

"They say 'Yes, I'm doing it ... and I'm fine'": the lived experience of supporting teenagers who misuse drugs.

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Abstract

We present an original phenomenological study conducted with a local authority Early Help and Prevention social care team, in which we investigated the lived experience of parents and practitioners of young people who misuse drugs amid a practice agenda focused on harm reduction. Our findings reflect practitioners' lived experience of direct work with young people and parents, and parents' approach to their risk-taking children. Our data identifies key concerns reflecting wider social discourse surrounding young people, in particular; the juxtaposition of adolescents as both vulnerable children, and agentic risk-takers, in the context of children's rights, and the role of adults in young lives. Our findings indicate a complex position amid multifactorial needs, risk, and offending behaviour, and reveals tensions between professionally driven harm reduction approaches, versus parents' attempts to control and protect their children, and highlight the complex transition made may protective adults as agentic adolescents forge their life chances.

Words; 150

Introduction

Substance misuse in adolescence is widely recognised as a serious health issue by the World Health Organization, indicating morbidity and mortality, poorer outcomes in education, social exclusion and health, and an increased risk of teenage pregnancy, conduct disorders and involvement in crime (Segrott *et al*, 2014; Jenkins *et al* 2017; Lac & Crano, 2014). It is a

behaviour associated with further complex and causal issues in young people's lives (Ledoux *et al*, 2002; Segrott *et al*, 2014; HM Government, 2017) and also, with general increased risk taking in adolescence (Lac & Crano, 2009).

A review of the literature demonstrates a gap in research into adults supporting substance-misusing teenagers (Duff, 2003), and we address this deficit here. In the UK, a tier system is used to respond to children's needs (Social Care Institute for Excellence, n.d). Children at Tiers 1 and 2 have typical care needs, met within the family. Children at Tier 3, known as *Early Help and Prevention*, are more complex, with multifactorial family difficulties (Pycroft, 2014). At Tier 4 a child is considered to be at potential or actual risk of harm under the Children Act 1989. Despite being termed *early help*, needs at Tier 3 are often long-standing and complex with the terminology misrepresenting needs at this level as minor, amid the acknowledgement that levels of need pose a national crisis (Association of Directors of Children's Services, 2018).

Our study is foregrounded with doctoral research, which investigated the lived experience of Tier 3 families encountering multifactorial issues of mental health, domestic abuse and family breakdown. Specific findings related to the lived experience of parenting substance-misusing teenagers, and indicated tensions between family and practitioner perspectives. At the crux of the matter lay the harm reduction approach of practitioners, versus the families' zero tolerance, articulated through sanctions and control. This study was developed to make sense of the paradox young people's informed choices in illegal drug taking. Through interpretive phenomenological analysis (IPA) we critically engage with the experiences of supporting adults, to co-construct new knowledge (Smith *et al*/2009). The aims of the research were to:

1. Understand the lived experience of adult supporters (parents and practitioners) of young people who are misusing substances.

2. Identify strategies used by both parents and practitioners in dealing with the impact of substance misuse in the young person's life.

Substance Misuse Interventions with Children and Young People

Interventions for substance misuse can be positioned on a continuum between zero tolerance, and harm reduction (Bonomo & Bowes, 2001). All UK interventions exist within the framework of the Misuse of Drugs Act (1971) which uses the concept of relative harm to punish and deter people from using illicit substances through the classificatory A, B and C system. Harm reduction itself exists on a continuum of interventions based upon public health approaches and a range of policies, programmes that aim to reduce harms associated with a behaviour rather than necessarily seeking to eradicate it all together (Home Officer 1998; Home Office 2008; Home Office, 2010; Shea, 2015). However, we argue that this is problematic for children, who require protective parenting during their maturation and development, and while still at school. Yet, Toumbourou (2007) notes that zero-tolerance of substance misuse renders young people more vulnerable, as opportunities for intervention are curtailed. We note both the importance of intrinsic over extrinsic motivation, and the internal locus of control in facilitating long-term positive change (Ryan & Deci, 2000). This refers impetus derived by wanting to change behaviours (intrinsic motivation), enacting agency in making the change (internal locus of control), versus being *told* to change behaviours, eliciting less meaningful, perhaps performed, change. To engage young people in making informed choices is to promote their agency, self-efficacy and wellbeing (Corsaro, 2017) but also, to remember they are children and not simply young adults.

It appears that specific interventions for children and young people misusing drugs are limited and not fully understood (Duke, Thom & Gleeson, Jenkins *et al*, 2017). While policy acknowledges the multi-faceted risks and reasons for substance misuse in young lives, the

literature indicates a dearth of holistic practice placing the child at the forefront of the intervention, despite the pivotal necessity of this in motivating change (Case & Haines, 2015). There is a high probability that these children experience related issues, such as truanting, sexual exploitation, and mental health difficulties (HM Government, 2017; Duke, Thom & Gleeson, 2019) and therefore links are made between the substance misuse, and the underlying factors motivating behaviour, engagement and recovery. Indeed, Case & Haines (2015) raise concerns that neoliberal approaches, including harm reduction, *adulterises* children, as they express, emphasising the need to avoid positioning children as prematurely adult in their decision making and responsibility. Case & Haines (2015) argue this *adulterising* places full responsibility on the child themselves and labels them as a social menace in both present and future contexts. Instead of this deficit approach to children, Case & Haines (2015) argue for their *Children First, Offenders Second* model which identifies the adults as the responsible party, and the intervention as child-friendly, diversionary and inclusive.

Children, Young People, and Risk Taking

The nature and needs of young people themselves are key within this debate, which draws together the capability of children and young people to make their own decisions, (United Nations Convention on the Rights of the Child, 1989; McCafferty, 2017), with the development of competent decision making (Noom *et al*, 2001; Byrnes, 2002) Lac & Crano, 2009). The stakes are high when assessing adolescents' decision making capability (Fishhoff, 2008), especially given the associations between substance misuse and other risk-taking, such as alcohol, risky and/or early sexual behaviour (Coleman, 2011; Duke, Thom & Gleeson, 2019) and the impact of illicit drugs on the still-developing brain (Bonomo & Bowes; 2001). Risk-taking itself is a preoccupation of adolescence, through which young people craft their self-identity and knowledge of the world (Sharland, 2006; Lac & Crano, 2009; Steinberg, 2007), and peer-led substance-misuse environment (Duff, 2003), intensifies these issues, imbibing

both rebellion and identity, and further compounding risks and responsibilities. Associations between social difficulties and substance misuse in teenagers are widely reported, in particular among teenagers with low wellbeing, disrupted family relationships, and safeguarding concerns (Stone *et al*, 2012; Ledoux *et al*, 2002). Thus, there is a connection drawn between childhood trauma and the positive affect derived from illicit drug use (Koob, 1996). We note also, that the recent emergence of county lines in the UK has far reaching consequences. Here, main drug dealers expand their operations from major cities to urban and coastal regions, coercing drug runners as young as twelve in delivering substances and collecting payment (Robinson *et al*, 2018). This emerging reality challenges the harm reduction agenda, as criminal gangs collude with drug taking to gain leverage over young people. These complex scenarios are articulated through the practices of practitioners, and the protectiveness of parents in attempting to manage this threatening environment for their children (Engstrom, 2019).

Gaining decision-making ability is a developmental task, comprised of attitudinal, functional, and emotional autonomies (Noom *et al*, 2001), and contextualised developing maturity (Albert & Steinberg, 2011). For young people, enacting harm reduction involves walking a tightrope of reducing harm, while preserving social favour with peers (Byrnes, 2002), while impulsivity, and the effects of the drugs themselves impede this ability. Their ability to make informed choices is understood as both developmentally and individually determined, leading them to re-negotiate belonging, or continue the behaviour.

We acknowledge harm reduction strategies advocate for the Children's Right to be heard (UNCRC 1989) through recognising young people as capable, responsible agents. However, we also observe the dichotomy of harm reduction approaches which purposefully equip young people with lay-expertise. The logic of harm reduction seeks to make drugs *less* harmful, considering the substance, environment and individual, in combination with additional factors, such as possible escalation into the adult world of criminal gangs (Robinson

et al, 2018). In this context, we observe uneasiness in juggling the combination of young people's agency, the limitations of zero tolerance, and simultaneously the degrees of vulnerability, expressed by our participants.

Decision-making ability is similarly reflected in other aspects of young people's lives. Gillick (or Fraser) Competence refers to a young person's ability to make informed decisions about their own care or medical intervention. This is a landmark ruling for all those in UK professional practice with children and young people, as a means of determining ethical practice of acting in a young person's best interests, while upholding their capacity and rights to make identified decisions in context. Thus, to determine a young person as Gillick Competent is to mark a shift in the dependency of the child to the independence of the young person, while adults step aside (Coyne & Harder, 2011). Such ground is complex and academic consideration of this appears sparse.

In risk related behaviours, the ground is somewhat murkier. Here, young people are engaging in a behaviour likely to be counter to parents' wishes, dangerous, and/or illegal – early sex, drug taking, and involvement in crime being key examples. We suggest that in caring for adolescents, supporting adults are also in transition, making way for their Gillick-competent children to forge their own paths. This is a complex emotional position, especially when adolescents choose risky paths and place themselves beyond means of protection. Such issues require supporting adults to respond through calm reasoning, enabling young people to make their own choices – but simultaneously maintain their gut instinct of protection (Kahneman, 2003). The extent to which supporting adults attempt to control, mitigate or manage adolescents' behaviour is therefore deeply complex, and raises key ethical questions for practice. Assessment of competence and risk combines cognitive and emotional processing, informed by past experience and reflecting the emotional self in perception (Minda, 2015). Kahneman (2003) explains that whilst we experience emotion and cognition

simultaneously, they are generated by two different systems. System 1 regards fast, automatic responses from an emotional base, and System 2 elicits judgements through slower, effortful and deliberate processes. This reflects professional phronesis; the practical wisdom that enables insight and situational perception (Moss, 2011). Phronesis allows skilled practitioners and protective parents to weigh up the needs of the child in context, balancing cognition with their emotional 'gut' response. We suggest that this position is a salient point in supporting young people to handle their life choices, within both families and practice.

Research design

This study utilised Interpretative Phenomenological Analysis (IPA); a qualitative psychology methodology which specifically requires a sample of 5-15 participants in attending to the idiosyncratic nature of lived experience, and in which the phenomena is viewed through the eyes of the participant (Smith, Flowers & Larkin, 2009). In this study, nine participants were recruited – a combination of parents and practitioners. IPA brings together descriptive and interpretative paradigms, enabling the participants' own words to speak for themselves (Smith, 2009). In IPA individuals are situated in social contexts through a real world application of philosophical thought (Shaw, 2011). In IPA interviews the researcher holds a loose semi-structured format facilitating an open and curious conversation around identified themes (Shaw, 2011). IPA is a deeply dialogic process. The *double hermeneutic* (Smith, Flower & Larkin, 2009; Shaw, 2011) acknowledges the researcher is engaged in the interpretation of the participant's interpretation of their life world, and both are engaged in co-construction of meaning (Smith, Flowers & Larkin, 2009).

Recruitment and Participants

The participants were from a local family support service, and all families represented by the practitioners, as well as those involved directly in this study, had been assessed and received

intervention. Parents we spoke to directly had been stepped down from tier three services, and those reflected on by practitioners were either past or present cases where suitable scrutiny had been applied. There were no known parental drug issues identified, although we acknowledge this is a well-established link (Andrews *et al*, 1997). As generalists, practitioner-participants reported a range of confidence in dealing with substance misuse issues. Semi-structured interviews with six practitioners and three parents were undertaken. The six practitioners volunteered to take part in the study, and interview data of three parent-participants from the pre-existing doctoral research was re-examined. We purposefully avoided matching parent-participants with their practitioners, as this would lead to significant ethical complications, potentially compromising confidentiality, and to a skewed focus.

Table one: Demographic information for practitioner participants

Pseudonym	Age	Sex	Role	Time in role
Alice	51	F	Central locality service manager	1 year
Beatrice	36	F	Specialist family support worker in substance use	1.5 years
Catherine	34	F	Family support worker	9 months
Debbie	64	F	Family support worker	13 years
Esther	25	F	Family support worker	10 months

Fred	38	M	Family support worker	5 years
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Table two; Demographic information for Parent Participants

Pseudonym	Gender	Circumstances of referral	Previous history with services	Case status at time of interview
Meg	F	Son supplying drugs aged 14	No previous involvement	Closed
Jenny	F	Grandson misusing cannabis aged 15	Parental responsibility for grandson, previous neglect	Closed
Lisa	F	Daughter misusing cannabis aged 16	Previous physical abuse (father)	Closed

Interviews and Analysis

During interviews practitioners were asked a series of open questions about their experiences of working with families where young people misuse substances, their reflections about substance misuse, and their professional role. Parents had been asked to reflect on events leading up to their difficulties, the experience of receiving help, and the impact of that help in their lives.

Analysis followed the recommended steps of IPA (Smith Flowers & Larkin, 2009) with each case analysed from start to finish in turn. Transcripts were analysed line by line, identifying points of descriptive, linguistic and conceptual importance through immersion into the data (Smith, Flowers & Larkin, 2009). Initial notes captured participants' experiences, and these were clustered into tables of themes for each participant. Individual tables of themes were then compared, looking for points of convergence and divergence. A master table of themes was drawn up based on this comparison and forms the backbone of our discussion.

Ethics

Ethical processes met BERA guidelines (BERA 2018), and approval was granted from the relevant University. Practitioner-participants were recruited by the lead researcher after she visited a team meeting, making clear to participants that their involvement was entirely voluntary and confidential. Details of the project and a Safeguarding protocol were included on an information sheet. Informed written consent was obtained following discussion with each person, and was re-checked verbally. Parent-participants had previously given consent for use of their data beyond the initial doctoral research. Pseudonyms have been used for every participant and for any person referred to.

Findings

Table 3: Master Table of Themes

Superordinate Theme	Sub themes
Perspectives on Harm	<i>Understanding Young People's substance misuse</i> <i>Identifying the range of harm</i> <i>Identifying the range of risk</i> <i>Long term consequences</i>

Practitioner roles with young people	<i>Establishing a dialogue</i> <i>Engaging Young People in harm reduction</i> <i>Harm reduction and children</i>
Practitioner roles with parents	<i>Parents' reactions to teenage substance misuse</i> <i>Parents lack the knowledge they need</i> <i>Fears about stigma and role of agencies</i>
Protective Adults; children in context	<i>Valued intervention</i> <i>Locating improvements</i> <i>Diversion as intervention</i> <i>Parents and practitioners in partnership</i>

Perspectives on Harm:

This theme focuses on understanding young people's substance misuse experience, detailing the way practitioners identify priorities for the work. As argued by Jenkins *et al* (2017), the harm reduction approach starts with the individual, and does not assume that experiences and levels of risk are common across the client group. Here, understanding the complexity surrounding the behaviour is acknowledged as critical to effective intervention and care of the young person (Pycroft, 2014).

Understanding the young person's substance misuse

Catherine takes a holistic view of the young person's circumstances, noting the causality of teenage drug taking as beyond peer and identity related behaviours (Sharland, 2006; Lac & Crano, 2009; Steinberg, 2007), and often stemming from psychological distress (Stone *et al*, 2012; Koob, 1996).

'I think that [um] children's wellbeing has a big impact...I mean a lot of the feedback that we do get from young people is that they use it because it helps them to feel better.'

Catherine

In *identifying the range of harm*, supporting adults made frequent references to *children*, rather than young people, when reflecting on risk. Below, Catherine identifies *children*, indicating the seductive image of drugs as *cool*, prior to dangerous levels of risk. Debbie gives a further, terrifying, example of escalation into the world of serious crime:

'Then of course there's a criminal exploitation where [um] drugs are kind of... can be given to children because [um] that helps for them to – to sort of buy in, they feel cool....and then sometimes by that point it's too late.'

Catherine

'He had drug dealers, pretty heavy drug dealers after him.... and he was involved with a kidnapping... of a child 'cause they thought he.... owed them money for drugs.'

Debbie.

Below, the harm reduction focused on vulnerability in a given environment:

'...And the young person sort of recognised that it was... in a stairwell on their own.....and it was like "well do you think you could stop?" "no, I don't want to stop", you know "I'm – I like it, I like doing it". So there was a lot of work about what are the risks in doing it there..'

Alice

Beatrice talked specifically about her fears regarding use of ketamine and the secondary risk of further harm while in a severely altered state:

'There's a chance of them going into a k-hole [...] [um] which is where they're [pause] they completely kind of stop moving, but their mind is still active. [um] Which obviously puts them in a very vulnerable position [uh] because anything can happen to them.'

Beatrice

The evident risks of the substance misuse, dealing, county lines, and illegality, is further compounded by possible initial vulnerability of the young person (Stone *et al*, 2012; Koob, 1996). Although often as a subculture within normal adolescent risk taking (Sharland, 2006; Lac & Crano, 2009; Steinberg, 2007), drugs may be seen as a panacea for escape (Stone *et al*, 2012; Ledoux *et al*, 2002), however, the behaviour ultimately exacerbates this vulnerability. Concerns about educational and social impact of substance misuse were evident in the extracts below, where participants described wider fears amid safeguarding issues (Segrott *et al*, 2014).

'Teenagers [are] using cannabis now and that seems to have become a social norm, that's obviously quite frightening...because the impact on their brain,...that it's cutting off a lot of their neural functioning, and it means that obviously during that really really vital time for them to be doing their GCSE's, they're not being able to concentrate, they've got functional impairment.'

Beatrice

'He ...said...that there was an occasion where he had had sex with his girlfriend, and they hadn't used a condom... and he didn't actually remember the sexual activity because he was so high...and she was only 13 and he was 15'

Beatrice

The acknowledgement of the inevitability of harm (Bonomo & Bowes, 2001) highlights this complex ground; practitioners are engaging young people in agentic harm reduction, yet, there is a disquiet about these *children*, inherently vulnerable, and still needing adult protection.

Practitioner roles with young people

In this theme we note that when participants talk about engaging young people in informed choices, there are fewer references to them being *children*, with greater emphasis on capability over vulnerability. Below, Fred describes *engaging an open dialogue* as a successful outcome in itself:

'I think the first successful outcome is that actually young people are talking about drugs, and talking about what they're doing.' Fred

Debbie indicates that she is sometimes opportunistic in gaining disclosure, referring to *false security* as an entry to *open dialogue*;

'Sometimes they – they get into false security, I suppose, with us and the odd thing sort of slips out...' Debbie

This indicates the juxtaposition of empowering young people while undertaking an illegal and highly risky activity. Debbie and Fred indicate details of substance misuse are often concealed - perhaps due to these layers of illegality and adult scrutiny. Below, Esther suggests that open discussion could lead to greater risks for young people:

'I tried and tried and tried with him,....but, he didn't want to disclose anything,... he didn't want police involved but he was bottom of, I'd say, the food chain....so, if anything came out [pause] they'd have him...

Esther

Esther indicates young people's behaviour is not confined to peer identities and normative risk taking, but rather, that there is a possible risk of deep involvement in adult drug culture and crime (Robinson *et al*, 2018). Several practitioners indicate that counter-intuitively, the more open young people are also less likely to engage, using openness to dismiss the subject and move on. We suggest a possible link with the quote above – that the young person might perceive greater danger by alerting an adult, triggering police and social services. Doors to engagement seem resolutely shut in the example below;

'I think sometimes they're open about it to get it over and done with... So, it's like "yeah I'm smoking cannabis but, I'm fine I don't want any support"'

Esther

Engaging Young people in Harm Reduction

The strategies and values of practitioners are illustrated in how they *Engage Young People in Harm Reduction*, echoing a child-centred respect of young people's agency. Below, Beatrice reflects the child-led start point of harm reduction, although, there is a possible contradiction, as she refers to both *child-led* and *family-led*, but does not explain what happens when those perspectives are opposed.

'Often I'll say to them, 'look I'm not going to be with you 24-7,... let's be realistic and let's see what it is you want to achieve. It's very much child-led, it's very much family-led, it's about looking at where – where they want to get to.'

Beatrice

However Alice gives precedence to the young person's views, and rejects an assumption that parents are necessarily involved.

'A lot of these young people... are able to make an informed decision and therefore we wouldn't be necessarily sharing information back to their parents unless there were significant risks.'

Alice

The duality of seeing individuals as both mature young people and vulnerable children continues throughout the data, and the sub-theme of *Harm Reduction and Children* has identified a disquiet among some of the practitioners:

'Our staff that perhaps are newer.... have taken longer to accept that, you know, we are providing the tools for people to make changes to their lives, we're not actually changing their lives.'

Alice

'....saying well we're not asking you to give it up, we're just asking you to do it safely and reducing it. That goes against the grain a little bit.'

Debbie

Debbie goes on to say: *you're validating their behaviour*. Debbie's use of 'you' rather than 'I' may suggest that she is trying to distance herself from validating substance misuse in young people. Alice's comment above suggests this generally applies to less experienced staff, but in doing so, she reflects this ongoing issue.

Below, Fred expresses the juxtaposition of children choosing to continue misusing substances, indicating the complexities and frustrations of this work. Fred seems exasperated, conveying his limitations if the young person refuses help:

'Children who say, you know "yes I'm doing it, and no I don't want to reduce" and "no, I don't think it's a risk to me" [...] and actually "I don't want to talk about it, you know..."

Fred

Practitioner roles with parents

Here, practitioners explore engaging with parents. Notably, the disquiet reflected by some practitioners, is amplified by parents, who cite sanctions and control as strategies. This contradicts the child-centred harm reduction approach, and demonstrates likely challenges in establishing a partnership between parents and practitioners.

The *parents' reactions to substance misuse* characterises the starting point for working with the family. There are distinct patterns of conflict between parent and child, revolving around control, and Jenny indicates how she attempts to use adult authority to force change:

'I said to him yesterday, I said, "If you keep on like this, I'm going to ground you for a week and stop you from seeing Sasha (girlfriend) for a week and stop your pocket money.'" Jenny

Whereas Jenny threatens to take money away, Lisa (below) took it away and never reinstated it. Her words *because of it* indicate a direct link to the substance misuse, inferring that like Jenny, Lisa perceived money as a strategy for managing Holly's substance misuse.

'Cause I never give Holly disposable income now because of it. Even now I still don't give her.'

Lisa

Meg also maintained long-term sanctions. Here, she explains her fears extend to risk surrounding James, resulting from his drug-related behaviours:

'I think we kept him in for 4 months. Because we didn't know what the repercussions were going to be... we did have people knocking on our door... to look for him...'

Meg

Yet below, Lisa understands that ultimately Holly is in control;

'I said to her, "right that's it you're locked up for the summer," 'cause it was just the start of the summer holiday. And then I thought, well, you can't lock her up for the summer holiday. Because,first she goes out, she'll go and do it again.'

Lisa

The parents' data reveals a strong motivation to protect children from their choices, indicating an instinctive return to the adult/child dynamic, amid distinct markers of childhood; *pocket money*, and *being allowed out*. Lisa shows she understands this is ultimately futile.

The sub-theme *parents lack the knowledge they need* examines how several practitioners spoke about how parents struggled to conceptualise harm reduction, and engage. Esther's example portrays a family who's response *increased* risk. This also highlights the complexities surrounding substance misuse, alluding to stigma and secrecy.

'Their concerns are more 'we don't want it in the house, we don't like the smell' [um]. And you could smell it, and obviously if they have guests...'

Esther

Several practitioners felt that parents lacked capacity to understand substances and engage fully, such as Fred Esther and Catherine, below:

'They're not having those conversations we would like them to have, or...they're not spotting the signs, you know.'

Fred

'I think they struggle with it... you'll review it in six weeks and find they haven't done any of it.'

Esther

'It's quite daunting for the families... when it's been identified they don't always know... what to do... it's quite a scary thought.'

Catherine

This is reflected below, when Jenny recounts her attempt to confront her grandson Toby about his drug use. She is met with derision, bewildered about the language and indicators of different drugs, and is it clear that Toby has the upper hand:

'(Practitioner) said... she said a word for it... a bit of... substance. And I didn't know and I said to him, "Are you on speed then Toby?" and he said, "No, no, I'm not on it Nan," and... I said, "Toby ... I can smell, and I can smell it," And he just laughed'

Jenny

The sub-theme of *fears and stigma* is indicated by Catherine;

'We have quite a strong connotation with social care.. which stems from a negative place because it's like... services (are) having to intervene so, they failed. And so for some families, it's a really scary process... and that thought that we're judging them and we're gonna take their children.'

Catherine

Parent-participant Lisa echoes this stigma;

'There is no shame, because I thought, like I said, I thought I was a bad Mum, but... she [practitioner] gives you the tools and she helps Holly. And helps all of us.'

Lisa

To Meg though, the family had reached their own solution prior to service involvement, and dismissed any suggestion of need;

'She asked James lots of questions, um and then we went through a plan... but we'd already sort of done it anyway – we'd already put a lot of things in place anyway.'

Meg

Protective adults; Children in Context

This final theme examines the ways in which the harm reduction approach has been brought together by parents and practitioners, identifying success, and shared strategies which acknowledge harm reduction in context of children's needs. In the sub-theme *valued intervention*, we note how parents' engagement does not always surround substance misuse. For example, Meg gives a very positive indicator of how she shifted from rejecting the intervention, to seeing the practitioner as an ally:

'It's been nice when I've taken James into the new school and (practitioner)'s come along with me....I suppose she gives you some back up, rather than just being a parent that's walking in there with a problem child, as I'm sure that's how they must see it.'

Meg

Crucially, practitioners were able to *locate improvement*; identifying key successes within this complex and challenging area of work, with both young people, and their parents.

Below, Fred reflects on those parents who are able to support harm reduction;

'They feel that actually, if they're smoking it in the home or they're smoking it in the back garden, "I know where they are, they're safe"'

Fred

Similarly, Alice reframes a successful outcome of a mother now able to respond effectively:

'Mum got back in contact to say... she thought his behaviour was changing again and she believed might be now moving into some cannabis use. But although that felt, you know, like a backwards step,...she was able to recognise it very early and to seek our support straight away.'

Alice

The sub theme *Diversion as intervention; Parents and Practitioners in Partnership* illustrates a drawing together of harm reduction, and protecting children exposed to dangerous levels of risk. In these examples, Practitioner-Participants described specific techniques, such as Alice (below):

'They [parents] were able to put some disruption in around the young people. So not ban them from going but.... they organised different things, and as far as we're aware that party didn't happen.'

Alice

Alice's technique could be seen as counter to the philosophy of harm reduction, as she and the parents circumnavigated the young person's decision. Her strategy is somewhat subversive, and strongly indicates an adult agenda. Fred also talks about diverting young people's attention by building up other aspects of their life, with the aim of reducing the desire to take substances;

'I really believe in positive activities and building, sort of, sense of self and self-esteem... I guess you could call it diversionary activities,...you know, gives them a purpose, gives them reason to get up in the morning, gives them reason to go to school.'

Fred

Fred's comment reflects that teenage substance misuse occurs in context of school, and adolescence. He strongly indicates concerns for emotional well-being, and is further evidence of adult distraction techniques.

Conclusion

The data presented here offers an analysis of the lived experience of supporting young people at significant stages of risk taking and maturity. Although the harm reduction approach is adopted by practitioners, the parents do not relate to this easily, and their actions aim to stop drug taking in its tracks. The practitioners vary in acceptance of the harm reduction model for children, but even those who feel more comfortable with it seem to engineer ways of diverting

young people away from drugs. We suggest this disquiet signifies the complex transition for supporting adults, from acting in children's best interests to enabling life choices made by agentic, Gillick competent young people. The risk factors associated with drugs make this complex enough, however the possibility of highly dangerous associations heighten this significantly, leaving supporting adults in an ethically demanding space. The prevalence of young people debunking advice is prolific in the data, as the narratives around agentic young people, and vulnerable children, interplay. The harm reduction model therefore seems to challenge both sets of participants, as while the model recognises the agency of young people, participants also acknowledge these are children, in a highly risky context which could leave a dramatic imprint on their lives. Thus, this research scopes out widely acknowledged and serious risks in both the short and long term (Jenkins *et al*, 2017; Segrott *et al*, 2014; Lac & Crano, 2009; Robinson *et al*, 2018), and identifies the challenge for supporting adults in finding space for both young people's self-efficacy, and children's protection. We note evidence of parental monitoring (Lac & Crano, 2009), and that adult attempts to regain control can be both extreme and subversive. We interpret this as reflecting the phronesis of experienced practitioners and parents, moving between cognitive and emotional processing (Kahneman, 2003), and the emotional labour involved in letting go of protective control.

We have interpreted this data in context of the still-developing child situated amidst risks which stretch to crime, safety, and outcomes in education. The practitioners see the drug use itself as an anchor point for a vastly complex and troubling conglomeration of risk and poor levels of well-being, as reflected by Duke, Thom & Gleeson (2019). Importantly, our data indicates that despite concerns as to the lack of child-focused thinking (Case & Haines, 2015), practitioners and parents have crafted an adapted approach to harm reduction, taking an adult lead on diverting young people away from drugs, and being opportunistic in gaining full disclosure. In conclusion we call for a greater understanding of the effectiveness of harm reduction for young people, and note specific challenges for adults in addressing the balance

of capacity and vulnerability. We therefore question whether a new approach could harness the evident strengths of harm reduction while maintaining a dual perspective of young people as capable, agentic, children.

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