

# Drug prevention among vulnerable young people

The National Collaborating Centre for Drug Prevention [NCCDP] is undertaking a review of recent [2002-2004] government sponsored research and policy related to drug prevention. The first in a series of updates on this work considers drug prevention among vulnerable groups of young people. Key research findings and implications for practice and policy are outlined. These factsheets provide a summary of this work. The full report can be found via the NCCDP website: [www.cph.org.uk/nccdp](http://www.cph.org.uk/nccdp).

## POPULATION AND DRUG USE

- The population described are young people [under 25] considered to be at increased risk of involvement in drug use, and in particular, patterns of use having detrimental effects on life. These risk factors are strongly interconnected and are seldom found in isolation.
- The specific groups considered in this report were driven by the literature.
  - Sexually exploited young people
  - Children whose parents misuse drugs
  - Young offenders
  - Cared for children
  - Homeless young people
  - School excludees
  - Young people from Black & Minority Ethnic [BME] communities
- It is important to note that although this approach may be a useful tool in service delivery, inclusion within one or more of the indicated groups is not seen as a pre-cursor to problematic drug use. Sub-sets of particularly vulnerable individuals will exist within these groups.
- Little data are available concerning drug use among vulnerable young people as a population and indeed the value of such data may be limited by the heterogeneity of the population.
- Data from the Youth Lifestyle Survey 1998/99 indicated that drug use was more prevalent, drugs were more accessible and monthly use of class A drugs was higher among young people that would be considered as 'vulnerable' than among the general youth population [Goulden & Sondhi, 2001]. Drug use prevalence is generally shown to be lower among young people from BME backgrounds in general surveys, however this population is included as a vulnerable group due to suspected under reporting, indications of increasing use [Fountain et al., 2003] and barriers to engagement with services [Bashford et al., 2003].
- Primary studies of drug use among disadvantaged young people found that their drug use behaviour was characterised by polydrug use [e.g. Wincup, 2003; Hammersley, 2003]. Despite this, stigma was still attached to injecting [Melrose, 2004]. Patterns of drug use among this group were fluid and there was evidence to suggest that vulnerable young people are as capable of adapting their own drug use over time as their less vulnerable peers [ibid.].
- MacDonald and Marsh [2002] stressed the importance of considering young people's biographies within the broader context [e.g. socio-economic climate, drugs markets] and suggested that drug careers are shaped by the interaction of individual factors [e.g. family background] with structural opportunities [e.g. access to decent employment] at different points in time.

## APPROACHES

- The focus here is on approaches targeting a wide range of young people considered to be 'at risk' of problematic drug use.
- £65 million has been allocated for local delivery of the young people aim of the National Drug Strategy under the Young People Substance Misuse Partnership Grant [2004]. One of the key foci of expenditure is early intervention and prevention for vulnerable groups.

## Positive Futures

- Much of the research evidence generated to date in relation to Positive Futures [a national sport based social inclusion programme for vulnerable young people aged 10-19] has focused on output data. However, the Key Elements monitoring programme highlighted evidence of young people demonstrating improved social relations, better performance at school and securing employment [MORI, 2004]. No data have been reported regarding the success of drug prevention interventions within the projects.
- Drugs were highlighted as a major stressor by young people and alternative activities were cited as a key diversion from participating in risky behaviours [Humphreys et al., 2003].

## Communications

- The most appropriate roles for communications campaigns are raising awareness of messages and interventions, and encouraging attitudinal change [Stead *et al.*, 2002]. However, research from the USA, where mass media campaigns are long established, have shown mixed results and whilst parents received them favourably, they have no distinguishable effects on youth [drug-related] behaviour.
- Communications can be used to challenge young people's drug norms and their perceptions of specific drugs; heroin and cocaine in particular. The government funded FRANK campaign seeks to do this.
- Multi-component programmes, incorporating media based interventions with interpersonal and community interventions, are more effective than the use of media alone [Stead *et al.*, 2002].
- Media advocacy has been used to influence public health legislation, draw attention to youth access to substances, lobby alcohol and tobacco marketers and stimulate community action, with some success. Within this context, media advocacy should be used to influence drug norms, build support for interventions and policy, redefine drug use as a structural problem and stimulate action among local service providers and the community [Stead *et al.*, 2002].
- It is generally accepted that drug use among Deaf young people [those who use British Sign Language [BSL]] is similar, if not higher, than among the general population. Currently there is limited provision for this group and translation of material into BSL can be complex with no equivalent for some drug misuse terms. These young people could be accessed through text messaging, TV, and deaf pubs and clubs [COI, 2004].

## Pump-priming of drug prevention projects

- Over £7 million was distributed to Health Action Zones [HAZ], located in some of the most deprived areas in England with the aim of expanding drug prevention services for vulnerable young people through a short term investment of funding [Bauld *et al.*, 2004].
- While on a local level the funding initiative provided scope to develop innovative projects and leverage to bring relevant agencies together, on a national level the evaluation identified no significant differences in the service provision between areas that received the HAZ funding and those that did not.
- Sharing of expertise among interagency partnerships increased the effectiveness of interventions. However the short term nature of staff contracts had a negative impact on the development of projects with many staff leaving before the end of their contracts in order to secure further employment [Bauld *et al.*, 2004].

## Assessment and identification

- The introduction of the Young Person's Substance Misuse Plans in 2001 was intended to enable a multi-agency approach to be taken towards targeting drug prevention at vulnerable young people. A standard methodology for needs assessment

has been produced for Drug [and Alcohol] Action Teams [D[A]Ats] to assess the local need and gaps in services [DrugScope *et al.*, 2002].

- Guidance has also been published highlighting the responsibilities of all professionals providing services to children and young people, [e.g. within statutory or voluntary health, social care, education or criminal justice system] in relation to identifying drug related needs and responding appropriately. A framework for identifying these needs within existing assessment procedures has been provided [Britton *et al.*, 2003].

## Implications and Recommendations

- Recruitment and retention of staff within programmes is a key issue particularly as the development of the relationship between the service deliverer and the young person is seen as fundamental to success.
- Further expansion of the Positive Futures projects into non-sport activities could introduce a new audience to the projects and in particular encourage more girls to engage.
- Drug prevention communications need to be long term and consistent. Messages must be accurate, realistic and non-judgmental.
- Most drug use problems among Deaf young people should be dealt with by primary care services whilst specialist regional teams may be needed to tackle more serious cases of misuse. This would allow linkages to be made with other agencies and organisations that will help support the complex needs of Deaf young people.
- Short-term funding is unlikely to be sufficient for developing effective drug prevention interventions. The results of smaller scale pilot studies may convince agencies to commit mainstream funding to support continuation and development.
- An exit strategy should be developed early in the lifetime of a project to enhance the likelihood of its continuation, or 'mainstreaming'.
- Drug misuse should be included in all assessments for vulnerable young people [for example those carried out by social services, Criminal Justice Service [CJS], health services, Pupil Referral Units [PRUs] etc.].
- Key research gaps: Longitudinal research to assess the impact of Positive Futures on drug use and healthy lifestyle choices of young people; co-morbidity between childhood psychiatric problems and initiation of substance misuse.

### KEY POLICY AND GUIDANCE DOCUMENTS:

General: Updated Drug Strategy [Home Office, 2002], Every Child Matters: Change for Children programme [DfES, 2004] Every Child Matters: Change for Children, Young People and Drugs (DfES, 2005) and Choosing Health white paper [DH, 2004].

Specific: Assessing local need: planning services for young people [DrugScope & Home Office, 2002], First steps in identifying young people's substance related needs [Home Office, 2003]

## Key Recent Governmental Policy and Guidance Documents Addressing Drug Use in Vulnerable Young People

| TITLE   | DATE | LEAD AGENCY                            | AIMS   | INTERVENTIONS   | WEB ADDRESS  |
|---|------|--|--|---|--|
| Updated Drug Strategy   | 2002 | Drug Strategy Directorate; Home Office | Sets out the government's strategy to reduce the harm that drugs cause to society. A key priority is to prevent today's young people becoming tomorrow's problematic drug users. Updates the drug strategy published in 1998.  | Key target: To reduce the use of class A drugs and the frequent use of all illicit drugs by all young people [<25] and in particular the most vulnerable by 2008. Key interventions: Improving quality of schools drug use education, diversionary schemes including Positive Futures, drug testing and treatment for young offenders, FRANK communications campaign.   | <a href="http://www.drugs.gov.uk">www.drugs.gov.uk</a>                         |
| Every Child Matters   | 2003 | Department for Education and Skills    | The Children's Green Paper outlining whole system reform to the delivery of children services. Aims to help children fulfil their potential by reducing levels of drug misuse among other measures. Children's Act provides the legal framework for reform.          | Interventions include the creation of new posts and statutory bodies, including Local Safeguarding Children Boards. Specific drug misuse interventions include training for all professionals working with children to enable them to identify, assess and respond to young people with drug use problems, funding to tackle drug misuse among most vulnerable and ensuring that the full range of drug use services are embedded in mainstream services.   | <a href="http://www.everychildmatters.gov.uk">www.everychildmatters.gov.uk</a> |
| Every Child Matters: Change for Children                          | 2004 | Department for Education and Skills    | Explains the requirements of the Children Act 2004 and how it fits with other core elements of Every Child Matters to provide a national framework for local change programmes.  | Provides a national framework in which local authority lead change programmes can respond to local needs. A specific report on young people and drugs explains the relationship between Every Child Matters and the Updated Drug Strategy. Specific documents have been published for those working in social care, the criminal justice system, health services and schools. 'Choose not to take illegal drugs', is part of the 'Be Healthy' objective.  | <a href="http://www.everychildmatters.gov.uk">www.everychildmatters.gov.uk</a> |
| Choosing Health   | 2004 | Department of Health                   | White Paper setting out how the Government plans to assist people in taking responsibility for their health by improving information and providing support in making healthy choices. This includes how the health of children and young people will be safeguarded. | Addressing health inequalities among children and young people is identified as a major priority for all local agencies in order to break the cycle of deprivation. Emphasis on information provision, in particular the role of the youth service, young people's development programme and outreach services to provide information and advice for vulnerable young people who may be excluded from services. Drug use is not a specific priority. Forthcoming youth green paper will deal with risk taking behaviours. | <a href="http://www.dh.gov.uk">www.dh.gov.uk</a>                               |
| First Steps in Identifying Young People's Substance Related Needs | 2003 | Drug Strategy Directorate; Home Office | Highlights the responsibilities of all professionals working with young people in identifying substance related needs and ensuring these needs are addressed.  | Emphasises a holistic approach to needs assessment, with a framework provided for identifying substance related needs within existing assessment procedures. Tier 1 and 2 interventions highlighted include provision of information and advice, support for carers, outreach work, counselling and drug related prevention programmes.   | <a href="http://www.drugs.gov.uk">www.drugs.gov.uk</a>                         |
| Assessing Local Need: Planning Services for Young People          | 2002 | DrugScope & Home Office                | Aims to help D[A]ATs analyse the needs of children and young people, and the current resources that are available. This needs assessment forms part of Young People's Substance Misuse Plans.  | Advocates building a profile of the young people in the D(A)AT area, highlighting: areas with particular needs, vulnerable young people, vulnerable young people in contact with children's services and harder to reach young people. Results compared to current provision to identify gaps. There is also a focus on multi-agency working and service co-ordination.   | <a href="http://www.drugs.gov.uk">www.drugs.gov.uk</a>                         |

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The NCCDP Information Service gives evidence-based answers to drug prevention related questions.

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