

## MEPHEDRONE TOLL MOUNTS – WHO WILL TREAT THE YOUNG ADDICTS?

*In February, the UK's only rehab for 11-18 year olds was finally forced to shut its doors. Within a month, mephedrone washed over these shores like a tsunami, producing a rising flood of addicted teens – with nowhere to go for safety. Sarah Graham reports on the wave of new drugs.*

One month after the closure of Middlegate Lodge, the UK's only rehab for teenagers, the government's Advisory Council on the Misuse of Drugs was hearing evidence on the drug mephedrone – meow meow, MCAT, bubble, sold as “plant food”, but in reality a powerful stimulant which originated in a Chinese laboratory and which in less than 12 months produced a rising flood of addicted adolescents.

This cheap-thrill white powder is snorted like cocaine, taken in pills or injected and is being linked to at least 26 deaths. As desperate parents catch up with what's been happening under their kids' noses, they are realising that there is no rehab to send these young people to: for detox, for treatment, and to get them out of harm's way, apart from the influence of endemically drug-using peer groups.

Behind all the media frenzy about the death toll is another story.

For those caught up in the long nights of mephedrone addiction, the future looks bleak. How has the UK got into this mess? And is there a way out of the “fiendish meph madness”? Having set up a “Middlegate action team”, I am not giving up yet. We are on a mission – to build a bonfire of the vanities under the National Treatment Agency for Substance Misuse and the current government and hatch a new rehab, phoenix-like, from Middlegate's ashes.

### CREATING A CAMPAIGN FOR KIDS.

Middlegate's chairman, Chris Robertson, had called me at the end of January to ask for help raising media awareness of the precarious situation facing the five-bed rehab. I jumped on a train – along with a Free@Last TV crew – to Lincolnshire, on a fact-finding mission.

We began filming a documentary to try and understand why a rehab described by Ofsted as “outstanding” which has treated over 400 young people and has no competitors went from being full with a waiting list just a few years ago, to half the number of beds and half of those beds empty, with staff standing round twiddling their thumbs

when there are clearly so many desperate young people in need of treatment.

What we saw and heard shocked and sickened us. The contrast between what Middlegate was offering – in its beautiful, safe, rural location and its impressive results: many drug-free, successful, happy lives for those lucky enough to go there – and the ugly politics, bureaucracy, waste of resources plus short-sighted stupidity and unfairness to other, less-lucky, young people who wanted help but who could not find a path through the complicated referral/funding maze.

Fuelled by a positive sense that Middlegate deserved helping and a fear of what would become of these most desperate and vulnerable teens without Middlegate, I traded a few nights' sleep – my first missed in eight years of sobriety! – to launch the *Save Middlegate* campaign on Facebook ([www.facebook.com/group.php?gid=322866671101](http://www.facebook.com/group.php?gid=322866671101)) and a No 10 online petition (<http://petitions.number10.gov.uk/SaveMiddlegate/>).

We quickly gained momentum, collecting hundreds of signatures and started securing national media exposure, even getting a very sympathetic, double-pagespread, in *The Sun* ([www.thesun.co.uk/sol/homepage/features/2840250/Battle-to-keep-open-unit-rehabilitating-addict-children.html](http://www.thesun.co.uk/sol/homepage/features/2840250/Battle-to-keep-open-unit-rehabilitating-addict-children.html)).

To assemble a committee and formulate a plan, we began holding meetings. We started with Addaction which, despite its *Unfashionable Not Unimportant* “£10million fundraising drive” around young people and addiction, sadly led to nought for us... except for seeing clearly how enmeshed and dependent on the NTA/government some of the big charities are.

We moved on to Kids Company, headed up by Camila Batmanghelidjh. She hosted us, then pulled out all the stops to help us, emailing all her supporters with a personal appeal.

Buoyed by Batmanghelidjh's endorsement and clever ideas – including cannabis camps – a quick succession of meetings (all filmed) pulled together an impressive, multitalented, *Save Middlegate*

action team. This includes Middlegate's loyal staff, Mark Johnson of User Voice, Kathy Gyngell of the Centre for Policy Studies, Deirdre Boyd of the Addiction Recovery Foundation which publishes *Addiction Today*, Debra Bell of Talking About Cannabis, Clea Myers of Tweaking the Dream. We began formulating a new business plan.

Johnson and Gyngell brainstormed a pilot scheme to divert young people from the criminal justice system into rehab, to evidence that money spent on rehab is better invested than holding a young person in a more expensive, perhaps counterproductive detention centre.

### THE MEDIA AS DRIVERS OF CHANGE.

To get the media interested, we faced two challenges. The first was that Middlegate had been near closure the previous year, so this was *déjà vu*, not a new story. Second, the media like reporting bad news. So some people, such as Channel 4 News, were waiting for the “Middlegate is closed” press release.

One young journalist, Charlotte Ashton from BBC Switch\*, stood head and shoulders above her older colleagues. She took on the NTA's Rosanna O'Connor and exposed the flaws in its apparent obsession with “treatment in the community” and “secure units”, often based around methadone replacement therapy – how appropriate is this drug for young people in their developmental stages?

We concentrated on winning support for the big picture argument: that, as a rich country which can bail out its banks, we can easily afford one abstinence-based teen rehab in the UK, for the most desperate, vulnerable young addicts to be detoxed and treated alongside other young people.

After all, South Africa can manage to fund rehabs and the US has dozens of teen rehabs for children from across the class spectrum, not solely for rich kids. Last summer, I visited five of Aspen Education's teen rehabs in Utah; that's five in one state alone.

There is ample good, solid, evidence from

the US and from EU countries like Sweden that treating teens' drug use and underlying issues a) works and b) is a very sensible, money-saving solution. If you bother to do the math on adding together all the different costs – health, policing, social services, housing, etc – which an adult addict can accumulate, we can be looking at saving hundreds of thousands of pounds.

Middlegate had many things going for it. Set in a beautiful, remote, environment far away from the abuser(s), dealers and pimps who act as the young persons "friends" back home, Robertson and his team had lovingly nurtured, a strong holistic, therapeutic, programme, delivered with a warm, family-like feel to it.

My communications brief involved telling people about Middlegate, as it had spent its money on treatment, not PR. I found myself alerting a very bemused British public – "Why only one rehab? Why is it closing?" – to the loaded-dice challenges facing residential rehab.

Explaining to journalists the ridiculously complicated multifunding stream system – at least three different funders for each young person – and why the National Treatment Agency is audited on numbers "in treatment" not drug-free successful outcomes, and why it will not refer outside a local area even where facilities do not exist there. And, yes, £3620 a week is a lot of money. But not when compared to a detention centre where these young people are often heading, or have been already.

#### HELPING HANDS FOR THE FUTURE.

February was a roller-coaster of ups and downs. Some of the ups look really promising: Chris Difford from Squeeze (see photograph near right) called to offer support, an acoustic fundraising set. DJ Fat Tony offered to host a club night. My friend Davina McCall regularly tweeted calls for support to her 250,000 "followers".

They say miracles happen in recovery and later James Brokenshire, Conservative MP and shadow Minister for Crime Reduction, came to see me at my Harley Street clinic (see photo far right).

We talked for two hours and agreed on almost every point (spooky). In fact, the Conservative Party is saying all the right things and promising to support our plans, if they gain power at the general election – results will be due in soon after this issue of *Addiction Today* is published.

With daily-growing outrage from the public and a constant stream of journalists' requests, media exposure generated three new funded referrals for children waiting to be admitted. But then disaster struck. HSBC bank would not extend the overdraft or wait even one more week. So, on 19 February, 25 staff were made redundant, when the liquidators were called in.

It was so frustrating to have Middlegate slip through our fingers just before the action committee's new ideas for generating more income and moving away from relying on "the system" could take root.



After some tears, we have had to Let Go of the old Middlegate and all that it was. But we continue to work furiously to establish a new charity, to open a rehab in the spirit of what was.

#### THE MEPHEDRONE PHENOMENON.

Fast forward to the end of March. Ironically, on the day the ACMD met to examine the case for classifying mephedrone, a five-minute film\*<sup>2</sup> for Channel 4 *News* by reporter Keme Nzerem about the drug's rapid emergence and endemic use by young people on the Isle of Wight highlighted the very young users and how the drug is seriously impacting on their mental and physical health. Watching the mother of a 15-year old teenage girl talk about the hell that awaits her daughter when she finally runs out of the powerful stimulant 'drone and starts coming down after six days and nights of continuous use, she describes a now all-too-familiar pattern: the anguish of withdrawal, outbursts of anger and verbal abuse, leading on to the frightening violence she will face.

The mother says she needs help. But who will help her and her child?

Desperate parents across the UK are experiencing this dangerous pattern of very heavy use of mephedrone followed by mood swings from elation to suicidal, and extreme behaviour change. Children become violent.

Stephen Welch, a father I spoke to at the ACMD open day, told me that, when he called his local drugs service – seriously worried that his son's now daily dependent use is going to kill him – he was told to take the teenager to a hospital Accident & Emergency. He could not believe the lack of resources in the country and the apparent lack of knowledge that drugs workers were displaying about how to help a person stop using a stimulant drug.

According to Keme's report, half of Year 10s (14-year old schoolchildren) have used or are using the drug.

My own client work in Surrey supports such a high statistic. One young man said to me that

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*Sarah Graham continues her commentary on the lack of treatment for adolescents with an alert on the need to speed up responses to the wave of new, easily manufactured psychoactive drugs.*

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he cannot wait for mephedrone to be classified. It is being used by his whole group of friends and when he is on a comedown, he feels like he “doesn’t care if he lives or dies”.

So the race to shut the door on mephedrone is, sadly, after the horse has bolted and ran amok. Nobody knows how many of these young people are dependent users. But even conservative estimates suggest that 5-10% of regular users of such a more-ish, rapid tolerance building, psychologically addictive substance, will need professional help to come off it.

### WE MUST BECOME LEADING-EDGE.

The fraught debate around the lengthy process that led up to a Class B classification also led to more ACMD members resigning – although this could be seen as an opportunity to start afresh – and hammered more nails in the coffin of the ACMD/Home Office/government legislative process. The system is archaic in the face of the tsunami of new, inexpensive “legal” highs synthesized by chinese chemists, shipped to the UK by the 100kilo and consumed for as little as £10 a gram, by a virgin mass market of young people.

Teens have been lured into trying untested powerful drugs because they are seen as “legal” – so “must be safe”. These young people are not simply making bad life choices. They have been carefully groomed by sophisticated internet youth targeted branding: “meow meow” is genius.

Entrepreneurs are selling on the edge of legality: advising “not for human consumption” but without fear of infringing brand copyrights including Bart Simpson and other cartoons.

Cutting-edge marketing and advertising strategies have been flooding the internet and even popped up on my MySpace and Facebook pages (yes, I was a little peeved). Purchasing 1gram to over 1000grams is enabled by oh-so-easy access through hundreds of websites using AlertPay and next-day delivery.

The move to classify mephedrone has already started to take effect. Some websites are closing

down (hurray) and prices are going up, out of children’s price range. The next few months of stockpiling and selling will be interesting.

Yes, many of those addicted will turn to crime as the price climbs. They might also turn to other drugs. I have warned the ACPO Meth and Presursors Working Group (I sit on) that we might see a sudden spike in crystal meth\* production and use. Meph is chemically very similar to meth and cocaine cannot come down in price much more. The quality is already so poor, in the UK, and this is part of why meow meow took off so much. It is a cheap buzz that delivers the bang for the buck.

With over 400 new chemicals in the wings, the game of classification cat and mouse is set to continue. I have been arguing for a new Q for Quarantined classification to take immediate effect when a new drug pops up on the radar. This would close down the window of opportunity for chemists to make their fortune while the state makes up its mind.

With each new drug comes its own problems. We are certainly winning the arguments about the

need for teen residential rehab to provide a safety net for the young casualties who deserve the best treatment any civilized society can offer. But now we need action to follow through the arguments.

The campaign to open a new rehab is going well. We recently received a wonderfully generous gift of £40,000 from the Angus Lawson Memorial Trust ([www.almt.org](http://www.almt.org)).

To everyone who has joined the Facebook Group and signed the petition, we thank you. To those who haven’t... do!

Your country’s young people need YOU!

\*[www.bbc.co.uk/switch/revealed/?story=drugrehab2010](http://www.bbc.co.uk/switch/revealed/?story=drugrehab2010)

\*2 <http://tinyurl.com/y8qqrfw>

**SARAH GRAHAM** is director of Sarah Graham Solutions ([www.sarahgrahamsolutions.com](http://www.sarahgrahamsolutions.com)) and a leading addiction and holistic health expert. Prior to coming into recovery in 2001, she worked as a creative in radio, TV and internet content production.

*Images: Clivia, Cte Consulting; photos: Free@last TV*

