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EPPIC - Exchanging Prevention practices on Polydrug use among youth In Criminal justice systems

WP4

NATIONAL REPORT: ENGLAND AND WALES

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1. INTRODUCTION

The aims of this report are to provide an overview of what we know about a) young people in touch with the criminal justice system in England and Wales and b) the existing systems and intervention programmes/projects designed to prevent or minimise drug use and drug related harm among 15-24 year old young people. The specific objective for WP4 is to: 'Collect and disseminate existing knowledge and new data/ knowledge on evidence for effective approaches and interventions to address illicit drug use, in particular polydrug use and use of NPS by young people in touch with the criminal justice systems in partner countries'.

The methods used to gather and collate information for the report are given in **Appendix S1**. They included a literature review, examination of policy and strategy documents, gathering available statistics on young people in the criminal justice system and their drug use, a scoping survey to identify initiatives and stakeholders, and key informant interviews.

The sections below provide an overview of the wider policy context, the legal context, the structure and management of the criminal justice system (CJS) as a whole and the youth justice system specifically. This is followed by a brief account of drug use in the CJS in general and among young people, and details of the characteristics of young people in touch with the CJS. The report then considers prevention and intervention approaches for this target group and concludes with an examination of the issues emerging in considering prevention and intervention in drug use for young people in the CJS.

2. THE POLICY CONTEXT

Drug strategy

The current drug strategy for England, *2017 Drug Strategy*, was published in July 2017 (HM Government, 2017). Within the strategy, policies concerning health, education, housing and social care are confined to England, while those for the criminal justice system cover both England and Wales. Northern Ireland, Scotland and Wales have their own drug strategies. Similar to the previous 2010 strategy, the strategy has two overarching aims: (i) to reduce illicit and other harmful drug use; and (ii) to increase the rates recovering from their dependence. The emphasis is to provide a more holistic approach by covering other issues in addition to treatment and to support people who are dependent on drugs or alcohol by addressing issues such as offending, employment and housing. The strategy's approach is focused on four thematic areas: (i) reducing demand; (ii) restricting supply; (iii) building recovery and (iv) global action. Under reducing demand, universal action for preventing drug use and its escalation at all ages, combined with targeted action for the most vulnerable groups of young people are emphasised.

Prevention approach

The focus of prevention activities has shifted from programmes focusing specifically on drug use towards strengthening resilience factors associated with reducing the desire to explore risky behaviours, including drug use.

Until April 2013, the centrally funded Drug Interventions Programme in England and Wales targeted adult drug users in the criminal justice system, offering them a range of treatment and social reintegration responses through criminal justice intervention teams based in the

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community and in the prison system. This programme is now funded directly by local areas and they decide on treatment pathways and approaches for offenders. The Drug Rehabilitation Requirement in England and Wales is a court mandated community sentence with a drug treatment condition attached. In Scotland, Drug Treatment and Testing Orders serve the same purpose.

Universal drug prevention initiatives are an important policy focus in the field of prevention.

Drug prevention is part of the national education curriculum throughout most of the United Kingdom. It is focused on building resilience in young people, and most schools have a drug education policy and guidelines on dealing with drug incidents. In May 2012, an Action Plan on New Psychoactive Substances was published. It highlights their potential risks and harms and aims to improve the quality of drug education in relation to these substances.

In England, universal drug prevention is a statutory part of the science curriculum for schools and can be expanded through the non-statutory personal, social and health education (PSHE) programme. In 2013, an evaluation by Ofsted (responsible for inspecting and regulating services for children and young people) found that the PSHE curriculum required improvement in 40 % of schools. Following this evaluation, the newly launched Alcohol and Drug Education and Prevention Information Service (ADEPIS) introduced quality standards for schools covering the delivery of effective alcohol and drug education within the classroom. (<http://mentor-adepis.org>)

Rise Above (<http://riseabove.org.uk>) an online resource and social movement for young people, was launched in November 2014 by Public Health England (PHE) with the aim of building young people's resilience and empowering them to make positive choices for their health (including with regard to drugs, alcohol, smoking, body confidence, relationships and exam stress).

There are no specific prevention programmes for young people in touch with criminal justice systems.

The early identification of at-risk children and families and the provision of suitable interventions has been developed through the [Troubled Families programme](#), targeting the family as a whole. Interventions include: parenting skills; drugs education for children; family support to help them stay together; addressing other problems; support for kinship carers; and in some cases intensive interventions.

Another important element of selective prevention is the focus on vulnerable young people, such as young offenders, looked-after children, care leavers, those not in education, employment and training, young homeless people, ethnic and sexual minorities, youths in deprived neighbourhoods, and youths from families with parents having substance use problems, through special programmes at the community level.

Source: EMCDDA website (<http://www.emcdda.europa.eu/countries/united-kingdom#strategy> - accessed on 31 May 2017)

3. LEGAL CONTEXT

Definition of youth/young person

The UN Convention on the Rights of the Child defines a child as everyone under 18 unless, "under the law applicable to the child, majority is attained earlier" (Office of the High Commissioners for Human Rights, 1989). The UK has ratified this convention. However, there are a number of different laws across the UK that specify age limits in different

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circumstances. These include child protection; age of consent; and age of criminal responsibility. Some especially vulnerable young people are entitled to services beyond the age of 18. Local authorities in England and Wales must keep in touch with care leavers until they are at least 21. They should also provide assistance with education, employment and training. Local authorities in Northern Ireland also have this same duty.

The EPPIC project includes young people between 18-24 years old, often called 'young adults'. As noted later in this report, there are specific issues relating to intervention systems and approaches for this age group.

Source: NSPCC website, (<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/legal-definitions/> accessed on 29 May, 2017)

Age of criminal responsibility

The current age of criminal responsibility is 10 years

The UK has one of the lowest ages of criminal responsibility in the EU. The current age of criminal responsibility (i.e. when a child is considered capable of committing a crime and old enough to stand trial and be convicted of an offence) is currently set at 10 years in England, Wales and Northern Ireland¹.

UK National Drug Laws

The Misuse of Drugs Act 1971, with amendments, is the main law regulating drug control in the United Kingdom. It divides controlled substances into three classes (A, B, C) that provide a basis for attributing penalties for offences. Maximum penalties vary not only according to the class of substance but also according to whether the conviction is made at a magistrates' court for a summary offence or made on indictment following a trial at a Crown Court. Drug use per se is not an offence under the Misuse of Drugs Act 1971; it is the possession of the drug that constitutes an offence. Convictions for the unlawful possession of drugs vary depending on the type of drug. There are also a number of alternative responses, such as cannabis warnings and cautions from the police, who have considerable powers of discretion. In addition, temporary class drug orders (TCDOs) have been introduced through the Police Reform and Social Responsibility Act 2011 to give a faster legislative response to NPS.

Under the Misuse of Drugs Act 1971 a distinction is made between the possession of controlled drugs and possession with intent to supply to another; this latter is effectively for drug trafficking offences. The Drug Trafficking Act 1994 defines drug trafficking as transporting or storing, importing or exporting, manufacturing or supplying drugs covered by the Misuse of Drugs Act 1971. The penalties applied depend again on the classification of the drug and on the penal procedure (magistrate level or Crown Court level).

From 2016, the Psychoactive Substances Act criminalises production, supply or possession with intent to supply of any psychoactive substance knowing that it is to be used for its psychoactive effects. Simple possession of such substances does not constitute an offence; however, possession within a custodial institution does. Supply offences are aggravated by

¹ In Scotland, while children cannot formally be prosecuted in a court until they are 12 years old, from the age of eight they can go before a children's hearing and have these judgements added to their criminal record. In December 2016, the Scottish government announced plans to introduce a bill to raise the age of criminal responsibility to 12 years.

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proximity to school, using a minor as a courier, or being carried out in a custodial institution. Maximum penalties are seven years' imprisonment on indictment or one year on summary conviction. (For more detailed information regarding drug laws see **Appendix S2**)

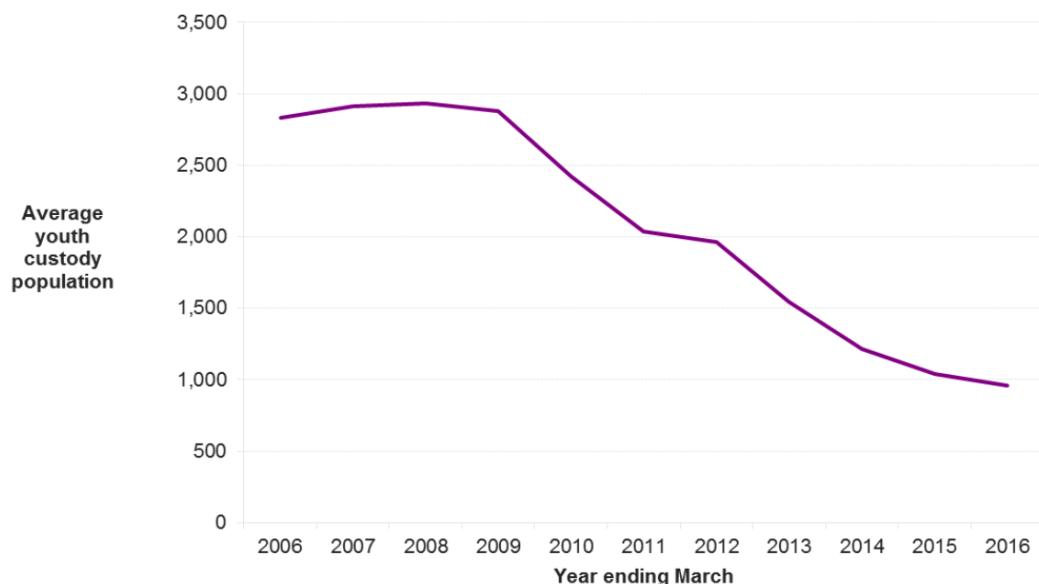
Source: <http://www.emcdda.europa.eu/countries/united-kingdom#laws>

Young people in the criminal justice system

Since the 1990s, youth crime has decreased dramatically but re-offending rates remain high and those sentenced to custody display more entrenched patterns of problem behaviours.

The number of proven offences committed by young people has reduced by 74% since the year ending March 2006 (Ministry of Justice, 2017a). The numbers of young people sentenced to custody have also been falling steadily over the past decade (see Figure ES.2 below), but this poses new and significant challenges for services. Those sentenced to custody are more likely to display an entrenched pattern of offending behaviour, to have committed serious offences and have a higher concentration of problems. Reoffending rates remain high. Over two thirds of children reoffend within 12 months of release from secure institutions.

Figure ES.2: Average under 18 custody population, years ending March 2006 to March 2016



Source: Ministry of Justice (2017a), Youth Justice Statistics, 2015/16, England and Wales. London: Ministry of Justice.

In December 2016, a review of the youth justice system made two main recommendations: 1) a devolved youth justice system and 2) a focus on education.

“Almost all of the causes of childhood offending lie beyond the reach of the youth justice system. It is vital that health, education, social care and other services form part of an integrated, multi-agency response to a child’s offending, but it is more desirable that these same services intervene with at-risk children and families before their problems manifest themselves in offending.” (Ministry of Justice, 2016)

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Youth custodial services have had significant reductions in Government funding over the past decade. A report published in February 2017 by the *Youth Custody Improvement Board* documented deterioration in the quality of provision, demoralised staff, a general lack of solid leadership and an increase in violent behaviour. In response to these challenges, the Prison and Courts Bill (Feb 2017) proposed key reforms within youth custody services. These include: the appointment of a new chair to the Youth Justice Board, the creation of a new Youth Custody Service as a distinct arm of HM Prison and Probation service, and the transference of commissioning responsibilities to the Ministry of Justice

Organisation of the Youth Justice System/Criminal Justice System

In England and Wales, the Youth Justice Board is responsible for the organisation and management of the youth justice system. Delivery of programmes and services is carried out by a range of organisations and agencies. These include, Youth Offending Teams (YOTs), youth courts, the juvenile secure estate, and agencies collaborating in the provision of alternatives to custodial sentences. Brief details of main elements in the system are provided below and greater detail is given in **Appendix S3**.

Youth Justice Board for England and Wales

In England and Wales, the Youth Justice Board is an organisation of around 230 people which oversees the youth justice system. The Chair and board members are appointed by the Secretary of State for Justice. They work to prevent children and young people under 18 from offending or re-offending. They ensure custody is safe and secure, and addresses the causes of their offending behaviour. They are responsible for: overseeing youth justice services; the placing of children and young people remanded or sentenced to custody; advising the Secretary of State for Justice on the operation of, and standards for, the youth justice system; providing a 'secure estate' for children and young people, with young offender institutions, secure training centres and secure children's homes; making grants to local authorities or other bodies for the development of plans that support our targets and commissioning and publishing research on preventing youth offending.

Source: <https://www.gov.uk/government/youth-justice-board-for-england-and-wales/about#who-we-are>

Youth Offending Teams (YOTs)

Youth Offending Teams (YOTs) were established in 1998 to reduce offending and re-offending and to provide counsel and rehabilitation to young offenders. There is a YOT in every local authority in England and Wales. Youth Offending Teams supervise young people (under the age of 18) who have been ordered by the court to serve sentences in the community or in the secure estate. All members of Youth Offending Teams have expertise in areas relevant to the care and rehabilitation of young offenders. This can be drawn from the police, probation, social services, health services, education and psychology.

Young offenders are assessed by using a national assessment tool to identify the specific problems, including substance use, related to their offending and to measure the risk they pose to others (ie. ASSET tool). The Youth Offending Teams can then identify the types of programmes that will address the needs of the young person to prevent re-offending. Youth Offending Teams engage young offenders in a wide range of tasks designed to put something positive back into the local community through unpaid activities, as well as preventing them from re-offending. YOTs ensure that offenders have a lower chance of re-offending by performing checks during the rehabilitation process (eg. checking on their accommodation, friends, possibilities of coercion into offending or drug/alcohol use, and so on). Education workers are very important in Youth Offending Teams since most young

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offenders should be engaged with statutory full-time education. In the case of court appearances, YOTs play important roles by providing pre-sentence reports making assessments and recommendations on the nature and content of a sentence (Youth Justice Board, 2016).

Youth courts and sentencing

<p>The aims of youth courts and sentencing are to avoid criminalisation of young people and promote their social reintegration</p>
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The structure and ethos of the adult justice system, the adult court and the adult sentencing framework are not deemed appropriate for use with children and young people, who frequently have a range of complex needs which these adult systems and processes are not designed to meet. Therefore, youth justice is delivered in accordance with the youth sentencing framework which is distinct from the adult framework, and provides a greater focus on individualised responses than its adult equivalent.

A court sentencing a child or young person has a number of obligations under international conventions which emphasise the importance of avoiding “criminalisation” of young people whilst ensuring that they are held responsible for their actions and participate in repairing the damage that they have caused (including recognition of the damage caused to the victims). The promotion of social reintegration is a key aim. (Youth Justice Board, 2016).

For many crimes, children and young people are tried in the youth court, which is staffed by magistrates or a district judge. The cases are heard in private in order to protect the privacy of the child. However, children can be made subject to Crown Court trials in an increasing range of cases.

Diversion from criminal proceedings/custody/community penalties for those aged under 18.

There are a number of ways in which young people can be diverted from criminal proceedings or custody. These include:

- *Alternatives to entry into criminal proceedings* through: pre-court diversions issued by police – youth caution and youth conditional caution, penalty notice for disorder, youth restorative disposal.
- *Alternatives to imprisonment* during criminal proceedings through: financial penalties (fines), conditional discharge, referral orders, reparation order, youth rehabilitation order. (see **Appendix S4** for full details)

Alternatives for the prison population

The authors are unable to find any alternatives such as early release or strategies aimed at avoiding relapse. Through throughcare and aftercare arrangements, staff work to foster links with young people's home community to ensure continuity in service provision (i.e. health services, drug and alcohol treatment) and to create educational and employment opportunities when they are released.

Alternatives for specific groups

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There are no alternatives for specific groups such as young women, those with mental health problems or learning disabilities, young people in care or young people from ethnic minority groups. However, there is separate provision for those aged under 15 and for girls aged up to 16 in Secure Children's Homes and for those assessed as 'vulnerable'. Secure Training Centres are also available for those who are vulnerable and either sentenced to custody or on remand. There are 8 Young Offender institutions in total, girls/young women up to age of 18 can serve their sentences in three.

Prison system for youth/young adults

Custodial sentences: Young offenders can receive custodial sentences but they are reserved for the most serious cases. Sentences can be spent in secure children's homes, secure training centres and young offender institutions. (For details of custodial sentences see **Appendix S5**)

Structure of the Juvenile Secure Estate (England and Wales)

Types of establishment:

- Secure Training Centres (for age 12-17)
- Secure Children's Homes (for age 12-14, vulnerable children to 16)
- Youth Offender Institutions (YOI) (young adults 15-18)
- Young Offender Institutions (YOI) (young adults 18-21)
- Prisons HMP/YOI (young adults 18-21)

When children and young people under the age of 18 are sentenced or remanded to custody, they may be sent to one of three types of establishment. The type of establishment they are placed in when they receive a custodial sentence is dependent on the assessment that is completed when they first come into contact with the youth justice system. The three types of establishment are:

- Secure Training Centres (for ages 12-17)
- Secure Children's Homes (for ages 12-14, vulnerable children to 16)
- Youth Offender Institutions (YOI) (for ages 15-18)

Young Offender Institutions (YOIs) accommodate 18 to 21 year-olds. They are run by the prison service and private companies. There are also a number of prisons (HMPs) which include the age range from 18-21 years. These are categorised HMP/YOIs.

Young people in the CJS: arrests, cautions and custody

As shown in **Table 1** below, in the year ending March 2016, young people who identified themselves as from a Black, Asian and Minority Ethnic (BAME) group accounted for 21,900 (25%) of arrests, with 10,800 (12%) of those from a Black ethnic group. This compares with 62,600 (71%) for White young people. For the remaining 5% of young people, ethnicity was not stated or unknown. Females accounted for 14,900 arrests of young people (17% of the total), while males accounted for 73,700 (83% of the total). (see **Appendix S6** for available statistics on drug offences for young people and young adults)

Drugs offences made up 8% of proven offences.

Table 1 Arrests, cautions, court convictions and custodial sentences by demographics, for young people (<18) 2015-2016

	Arrests % (n=88,600)	Youth caution / court conviction % (n= 32,900)	Custody % n=1,700
Male	83	82	96
Female	17	18	4
Black	12	9	21
Asian & other minority	13	13	20
White	71	75	58

In the year ending March 2016, 58% of the young people in custody were from a White ethnic background. Young people from BAME groups accounted for 41% of the under-18 custodial population. This shows a disproportionate custodial outcome for BAME groups generally. Disproportionality for BAME groups is evident at all stages of the CJS increasingly so as offenders progress through the system. Young people from a 'Black' ethnic background accounted for 21% of young people in custody, this shows a particular disproportionality for this group. (See **Appendix S7** for diagram on flows through the youth justice system)

Re-offending

There were 36,300 young people who received a caution, a non-custodial conviction at court or who were released from custody in the year ending March 2015. This is the number of young people in the cohort used to calculate reoffending statistics. Of these, 13,700 committed a proven reoffence within the one year follow-up period. This gives a proven reoffending rate of 37.9%, which remained stable compared to the previous year (38.0%) after a number of years of increasing. This rate is 4.3 percentage points higher compared with that for the 2004 cohort.

The reoffending rate for those released from custody is 68.7%. It increased by 1.5 percentage points compared to the previous year but has decreased by 6.8 percentage points compared with 2004.

Source: Ministry of Justice. (2017). *Youth Justice Statistics 2015-16*

4. DRUG USE IN THE GENERAL ADULT PRISON POPULATION

Key findings from reviews and reports indicate that:

- 52% of adult (aged 18 and over) prisoners used drugs in the 2 months prior to prison
- 41% women and 27% men report problem drug use on arrival at prison
- Synthetic cannabinoid (e.g. Spice) use is increasing in prison
- 'Spice' has emerged as a major problem and is linked to increases in violence, self-harm and deaths.

It is widely believed that there is a high and increasing level of NPS use within prisons and criminal justice agencies. However, good prevalence data are missing. One study (PHE, 2017) examined the perceptions of staff attending 'NPS in prisons toolkit' training events. Findings showed that staff thought that although the illicit status of Spice made it hard to measure prevalence, they felt NPS were not as yet widely used in women's prisons, Young

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Offender Institutions or immigration and removal centres. By contrast, in male adult prisons (18 and over), staff estimated 50% or more of the inmates were using. This rate was thought to be lower in high security establishments. Staff described the effects of Spice use as unpredictable, long lasting and with severe physical and mental health repercussions and associated with social problems such as bullying and violence.

See **Appendix S8** for a more detailed outline of prevalence of drug use and related harms.

Sources: HMIP 2015; State of the Sector Survey 2015; RAPT, 2015; Ralphs et al. 2016, The Prison and Probation Ombudsman 2016; PHE 2016; CGL, 2016; PHE 2017; User Voice, 2016

5. DRUG USE AMONG YOUNG PEOPLE IN THE CJS

Information on drug use and the characteristics of young drug users in the CJS, has been gleaned from a number of sources. The sections below report on what we know about drug use among the under 18s and the 18-20 age group. Young people age 21-24 are included in figures for the adult population and we lack knowledge about this group. (see: **Appendix S9** for statistics on young people and drug use in the general population)

Drug use among young adults (18-20) in the prison system

Williams (2015) reported from the Surveying Prisoner Crime Reduction (SPCR) survey, a longitudinal cohort study of 1,435 adults sentenced to between one month and four years in England and Wales in 2005 and 2006. This sample is representative of most adults (>90%) sentenced during the period. The sample includes 174 adults aged 18 to 20 ('young adults'). On reception to prison, respondents were asked about previous contact with the criminal justice system; accommodation and relationships; physical and mental health; employment; qualifications; attitudes on re-offending; and drug and alcohol use.

Key findings: among young adults -

- 88% stated that they had ever taken drugs
- 71% stated that they had used drugs in the year before custody (In a general population survey, 18.9% young adults (16-24) reported drug use in the last year)
- 64% stated they'd used drug in the four weeks before custody
- 48% said they had taken drugs when committing offences (in 12 months. before custody)
- There were significant differences in the type of drugs used by young adults (**Table 2** below)
- Young people reported alcohol as a significant factor connected to committing crimes

Findings showed young adults were less likely to report needing help with a drug problem than older prisoners (15% compared with 33%). Similar numbers, 88% of young adults and 80% of older adults reported ever taking drugs. Most SPCR respondents (71%) stated that they had used drugs in the year before custody and 64% stated drug use in the four weeks before custody. Young adults and older prisoners were equally likely to have used any drugs in these time frames. This is in sharp contrast to the general (Non-CJS) population where the Crime Survey for England and Wales (CSEW) found that 8.8% of adults overall reported having taken drugs in the last year, compared with 18.9% of young adults (aged 16–24). This demonstrates the much higher rates of drug use by the prisoner population than the general population. As shown in **Table 2** below, younger adults were significantly more likely to use cannabis, cocaine, ecstasy and LSD than older prisoners.

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Of those reporting using drugs ever, just under half (48%) of young adults (compared to 57% of older prisoners) stated that they had taken drugs when committing offences in the 12 months before custody. Young adults were significantly less likely than older prisoners to state that they committed offences in the year before custody to get money to buy drugs (22% compared with 43%). In contrast, young adults who had drunk alcohol in the year before custody were more likely to say their offending was 'a lot' or 'always' connected with their alcohol use (41% compared with 30%), and also more likely to say that reducing their alcohol consumption would stop them from offending in the future (47% compared with 32%).

Table 2 SPCR prisoners reported drug use in the year before custody by age category (multiple answers possible)

Drug type	18-20 %	21+ %	Total
Cannabis*	66	53	55
Cocaine*	36	24	25
Ecstasy*	25	13	14
Amphetamines	18	15	15
Crack Cocaine*	17	36	34
Heroin*	10	37	34
LSD*	9	2	3
Unprescribed* tranquilisers	9	20	18
Unprescribed* methadone	4	12	11
Base size	173	1,258	1,432

*Denotes statistical significance at $p < 0.01$.

Source: adapted from Williams (2015) Ministry of Justice, Table 9, p7

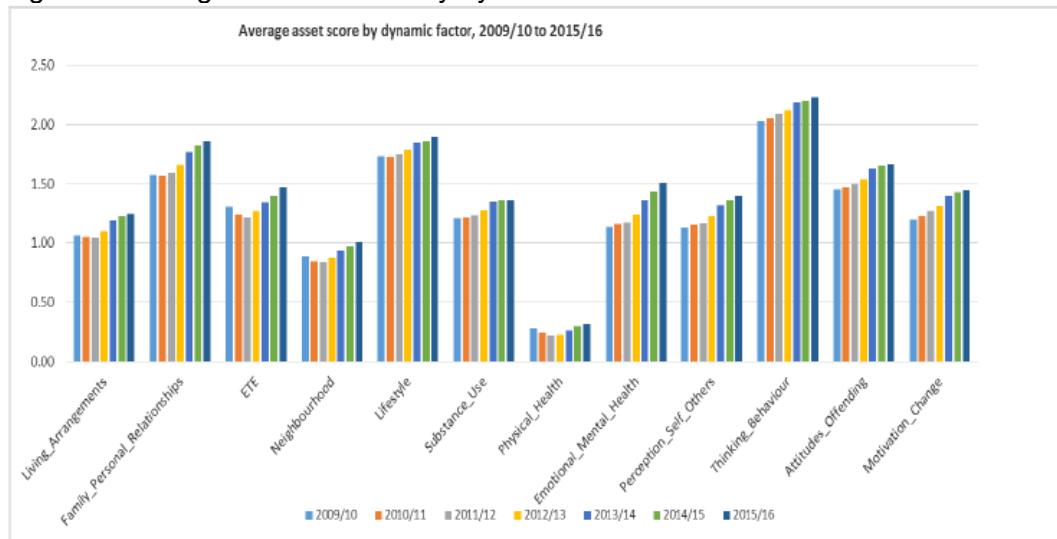
Drug use among young people (under 18) in contact with the youth justice system

ASSET, the common assessment tool used by youth offending services in England and Wales, provides a quantified indicator of the relative risk of reoffending and case complexity. The Youth Justice Board published analysis reports (YJB, 2016; 2017) which considers changes in average overall Asset scores over a six year period as well as changes in scores for specific risk factors, one of which is substance use. Over the six year period 2009-2016, the average substance use score has risen gradually to just below 1.5. As the bar chart below shows, all factors increased over the period, which may indicate a gradual rise in the level of risk/need that young people present with at YOTs.

Between 2009-2016, the average substance use score has risen. Scores for specific risk factors (see Figure 2) have also risen

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Figure 2 Average ASSET score by dynamic factor 2009-2016



Source: Youth Justice Board 2016, p7

The 2017 report (Youth Justice Board/ Ministry of Justice 2017) showed that YOTs had substance misuse concerns for 45% of admissions to custody. Information was not known for 10% of admissions.

- Breakdowns by gender showed: 50% females, 45% males had substance misuse concerns
- Breakdowns by ethnicity showed: of White admissions, 51% had substance misuse concerns; and Of BAME admissions, 35% had substance misuse concerns.
- Breakdowns by age group showed: Of admissions aged 10 to 15, 42% had substance misuse concerns; and of admissions aged 16 to 17, 46% had substance misuse concerns.

YOT figures emphasised the vulnerability and experience of multiple problems in this group. Of those for whom the YOT had substance misuse concerns:

- 70% were not engaging in education;
- 43% had mental health concerns;
- 42% had suicide or self-harm concerns;
- 41% were a looked-after child prior to custody; and
- 37% had learning disability or difficulty concerns.

Source: *Key Characteristics of Admissions to Youth Custody, April 2014 to March 2016. England and Wales. Youth Justice Board / Ministry of Justice Supplementary Analytical Paper. Published 26 January 2017, p. 24*

In the Young People's Secure Estate, data was collected as part of a study from the Institute for Criminal Policy Research, Birkbeck, University of London and Ipsos MORI (Gyateng et al. 2013). The research was commissioned by the YJB and based on fieldwork conducted between 2010 and 2011. It covered secure children's homes, secure training centres and young offender institutions. The team surveyed 1245 young people approaching the end of their custodial sentences. They also analysed administrative data and undertook 42 in-depth qualitative interviews with staff within the secure estate.

Levels of substance misuse across SCH's, STC's and YOI's were found to be largely similar. Information from ASSET showed most recently used substances were tobacco (72%), cannabis (60%) and alcohol (59%). Fewer than 10% of young people were recorded as

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recently using cocaine and ecstasy and only a handful used any other drug. However, they point out that comparative figures in the general population are much lower.

Key findings: Among young people under 18 in the Secure Estate

Across the 3 types of establishment, using ASSET ratings:

- 37% of young people were rated as having a high likelihood of reoffending associated with their substance misuse
- Fewer than 10% used substances other than tobacco, alcohol and cannabis but use is higher than in the general population
- 31% were identified as having a substance misuse problem which had a negative effect on their education, relationships and daily functioning
- 67% of young people (whose ASSET score showed their substance use was associated with a high risk of offending) received an intervention, although information on the frequency and content of the interventions was not available.

Alcohol misuse

A rapid review (Newbury- Birch et al. 2016) found levels of alcohol use disorders in the UK are very high at all stages in the criminal justice system for adults and young people; disproportionately higher than the 24 per cent found in the general population (NHS Information Centre for Health & Social Care, 2009). Only 2 studies were identified on screening for Alcohol Use Disorders (AUD) in YOT/YOI clients (age 11-17). Using AUDIT, they showed that AUDs were at 65% if using standard (adult) AUDIT cutoffs, but 81% if using adolescent cutoffs. The study also showed that the YOT assessment (ASSET) under-identified AUD by 30%. There were markedly different levels of AUD at different stages in the adult CJS and further work is needed to demonstrate why this might be.

Characteristics of young drug users in the CJS

Findings from the SPCR survey by Williams (2015) paint a picture of young adults (age 18-21) in custody as predominantly male (95%), white (85%), with poor schooling: 58% having been permanently excluded from school, 72% temporarily excluded and 38% regularly truanting. Educational achievement was low, with only 10% having A/AS level qualifications and the majority being unemployed (62% looking for work; and 10% not looking for work). Many had experience of being in care (20%), of abuse (17%), of observing violence in the home (38%) and of living with family members with convictions (58%). Sixteen percent of young adults reported ever having attempted suicide and 12% reported self-harming - higher than the general population figure of 6% and 5% respectively.

Similarly, Jacobsen et al. (2010) carried out a two stage review of information held by the Youth Justice Board comprising a census of children receiving custodial remand or a custodial sentence in the 2nd half of 2008 (n=6000), then a more detailed review of the background of 300 of them (200 sentenced and 100 on remand). The children, some of whom were prolific offenders, were found to have a multitude of social, home, educational or psychosocial issues which underlay many of their offending behaviours. For example: 12% had suffered a bereavement, 28% had been exposed to domestic abuse, 39% had experienced abuse or neglect themselves, 7% had witnessed parental substance abuse. The report concluded that too many children were in custody for relatively minor offences. Girls had a higher average number of disadvantage factors than boys (8.9 girls vs 7.2 boys). In particular the prevalence of witnessing domestic violence and parental substance misuse was much higher for girls, who also exhibited more self-harming or suicidal behaviour.

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Characteristics typical of young people as a whole in the CJS, are reflected in the group of young people using substances. Galahad (2009), for example, undertook an evaluation of substance misuse services in youth custody (secure) settings. The prisoners had a host of co-occurring problems which included lack of secondary education; family influence of drug misuse; uncertain accommodation; dealing; mental health problems linked to substance misuse and/or self-harm and suicide histories.

Further information comes from treatment data, firstly from community based treatment services (where 26% of referrals of under 18 year olds is from criminal justice) and secondly from treatment in secure settings.

Information from *Community treatment services* (PHE, 2017a) relates to all young people and we do not have separate figures for those referred from CJS sources:

- In 2015-16 in England there were 17,077 under 18 year olds in drug and alcohol treatment in total. This represents a 7% decrease from the previous year, continuing a downward trend since 2008-9.
- 65% of clients were male and 52% were aged 16 and over although females had a lower median age (15) than males (16). 26% of female clients were under 15, and only 20% of males were under 15.
- Substances used were cannabis 87%, alcohol 48 % and a range of other substances.

NPS use remained low at 6% although this was up 1% from the previous year.

- Main sources of referral into the treatment system came from education (28%), **youth justice 26%** and children's social care 14%. This was the first year that the proportion of referrals from education exceeded those from youth justice.

The majority of the young people in treatment are additionally vulnerable because of early onset substance use (under 15) and poly-drug use. A quarter have mental health issues and a third self-harm. The least reported vulnerability is injecting.

- 83% report multiple vulnerabilities (2 or more).
- 14% of females report sexual exploitation (1% of males).
- 39% of males report anti-social behaviour (19% females).
- 33% females report self-harm (9% males)
- 25% females report mental health problems (15% males).

Treatment in secure settings

A number of changes in responsibility for commissioning specialist substance misuse services in the secure estate have occurred over a relatively short space of time since the mid 2000's. In England and Wales, the responsibility for prison health care and policy development was transferred from HM Prison Service to the Department of Health in 2000, and full budgetary and healthcare administration control were transferred by April 2006. The aim was to provide services according to assessed need and at least broadly equivalent to those for citizens residing in the community. From April 2013, responsibility for commissioning healthcare services for prisoners (including drug and alcohol services) rests with NHS England.

Within the youth secure estate, responsibility moved from the Youth Justice Board (Ministry of Justice), to local area Primary Care Trusts then to local authorities and since 2016 responsibility resides with NHS England. Similar to the adult population, specialist substance misuse services available in the secure estate should reflect the range of support available

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in the community. A national specification, which is adapted to local needs, sets out what is expected. A number of other changes have occurred during the period which affects the services required, such as the number of young people incarcerated has decreased substantially, and consequently those who are sentenced to custody are those with higher level of risk behaviours. The complexity of multiple social, environmental and health risk factors requires a more holistic and integrated approach to addressing needs and reducing risks.

A) Under 18's

Public Health England (PHE, 2017) publish summary statistics for the last complete year (2015-16) from the National Drug Treatment Monitoring System on their website. Although figures for 'prevention', as opposed to 'treatment' are not monitored and published, 'treatment' in the context of young people has a significant prevention aspect to it. The type of treatment received was largely recorded as harm reduction (83%), motivational interviewing (47%) and relapse prevention (22%).

In 2015-16 there were 1541 young people under the age of 18 in specialist drug/alcohol treatment in the secure estate. The vast majority of these young people were male (93%).

- 69% were in Young Offenders institutions
- 16% in secure children's homes
- 12% in secure training centres
- 3% in welfare only homes

The median age of under 18's in treatment was 17 (males) and 15 (females); 63% were white British, 7% white & black Caribbean, no other group represented over 4%. Statistics for the substances used show that a range of substances are problematic.

Substances used by under 18s in treatment in the Secure Estate

- 91% cannabis
- 51% alcohol
- 19% nicotine
- 9% amphetamine
- 8% ecstasy
- **8% NPS**
- 2% opiates

The treatment statistics provide a short list of 'additional vulnerabilities' of young people starting treatment. In 2015-16 there were 1172 'new presentations' to treatment and of these:

- **72% were poly-substance users**
- 4% were high risk alcohol users
- 3% were pregnant or parents
- 2% were injectors
- 2% were opiate and/or crack users

B) 18-21's in Young Offenders Institutions

The statistics show that in 2015-16 there were 3,124 18-21 year olds in YOI's in specialist drug and alcohol treatment.

- 12% were treated for opiates
- 42% were treated for non-opiates.

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- 37% were treated for non-opiates and alcohol
- 9% were treated for alcohol only

C) 18-24's in secure estate overall

A detailed breakdown of the statistics for this age bracket is not published; however, we know that of a total 60,254 adults in specialist treatment in the secure estate

- 5% (3167) were aged 18-20
- 12% (7126) were aged 21 – 24

Out of the total number of adults in treatment 40,382 were 'new presentations' to treatment. 7,243 (18%) were aged between 18 and 24

The table (2) below shows the categories of drugs used in the 18-24 age range.

Table 2. Drug treatment in 18-24 year olds in secure estate 2015-16
Substances used

Substance	18 - 20	21 - 24
	n	n
<i>Opiate and/or crack cocaine use</i>		
Both opiate and crack cocaine	111	504
	5%	10%
Opiate (not crack cocaine)	119	520
	5%	11%
Crack cocaine (not opiate)	112	298
	5%	6%
<i>Other drug use</i>		
Cannabis	1,763	2,779
	74%	57%
Cocaine	761	1,578
	32%	32%
Benzodiazepine	107	386
	4%	8%
Amphetamine (other than ecstasy)	264	403
	11%	8%
Other drugs	44	102
	2%	2%
<i>Alcohol</i>		
Alcohol	976	2,444
	41%	50%
Total clients starting treatment	2,384	4,859

Key findings: Characteristics of young people in the CJS:

- predominantly white, male
- tobacco, alcohol and cannabis are most prevalent drugs used

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- polydrug use is common
- low use of NPS but this may be increasing
- among under 18s, females have a lower median age
- the majority report multiple vulnerabilities (poor education, mental health issues, family, accommodation and employment problems)

6. INITIATIVES TO ADDRESS DRUG USE AMONG YOUNG PEOPLE IN THE CJS

In the UK, initiatives to prevent or intervene in drug use are delivered by schools and by a range of charity (NGO) and community sources – some of them, such as YOTs, within the CJS and some within the secure estate. These interventions range from general universal prevention programmes to treatment for dependence and they are funded, resourced and implemented in different ways. (See **Appendix 1** for a description of interventions/ projects relevant to EPPIC).

Very few initiatives were identified from the literature review, the scoping survey or the key informant interviews see appendix S1). The scoping survey was sent to all (141) YOTs in England and Wales and to 74 other relevant organisations and stakeholders. Only 20 replies were received and not all reported relevant initiatives. Interviews filled in some of the details and sought perceptions on: the extent and nature of drug use among young people in the CJS; existing services/ initiatives for the 16-24 year old target group; perceptions on what makes an effective intervention/ principles of good practice; the challenges and barriers to providing effective intervention for this group; for those delivering or developing initiatives, details of the initiative. Interviews used a schedule for guidance but were open discussion to allow additional themes and issues to emerge. The interviews were recorded and transcribed.

A number of issues have already emerged from the literature and from our key interviews relevant to considering good practice and quality assurance in the development and delivery of initiatives to address drug use among young people in the CJS. These issues will be further explored and expanded on in the course of the EPPIC research.

The need for different levels of prevention (primary, secondary and tertiary)

As previous sections have indicated, a large number of young people in the CJS will already have some experience of drug use (especially if we include tobacco and alcohol). At the same time, available information indicates that young people in the CJS have mainly used tobacco, alcohol and cannabis with less frequent use of other drugs. The issue of timely delivery of drug education was noted by more than one of the key interviewees in contact with young people in the CJS (e.g. interview 1):

Some of them said to me they've been smoking since they're 12 years old, so when we do work on ones who are 15, they are already 2.5 years down the line, probably in a crew, probably out of school, so I think prevention may, not to say you can't, but it may be too late then, it's more about damage limitation. I think we've got to start looking at a younger age, I think like, but I think the school age is a big one. I think 6, 7, Year 8 is the time to be doing more prevention work I think.

As a result, in considering initiatives to address prevention, there is a need to include primary prevention initiatives, along with projects to prevent polydrug use including NPS or specifically addressing NPS, and initiatives attempting to halt escalating use. This complexity is recognised in the National Health Service Strategy (NHS Commissioning, 2016).

The initiatives listed in appendix 10 could all be considered as 'damage limitation'. However, in some cases, where drugs are not the primary focus of the intervention, the programme may include young people for whom primary prevention regarding drug use is appropriate – the risk being that the potential to deliver drugs prevention may be missed. For instance, the

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national network of YOTs, and the use of the ASSET assessment tool, provides an opportunity to pick up young people who are already using drugs but also to identify those who are not yet using but are possibly at risk. Doubts were expressed regarding the extent to which all young people received drugs awareness/ intervention.

We (the drug service provider) say we want to work with every one of them, whether they've got an Asset score that denotes that they need to be worked with or not, because plainly and simply because of the nature of these young people, their histories, their backgrounds and their offending, they have been judged to be more likely to either be involved in these behaviours, or be involved with people that are involved in these behaviours.... Youth Offending Service say they do an intervention with every young person, because part of the funding stream denotes that they have to. But ... I don't think that happens. (interview 6).

A drug specific approach or drugs within a holistic approach?

What intervention initiatives need to address and include in their services will require further examination within the EPPIC project. What emerges so far from the literature review and key interviews is that cannabis, alcohol and tobacco are the main substances used by young people in CJS settings, with the exception possibly of those in custody. We were told that:

NPS use is dropping off dramatically for young people because of um the nature of stigma that is associated with it. If you look at the press and you look at the kind of using groups at the minute, it does tend to be street homeless using groups or people in custodial sentences. (interview 5)

We've come into contact with a few clients that are on the party drug scene. I would say 80% of our clients are the recreational cannabis/alcohol. There is a lot of everyday cannabis use (interview 4)

However, new substances were coming on the scene. 'Dirty Sprite' – a mixture of codeine, sprite and cough mixture extract – was mentioned as a new trend coming from the USA where rappers had made songs about it, and polydrug use was noted as an issue:

It tends to be poly drug use. Alcohol does seem to be taking a bit of a dip at the minute, but those that do do it are doing it more chaotically than ever. So it's purely about to get drunk as quickly and as dangerously as possible, like spirit, spirit for example. But the one that I guess is an ever present is cannabis it's actually easier for you to get hold of cannabis than it is alcohol. (interview 5).

As mentioned earlier, we need to take into account that the number of young people entering the CJS has been decreasing but that those who do are a much more vulnerable group whose drug use is part of a bundle of problems. Both the available literature and our key interviewees stressed the importance of considering the associations between drug use and other problems. All our informants – including those discussing drug specific interventions in the CJS – agreed on the necessity of addressing drug use as part of a young person's wellbeing which included mental, emotional and social needs:

Pretty much our entire treatment cohort now, whether they be young offenders or not, emotional wellbeing is just horrific and also the kind of troubled family, you know the family members, extensive amounts of disaffection within the household.We've seen a real significant shift since the mid-part of this decade. We always used to say that young people would come into our service and they were substance

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misusers that might have other issues. Essentially every client that we have now has a number of issues of which substance misuse is one of them. I unofficially rebadged our service and I said we're not a substance misuse team anymore, we are an emotional wellbeing service with a specialism in substance misuse, because it's around building these kids' resilience back up again. (interview 6).

Most of the projects listed in appendix 10, do approach drug use in this way and future EPPIC work needs to examine: the advantages and disadvantages of initiatives which adopt a drug specific focus or a wider health/ wellbeing approach which includes drug use: and how best to address the complex needs presented by this client group.

The context of initiative/ programme delivery

For this particular target group, the context within which interventions are delivered may, in itself, present difficulties and dilemmas. Given the illegal status of drugs, it may be difficult to adopt 'damage limitation' and harm reduction approaches. The dilemma for the service provider was highlighted in two ways (interview 1):

For members of a YOT:

I don't think the youth offending team like the word 'harm reduction' because it's very difficult I find, not that they don't like it, I do say it, I do give out harm reduction information, but I'm not sure how you stand with that, when criminal justice are supposed to stop people.

For the young person:

It's difficult for someone who's criminally active to be able to talk about drug use very honestly in the criminal justice system sometimes. I think that is a difficult one for some young people. They always play it down when I say 'smoke'; it's not smoke, because they don't want to say that because it's the criminal youth. It's different when I worked for a drug service, you could say what you feel and where you can be comfortable but when you work in the criminal justice, they've also got to have that thing on their mind as well.

A similar view was expressed by other informants, for example, interviewee 4, working in a drug project for young people, remarked how things were different for those who were referred from the CJS with court orders – and, therefore, not voluntary clients. The service had a statutory responsibility to report back to the CJS if the young person did not attend or fulfil the terms of the order:

Interviewer: Does it affect their ability to engage with you, I mean does it affect the relationship that you have with them that sort of statutory responsibility?

Interviewee: Yes most definitely. Yeah most definitely because obviously they are already weary of criminal justice, so sometimes they assume that we're working in collaboration with the police, or you know like drug enforcement agencies. So they have a, they are quite, what's the word, they can sometimes be quite subdued and weary about the workers and the information that they're actually telling us

The physical environment for delivery of initiatives was also mentioned as a consideration. For service providers, there were concerns for the safety for the young people in some areas where gangs operated:

We find that young people do tend to work better as individuals because you know like in the area we are there's a few issues around postcodes and gang activity. So

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we have to be careful to let young people access from certain areas all at the same time. (interview 4).

Identified projects were often flexible in the ways in which services were delivered, some using libraries, cafes and community venues as well as 'standard' services.

Finally, there are issues relating to the age cut-offs for young offenders treated in different sections of the CJS. Concerns have been raised in respect of young adults related to those aged 18-25 being treated in the same way as older adults in the criminal justice system (T2A, 2012; House of Commons Justice Committee, 2016). The Transitions to Adulthood Alliance (T2A) are a coalition of organisations that evidence and promote the need for a distinct approach to young adults in the CJS which is proportionate to maturity and responsive to identified needs given the lack of maturity and continuing brain development up to the age of 25. There is a stark difference between youth justice services and adult prisons and the arbitrary nature of the current 18 year cross over point, where services including substance misuse support can tail off. T2A note that this problematic transitional stage for young people can result in services that are inappropriate for the level of maturity of the younger clients, or the nature of their drug use. This can lead to young adults not accessing services in the first place, or, attending and then dropping out.

The barriers experienced when children turn 18 and can no longer access children's specialist drug/alcohol services are due to adult drug/alcohol being set up for a different pattern of drug use to those of young people i.e. mainly opiate/crack focused rather than cannabis, and alcohol. There is also a fear of difficulties caused by interactions between adult opiate/crack users and young people using a service, and a stigma felt by young people seeking support from adult agencies. This transition stage is felt to be important because 'young adults' make up a third of the prison population, a third of those on probation and a third of those on community sentences (Revolving Doors, 2013)

If prisons wish to address the underlying risk factors and nurture desistance skills in the client group, the Justice Committee's report (2016) suggests an age-appropriate strategy is needed which takes into account individual's needs. There are points in the criminal justice process where more effective approaches can be provided. T2A highlight the need for 'diversion' of young adults with drug problems into treatment and away from the CJS at an early stage, which can avoid further offending and reduce demand for acute services at a later stage; they recommend transition stage services that can meet the needs of this group and posit an example of such e.g. T2A Young Addiction, Derby, which ran between 2009-2012.

These concerns hint at the problems of developing and delivering effective interventions for young people in the CJS and of the importance of considering the possible impact of the CJS connection on the effectiveness of interventions and services. These issues will be examined in more depth as the EPPIC project progresses.

Perceived elements of effective intervention

A description of what has been shown to work in early interventions to prevent or reduce youth crime and anti-social behaviour (ASB) was reported by Ross et al. (2011) in a briefing paper for the UK Department of Education. This research brief was not specifically about substance misuse; however the measured outcomes of the studies in the review included substance misuse. Although aimed at reducing crime and ASB specifically, some of the projects showed positive impacts on underlying drug and alcohol misuse behaviours. The programmes and practices included in the paper, all aimed to have an impact on the

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development of crime and ASB in young people 8 years old and older. The authors looked at international evidence initially then focussed on UK studies specifically for meta-analysis.

In relation to the type and mode of intervention:

The elements associated with 'effectiveness' were:

- therapeutic in their philosophy
- employed cognitive behavioural techniques which aimed at nurturing positive changes
- were targeted programmes aimed at those who were already presenting risk factors or problems (rather than universal programmes)
- were multi-modal design with a dedicated coordinator in place (more effective than single-option approaches).

Of all the programmes aimed at individual behaviour change:

- 'child skills training' stood out above the rest. This type of programme teaches social, emotional and cognitive skills which support problem solving, anger management and communicating to express emotions.
- These were especially effective when delivered in small groups, using cognitive behavioural techniques and
- when targeting the older and higher risk young people

In contrast, programmes shown not to work were based on coercion, control, surveillance and deterrence (i.e. disciplinary approaches). Indeed, some of these types of approaches made matters worse.

Although there is as yet little evidence of effectiveness, peer approaches have been gaining credence in prison and other CJS contexts. The HM Inspectorate of Prisons (2015: 56) noted 'effective peer-led education, whereby well-trained and well-supervised prisoners provided effective education to other prisoners'. The Chief Inspector recommended that every prison develop a peer-led programme of substance misuse education, with resources to educate prisoners, particularly new arrivals about the dangers and consequences of synthetic cannabis use. He also recommended that prisoners' families and friends be used as sources of support in prevention and treatment activities. Peer support and 'experts by experience' in NPS is also mentioned as part of the consultancy services, advice, training and NPS specific drug treatment packages offered by the treatment agency Change, Grow, Live (CGL, 2016).

In our study, interviewees mentioned lessons to be learned from universal drug prevention programmes delivered in schools (where most of the evaluation has been conducted) or from other interventions in related areas and commented that they had paid attention to theoretical underpinnings and principles of good practice when developing initiatives. Several of the initiatives reported to us had been developed in collaboration with universities and behaviour change 'experts'. The development of skills, fostering resilience and building family and community support were considered important elements of effective initiatives (as for all young people). As mentioned above, peer mentoring – or variations on peer mentoring appear to be gaining in popularity (as demonstrated in the initiatives in the appendix).

For young people in the CJS, other elements were suggested as crucial for engagement and getting the information across in an accessible way. Working on a one-to-one basis and focusing on interaction with the young person was seen as often the best approach:

That's something that I would like to see coming from any materials and interventions that it gives that opportunity to actually interact with the individual; if you've got a client there, talk to them, you know work with them, have a conversation with them,

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try and gain an understanding, because if you can understand each other, you should be able to identify what you need to do together. (interview 6).

In particular visual approaches were seen as most helpful:

I think the use of video is absolutely essential. Every young person that I work with now is obsessed by YouTube, is obsessed by the moving image because they've got smart phones and they've got, they don't want writing, they want something that walks and talks and does things for them, because that's what they're used to when they go on their smart phones. So for me I think something along the lines of the kind of mentoring that much more individual looking at actions and effects and consequences and how this affects and impacts on other people. So using that kind of video, third person removed kind of style in a very small group setting, if not in a one to one setting. (interview 6)

With the young people I find that you have to make things a little bit more visual, more fun, you have to deliver it in a way that you know is quite intriguing to them. (interview 4).

Coulton et al. (2017) contend that there is a widely-held consensus in the UK that adolescents who offend are one of the most vulnerable and 'hard to reach' groups as well as being those most in need of proactive interventions. Whilst Coulton et al. (2017) recognise the promise held by some peer group and structured interventions, they also point out that what evidence is available gives a strong indication about what *doesn't* work (e.g. focussing on negative aspects of risk and abstinence).

As the EPPIC project progresses, we will examine more extensively what elements of programmes and initiatives are considered to be effective/ ineffective and which approaches may be seen as 'best practice'.

The evidence base

The lack of evidence based prevention programmes for this group is highlighted in the literature and this was supported by the results of the scoping survey and key informant interviews. It is unlikely that formal, rigorous evaluations of programmes (i.e. randomised controlled trials or similar) will be undertaken in this field due to the cost, resources and time needed for such evaluations and because of rapid changes in drug use, the client group, the prevention and treatment systems and the resources at the disposal of those who commission and deliver services. Only RISKIT-CJS was reported as having a funded evaluation trial, although other initiatives were being assessed (e.g. DECCA Sandwell-Project 12). Several initiatives were pilot projects and/ or funded for limited periods of time.

This has implications for the EPPIC project in that it raises questions about – what constitutes evidence of effectiveness and how we decide on the principles of good practice and quality assurance guidelines. This will be discussed in future EPPIC meetings.

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APPENDIX 1: DESCRIPTION OF IDENTIFIED INTERVENTIONS

A. Interventions targeted at young people in the CJS

A1: drug specific

Title	RISKIT-CJS
Delivered by	Addaction – specialist drug workers
Funded by	
Target group	Adolescents in the CJS age 12-17
Aims/ objectives	To reduce substance use and risk-taking behaviour in adolescents in the Criminal Justice System
Description	<p>The RISKIT intervention was developed in consultation with, and with the participation of, young people who expressed a preference that rather than focussing on eradication of risk, the focus should be on how the level of risk can be reduced and negative outcomes minimised.</p> <p>The RISKIT intervention is empirically validated (Stevens et al., 2014). Multiple components of the intervention include: knowledge/education; cognitive and learning skills; whilst instilling self-efficacy and motivation in the recipients.</p> <p>In the initial pilot study 32% of the intervention group (non-CJS) had reduced their risk-taking behaviours to a point that they were no longer a concern, and the impact of the intervention led to a greater reduction in substance use than the control condition.</p> <p>The RISKIT-CJS intervention has been adapted from the original, for CJS community settings. The sample will be drawn from YOTs, and some early intervention schemes (low level offending, diversion from YOTs) not custody. All YOT clients will be offered the intervention if they meet the criteria i.e. they have an asset score of 2 or more. This is quite a low threshold which means the person uses substances, and their use might be linked to their offending. It is a voluntary intervention aimed at 12-17 year olds.</p> <p>The concept of RISKIT is to use lots of different approaches, some will work with an individual and some won't. As it is very difficult to match approaches to people's needs – it is best to deliver a range of approaches in the hope that some of the approaches will meet the needs and have a positive effect. There is an element of peer support within the group work however this is not expected to extend beyond the intervention. The content of the group work draws on the experience of the group (e.g. NPS use) and the group facilitators enable the young people to use their own knowledge and experience to think about ways to reduce risks or harms. Each client starts with a 1:1 motivational interview, to initiate change and the motivation to engage. There is another 1:1 MI session at the end, which is tailored to the individual and what they have learnt through the intervention and to motivate them to engage with support and local services and networks.</p> <p>Feasibility studies in the target settings have shown potential.</p>
Approach	Based on a social development model. This model suggests that even if there is no change in the young person's 'health ecology',

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	support in developing socio-emotional and cognitive skills can help reduce or prevent risk-taking behaviour. RISKIT combines this approach with the facilitation of connections between young people and organisations which promote pro-social learning and opportunities.
Evaluation	A rigorous large-scale evaluation of outcomes is being initiated which looks at effectiveness, cost-effectiveness and participant/staff experience of the intervention. (Evaluation protocol is described in Coulton et al., 2017.) The evaluation using this protocol was planned between March 2017 and February 2019. (Funded by NIHR). It is expected that if the research emulates the original RISKIT results it will have a significant effect primarily on substance use, which will improve engagement with society and reduce criminal activity.
Information source	Interview

Title	Braking Bad: Where's the Harm in Drug Debt? (www.brakingbad.co.uk)
Delivered by	Professionals involved in the Youth Justice System
Funded by	Oxfordshire Youth Justice Service
Target group	Age 16-19
Aims/ objectives	<ul style="list-style-type: none"> Provide a tool for professionals involved in the Youth Justice System working with young people to explore some of the risks around drug supply, exploitation and related vulnerabilities. To engage young people in looking at some of the risks around drug debt and supply. To raise awareness and highlight risks inherent in drug debt and supply for young people.
Description	A group of young people from Oxfordshire Youth Justice Service created the website to support other young people to increase their knowledge and understanding around drug dealing and exploitation. The website can be used by practitioners to support 1:1 or group work with young people who are involved in drug supply or at risk of becoming involved. Can be flexible depending on content and which characters are discussed. Use the website to raise awareness and start conversations on difficult subject matters for example, risk of becoming involved in drug supply and risk from exploitation, grooming and other forms of abuse.
Approach	A multi-media and interactive approach. https://www.brakingbad.co.uk/ Empowering - this educational tool is produced with young people and for young people. Free to access
Evaluation	None noted
Information source	Youth Justice Board website https://yjresourcehub.uk/effective-practice.html Accessed 25/5/17

Title	Deal or No Deal
Delivered by	Hillingdon YOT
Funded by	

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Target group	14-18 year olds, convicted of possession with intent to supply
Aims/ objectives	<ul style="list-style-type: none"> To reduce the likelihood of re-offending by helping young people to understand the range of consequences of drug dealing in the longer term and presenting education, training and employment as a viable alternative. To highlight the dangers of drug dealing in regards to the risk to the young person and their family
Description	Deal or No Deal is a 1:1 programme based on one hour a week session for six weeks that looks to tackle the issues surrounding drug dealing at street level. Each session, looks at different parts of drug dealing. Primarily it focuses on; the effects of young people's actions and the impact on others.
Approach	Programme reinforces positive messages regarding engagement with employment, education and training with an emphasis on the negative aspects around the reality of drug dealing.
Evaluation	None noted
Information source	Youth Justice Board website https://yjresourcehub.uk/effective-practice.html Accessed 25/5/17

Title	Prison NPS Toolkit
Delivered by	Public Health England
Funded by	Public Health England and National Offender Management Service
Target group	Staff working with 18+ age group
Aims/ objectives	To provide staff with information about NPS, how to address NPS use and what treatment/ support is available
Description	<p>In response to the growing concern about NPS use in prisons, Public Health England (PHE) and the National Offender Management Service (NOMS) published the NPS Toolkit (PHE, 2016) which, was supported by a national rollout of training for staff. Following the publication of the New psychoactive substances (NPS) in prisons toolkit in January 2016, there have been significant developments in this area including the enactment of the Psychoactive Substances Act, high profile reports from HM Inspectorate of Prisons and the Prisons and Probation Ombudsman and the roll-out of a national training programme. The toolkit has now been revised and updated to provide a resource that takes into account the learning and additional information that is now available.</p> <p>It was designed for use by all staff in prisons, including Young Offenders Institutions. It was designed for use with staff working with adult (18+) prisoners initially; however, it is currently being adapted for use with younger prisoners. It covers what is known about the prevalence of NPS use; challenges to staff dealing with prisoners; categories of NPS and the law relating to them; their effects, side effects, potential associated health and behavioural problems; and what support and treatment is appropriate. Key points are that it is essential that every establishment has an integrated response, involving custodial, health and psychosocial care staff jointly managing the problems associated with synthetic cannabinoids. The overriding principle in dealing with NPS issues is that staff should respond in a proportionate and relevant way to the presenting behaviour or symptoms, irrespective of whether</p>

	<p>prisoners are suspected to be under the influence of NPS (Abdulrahim & Bowden-Jones, 2015).</p> <p>The training events, held in various locations nationally, gave an opportunity to embed and discuss the toolkit, but also to hear from staff about their hands-on experience and understanding of NPS use. A report on the key themes and learning that emerged from the training programme with a view to supporting and informing frontline staff, prison service managers and policy makers as they address the challenge presented by NPS has been published and is available here http://www.nta.nhs.uk/uploads/analysis-of-psychoactive-substance-training-in-prisons.pdf</p>
Information source	Interview

A2: Drugs included in a wider programme

Title	DECCA, Sandwell, Project 12
Delivered by	Sandwell YOT
Funded by	Local authority
Target group	Young people (11-18) in CJS: all 'high risk' who are ISSP clients
Aims/ objectives	Empowering young people's safety and avoidance of risk
Description	<p>The Youth Offending Team in Sandwell have been trained to deliver project 12 with some adaptations specific to their client-group. Key to adapting the model specifically for the CJS cohort is breaking the programme into smaller 'chunks' and working either on a one-to-one basis or in very small groups. In addition there is a focus on the impact of risk behaviour on offending. The DECCA team aim to offer the approach to all YOT clients who are at highest risk of offending and who are ISSP clients. ISSP is the most rigorous, non-custodial intervention available for young offenders. As its name suggests, it combines unprecedented levels of community-based surveillance with comprehensive and sustained focus on tackling the factors that contribute to the young person's offending behaviour.</p> <p>The package is designed to ensure young people receive 'the basics' in terms of keeping themselves safe, in an integrated way that covers a range of interlinked risk behaviours.</p> <p>There are two distinct 'products':</p> <p>1. A Programme for young people – a 5 session programme (with additional elements if capacity allows) with materials and resources, based around the concept of building resilience, that cover specific cross cutting issues and subjects that affect young people today; essentially a short focused programme that can be delivered over the course of one day or over a number of weeks</p> <p>These taught resources are supported by online content so young people can access more 'person centred' activities outside of a mainstream delivery</p> <p>2. Additional programme resources for adults – two separate resources have been created, one for professionals and one for parents/carers/guardians. This is to ensure a continuity of understanding between young people and the adults they interact with both personally and professionally</p>

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	Both of the above are a combination of new resources, created in consultation with experts in their field, young people and professionals, and by utilising some of the best resources already in existence.
Approach	<p>2 underpinning principles of the 'Protective Behaviours' approach have been utilised throughout the Project 12 package:</p> <ul style="list-style-type: none"> • 'we all have the right to feel safe all the time' • 'we can talk with someone about anything even if it's awful or small' <p>A young person, through self-discovery facilitated by participation and practice in activities based around developing key skills and understanding, will learn and understand the concepts of actions and consequences, safety and risk avoidance/minimisation and 'own' them.</p> <p>The approach aims to support young people to be more resilience and develop coping skills to deal with the issues life may present them with, ultimately leading to the main aim of Project 12; empowering young people's safety and avoidance of risk.</p>
Evaluation	A pre and-post programme assessment and evaluation (for each individual client) has been developed, that was put together in conjunction with Dr Richard Cook, a senior lecturer in behaviour change psychology at Aston University. Project 12 has been running since September 2016 and has not as yet been evaluated as a whole project.
Information source	interview

Title	Peer support navigators
Delivered by	Youth-ink, Southwark, London: charity
Funded by	Local authority (3 year pilot project)
Target group	Young men in CJS age 16-21
Aims/ objectives	The aim is to keep the young offenders purposefully occupied, 'upskill' them and provide an opportunity to 'give back' – thereby reducing their risk of reoffending.
Description	<p>Youth-ink are a charity founded in 2016 by an ex offender. 50% of the board of trustees are service-users, the other 50% come from criminal justice/youth offending/substance misuse/mental health backgrounds. There are 4 paid staff who train the peer navigators, alongside specialist professionals who train around issues such as mental health, trauma, personal wellbeing, speech & language, substance misuse. Youth-ink employs young adult offenders who support other young people in the criminal justice system, to enable them to access local services without being dependent on the YOT to refer, and increasing the likelihood that young people will engage with and use the support available locally.</p> <p>The service is based around PSHE (personal, social and health education) needs of young people involved in CJS. It includes workshops around drugs but overall the focus is facilitating Young People to seek support from specialist services themselves.</p> <p>Navigators are volunteers (16-21) who go through a training programme, gain qualifications and 'shadowing' experience. Once</p>

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	this is completed they can undertake paid sessional work. Youthink also encourage and promote attendance at colleges or training for further skills or alternative employment opportunities (e.g. apprenticeships). The aim is to keep the young offenders purposefully occupied, 'upskill' them and provide an opportunity to 'give back' – thereby reducing their risk of reoffending. Navigators receive accredited qualifications in peer mentoring and youth and community work
Approach	The approach taken is highly participative and engaging, involving young offenders in consultation processes to understand why they are using drugs, and what support they need. Providing training to young people so they can communicate and feel confident to talk to commissioners on what they can offer in the community to help address the issues. Service users can be a part of the Board of Trustees for a year.
Evaluation	Not so far. Evaluation possibilities are being discussed.
Information source	Interview

Title	Southampton offending behaviour programme
Delivered by	
Funded by	Partnership funding
Target group	Age 10-17
Aims/ objectives	Support young people to learn various new skills and knowledge through a diverse programme. Support young people to develop victim awareness and empathy. Support and facilitate community re-integration of young people.
Description	<p>The Southampton Offending Behaviour Programme is flexible and allows young people to attend those sessions that are most appropriate and relevant to them. Sessions can contribute to Intensive Supervision and Surveillance (ISS) requirements of either a Youth Rehabilitation Order or Bail Supervision programme. The purpose of the programme is to support young people to maintain their engagement throughout the Intensive Supervision and Surveillance element of their Order and ensure that minimum national standards are met. A group management plan is put in place, which ensures that young people can access all elements of the programme.</p> <p>The programme covers the following areas:</p> <ul style="list-style-type: none"> • Kri-8 Arts programme • Victim impact and risk taking behaviour group work • Weapons awareness and knife crime • Substance misuse awareness • Education, Training and Employment engagement sessions • 'Have Your Say' service user involvement sessions • Early intervention group <p>There are clearly defined learning outcomes for each component of the programme and young people are encouraged to feedback on their learning. Young people also participate in the arts programme steering group.</p> <p>In times of limited resources, the programme offers a clear opportunity for partnership working and local partners contribute funding to support elements of the programme. The Hampshire</p>

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	<p>Police and Crime Commissioner supports 'Have Your Say, 'Kri-8 Arts' and the victim impact and risk taking behaviour group through Safer Communities grant funding. Young people are referred onto the programme by their case manager, following a full assessment.</p> <p>Young people can be referred onto different components of the programme, depending upon their needs/areas of risk.</p> <p>Southampton Youth Offending Service has a designated officer that supports all the partnerships as well as ensuring timetabling of those partners.</p> <p>In sessions where there are partner agencies available, the content of the session should be led by that organisation</p>
Approach	Flexible. Alternative to custody. Substance use as part of a wider support programme.
Evaluation	No formal evaluation mentioned. The Youth Offending Service (YOS) assess that opportunities afforded by the programme contributed to a reduction by providing sentenceers with a robust, local alternative to custody.
Information source	Youth Justice Board website https://yjresourcehub.uk/effective-practice.html Accessed 25/5/17

Title	Problem Solve Approach
Delivered by	Blackburn Youth Justice Service
Funded by	
Target group	Age 10-17. Primarily those attending youth court
Aims/ objectives	Provision of support through early intervention to prevent further offending, reduce re-offending
Description	<p>In August 2014 members of Her Majesty's Courts and Tribunals Service (HMCTS) held a "problem solve" with young people. The aim was to look at improving the service we offer to them. When a young person appears before the Youth Court, the court will deal with the offence committed and, if the young person is found guilty, will impose a sentence.</p> <p>It may take some weeks for the sentence to be passed and in the interim Blackburn Youth Justice Service and HMCTS have set up a Problem Solving Approach for the young people and their parents coming to Blackburn Youth Court.</p> <p>This problem solving scheme gives young people and their parents the chance to tackle the problems that may be affecting them by putting them in touch with the following organisations able to help them, who attend on a weekly basis -</p> <ul style="list-style-type: none"> • Crime Reduction Initiatives • Local substance misuse project • Nightsafe (supporting accommodation needs) • Supporting Families Project (for unemployed, parents with children displaying anti-social behaviour, problems with school attendance and of course, displaying offending behaviour) • Fast 4wd Project (supports adults with alcohol or substance misuse problems) • Carers' Service (for partners, parents, family members affected by another person's addiction) • New Directions (supporting young people back into

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	education, training or employment) The work has been recognised with a Youth Justice Award from Children and Young People Now.
Approach	<ul style="list-style-type: none"> • Substance use as part of a wider approach. • Early intervention with a multi-agency approach to provide young people and their family with support (includes parents and siblings). • Partnership working to ensure a coordinated and proactive approach. • Various support options available to both young person and family including referrals covering training, education, learning disabilities, substance misuse, debt counselling, mental health issues and advice and guidance on effective parenting. • Quarterly reviews through the Court User Group and/or Youth Problem Solve Review Group which is made up of all stakeholders involved in the process • Young people are included in the process through regular feedback sessions and on-going consultation and a formal review process
Evaluation	None noted
Information source	Youth Justice Board website https://yjresourcehub.uk/effective-practice.html Accessed 25/5/17

Title	Treatment Foster Care Oregon
Delivered by	Treatment Foster Care Oregon
Funded by	
Target group	Age 12-17
Aims/ objectives	<p>Support young people to reduce their behaviour problems</p> <p>Support young people to reduce likelihood of further offending behaviour</p> <p>Support young people to reduce use of illegal substances</p>
Description	<p>Treatment Foster Care Oregon (previously known as Multidimensional Treatment Foster Care - Adolescent MTFC-A) is for children who are at risk of an out-of-home placement in foster or residential care due to offending and/or serious emotional problems.</p> <p>The young people are placed with a 'treatment foster family' trained in the Treatment Foster Care Oregon model for an average period of a year. Within these warm and structured family environments, children receive positive and consistent reinforcement for appropriate behaviour and effective limit setting for inappropriate behaviour. Family coaching is also provided to the biological (or adoptive) family, if the plan is for the child to be reunited with them. Individual therapy is additionally provided to the child during this period</p>
Approach	<p>Substance use within a wider approach</p> <p>Treatment Foster Care Oregon Model</p>
Evaluation	None noted but on www.evidencebasedinterventions.org.uk
Information source	Youth Justice Board website https://yjresourcehub.uk/effective-practice.html Accessed 25/5/17 and Web: http://www.mtfc.org.uk

B. Interventions targeted at young people (including those in the CJS) and drug use

Title	BCDP Insight
Delivered by	Local authority, Southwark, London
Funded by	Local authority
Target group	Young people up to age 24, including referrals from CJS
Aims/ objectives	Harm reduction regarding drug use/ offending and associated problems
Description	<p>Insight is a young people's substance misuse service – up to age 24, providing drug/alcohol education, awareness, 1:1 support, key working (flexible frequency). They also deliver services which are part of a court mandated programme.</p> <p>Criminal Justice client referrals are received from YOTs for young people (mainly 13+). Young adults (18+) referrals come from the probation services.</p> <p>Preventative/harm reduction work particularly used in helping young people to choose lower risk options, before abstinence goals. Mainly work 1:1 but can do group work in schools or youth services etc. where appropriate.</p> <p>Interventions have to be visual, fun and intriguing in order to engage young offenders e.g. visual impairment goggles, replica drugs box, 'Charlie' the human body demonstrating drugs effects in the body's organs. Music and art therapy, autobiographical creative writing or drama/spoken word/song writing, use of recording studios are all used.</p> <p>The service works closely with mental health (CAMHS), sexual health, rape crisis and social services (safeguarding) and other local services (health and social care). The drug service also works with a mobile targeted youth service in hotspot areas.</p> <p>The service is very flexible, delivered in a place appropriate and safe to the young person e.g. libraries, health centres, school, café, community buildings. Gang affiliations make some areas unsafe for young people to travel in so an outreach approach is taken.</p> <p>Outreach work is carried out in the local sexual health clinic, mainly with LGBT young people who are using e.g. ketamine, GHB, ecstasy, and other chemsex drugs. Some issues around sexuality and emotional therapeutic needs are identified and referrals to specialist services can be made to address these issues</p>
Approach	<p>A person centred approach is taken and therapeutic techniques informed by Motivational Interviewing (MI), Solution Focussed Brief Therapy, and NeuroLinguistic Programming are utilised. MI is the key technique within the interventions used.</p> <p>Approaches with CJS clients differ from non-CJS clients in as much as the trusting relationship between themselves and their workers can be more difficult to cultivate. Relationships can be seen as more formal because if clients are on a court order there can be repercussions in terms of the court and sentencing, ultimately, if they do not engage with support services. Motivation levels can be low.</p>

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Evaluation	None mentioned
Information source	Interview

Title	Protective behaviours mentoring,
Delivered by	Decca (Drug Education, Counselling and Confidential Advice) Team, Sandwell MBC
Funded by	Local authority
Target group	Any young person under 18 years
Aims/ objectives	Decca provide drug and alcohol treatment and education for young people in Sandwell and support the agencies working with young people, the PB mentoring scheme aims to provide individuals with the skills to help themselves and others to feel safe from harm and victimisation.
Description	<p>The DECCA service covers everything from education in mainstream schools, to education in the community all the way to working with someone who is experiencing issues with drugs such as alcohol, cannabis, tobacco, volatile substances and class A drugs.</p> <p>The key services the team offer are:</p> <ul style="list-style-type: none"> • Advice and guidance & training for young people and the professionals that work with them • Educational harm reduction resources and sessions for mainstream schools and community organisations • Policy and procedure development, and support in dealing with alcohol, drug and tobacco related incidents • Multi-media service - web sites, campaigns, social media etc • Smoking Cessation (Stop Smoking) Service • Targeted brief interventions focusing on harm minimisation for those using alcohol and/or drug(s) • Structured treatment for any young person using alcohol and/or drug(s), prescribing and therapies. • Protective behavior mentor training
Approach	<p>A new approach has been piloted recently known as Protective Behaviours Mentoring, for which an accredited training programme is provided based on principles from the Protective Behaviour Consortium, and the Feeling Safe Foundation. The programme has been piloted in schools by DECCA and the team intend developing the approach for use with young people in the CJS. The Protective Behaviours Process provides individuals with the skills to help themselves and others to feel safe from harm and victimisation. Although Protective Behaviours (PB) has its origins in child abuse prevention the context for its use has broadened out and it is now used in many different countries by a variety of people in a range of different ways to reduce risk and build resilience.</p> <p>A PB Mentor, for the purpose of this project, is an individual that has agreed to learn how they can potentially assist others to make changes in their lives. For this to occur the Mentor will need to understand how they themselves function and what they may</p>

	<p>need to do to affect change in themselves.</p> <p>Essentially if the Mentor understands how they can affect change in themselves they are better able to assist others to do the same; simply put, they are leading others by example using skills they have used to help themselves to now assist others. Mentors can work with their peers and help deliver key messages, listen and support their peers with low level emotional wellbeing issues, sign-post them to further support where needed and act as a role model for others to aspire to.</p> <p>The PB Mentor is supervised and mentored, by a designated professional, to ensure they stay emotionally well and are not 'overburdened' in any way. Together they look at the needs of the Mentor, should there be any, to ensure they receive all the support they need to be the most effective Mentor they can be.</p> <p>For some Mentors, they may not be at the stage where they can Mentor others straight away, once they have completed their accredited training. For them the main benefit of the Mentoring process will be for themselves, at least initially, but the process would be bespoke for each Mentor.</p> <p>The aim is that the Mentors, when ready themselves, identify what their peers need to stay safe, well and flourish and achieve in life; because of their own experience, they are well placed to say what type of intervention/engagement is needed</p>
Evaluation	None mentioned
Information source	interview

C. Other indirectly relevant

Title	Breaking Out
Delivered by	HMYOI Polmont, Scotland
Funded by	Charities: Comic Relief, The Gannochy Trust, and The Robertson Trust.
Target group	Males, 16-21 in a Young Offender Institution
Aims/ objectives	<p>The overall long-term aim is to reduce offending behaviour and harm caused by alcohol misuse by providing a sustainable peer led programme. This will enhance and improve practical and personal development skills and reduce risk taking behaviour.</p> <p>To meet the overall aim, the objectives are to:</p> <ul style="list-style-type: none"> • increase the skill, knowledge, and experience of peer educators • increase awareness of alcohol and drug misuse and its impact on behaviour • increase awareness of risk, personal safety and healthy lifestyle choices • increase self-confidence and self esteem • increase future ambitions and opportunities for positive lifestyles • increase re-engagement of educators with education, training, volunteering or employment

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	<ul style="list-style-type: none"> • promote peer education as an effective model for engaging young people in their own health and social development
Description	<p>Breaking Out is a peer education-based alcohol awareness programme for young offenders in custody. Developed by MENTOR (charity)</p> <p>Breaking Out was launched in June 2012 with the aim of reducing risky behaviours and harms caused by alcohol amongst young offenders. Offenders are supported to develop their own initiatives, by providing a rolling 12-week programme of training focusing on peer education, alcohol issues and personal development. It builds on Mentor's previous peer education projects.</p> <p>Participants who complete the training are invited to join a development group. The role of this group is to develop peer education and mentoring as a model of addressing alcohol and offending behaviour. Participation gives young offenders the opportunity to develop their knowledge, skills and resilience to alcohol, risk taking and offending behaviour.</p> <p>The project will also introduce the Youth Achievement Awards as a means of providing a recognised form of accreditation for those young offenders who join the project as peer educators.</p> <p>Breaking Out will continue to develop prevention based alcohol education using a peer education model over the next two years</p>
Approach	<p>Staff and young offenders agreed that a peer model approach would provide a fresh approach to examining links between offending and alcohol/drug misuse. Young offenders felt that hearing the experiences of others could have more of an impact rather than simply learning about the health effects of alcohol. Many admitted that they used alcohol to forget their problems, so Breaking Out, which focuses on problem solving, could break this cycle.</p>
Evaluation	None noted
Information source	<p>Interview and Youth Justice Board website</p> <p>https://yjresourcehub.uk/effective-practice.html Accessed 25/5/17</p>

Approach	Information provision through a 'toolkit'.
Evaluation	Some process evaluation; further evaluation on-going
Information source	Interview