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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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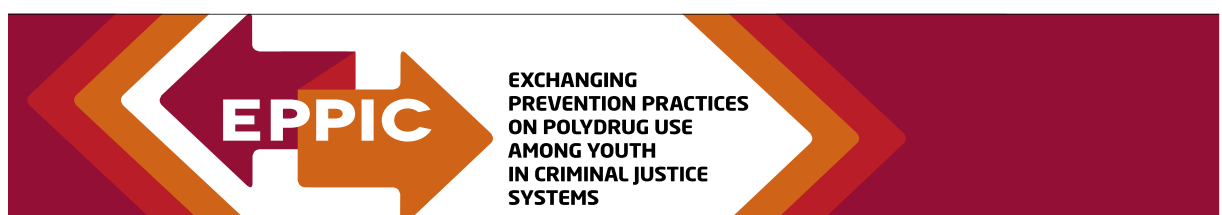
**EXECUTIVE SUMMARY**

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## The EPPIC project

Young offenders are considered one of the groups most 'at risk' of developing drug problems and they are likely to be affected by a multiplicity of health and social inequalities. However, there has been very little attention paid to young people in contact with the criminal justice system (CJS) in relation to drugs prevention policy and practice. The EPPIC project focuses on young people aged between 15 and 24 who are/ have been in contact with the CJS in six European countries (UK, Italy, Denmark, Poland, Germany and Austria). The project aims to gather knowledge, exchange best practice and identify transferable innovations and principles of good practice on interventions to prevent illicit drug use, the development of polydrug use and the use of new psychoactive drugs (NPS) among vulnerable young people in touch with the CJS in partner countries. The project website provides further information: <https://www.eppic-project.eu>

## Work package 4

The first set of country reports (WP4), produced in June 2017, laid the foundations for further research and for the development of communication channels with relevant professionals.

The aims of WP4 were to:

- provide an overview of what we know about young people in touch with the criminal justice system in England and Wales and
- gather information about 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 in the CJS.

The methods used included a literature review, an online survey to collect information about current projects and approaches, and key informant interviews.

## The wider context

**The drug policy context.** At national level, there are no specific prevention programmes for young people in touch with the criminal justice system. However, examination of policy and research documents indicates that drug prevention for young people has shifted from programmes which focus exclusively on drug use towards building resilience to make positive choices around their health and well-being.

**Young people in the CJS:** Since 2006, the number of proven offences committed by young people under 18 has reduced by 74% and numbers of young people sentenced to custody have also fallen. However, those sentenced to custody normally have entrenched patterns of behaviour, committed serious offences and a range of complex needs. Over two-thirds of young people (68.7%) reoffend within 12 months of release from secure institutions.

**The Youth Justice System:** There is a separate youth justice system in England and Wales which works to reduce offending and re-offending by young people under 18. The aim of youth courts and sentencing is to avoid the 'criminalisation' of young people and promote social reintegration. Youth custody is meant to be used only for

serious offences. The majority of young people who have committed offences are diverted from criminal proceedings and custody. Most of our target group (ie 15-24 year olds in contact with the CJS) will have been given alternatives to criminal proceedings and custody, so will be located in the community under the supervision of the Youth Offending Teams (YOTs) and probation service depending on their age.

## **Drug use among young people in the CJS**

### ***Young adults (over 18):***

In the adult prison population, 52% had used drugs in the 2 months prior to imprisonment. Two fifths (41%) of women and one quarter (27%) of men report problems with drugs prior to prison. In adult prisons, there are problems around the increasing use of synthetic cannabis (ie Spice). At the time of writing, the problem had not extended into women's prisons or the secure estate for young people. Information regarding young people age 18-24 is not readily available. Regarding this age group:

- Younger prisoners aged between 18-20 were more likely to have used cannabis, cocaine, ecstasy and LSD than those aged over 21. Those prisoners aged over 21 were more likely to have used crack cocaine, heroin, unprescribed tranquillisers and methadone.
- Younger prisoners reported alcohol as a significant factor in their offending. Just under half (48%) of younger prisoners said they had taken drugs when committing offences in the twelve months before custody compared to 57% of older prisoners.
- In 2015/16, there were 3124 18-21 year olds in YOIs in specialist drug/alcohol treatment. There is no detailed breakdown of the statistics for the 18-24 year old age group in the secure estate overall.

### ***Young people (under 18):***

- Between 2009-2016, the average substance use score has risen for young people presenting at YOTs. However, scores for all risk factors have risen during this period.
- For those admitted to custody, YOTs had substance use concerns for 45% of admissions.
- The most commonly used substances in the youth secure estate are tobacco, cannabis and alcohol.
- One third (37%) of young people in custody were rated as likely to reoffend due to their substance use and two thirds of this group (67%) had received an intervention.
- In 2015/16, there were 1541 young people under the age of 18 in specialist drug/alcohol treatment in the youth secure estate. Almost three-quarters (72%) were poly-substance users. The substances used by under 18s in treatment in the secure estate include cannabis (91%), alcohol (51%), nicotine (19%), amphetamine (9%), ecstasy (8%), NPS (8%) and opiates (2%).
- In the year ending March 2016, 58% of the young people in custody were from a White ethnic background. Young people from Black and Minority Ethnic (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.

For all young people/young adults in contact with the CJS, the majority have multiple vulnerabilities (ie. poor education, learning disabilities/difficulties, mental health issues, suicide and self harm problems, family, accommodation and employment problems).

### **Initiatives to address drug use among young people in the CJS**

Existing interventions range from general prevention activities to treatment for dependence and they are funded, resourced and implemented in different ways. There is very little evidence of effective prevention interventions relating specifically to substance use in young people in the CJS, mainly due to the fact that projects have not been formally evaluated.

We identified 11 initiatives/projects in England and Wales. Few of these (2) directly targeted drug use among young people in the CJS; the remainder included drugs in wider programmes or were targeted at any young person including those in touch with the CJS. Two of the programmes were tools to aid professionals working with young people in the CJS. Many of the projects reported were dependent on time limited funding and it was clear that the main delivery of interventions for this target group was from the YOTs, which provided national coverage.

### ***Elements of effective intervention***

From the literature review and from interviews with key informants, we gleaned some insight into what might constitute elements of an effective intervention. With respect to our target group, important elements that warrant further discussion include:

- adoption of a therapeutic approach
- inclusion of 'child skills training' - teaches social, emotional and cognitive skills which support problem solving, anger management and communicating to express emotions
- building resilience
- use of peer approaches
- adoption of a wellbeing approach – includes social, emotional and physical care
- building family and community support.

Other elements were suggested as crucial for engaging young people and getting the information across in an accessible way:

- working on a one-to-one basis and focusing on interaction with the young person
- using visual approaches e.g. video, and ensuring sessions are fun.

### ***Emerging issues:***

The interviews also threw up several issues as meriting attention for subsequent work:

Because the majority of young people in the CJS already have some experience of drug use, 'prevention' needs to be defined in the widest sense to include primary prevention and initiatives which address the escalation into heavier and more harmful forms of substance use.

What intervention initiatives need to include in their services will require further examination within the EPPIC project. So far from the literature review and key interviews, it emerges that cannabis, alcohol and tobacco are the main substances used by young people in CJS settings, with the exception possibly of those in custody. However, polydrug use is common and new substances are coming on the scene. (We were informed about 'Dirty Sprite' – a mixture of codeine, Sprite and cough mixture extract). Most importantly, prevention approaches need to address drug use as part of a young person's wellbeing; this means including mental, emotional and social needs, developing resilience and avoiding criminalisation.

As well as considering the content of initiatives, it is important to look at the context of delivery. For young people, for instance, taking note of safety issues (e.g. in areas where gangs operate) and, for those working within CJS settings, the dilemmas that arise from the need to consider harm reduction approaches within a prohibition delivery context.

Finally, concerns were raised in respect of young adults 18-25 being treated in the same way as older adults in the criminal justice system and, more specifically, regarding the transition stage at 18 years. The barriers experienced when children turn 18 and can no longer access children's specialist drug/alcohol services are due to adult drug/alcohol services being set up for a different pattern of drug use to those of young people.

## **Conclusion**

The picture to emerge from the initial phase of information collection indicates a scarcity of prevention initiatives targeted directly at young people in the CJS. However, there is considerable relevant activity and a range of interventions that may be appropriate for this group. Some of the provision is unlikely to be sustainable. The YOTs are the main vehicle for programme delivery to the under 18s and the potential to develop approaches within the YOT system will be examined in future phases of the project. The work undertaken so far also raises issues regarding the content and approaches of prevention initiatives, in particular, the focus on drug use initiatives as opposed to embedding drug use within wider wellbeing programmes. In considering what constitutes an effective approach, the elements mentioned above suggest the importance of adopting an environmental/ systems approach - taking account of factors most likely to influence individual behaviour (young people and professionals), organisational factors (e.g. resources, sustainability) and systems factors (the CJS and how it operates in relation to this target group).