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Drugs and Young Offenders

Guidance for Drug Action Teams and Youth Offending Teams

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Drugs and Young Offenders

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Drug Action Teams and
Youth Offending Teams



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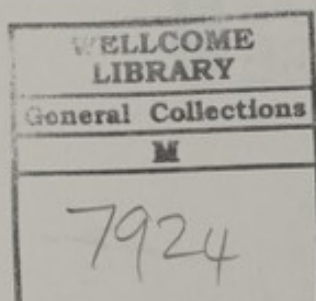
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FOREWORD

This Home Office guidance is aimed primarily at Drug Action Teams and Youth Offending Teams, criminal justice agencies and youth justice teams, drugs services, and others who work with young offenders.

Its purpose is to help to create an awareness of drugs issues and the need for appropriate responses when working with young offenders who are misusing illegal drugs. Research and experience show that drugs and crime careers often develop in tandem and can be mutually reinforcing. This suggests the need for responses to young offenders which are sensitive to their possible involvement in drug misuse. Responses which focus only on offending behaviour risk missing possible involvement with drugs, and this may reduce their impact on the behaviour of the young person.

The guidance is being issued by the Home Office Drugs Prevention Advisory Service and the Standing Conference on Drug Abuse (SCODA). The **Drugs Prevention Advisory Service** (DPAS) replaced the Home Office Drugs Prevention Initiative on 1 April 1999. It has been established on a national basis and organised around the nine Government Office regions. DPAS will: support Drug Action Teams in developing their prevention strategies based on evidence of good practice; help to create supportive links between Drug Action Teams, building local capacity and promoting economies of scale; invest in demonstration programmes to promote further learning; and disseminate evidence of effective prevention approaches.

The nine DPAS teams are located in London, Manchester, Cambridge, Guildford, Bristol, Newcastle, Birmingham, Nottingham and Leeds and will be ready to advise Drug Action Teams on the development of youth justice intervention programmes based on the good practice guidance set out in this document.

The **Standing Conference on Drug Abuse** (SCODA) seeks to reduce the harmful effects of drug use through informed debate and promotion of best practice and effective, comprehensive services. It is an independent membership organisation, providing a voice for drug services and others concerned about the effects of drug use on individuals and communities.

SCODA provides specialist advice on local drug services and best practice information on drug treatment and care, prevention and education. SCODA also compiles national directories of drug treatment and care services, residential rehabilitation services, and out-of-school education and prevention activities.

This guidance can also be read in conjunction with the research report recently published as DPAS Paper 3 *Risks and Responses: drug prevention and youth justice* written by Tim Newburn and Joe Elliott of Goldsmiths College, University of London.

SUMMARY

LINKS BETWEEN DRUGS AND YOUTH OFFENDING

There is growing evidence of the links between young people's drug use and offending behaviour. Research and practice is helping to clarify both the **prevalence** of drug use amongst young offenders and the value of **risk factors** in helping to identify those young people who are more likely to go on to develop drug problems and related offending behaviour.

The available evidence suggests that:

- rates of drug use appear higher among young offenders compared with the general population of young people;
- young drug users are more likely to be, or to become, involved in other offending;
- the factors relevant to the early onset and development of drug use and involvement in juvenile crime overlap significantly, and young people's experiences of drugs and crime may be mutually reinforcing;
- there is an association between early onset of drug taking and the likelihood of developing drug problems later. Young offenders may be particularly at risk of going on to develop drug problems;
- young offenders with the most serious and/or persistent offending histories are more likely than their peers to engage in heavy and problematic drug misuse.

Research and experience suggest caution in looking for simple causal relationships between drug use and offending behaviour. Their strong correlation with each other does, however, call for responses which address both in tandem.

THE YOUTH JUSTICE SYSTEM : OPPORTUNITIES TO INTERVENE

Contact with the youth justice system offers a valuable opportunity to intervene early with young offenders involved with drugs, to divert them from future drug problems and unlawful/anti-social behaviour.

At all points throughout the youth justice system, those in contact with young offenders should be vigilant to the possibility of drug use and be prepared to intervene. Specific points of intervention are:

- **Arrest** Those involved in arrest referral schemes should be vigilant to the possible use of drugs by young offenders, and where necessary refer on for assessment.
- **Caution** The issue of a caution, particularly if in the context of a caution plus or deferred cautioning scheme, offers an opportunity to refer a young person for help. (Police cautioning of young offenders is replaced by the final warning scheme under the Crime and Disorder Act 1998, currently being piloted in 5 areas and due for national implementation in 2000/2001.)

- **Final Warning** The provision of a rehabilitation (change) programme following a final warning should include drug interventions where appropriate.
- **Court** Court based youth justice workers and probation officers may be in a position to identify young offenders who are involved with drugs and recommend referral to a suitable programme of help, possibly as part of sentence.
- **Bail** There are opportunities to include drug-related interventions as part of bail support programmes.
- **Remand** *Tackling Drugs to Build a Better Britain* highlights the need to develop drug assessment and interventions for young people on remand.
- **Sentence** There are options at the sentence stage for recommending and/or requiring participation in a drug prevention or treatment programme (including supervision orders and schedule 1A(6) orders), with additional options being piloted under the Crime and Disorder Act (drug treatment and testing orders and action plan orders).
- **Custody** Time spent in custody is an important opportunity to assess and address drug use. The rollout of CARATs (counselling, assessment, referral, advice and throughcare services within and across Prison Service areas) will have an impact on the availability and delivery of drug education, prevention and treatment programmes for young offenders.

STRATEGY AND COORDINATION

Practical responses to address both drug use and offending may require the involvement of a range of agencies. Drug Action Teams and Youth Offending Teams have a key role in ensuring the involvement, cooperation and coordination of multi-agency responses to the range of problems encountered by young offenders involved with drugs.

INTERVENTIONS

Effective intervention programmes should be based on a **professional assessment** of need, followed by a **rapid response to the identified needs**.

Assessment

Needs assessment is crucial: all those who assess young offenders should be alert to the possibility of involvement or risk of involvement with drugs.

We recommend an initial drug screening in all assessment processes, including those undertaken on behalf of YOTs, to be followed by a more detailed drug-related assessment where drug misuse is identified.

Responses

All interventions with young people should be undertaken in accordance with the guiding principle of the Children Act 1989, that the welfare of the child is paramount. In addition, we recommend that parents, or those with parental responsibilities, should be involved in the planning and delivery of drug interventions for their children.

Programmes of help should follow from individual assessment of needs, embracing drug education, prevention and treatment as appropriate.

Interventions and services for young people should be appropriate, taking account of their age, developmental stage and life circumstances. Adult services and approaches may not be appropriate.

We recommend the appointment of dedicated drugs and youth justice workers, to work closely with or attached to youth justice teams or Youth Offending Teams, whose help will be available at all points of the youth justice system, to:

- ensure that young offenders with drug problems are identified;
- ensure that an assessment is made to determine the most appropriate intervention; and
- to facilitate the programme of help, working as necessary alongside professionals from criminal justice, social services, education, and other disciplines as appropriate.

1. INTRODUCTION

This section explains the purpose and scope of this guidance.

- 1.1 This paper is about drugs and young offenders. It is guidance for both **Drug Action Teams** and **Youth Offending Teams**, recognising the former's responsibility for local delivery of the national anti-drugs strategy *Tackling Drugs to Build a Better Britain* and the latter's responsibility both for preventing youth crime and for helping young offenders tackle the problems associated with their offending. It covers policy and practice issues to inform the development of a strategic and principled partnership approach to working with young offenders who are involved with drugs.
- 1.2 The paper looks at the place of drugs in the lives of young offenders and the importance of addressing this as part of the response to youth offending. It also provides some discussion about interventions to help prevent drug taking amongst young offenders and, in particular, what can be done to prevent them going on to develop problematic drugs and crime careers.

TACKLING DRUGS TO BUILD A BETTER BRITAIN

- 1.3 The Government's anti-drugs strategy puts an emphasis on action to ensure that those most at risk of developing serious drug problems receive appropriate and specific interventions. Young offenders fall into this category and effective drugs intervention programmes **must** therefore be part of the action taken in meeting the strategic aims of:
- helping young people resist drugs in order to achieve their full potential in society;
 - protecting our communities from drug-related anti-social behaviour; and
 - enabling people with drug problems to overcome them and live healthy and crime free lives.
- 1.4 The Government is investing new money in the drugs strategy following the Comprehensive Spending Review: specifically, an extra £70.5 million is being allocated to health and local authorities over three years to provide funding for new treatment initiatives, a significant proportion of which will be directed toward young people. The strategy guidance recommends that such development should take place in line with SCODA's policy and quality framework.

Drug Action Teams

- 1.5 Drug Action Teams will be required to report annually on progress in delivering the aims of *Tackling Drugs to Build a Better Britain*, including action to increase access to information and services for vulnerable groups (which should include young offenders) and to report on any specific education and prevention programmes for these groups. **This guidance should help Drug Action Teams in developing appropriate programmes and services, based on the available evidence about the drug-related needs of young offenders.**

Youth Offending Teams

- 1.6 The Crime and Disorder Act 1998 places a duty on local authorities with education and social services responsibilities, chief officers of police, police authorities, probation committees and health authorities in England and Wales to establish Youth Offending Teams (YOTs) and to ensure that appropriate youth justice services are available for young offenders aged 10 to 17.
- 1.7 Pilots of YOTs, together with the new powers for the police and courts contained in the Act (final warning scheme, reparation order, action plan order, child safety order and parenting order) began in 10 areas on 30 September 1998 and will run for 18 months. Subject to the outcome of the pilots, the Government aims to bring the Act's provisions relating to YOTs into nationwide operation from April 2000.
- 1.8 Their principal aim will be to prevent offending by children and young people. The guiding objectives include helping young offenders to tackle problems associated with their offending. Drugs are very often one of those problems, but they do not occur in isolation. Many of the risk factors relevant to youth offending are also risk factors for early initiation into drug taking (see section 2 of this paper). The inter-departmental circular of guidance on establishing YOTs (December 1998) recognised the significance of drug services for young offenders to both:
- the effective provision and delivery of services to meet the aim of preventing youth crime; and
 - the objective of **tackling** the factors (personal, family, social, educational or health) that put a young person at risk of further offending, and which **strengthen** protective factors.
- 1.9 YOTs will be at the core of inter-agency working between the police, the probation service, social services, education and health authorities, and a new focus for cooperation between all local youth justice agencies, individuals and professional groups. Local authorities, in consultation with the partner agencies, will have a statutory duty to draw up and implement a local youth justice plan, setting out how the YOT is to be composed and funded, how it is to operate, what functions it will carry out and how youth justice services are to be provided and funded.
- 1.10 The Government's guidance states that:
- there needs to be a clear understanding locally about the relationship between the work of YOTs and the work of Drug Action Teams in delivering *Tackling Drugs to Build a Better Britain*; and
 - YOTs will have an important contribution to make to Drug Action Teams' local action to ensure that young people most at risk of developing serious drugs problems receive appropriate interventions.
- 1.11 **This paper is intended to facilitate this process, by contributing to Youth Offending Teams' and Drug Action Teams' appreciation of the issues involved in working with young offenders who are involved with drugs, and to emphasise the need for, and value of, drug interventions.**

Crime and Disorder partnerships

- 1.12** This guidance will also be of use to the local crime and disorder reduction partnerships established by the Crime and Disorder Act. These partnerships are led by local authorities and police jointly, but involve a wide range of local organisations in their work. They were required to formulate by 1 April 1999 a strategy for tackling local crime and disorder problems. These strategies were to be based on full reviews of local problems and upon consultation with the local community as to what they saw as priorities. Many of these strategies include as priorities dealing with young people and drugs. As Home Office guidance to the local partnerships made clear, it is important that there are effective working links between partnerships and DATs and YOTs. Action plans and priorities should be clearly aligned so that all are working towards the same overall objectives.

DEVELOPMENT OF THE GUIDANCE

- 1.13** The guidance has been produced jointly by the Home Office Drugs Prevention Initiative (now replaced by the Drugs Prevention Advisory Service) and the Standing Conference on Drug Abuse (SCODA). It stems from the experience of the Drugs Prevention Initiative in setting up and running pilot drugs intervention programmes in the youth justice system.

THE DRUGS PREVENTION INITIATIVE PILOT PROJECTS

SANDWELL YOUTH JUSTICE PROJECT

The project arose from concerns about the number of young offenders who were involved in substance misuse. It involves the appointment of a young person's worker, employed by the voluntary sector agency Community Alternatives for Young Offenders, and seconded to the Sandwell Youth Justice Unit and the Community Drugs and Alcohol Team.

The worker receives referrals from both the youth justice unit and the drugs and alcohol team, and helps to provide drug interventions for young people in or at risk of entering the Youth Justice System.

DERBY YOUTH JUSTICE DRUGS PROJECT

This involves a drugs worker employed by the voluntary drugs agency **addaction**, and based at the statutory Youth Justice Unit in Derby. The worker takes referrals from the youth justice staff and provides interventions for young people involved with drugs at all stages of the criminal justice system including arrest, caution, remand and bail, supervision orders and offenders in custody. The project is overseen by a multi-agency partnership.

ST HELENS YOUTH JUSTICE DRUGS PROJECT

The project involves a drugs advice worker employed by Social Services and based within the St Helens Youth Justice Team (now one of the pilot YOTs). The worker takes referrals from both the YOT and from Social Services teams within Children's Services.

(For more details of these projects, see Appendix).

- 1.14** It also takes account of the work that the Drugs Prevention Initiative supported in evaluating criminal justice interventions for adult offenders. That work has demonstrated clearly that the criminal justice system offers an important opportunity to access adult problem drug users¹ who are heavily involved in drugs and related crime, and that quick access to appropriate services can lead to significant reductions in levels of drug use and associated crime².
- 1.15** In order to ensure that it represents the most up-to-date professional opinion, the guidance has been jointly produced with SCODA's Good Practice Unit for Young People and Drug Misuse, which was set up at the end of 1996 to support and encourage the development of drug services for young people. It aims to do this by developing and publishing policy and practice guidance for interventions with young people. It also piloted a regional Action Learning Programme with Drug Action Teams during 1998, which aimed to enhance local strategy, policy and service development.
- 1.16** SCODA also had a Young Offenders and Drug Misuse Project, funded by the Joseph Rowntree Foundation to run a parallel pilot programme addressing interventions for drug-using young offenders, and to broaden understanding of good practice in interventions with this target group.

WHY A SEPARATE FOCUS ON YOUNG OFFENDERS?

- 1.17** The Health Advisory Service and SCODA have both strongly advocated that the needs of young people in relation to substance misuse need to be addressed separately and differently from services and interventions developed for adults.
- 1.18** The Drugs Prevention Initiative experience supports this view. The guidelines for working with adult offenders do not translate easily to the different arrangements of the youth justice system. This view was echoed by delegates at the York seminar, where it was recognised that the needs of young offenders involved with drugs may be quite different from those of adult offenders, particularly in view of the differences and complexities of working within the youth justice system. This guidance therefore focuses specifically on the needs of young offenders who are involved with drugs, taking account where possible of the views and experience of delegates at the York seminar to develop guidelines for criminal justice drugs interventions for young people.

SOME DEFINITIONS

Young offenders

- 1.19** The focus is on **young offenders** – young people over 10 years of age (the age of criminal responsibility) up to, and including, 17 year olds who fall within the jurisdiction of the youth justice system. The guidance may, however, also be found helpful in dealing with the slightly older age group of offenders between 18 and 21, for example those who may be sentenced to custody at Young Offender Institutions.

¹ In this context, 'problem drug users' are defined as those whose drug use includes dependency, regular excessive use, or use which creates serious health risks.

² Emerging findings from the Drugs Prevention Initiative experience of arrest referral schemes were published as Drugs Prevention Initiative Paper No. 23. Copies of this and other Drugs Prevention Initiative reports are available from the Drugs Prevention Advisory Service Headquarters (020 7217 8631).

Involvement with drugs

- 1.20** In focusing on young offenders involved with drugs, this guidance is not concerned only with juveniles who come into contact with the youth justice system because of drugs offences. As set out later in this paper, juveniles who take drugs may come to notice across a **full range of offences**. Involvement with drugs may correlate with offending, it may be more directly drug related (e.g. offences committed while under the influence), or drug driven (committed to raise finance to purchase drugs).

Drugs, alcohol and volatile substances

- 1.21** The main focus of this paper is the use of illicit substances, that is, those controlled under the Misuse of Drugs Act 1971. Young people may, however, take and encounter problems with a wide range of substances, legal and illegal. Some young people, and particularly young offenders, may use alcohol problematically, misuse volatile substances, or may misuse a range of legal and illegal substances in combination.
- 1.22** The consumption of drugs by young people can cause (and/or be related to) a wide range of consequences and problems for the individual. All drug taking by a young person should prompt an intervention to address it, which is appropriate to the needs of the individual. In general terms, drug taking that is harmful to a young person's health and/or social functioning (eg dependent, chaotic or otherwise problematic drug taking and related behaviour) should prompt drug treatment interventions. Where such interventions are not appropriate, the harm that may arise from their drug taking should nevertheless be addressed through less intensive interventions, such as information, advice, drug education and preventive work. **We recommend that responses to all substance use by young people be considered within the framework set out in this guidance.**
- 1.23** For advice and information on issues and approaches in addressing alcohol misuse or volatile substance abuse respectively, contact either:
- Alcohol Concern, 32-36 Loman Street, London, SE1 0EE (tel 020-7928 7377); or
 - The Solvent Misuse Project, National Children's Bureau, 8 Wakely Street, London, EC1V 7QE (tel 020-7843 6038).

Intervention

- 1.24** This is about the nature of the help which can be provided in response to the needs of young offenders. A useful definition of intervention is provided in *Young People and Drugs: policy guidance for drug interventions* (SCODA and Children's Legal Centre):
- The term intervention refers to the taking of any particular planned course of action by a professional and/or a specific service.
- 1.25** Types of intervention include: information, advice, assessment, counselling, treatment and services which address other needs such as those relating to education, training and employment.

2. A REVIEW OF RESEARCH AND EXPERIENCE

This section offers a review of the evidence base and draws out key findings from work relevant to drugs and young offenders.

- 2.1 The available research suggests that about one in three of all young people will have tried an illegal drug by the age of 15 (Balding, 1997). This figure rises to almost half of males (48%) and over two fifths of young women (42%) between the ages of 16 and 19 (Ramsey and Spiller, 1997). There is, in addition, increasing evidence to show that young offenders are at high risk of both involvement with drugs and of developing problematic drug misuse. Early and drug specific interventions are needed to prevent or reduce future use, including prevention of escalation of use, which may bring with it a range of health and social problems.

THE EVIDENCE BASE

Drugs and young offenders

- 2.2 There is growing evidence about the links between young people's drug taking, delinquency, and other anti-social behaviour which suggests that :
- rates of drug taking may be **higher** among young offenders than the general population of young people;
 - those involved with drugs are **more likely** to be involved in other offending; and
 - young offenders may be **particularly at risk** of developing problematic use.
- 2.3 The available research suggests that delinquent behaviour usually starts before drug taking, but that drug use and delinquent behaviour may well be mutually reinforcing, and as drug taking increases so does the likelihood of other problem behaviour. A significant minority of young offenders engage in problematic drug taking. The 1996 Audit Commission report *"Misspent Youth...Young People and Crime"* found from a sample of 600 young offenders that 15% of them were judged to have a problem with either alcohol or illegal drugs; the figure rose to 37% amongst those classed as persistent or serious offenders.
- 2.4 The Social Services Inspectorate surveyed all local authorities in 1997 and visited eight of them. In three of the fieldwork sites the reported number of young offenders involved in heroin use was over 70%. One court referral scheme had seen 41 clients aged between 11 and 16 within six weeks, 78% of whom were using heroin. Most authorities did not have any systematic assessment or monitoring of involvement with drugs among those they looked after.

Risk factors

- 2.5 There is a growing appreciation of the value of risk factors in helping to anticipate young people's vulnerability to drug misuse and involvement in criminal or anti-social activity. The 1996 report of the Health Advisory Service "*Children and Young People: substance misuse services*" offers a useful discussion of the relevance of both risk and protective factors³. This suggests that young people may become vulnerable to drugs due to physiological, family, psychological and/or economic/social factors. The Health Advisory Service report also identified protective factors that appear to enhance a young person's resistance to developing drug problems.
- 2.6 DPI research⁴ calls for some caution in looking for cause and effect between risk factors and onset of drug taking, but notes that:
- factors relevant to the onset of **experimental** drug taking may be distinct from the factors relevant to the onset of **problematic** involvement with drugs;
 - there is a substantial overlap between risk factors for substance misuse and delinquency; and
 - relevant risk factors tend to be inter-related.
- 2.7 Some risk factors are personal, for example, those relating to the family (including poor parenting, parental and sibling drug taking, physical/sexual abuse at home) which put some young people particularly at risk. Others are more to do with their environment or specific behaviour, such as truanting from school, peer influence and involvement in crime.
- 2.8 The broad conclusions that can be drawn from the research are:
- the factors relevant to the early onset and development of drug taking and involvement in juvenile crime overlap significantly;
 - there is an association between early onset of drug taking and the likelihood of subsequent escalation into more problematic drug use;
 - young people's experiences of drugs and crime may be mutually reinforcing.
- 2.9 The strategic planning implications of this are:
- **early intervention initiatives to address common risk factors** will be of benefit to both drug prevention and crime reduction initiatives;
 - **responses to known drug taking by young offenders should address, in parallel, factors relevant to both drug taking and offending behaviour;** and
 - **responses to all young offenders should be sensitive to their possible involvement with drugs,** and include provision of appropriate services where needed.

³ See also the 1997 report of the Standing Conference on Drug Abuse "*Drug-related early intervention: developing services for young people and families*".

⁴ A literature review of relevant research on risk and protective factors has been undertaken by Charlie Lloyd, then of the Home Office (published in the Autumn 1998 edition of *Drugs Education, Prevention and Policy*).

A PROFILE OF YOUNG OFFENDERS

It is possible to begin to build up a profile of the target group of youth justice intervention programmes based on the Drugs Prevention Initiative experience. Key characteristics among those picked up in Drugs Prevention Initiative demonstration projects in Sandwell, Derby and St Helens included:

- the majority were between 15 and 17 years of age, the youngest being 13;
- levels of drug taking were high, including polydrug and intravenous drug use;
- the average age of onset of drug taking was low (10 years of age);
- they had previously committed a broad range of offences, although few had convictions for **drug** offences. Most started offending relatively early (9 to 12 years of age);
- few had ever had their involvement with drugs addressed.

2.10 Additional findings emerging from both research and practice include:

- **Young offenders often have a number of interlinked problems which may include, or in some cases be exacerbated by, their involvement with drugs.**
- **Young offenders may view both offending and drugs as exciting**, and there is some evidence to suggest that drugs may sometimes be used to heighten the excitement factor involved in some types of offending, including motoring, burglary and theft offences.
- **Young offenders will often not see drugs as a problem.** As with most young people, young offenders have not usually had a particularly long drug taking career, and are unlikely to identify their own use as harmful or problematic. Other factors which may motivate change, such as family and relationship commitments or ill-health, will influence adult behaviour far more than that of juveniles.
- **Young offenders who have the most problematic and chaotic offending histories are more likely than their contemporaries to engage in chaotic or problematic drug use.**

3. OPPORTUNITIES TO INTERVENE

This section emphasises the need for a multi-agency approach in addressing the needs of young offenders involved with drugs.

- 3.1 Contact with the youth justice system offers a valuable opportunity to intervene with young offenders involved with drugs, both to:
- prevent the development of problematic use among those who are at a relatively early stage of drug use, and
 - provide appropriate treatment and other help for those who are involved in more problematic forms of drug misuse.
- 3.2 The experience of developing interventions for adult offenders with significant and long-term problems with drugs is that they can be successful where there is quick access to treatment, where this treatment is comprehensive, and where there are some means (or incentives) for keeping the individual in treatment for an appropriate period. Experience of working with young offenders so far is more limited, but suggests that the same principles hold good.
- 3.3 Of critical importance, the youth justice system offers an **early** opportunity to tackle all the problems associated with the young person's involvement with drugs and crime, to divert them from a career of drug misuse and unlawful/anti-social behaviour.

CHALLENGES

- 3.4 In setting up the Drugs Prevention Initiative pilot projects a number of challenges had to be overcome in order to ensure effective intervention arrangements. This experience suggests:
- **Effective intervention programmes require a common commitment across agencies and amongst workers with different responsibilities, professional philosophies, approaches to issues of confidentiality and levels of drug awareness.**
 - Young people's problems are often addressed by different agencies, with limited or no co-ordination between them. **Drug Action Teams, and Youth Offending Teams in due course, in bringing together representatives of the key agencies, can play a crucial part in ensuring that systems are in place to ensure cooperation and coordination where this is necessary to respond to the range of problems encountered by young offenders.**
 - **Involvement with drugs may not always be identified or recognised by non drug agencies, despite being present for some time.** This can result in continuation and escalation of drug taking, bringing a range of additional problems later.

3.5 Some of these challenges can be overcome by increasing levels of awareness of drug issues among key professionals, including through relevant training programmes. Other key issues include:

- Rapid responses to identified needs: the window of opportunity may be narrow because a young person's involvement in the youth justice system may be short, any motivation they have to address their involvement with drugs may be lost if they have to wait, and identified problems may escalate if interventions cannot be accessed quickly.
- Arrangements to ensure a more systematic monitoring of drug taking among young people by key agencies (including Social Services).
- Appropriate systems to ensure that assessments of young offenders are comprehensive, in terms of identifying problems and needs.
- The development of appropriate services to ensure that there are adequate options for responding to identified drug problems.
- Disputed funding responsibilities and lengthy decision-making can impede effective responses to the identified needs of young offenders involved with drugs. This can be particularly true where residential treatment and rehabilitation is being considered and placements are scarce. Agreements between Social Services Departments, Health and Education Authorities on how the costs of drug treatment services are to be shared (and protocols to enable the rapid allocation of funds when needed) may be necessary to ensure that vital opportunities to intervene are not missed.

ASSESSMENT BY THE YOUTH OFFENDING TEAM

3.6 Assessment of young offenders in contact with the youth justice system will be a key element of the work of Youth Offending Teams. The Youth Justice Board for England and Wales is overseeing the development and piloting of an assessment tool for Youth Offending Teams (ASSET), focusing on offending behaviour, family circumstances, experience of education and lifestyles. The purpose is to identify the needs of the young person, to ensure that any intervention, whether following a police final warning, a community penalty or a custodial sentence addresses those needs. The assessment tool will seek to identify those young offenders already involved with drugs or at high risk, for whom a specific drugs assessment, undertaken by a professional drugs worker, will be needed (see section 4 of this guidance).

YOUTH JUSTICE INTERVENTIONS

3.7 The Drugs Prevention Initiative experience of developing drug interventions for adult offenders is that there is value in allowing interventions to take place at all key stages of the criminal justice system, including schemes which operate at arrest, caution, court, sentence (both community and custodial sentence) and post-sentence.

- 3.8 It is equally important that drug interventions are developed and offered to young people at all key points in the youth justice system. In the Drugs Prevention Initiative projects, dedicated workers were appointed, initially to act as the link between the youth justice system and local drug agencies (along the lines of arrest referral or criminal justice drug workers). In practice, however, these workers had to perform a different role, undertaking a case-working function, working directly with young offenders in helping them first to recognise their drug problems, and then to supervise relevant programmes of help, set in the context of ongoing responses to their other problems, whether related to family, education, lack of opportunities or other issues.
- 3.9 **We recommend the appointment of dedicated drugs and youth justice workers**, to work closely with or attached to youth justice teams or Youth Offending Teams, whose help will be available at all points of the youth justice system, to:
- ensure that young offenders with drugs problems are identified;
 - ensure that an assessment is made to determine the most appropriate intervention; and
 - facilitate the programme of help, working as necessary alongside professionals from criminal justice, social services, education, and other disciplines as appropriate.
- 3.10 Workers will need patience and persistence. Many of the young offenders who have benefited from the Drugs Prevention Initiative projects initially miss appointments. This is in part because they often lead highly chaotic and disorganised lives, but also because they may not, initially at least, be highly motivated to seek help. Many drug agencies discontinue referrals after three missed appointments and may therefore exclude many young offenders. These young people are only engaged through the persistence of drug workers.
- 3.11 Recruitment of dedicated workers may not be straightforward because of the need to make use of people with both drug and youth justice expertise. Where there is not adequate knowledge across the breadth of issues, an extended induction period may be necessary to familiarise the worker. Other relevant issues around working with young people also need to be considered in developing recruitment criteria, in particular to test and appraise suitability to work with young people. Those who work primarily with under-18s should, as at present, be police checked, with assistance from the local authority.

POINTS OF INTERVENTION

- 3.12 The related Home Office guidelines for adult offenders identifies five key points of intervention: arrest, pre-sentence, community sentence, custody and post-sentence. These represent key points for intervention in the youth justice system, although practice and responses may need to differ when working with young people.

Arrest

- 3.13** It is recommended that arrest referral schemes make use of dedicated drug workers to target drug misusing offenders at the arrest stage. These workers are able to provide advice and, following assessment, referral to appropriate treatment providers or other programmes of help. The Drugs Prevention Initiative experience is that arrest referral schemes tend to focus almost exclusively on adult offenders. Reasons for this may include a recognition that adult drug services are very often inappropriate for young people. In areas where there are no separate young people's drug services, arrest referral schemes do not therefore have a service to refer young people to.
- 3.14** Arrest referral workers and others who are in contact with young offenders (including appropriate adults, the police, probation, social services, youth justice teams or the youth offending team) need therefore to be vigilant to the potential involvement of young arrestees in drug taking and ensure that the issue is addressed as part of relevant programmes of help. Assessing the needs of the young person concerned will be the critical first step in identifying the issues to be addressed and the appropriate responses. Where drugs is or may be an issue, the assessment undertaken on behalf of the youth justice team or the youth offending team should include current involvement with drugs and/or the risk of future involvement, so that appropriate responses can address both risk and needs as comprehensively as possible.

Caution/Final Warnings

- 3.15** The issuing of a caution has proved to be successful as a response to first time, small scale offending by young people. This is evidenced by the proportionately low rate of second offences, and appears to be particularly successful for first time possession of small amounts of controlled substances. The issuing of a caution, therefore, is likely to be an important time at which to target advice and information about drugs and where to get help.
- 3.16** Many police forces operate caution schemes which involve **either** the issue of a caution in the expectation that the individual will seek help for his or her involvement with drugs (often referred to as caution plus), **or** involve a delay in the decision to caution or prosecute to allow time for the individual to demonstrate a commitment to obtain help (known as deferred cautioning). In the case of juvenile offenders, where such schemes operate, they usually do so for drug possession offences only.
- 3.17** Home Office advice to police forces makes it clear that the prospect of a caution cannot be used as a means of inducing the admission of an offence. The admission must come first, but if made, it is legitimate for the police to consider the individual's willingness to address his or her involvement with drugs, before deciding whether to proceed with an informal warning, caution or prosecution. Once the decision has been made to give a caution, there is no lawful mechanism for attaching enforceable conditions to it. Similarly, once it has been administered, there ceases to be any possibility of later prosecution for the offence.

- 3.18 Whatever the nature of the offence, in any circumstances where a caution may be appropriate, consideration can be given to the possibility of making use of this disposal as a means or opportunity to put the individual in touch with help if he or she is involved with, or at high risk of involvement with, drugs.
- 3.19 The available evidence suggests that repeated cautioning of young offenders may not be effective in preventing further offending, as the young person believes that their offending has no adverse consequences for them and nothing is done to address the factors associated with it. Following a pilot period, a new **final warning scheme** under the Crime and Disorder Act will replace cautioning for young offenders. Under the final warning scheme, the only response available to the police in dealing with offending by young people, short of prosecution, will be a reprimand (for a minor first offence) or a final warning. The current cautioning system will remain for adults.
- 3.20 A final warning will be accompanied by intervention to reduce the likelihood of re-offending. After receiving the warning the young offender will be referred to the YOT, who will ensure that:
- the young person undergoes an assessment to determine whether a rehabilitation (change) programme aimed at preventing re-offending is appropriate; and
 - such a programme is provided.
- 3.21 Home Office guidance on the establishment and operation of rehabilitation (change) programmes under the final warning scheme advises YOTs to pay particular attention to whether drugs or other substances play a part in the young person's offending behaviour, recognising that it is vital to tackle involvement with drugs or other substances if other elements of the rehabilitation (change) programme are to be effective in preventing re-offending. As indicated in section 4 of this guidance, assessment will be the critical first step in identifying appropriate programmes of help.
- 3.22 Pilots of the final warning scheme began in 5 areas on 30 September 1998 and will run for 18 months in total. Subject to the outcome of the pilots, the Government aims to introduce the final warning scheme on a nationwide basis during 2000/2001.

Court

- 3.23 Attendance at court also provides an opportunity to offer drugs interventions. Court based youth justice workers and probation officers can have an important role in identifying drugs problems when they prepare pre-sentence reports (PSRs). These can lead either to referral to a programme of help, or to involvement in a programme as part of a sentence, for example through a supervision order with specified activities or a Drug Treatment and Testing Order for 16 and 17 year olds (or probation order with conditions in accordance with paragraph 6 of Schedule 1A of the Criminal Justice Act 1991 where Drug Treatment and Testing Orders have not yet been introduced).

- 3.24 There are schemes, such as the Bristol Drugs Project, involving drug workers based at court to provide information and advice (and referral for further help) to young offenders and their families as they pass through the youth court. SCODA has produced a handbook for drug service interventions in court settings, *"The Courting Game: a handbook for drug service intervention in a court setting"* (1996), which provides some guidance for setting up and operating a drug outreach service in court, based on a study of existing court-based schemes. It includes case studies, benefits and problems encountered, funding and evaluation advice, operational checklists, and eight 'golden rules' for good practice.

Bail Support

- 3.25 Bail support schemes have developed in many parts of the country. They involve the provision of services designed to facilitate bail where it would otherwise be denied. Bail support schemes can involve community-based programmes (or a package of programmes) designed to address the young person's offending behaviour. For young people involved with drugs, appropriate drug-related interventions should be a key component of any bail support package. Given that some account may be taken of this at sentencing, young people may be motivated to take action to address their involvement with drugs while on bail. Bail support is one of the range of youth justice services which local authorities and partner agencies will have to ensure are available in their area under the Crime and Disorder Act. Funding for such schemes is being provided through the Youth Justice Board development fund of £85 million over 3 years from April 1999.

Remand in custody

- 3.26 *Tackling Drugs to Build a Better Britain* highlights the need to develop and improve drug assessment and interventions for both adult and juvenile remand prisoners, and for young people remanded to local authority care. They have traditionally been difficult to assess and target particularly as they are often moved quickly between establishments. Despite such difficulties, the needs and motivation of drug misusers on remand may be particularly high, and periods on remand should be seen as an important opportunity to intervene.

Sentence

- 3.27 A key issue in developing sentence responses to involvement with drugs is the need to increase both the knowledge of sentencers around the issues of young people's involvement with drugs and their confidence in available programmes. This may be tied, in part at least, to the availability of treatment services, but there also are opportunities to use sentence proactively to help young people address their drug taking.

Drug Treatment and Testing Orders

- 3.28** Drug Treatment and Testing Orders are being introduced under the terms of the Crime and Disorder Act, to provide an additional means for sentencers to require drug misusing offenders to undergo treatment. It will be open to sentencers to impose these orders on 16 and 17 year olds where appropriate.
- 3.29** Their purpose is to target offenders with serious drugs problems, who show a willingness to co-operate with treatment. They will give the court powers to impose drug treatment, with the offender's consent, and to review the offender's progress on the Order. Regular drug testing will be a mandatory part of the treatment programme. The Order can be revoked and the offender re-sentenced if he or she wilfully fails to comply with its conditions. Details of the new Order have been developed in consultation with all interested bodies, including treatment providers, sentencers, the probation service and SCODA.
- 3.30** The new arrangements are being piloted in three areas, Croydon, Liverpool and Gloucestershire, until April 2000, and subject to the findings of the evaluation, they will then be introduced across England and Wales. The evaluation will give a better indication of the benefits arising from the introduction of the Order and its effect on existing treatment provision. Guidance on the commissioning of services for DTTOs is being developed by the Home Office and SCODA.

Supervision Orders, Specified Activity Orders and Action Plan Orders

- 3.31** The Drug Treatment and Testing Order pilots may provide clarification of the extent to which they may be appropriate for young offenders. In the meantime, it is open to the youth court in non-pilot areas to sentence offenders aged 16 and over to probation with a condition of treatment for drug problems (Schedule 1A(6) Orders); and it will remain possible to impose supervision orders, which can include recommendations as to appropriate programmes that the offender should take part in, as a response to his or her problems. This is an important means of encouraging young people to address their involvement with drugs.
- 3.32** Action Plan Orders introduced by the Crime and Disorder Act are a shorter variation (three months) on the Supervision Order and offer the same kind of opportunity to develop flexible and appropriate programmes to address drug taking as part of holistic programmes to meet the needs of young offenders. They will provide for a short, intensive and individually tailored response to offending behaviour which will, by means of a series of requirements placed on the young person, address the factors associated with his or her offending behaviour. It will be for consideration whether a 3 month intervention offers a sufficient opportunity to address drug problems, but this will depend on individual circumstances. Action Plan Orders are being piloted in 4 areas for 18 months, prior to intended national implementation in 2000/2001.

Custody

- 3.33 Young people on remand or sentenced may be held in Secure Training Centres, local authority secure units and/or Prison Service establishments. It is important, therefore, that assessment and access to appropriate drug interventions are provided wherever young people are in secure conditions.
- 3.34 The development of juvenile regimes and the rollout of CARATs (an integrated **counselling, assessment, referral, advice and throughcare service** within and across Prison Service areas) will have a significant impact on the delivery of drug education, prevention and treatment for young people in custody. The current plan is for CARATs to be available in all prison establishments from October 1999.
- 3.35 CARATs will provide the foundation for a drug treatment service framework across the Prison Service to ensure the quality and availability of drug services to meet the needs of both adult and young offenders in custody who have drug problems. CARATS will provide a range of easily accessible interventions, including:
- initial assessment upon first reception;
 - health liaison with community agencies at the time of reception;
 - specialist input into pre-sentence reports, bail applications and assessments for home detention curfews;
 - post detoxification assessment and support;
 - specialist input into sentence planning;
 - counselling aimed at addressing drug problems (on an individual and group basis);
 - support and advice on a range of drug, welfare, social and legal issues, including harm minimisation;
 - assessment for in-prison rehabilitation programmes;
 - assessment for post-prison rehabilitation programmes/drug services;
 - pre-release training;
 - health liaison with community agencies upon a prisoner's release;
 - liaison with and referral to community agencies to enable effective resettlement.
- 3.36 Services provided under CARATs will need to acknowledge and respond to the specific needs of young offenders.
- 3.37 In addition, in meeting their responsibilities for throughcare and for the supervision of Detention and Training Orders (which replace Secure Training Orders for 12 to 14 year olds and detention in a Young Offenders Institution for 15 to 17 year olds from April 2000), Youth Offending Teams will need to develop contact with, and an awareness of, drug services available within secure and prison service establishments.

4. INTERVENTIONS

This section focuses on the nature of interventions with young offenders involved with drugs. It outlines the general principles of good practice, explains the importance of assessment and the involvement of parents or those with parental responsibility.

GENERAL PRINCIPLES

The Children Act 1989

- 4.1 All interventions with young people should be undertaken in accordance with the guiding principle of the Children Act 1989, that the welfare of the child is paramount. The Act and Government guidance on its implementation form the overarching framework for most interventions and arrangements for addressing the needs of young people in England and Wales.

Ten key principles

- 4.2 The Children Act lays out important principles for intervention, which have been reflected within the ten key principles for working with young people that have been developed by SCODA and the Children's Legal Centre. These are set out in the publication *Young People and Drugs: policy guidance for drug interventions*, and a summary, related to the youth justice system, is provided below. **It is recommended that these key principles guide the development of interventions, services or programmes for young offenders involved with drugs.**

TEN KEY PRINCIPLES FOR WORKING WITH YOUNG PEOPLE

1. **A child or adolescent is not an adult:** Specific account should be taken of age, developmental stage, and life circumstances when developing interventions for young people. Adult services and approaches are not usually appropriate.
2. **The welfare of the child or young person is paramount:** Interventions for young people will require multi-agency cooperation, bringing together services which may have differing approaches and responsibilities in relation to drugs, young people and offending. Inter-agency cooperation, including through the YOT, will be needed, recognising that by effectively addressing the young offender's drug-related needs, the welfare of the young person will be enhanced and the prevention of further offending can be achieved.
3. **The views of the young person are of central importance, and should always be sought and considered:** The Children Act makes clear that it is good practice with all young people to seek and consider their own opinions about their circumstances and problems and ways of addressing them. It is particularly important within youth justice

settings that the young person's feelings and opinions are heard and given appropriate weight.

4. **Services must respect parental responsibility when working with a young person:** Support and education for parents, and parental consultation and involvement with all interventions made with their children, are key elements of good and effective practice. In many cases their consent will be required before any intervention can proceed.
5. **Services should recognise and co-operate with the local authority in carrying out its responsibilities towards children and young people:** Local authorities have statutory duties under the Children Act to provide services for young people 'in need'; to investigate and protect young people 'at risk'; and, under the Crime and Disorder Act, to ensure the availability of youth justice services to prevent youth offending or re-offending by children and young people.
6. **A holistic approach is vital at all levels, as young people's problems do not respect professional boundaries:** This is promoted at strategic level through DATs and YOTs. At the practical level drug education, prevention and treatment need to be included **within** multi-faceted programmes to address the varied needs of young offenders.
7. **Services must be child-centred:** Interventions across the full range, from information and drug education through to treatment, must be appropriate to age, development, lives and experiences of young people.
8. **A comprehensive range of services needs to be provided:** Youth justice interventions offer an important opportunity to target 'hard to reach' young people. Accordingly, in addition to developing drug treatment services for young people, the youth justice system provides an opportunity to target young offenders with drug education and prevention services which they may otherwise miss, for example through non-school attendance.
9. **Services must be competent to respond to the needs of the young person:** The induction and training needs of those who are to provide drug interventions in the youth justice system should be addressed, with drug awareness skills incorporated into the training needs of all those involved in the youth justice system.
10. **Services should aim to operate according to best practice principles:** It is essential that all interventions with young people operate within the law, and that the principles of best practice are applied whenever responding to needs of young people.

ASSESSMENT

Needs assessment

- 4.3 Different assessments will be undertaken for a variety of purposes by those in day-to-day contact with young offenders, for example by an arresting officer, youth justice worker, or prison officer. Young offenders will undergo assessment by the youth offending team following a final warning or in relation to a community penalty, and drug issues may be relevant to this. Those undertaking assessments should be alert to the need to identify and address any involvement and/or the risk of involvement with drugs. As a first step, **we recommend that there should be an initial assessment (or screening) of drug-related needs in all assessment processes.** This will help to determine whether the young person would benefit from specific interventions to address current drug use or interventions designed to reduce the risk of future involvement. **Wherever there is evidence of drug misuse and/or high risk, we recommend that a further drug misuse assessment be undertaken by a specialist drugs worker.** Any programme designed to address these drug-related needs should be developed in the context of broader programmes of help designed to address the full needs of the young offender.
- 4.4 An effective drug-related needs assessment should include the following key components:
- **an assessment of the individual young person:** their capacities, capabilities, competence and development;
 - **an assessment of young person's substance misuse,** covering alcohol and volatile substances as well as illegal drugs;
 - **an assessment of the context,** covering family issues, education/training/work, recreation and peer group relationships; and,
 - **an assessment of the responses required,** including an assessment of the competence, capacity and availability of services to meet the identified needs.
- 4.5 Within a holistic substance misuse assessment it will be important to be alert to educational needs/difficulties and emotional/mental health problems.
- 4.6 SCODA is developing good practice guidance on the Assessment of Young People for Drug Treatment.

Risk Assessment

- 4.7 Risk assessment is commonly used to describe the system for identifying factors which either put a young person at risk of harm or that cause a young person to be a risk to others. Where action is being considered because of risks believed to be posed to others by a young person's involvement with drugs, this should be accompanied by a clear emphasis on assessing and providing a package of intervention for that young person. This may range from drug education to treatment, and there should be an aim of minimising the disruption caused to the care arrangements for the young person. Within such an assessment it will be vital that the training and support needs of those who are caring for and/or working with the young person are considered.

RESPONDING TO IDENTIFIED NEEDS

A hierarchy of needs

- 4.8 The purpose of assessment is to identify the needs of the young offender so that appropriate programmes of help can be identified or developed. Needs will, of course, vary and a young person may have a variety of needs which may have to be addressed simultaneously or separately, depending on their nature and the individual circumstances.
- 4.9 For planning purposes, it is possible to identify general needs common to all young people, recognising that individual needs will be shaped by the extent and nature of current involvement with drugs and previous experience of interventions and services. For example, all young people, including young offenders, should be provided with:
- awareness and education about the use of drugs, solvents and alcohol;
 - awareness of the laws relating to the possession and supply of drugs;
 - information about sources of help for themselves; and, where needed,
 - support and advice in coping with drug taking by friends and/or relatives;
 - targeted prevention work to address drug taking in relation to offending;
 - access to services that may help them address other factors or problems.
- 4.10 In addition to the interventions listed above, those who are already involved in more problematic drug use will also need a package of interventions which may combine all or several of the following elements:
- counselling;
 - ameliorative and/or substitute prescription;
 - detoxification;
 - relapse prevention and rehabilitation;
 - harm minimisation advice, including needle exchange;
 - self-help and support groups.

A four tier approach

- 4.11 The above suggests a tiered approach to the provision of drug-related services for young offenders involved with drugs. The Health Advisory Service, in its 1996 report "*Children and young people: substance misuse services*" described a four-tier model for the delivery of substance misuse interventions by services for young people and this is described below.

RECOMMENDED LOCAL AREA INFRASTRUCTURE OF DRUG SERVICES FOR YOUNG PEOPLE

Tier 1: Providing: drug education; information; identification and referral of young drug users.

Providers: generic services such as education, youth and family services generally have direct access to young people and are ideally placed to provide front line interventions. Key professionals include: *volunteer youth workers (e.g. Scout Association members, football coaches, etc.), teachers, school nurses, social workers, health visitors and GPs.*

Tier 2: Providing: all of the tier one, plus drug-related prevention and targeted education, advice and counselling services.

Providers: youth-oriented services are ideally placed to provide a multi-disciplinary approach, have some specialised knowledge of drugs and alcohol, and skills in working with young people's problems. Key professionals include: *youth workers, Children and Family social workers, educational psychologists, A&E staff.*

Tier 3: Providing: young people's specialist drug services and other specialised services that work with complex cases requiring multi-disciplinary team-based work.

Providers: key professionals include: *specialist foster carers, open and secure residential unit workers, substance misuse teams, child and adolescent mental health teams, youth offending/youth justice workers and young offender institution staff.*

Tier 4: Providing: very specialised and intensive forms of intervention for young drug users with complex care needs. Services may include specialist residential services and mental health teams.

Providers: staff may include: *specialist young people's residential workers and child and adolescent and forensic psychiatrists.*

- 4.12** The tiers structure aims to help planners and commissioners to identify the services in which particular drug-related skills and interventions should be located and/or developed. Developing a clear picture of the local service structure, and what roles different staff and services have in identifying, assessing, referring and intervening with young people who take drugs, is key to coordinating local responses.

- 4.13 The Health Advisory Service report *Children and Young People* and the SCODA/Children's Legal Centre guidance provide further detail on how to use the tier infrastructure strategically, and for training needs and provision related to the tiers.

INVOLVING PARENTS AND CARERS

- 4.14 Support and education for parents, and parental consultation and involvement in all interventions made with children, are key elements of good practice in working with young people. The parents of young offenders have the same general needs as other parents in the wider community. These include the need for factual drugs information, parenting skills, an understanding of youth culture, and reassurance that problems can be overcome.
- 4.15 In addition, the parents of young people involved with drugs and offending have **specific needs** as a consequence of the situation in which they find themselves. The Drugs Prevention Initiative experience suggests that:
- parents do not always understand the procedures, processes or outcomes of the youth justice system and/or drug interventions, and may be confused;
 - they may not be provided with necessary information;
 - they may have differing perceptions of the agencies involved (social services/probation) and their respective roles;
 - they may not be aware of the interventions available and who is responsible for overseeing them.
- 4.16 Support, either individually or in group settings, has been shown to be effective with parents of young offenders. The benefits to parents have been that they are able to disclose their own particular concerns in safe environments and receive guidance or support on strategies that assist in overcoming difficulties. Many young people who are involved with drugs have significant family problems, and the behaviour or attitudes of their parents can have a bearing on their behaviour. In particular, parental abuse or neglect and/or parental drug misuse are themselves highly important risk factors relevant to the development of drug problems among their children. Failure to address such issues as and where they arise is likely to lead to short-term or temporary solutions. This may raise questions for workers about the extent to which they can or should involve themselves in family issues, including the extent to which they can work with parents and the siblings of the young offenders with whom they are working. **The Drugs Prevention Initiative experience suggests that it is critically important in most, if not all, cases to liaise with or work directly with parents.**

YOUNG PEOPLE'S DRUG SERVICES

The need for appropriate services

- 4.17** Young offenders will usually be much earlier in their drugs careers than adults who are picked up by criminal justice intervention programmes, and it is important that their need for drug education or prevention services is recognised and built into the planning of programmes for young offenders.
- 4.18** Where some form of treatment is required, it should be remembered that services developed for adults may not be appropriate for juveniles. Clinical and other specialist drug services which are geared to the particular needs of under 18s (and particularly under 16s) who are dependent on drugs or at high risk of becoming so are at present limited, and there is, in particular, a shortage of rehabilitation places and funding, which can undermine the youth justice workers' ability to develop effective or relevant referral processes.
- 4.19** These issues were highlighted in the Health Advisory Service report *Children and Young People: substance misuse services*. *Tackling Drugs to Build a Better Britain* looks specifically for an improvement in the range and quality of treatment services for those under 25 and extra funding is being made available for this as part of the Government's Comprehensive Spending Review: specifically, an extra £70.5 million is being allocated to health and local authorities to provide funding for new treatment services, a significant proportion of which is to be directed to young people at risk. The additional money is being made available to Health Authorities through the Modernisation Fund which has an increase in the provision of treatment services, particularly for those under 18, and prevention services for vulnerable young people, as a specific priority.
- 4.20** For younger offenders, and in particular for those with limited educational experience, interactive drugs materials may be particularly useful in engaging on the issues. Traditional adult drug counselling approaches need to be adapted, in order to take account of differences in language, attention, levels of self-awareness, and stages of development. The approach taken by the Drugs Prevention Initiative programmes focused on practical approaches to help develop trust with the young people, which helps to provide a firm basis for planning ways to overcome identified problems.

A care-planning approach

- 4.21** The coordination of drug treatment elements within the range of other interventions (including court orders and sentences, placements, educational work and/or training) should be done through a holistic, care-planning approach. Such an approach will assess all characteristics and needs of the young person, set out interventions to address them, by whom and with what expectations.

Expectations

- 4.22 In working with drug-misusing young offenders it will be important not to set unrealistic or unattainable short-term targets for interventions. Abstinence from drug use will be the desired outcome, and may be attainable over time. But success in reducing the levels and dangerousness of a person's drug taking, and in heightening self-awareness, self-control, self-esteem and motivation to address problems, should be accepted as positive outcomes. Monitoring and evaluation of services should be set against realistic targets and performance indicators.

Competence and Consent

- 4.23 Young people under the age of sixteen are generally not held to be competent to consent to their own treatment, and in most cases **parental consent and involvement in their treatment will be required**. As with all interventions with young offenders, ensuring that parents are aware, understand and can be involved in the interventions to which they consent is vital. Detailed discussion of these issues is to be found in *Young People and Drugs: policy guidance for drug interventions* (SCODA and Children's Legal Centre).

Confidentiality and information sharing

- 4.24 It is important to consider the issues of confidentiality and information sharing when working with young offenders. As with all young people, a young offender's willingness to discuss openly and to address their problems and behaviour with a practitioner may, to some extent, be reliant on their ability to trust that the information they share will not be spread widely, inappropriately or indiscreetly with others.
- 4.25 Confidential information received by a drug service/practitioner about a young person may need to be shared between different agencies in order to be able to meet the best interests of that young person. The Crime and Disorder Act 1998 (Section 115) makes clear that effective joint working to prevent offending, and therefore information sharing for that purpose, is in the best interests of the young person. The clause aims to provide an effective basis for joint working, by providing power, where none previously existed, for the sharing of information where it is necessary for the purposes of the provisions of the Act.
- 4.26 Where practitioners need or want to share confidential information with other agencies, each situation will have to be judged on its individual merits and circumstances. Some general examples of situations where confidential information may need to be disclosed to others include:
- where necessary to protect a child (whether the young person themselves or another child believed to be at risk of significant harm);
 - where information is relevant to current criminal proceedings in relation to the young person, and needs to be disclosed to the most appropriate law enforcement agency (the supervising youth offending team member, probation or police officer);

- where information needs to be shared to enable the supervising officer and court to monitor the young person's progress with sentence requirements (for example, under drug treatment and testing orders for 16 and 17 year olds);
- where a young person requires referral to another service which may be more appropriate and able to address their needs/problems and prevent re-offending.

4.27 We recommend that all services that work with young people have confidentiality policies and procedures that are agreed with, and aim to work in harmony with, all relevant local agencies and bodies. Such policies should aim to offer practical support to professionals in their decision making and joint working. They will need to recognise and balance the importance of respecting the young person's privacy (and the practical need to encourage them to engage with services), with the need to take appropriate action in respect of identified problems, and particularly the imperative of protecting children from harm. Policies should incorporate the principle that, wherever possible and/or advisable, the young person will be told, and their consent will be sought, before confidential information about them is shared.

4.28 Multi-agency bodies through which policies will need to be developed and agreed include all members (and member agencies) of Youth Offending Teams, Drug Action Teams, Area Child Protection Committees, and any individual services (statutory or voluntary sector) which are not included in these teams but who work directly with young offenders.

EDUCATIONAL GAPS AND LEARNING DIFFICULTIES

4.29 It will be important to consider a young person's educational needs, history and abilities in order to know how best to deliver interventions to address their drug use. In particular, where there is a history of truanting or school exclusion, the young person may have missed curriculum drug education. A lack of accurate information and basic drug education represents a risk for future drug problems which can be addressed by ensuring access to appropriate drug education at all points throughout the youth justice system.

4.30 Young offenders with learning difficulties, literacy problems, poor concentration and/or limited vocabulary may need alternative and innovative explanations of procedures and information and advice given in non-written form. Equally, as part of any care or sentence plan to address a young person's educational development, reading and writing about drugs can be a useful way of engaging the young person in literacy exercises while at the same time reinforcing drug education and prevention work.

MENTAL HEALTH AND EMOTIONAL/BEHAVIOURAL PROBLEMS

4.31 Drug use may sometimes develop as self-stabilisation for young people who have underlying psychological or mental health problems, such as depression and self-harming behaviour, conduct and attention disorders. Mental health problems such as paranoia, drug-induced psychoses or triggered schizophrenic episodes may also sometimes arise from

intoxication and regular use. These will call for **close joint-working between youth justice, substance misuse and child and adolescent mental health professionals.**

- 4.32 Experience and research both indicate that a significant number of young people who offend, and who develop drug problems, will also have experienced traumatic life events such as physical or sexual abuse or bereavement. This brings focus onto the **training needs of practitioners in relation to child-centred counselling skills and in dealing with disclosures.** It will also be important to consider how past experiences with adults may affect practitioner relationships – for example, ensuring that there is a choice of male or female practitioner available for young offenders.

TREATMENT INTERVENTIONS

Prescribing and Detoxification

- 4.33 It is important to consider carefully the circumstances in which it may be appropriate to prescribe medication to young drug misusers. Detailed guidance on prescribing for young people is included in the Department of Health guidance *Drug Misuse and Dependence-guidelines on clinical management* (1999). In addition to specific advice on prescribing, this includes advice on consent and competence, assessment, and the principles of good practice in working with young people. See also *Young People and Drugs: policy guidance for drug interventions* (SCODA and the Children's Legal Centre).

Drug testing

- 4.34 It may be necessary for young people to undergo drug tests, whether on a single occasion or over time. Consent to a test, and/or consent to a course of treatment of which testing is an integral part (ie drug treatment and testing orders) must be sought, and this will necessitate an assessment of the young person's competence to consent to drug testing.

Needle exchange

- 4.35 Although comprehensive information about the injecting behaviour of young people is not available, there is some evidence to suggest that there are small but significant numbers of young people in many areas of the country who are engaging in injecting behaviour and who may be highly represented among the young offending population. It may be necessary, therefore, to consider needle exchange provision **that is appropriate for young people** who are at risk of contracting blood borne diseases through injecting drugs. Any needle exchange services for young people should be linked to, or be part of, broader young people's services, and be delivered as part of a comprehensive package of interventions which aim to encourage young people into treatment as early as possible.

Residential rehabilitation

4.36 There is a shortage of residential rehabilitation services for young people. In developing services, account should be taken of:

- the desirability of keeping young people with their families/carers and in their community as far as is possible;
- the longer-term success of residential rehabilitation for young people may depend on work undertaken with their family, to address their needs on their return home;
- some of those who might be appropriate for placement in a residential rehabilitation unit will, for other reasons, be placed within local authority secure accommodation, or may be in the care of the local authority. In focusing on the feasibility and development of specialist residential drug treatment provisions, it will be important not to overlook the need to develop treatment interventions within other residential settings, and within the community.

APPENDIX

THE DRUGS PREVENTION INITIATIVE PROJECTS

The following project examples are offered to help exemplify some of the issues in this paper:

SANDWELL YOUTH JUSTICE PROJECT

The aim of the project was to address the issues of drug and alcohol misuse in relation to young people in contact with the youth justice system in Sandwell. The project's objectives were:

1. To raise awareness, knowledge and understanding of drug and alcohol misuse amongst a range of agency staff who have direct contact with young people.
2. To undertake 'action research' directly with young people that will increase the knowledge and understanding of drug and alcohol misuse amongst young people in Sandwell and provide a service to the young people involved.

Project design

The project set out to provide drug prevention interventions for young people in or at risk of entering the Youth Justice System. The overall aim was to reduce and where possible stop use of drugs and thereby subsequent offending to support drugs usage.

The project involved the appointment of a young persons (drugs) worker, employed by the voluntary sector agency Community Alternatives for Young Offenders and seconded to Sandwell Youth Justice Unit and the Community Drugs and Alcohol Team.

The worker received referrals from the Youth Justice Unit and the Drug and Alcohol Team.

The project design set out to have an input in three main areas:

- **Direct work with young people** in the criminal justice system or at risk of becoming involved with the youth criminal justice system.
- **Research:** local research work focusing on investigating the links between drugs, alcohol and offending.
- **Work with agencies:** the project worker devised and delivered training and supported staff of agencies involved in the youth criminal justice system. For example, identifying and assessing 'clients' presenting problem use.

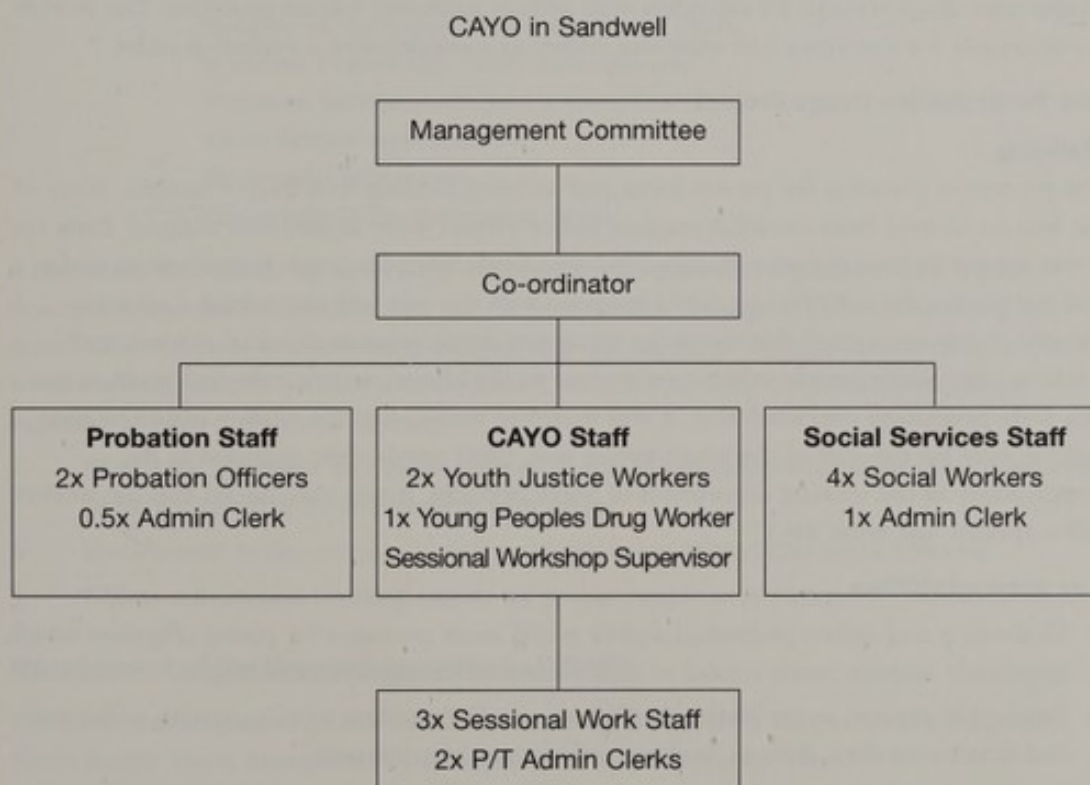
Project funding partners and management

The project was jointly funded by Social Services/Health Authority and the Drugs Prevention Initiative. The young persons (drugs) worker received professional supervision regarding actual drug intervention practice from the local drugs agency. However, the overarching management and supervision for the work and the worker, was the responsibility of the co-ordinator of Community Alternatives for Young Offenders.

COMMUNITY ALTERNATIVES FOR YOUNG OFFENDERS (CAYO) IN SANDWELL

Staffing and Structure

CAYO in Sandwell is managed by a management committee that meets quarterly and is elected at an Annual General Meeting. Representatives of various criminal justice agencies also attend these meetings in the role of advisors to the committee. Most of the day to day management of CAYO as an organisation, is delegated to the co-ordinator who reports directly to the management committee on all matters internal to CAYO. The internal structure of CAYO is depicted below:



Project review

Following a review of the project it was apparent that the respective funders had different needs and expectations for the post. Initially it was believed that the management group had the ability to oversee and direct the work. The review identified that due to the significant changes in the Youth Justice System a specific steering group was required to provide additional impetus and direction to the work of the young persons (drugs) worker.

DERBY YOUTH JUSTICE DRUGS PROJECT

This project is managed by addaction (formerly apa), a national voluntary sector drugs agency. It is linked to, but separate from, the Derby Criminal Justice Project (also managed by addaction) and shares the same steering group structure.

The adult and youth justice projects are a multi-agency partnership between Southern Derbyshire Health Authority, Derbyshire Probation, Derbyshire Constabulary, Social Services, East Midlands Drugs Prevention Team, voluntary and statutory drugs and alcohol services.

The Adult Criminal Justice Project

The Arrest Referral Worker provides advice to those detained at the police station, referring onto specialist agencies where appropriate. The Criminal Justice Worker has improved access to specialist drugs services for offenders with serious substance misuse problems. The worker is responsible for managing 1A6 treatment orders as a condition of a probation order.

The Youth Justice Drugs Project

Planning

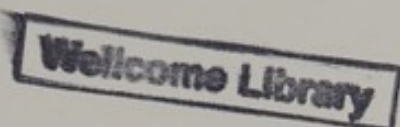
The process of planning the project focus and securing funding took twelve months. Many of the lessons learned from the adult criminal justice project were utilised and adapted. Early on, it was agreed to have the post managed independently from the youth justice unit to ensure that the worker did not become overly involved with the unit and maintained a separate identity. It was recognised that the drugs awareness training needs of social services staff working with young people in the care system, family homes, secure units and youth justice unit were potentially overwhelming. It was therefore agreed that the worker would provide training only for the staff of the youth justice unit, other needs were regarded as the responsibility of the training department of Social Services. It was also agreed that the worker had a specific age remit 10-17.

Key accountabilities

- To develop and deliver individual and/or group work packages for young offenders which specifically address needs related to their substance misuse and offending
- To provide support to the Derby Youth Justice staff, providing training, raising awareness and developing their skills in working with young drug misusers
- To identify gaps in the present level of service provision for young offenders

Youth Justice Drugs Worker

The worker became operational in August 1997 and was based at the Youth Justice Unit in Derby City. She receives referrals predominantly from the youth justice staff with a minority of referrals coming from the Arrest Referral Worker based at the police station. The worker provides specialist and independent interventions for drug misusing young offenders at all points in the Youth Justice System from caution to post release. Funding is provided by Health, City Challenge, Reckitt and Colman and East Midlands Drugs Prevention Team with in kind funding from Social Services.



DRUGS ADVISORY WORKER

ST HELENS YOUTH JUSTICE TEAM

Project Design

The project set out to provide expertise on drugs within the youth justice team in St Helens. Demonstrating the need for a dedicated worker to carry out drug work in youth justice as a pilot for other youth justice projects in Merseyside.

The DPI had previously established a successful drug awareness project within Children's Services in St Helens and it was on this basis that a closer relationship with the youth justice team was formed. A Steering Group was created consisting of:

- Team leader of the Youth Justice Team;
- Manager of the Local Community Drugs Team;
- St Helens Community Safety Co-ordinator;
- Probation Service youth justice co-ordinator;
- Youth Service representative;
- Merseyside Safer Cities;
- Merseyside Drugs Prevention Team.

A document was drawn up describing the project with aims and objectives. Also a job description and person specification. As the youth justice team in St Helens was small as were client numbers, it was initially decided that the expertise brought in by a Drug Advisory worker would need to be shared throughout Children's Services. The worker would be expected to fulfil three main functions:

1. Work with offenders and those deemed at risk of offending who were already involved or very vulnerable to involvement with drugs.
2. Involvement in the training of staff on drugs issues within Children's Services.
3. Collate information on drug misuse by young people in St Helens.

Management of the Drug Advisory Worker (DAW)

The DAW was employed by the Social Services Department in St Helens and based in the Youth Justice Team. Management and supervision were within the team.

The Steering Group met regularly. It received reports from the DAW and made recommendations. There were some necessary modifications as the post developed:

- Training was provided in conjunction with Social Services training department and in co-operation with MDC (CDT).
- Referrals of young people for help with a drug problem would be discussed with the young persons worker from the CDT and a decision made on who is most appropriate to provide the intervention.

The Steering Group enabled effective partnership working to begin before the YOT was established. St Helens is one of the pilot YOT areas (began operating on 30 September 1998).



