B, Tamsin, YOT Substance Misuse Worker].

The drug workers spoke in general terms about the possibility of intervening before risky behaviours develop in the future.

> We can't individually key work every young person with a drug and alcohol issue but what we can certainly do is promote early intervention so that in years down the line we do eventually decrease the number of young people needing, say, [higher level] psychosocial interventions [Site A, Graham, Drugs Worker].

The quasi-coercive mechanisms through which young people were channelled into drug treatment following arrest varied. Warnings, rather than charges for drugs offences, were issued on the condition that young people engaged in weekly 'Triage' meetings. The Triage is a custody-based risk assessment process which aims to "prevent young people from offending or reoffending by bringing a YOT practitioner into police stations at the earliest opportunity" (YJB, 2009: 18). Drug workers were positive about such methods:

> [A]t least they know that they've had an intervention then…if they take them to court they'll get a fine, or get a community award, it'll cost us a lot more money and there's no real evidence that we've put the information into them [Site B, Jo, Family Drugs Worker].

> When they bring the young people in, if they've been...say for example they've been arrested, erm, 'cos they had some weed on them... It's just a way of them not kind of slipping through the gaps, you know...It's us working in partnership, do you know what I mean?... so any crime could be because of drugs or alcohol**...** so it just kind of gives them the opportunity to kind of access support after they've, you know, after they've been released [Site A, Rachel, Drugs Worker].

The drug workers considered it important to use a range of methods in order to identify 'at risk' adolescents:

> Now where there are serious concerns, I would put children on the early intervention panel, you know, if they haven't yet been arrested but I know that they are on the edge of criminality or ruining their education, or changes in behaviour, or health, I'll put them on that panel which'll mean they'll look at all the interventions they could possibly do, they'll be monitored by the police, they'll use intelligence to see who they're hanging around with. If they're hanging around with older people who've got drug links or crime links and things like that, and then we'll get to them that little bit earlier on [Site B, Jo, Family Drugs Worker].

Early Intervention Panels operate under the Common Assessment Framework – a measure for assessing children and young people 'at risk' within local areas in England. They coordinate services in order to meet the needs of individuals identified as at risk, and can

involve or be used by everyone who works with children, young people and families (DfE 2011).

The gateway to services provided through risk assessing for drug use, for example following arrest or at the YOT, was universally understood to be positive. At the same time, some drug workers felt that they were under an obligation to intervene, perhaps to the detriment of the young person.

> Some of them are overloaded with help, and can't kind of see the wood for the trees because obviously we're in a kind of society now where if you're...as a professional if you're involved with a young person and you think there's a problem you've got to throw everything at that young person [Site B, Paula, Senior Drug Worker].

> [W]hat you've got to remember is that the majority of young people in [this area] are engaged with some service or another. Sometimes you'll get one that's engaged with every....they'll have to go and see social services one day, probation the other day, you know, Connexions that day, this...they're constantly going from service to service, so it's not seen as an issue [Site A, Rachel, Drugs Worker].

Jo suggested that the concern for corralling young people into services might justify measures that treated under-18s more severely than adults.

> Int. So the young people, do you think, sometimes...the under 18s...treated more harshly than the over 18s?
> Jo: Yes they are. But that's a good thing because it's an intervention because if a young person was picked up in [local area] and they had cannabis, or were smoking cannabis, what the police would do is they would arrest them, but then they would convert that into a triage situation [Site B, Jo, Family Drugs Worker].

It is notable that adults, on being arrested for cannabis possession, are eligible to receive cannabis warnings which result in a local recording of the offence, but not a conviction (Home Office, 2008). Young people are not eligible for Cannabis Warnings and therefore their offence results in an escalation to a reprimand or final warning which is recorded as a

conviction (Section 65 of the Crime and Disorder Act 1998).[7]

The interviews thus suggest a concern for 'catching' as many young people as possible within the drug organisations' net. Although this did not necessarily involve the use of express youth justice measures, for example following arrest or charge, a range of statutory or voluntary agencies could be involved in the process, for example through Early Intervention Panels. Whilst mindful of the potential for risk-based measures to provide services to those in need, it has also been well documented that early intervention measures, such as those introduced by the Crime and Disorder Act 1998, have contributed to the widening of the youth justice net (Goldson, 2000)**.** Moreover, concerns have been raised about the ways in which such measures discipline 'the usual suspects' (McAra and McVie, 2005). It is now well established that different ethnic groups are unequally represented within the criminal justice system, and that black teenagers tend to be over-represented in drugs offences particularly (May et al., 2010). Given that 49 per cent of young people in drug treatment are also in mainstream education, this also gives us a good idea about the *kinds* of young people being shepherded into treatment. Analyses of both risk and welfare measures have drawn attention to the ways in which social class remains a key trigger for state intervention (see, for example, Adam and Loon, 2005; Gray, 2009; Yates, 2010).

The difference with youth justice interventions that are more explicitly focused on risk is, Case and Haines (2009: 300) point out, a "rigid matching of intervention to assessed risk level (compared to what has gone before) and tighter control of youth justice practice" (ibid.) As such, considerable concern has been expressed about the particular ways in which the current focus on risk-based interventions (YJB, 2007) may be leading to disproportionate intervention in the lives of young people. Case and Haines (2009: 300) warn that "a minor, one-off offender may receive intensive intervention if they are assessed to be high risk of reoffending, even though such intervention (possibly excessive in relation to the actual offence) may inadvertently stigmatise and criminalise that young person or, indeed, amplify their delinquency". Although the authors are amenable to the possibility that the risk-

[7] See Flacks (2012) for a discussion of the discriminatory nature of such provisions.

orientated 'scaled approach' to youth justice, as advocated by the YJB (2007) and supported by the current government (MoJ, 2012b), may not automatically have deleterious effects, they are particularly concerned about the lack of evidence base informing such interventions. In addition, they share the concerns expressed by other authors, discussed above, about the ways in which particular, already-marginalised groups of young people may be prone to risk assessment leading to further stigmatisation, 'deviancy amplification', criminalisation and marginalisation.

It is also the case that social anxieties about children and youth distort adult-orientated grand theorising about the nature of risk, control and regulation. Drug workers were worried about the future behaviour of young people, reflected in law and policy guidance concerning reoffending and addiction in adulthood. Intelligence gathering, risk assessments and rapid intervention via quasi-penal mechanisms were understood to be critical. For children, earlier and earlier intervention is the natural consequence of the goal of pre-emptive action, where the aim is to survey and regulate potentially dangerous, risk-taking adolescents (Collison, 1996). Youth drug treatment is therefore concerned with the containment of what might be termed 'latent risk'. Risk processes are intrinsically aged, and it is important to consider how such processes might be leading to net-widening and the increasing 'problematisation' of youth (Kelly, 2003). At the same time, risk rationalities and technologies do not intrinsically preclude giving due attention to the welfare of young people in drug treatment, and nor should the blurred distinction between 'welfare' and 'risk' automatically mean 'good' or 'bad' when it comes to working towards the best interests of young people.

Conclusion

Young people's drug treatment clearly operates at the juncture of a variety of sometimes contradictory discourses and technologies which may not be reducible to either/or categorisation. Treatment is understood as a mechanism for preventing reoffending, a means of providing drug education, a source of mental health support and drugs counselling and a potential instrument for disciplining and responsibilising young people. There is little

doubt that it serves certain functions in the context of the 'rise of risk' in advanced liberal democracies, whilst also addressing the welfare of children and adolescents in practice.

This research demonstrated that drug treatment sessions were not necessarily focused on drug use, but took account of the general welfare of individual service users. The young people interviewed appeared to have benefited from the sessions, and where drug use was addressed, a 'harm minimisation' approach was taken. The interviews also suggested that there should be concern about the ways in which young people are being caught up in the penal net. There remains the possibility of further stigmatisation, criminalisation and marginalisation through the provision of otherwise well-meaning interventions. At the same time, it is important not to regard young people's drug treatment as inherently oppressive when it can serve important functions.

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