



## **WP5: 2nd COUNTRY REPORT**

# **Interventions to prevent and reduce young people's substance use and criminal justice involvement trajectories**

**UK**

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## INTRODUCTION

The previous country report described two interventions identified as innovative projects in preventing or reducing substance related harm for young people involved in the criminal justice system. Project A, aimed at 11 to 18 year olds, consisted of a series of videos, activities and discussion questions designed to encourage consideration of risky behaviour and ways of staying safe. Project B trained young people involved in the youth justice and criminal justice systems, aged 16 to 21 years old, to become peer navigators with accredited qualifications so that they could act as navigators between various services (e.g. mental health, housing services).

Findings from interviews with professionals (N = 16) suggested a decreasing number of young people were becoming involved in the criminal justice system, while there was a corresponding increase in the number of young people presenting with multiple, complex issues such as school exclusion, child neglect or abuse, poverty and mental health issues. Solutions to better prevent or reduce substance use suggested by professionals included: involving young people in the development and delivery of interventions; using innovative approaches that include art, video and social media elements; being able to adapt interventions to individual needs and; creating trusting relationships with service users.

This report presents findings from data analysis of 34 interviews with young people in the UK, the recruitment process, and challenges encountered, are presented first alongside details of the sample included.

### 1. RECRUITMENT AND SAMPLE

Over several months we attempted to recruit young people for interview through both of the identified innovative interventions chosen as case studies for the first WP5 report. Due to a number of reasons (detailed in the following section), we did not manage to interview young people from these programmes, one focus group with 6 young people was conducted at Project B. Instead, a total of 34 young people were interviewed through two partner organisations in order to ensure we met sample size requirements.

Youth workers in the first partner organisation (Change Grow Live) conducted interviews with young people from their own caseloads (in England). This service provides a range of interventions, mainly on a one-to-one basis, that includes cognitive behavioural therapy approaches, motivational interviewing and therapeutic interventions. Intervention approaches are tailored to the individual depending on their preference and/or level of need for treatment. In most cases where treatment is part of a police or court order, there are a set number of sessions that must be completed for the order to be discharged; in other instances, treatment is voluntary and the young person and youth worker decide when treatment ends.

In Scotland, one youth worker (based in the partner organisation: Health Opportunities Team), conducted the interviews with young people a) accessing a health and wellbeing service, b) young people in a young offenders institution and c) young people accessing a violence and offending intervention programme.

All interviewers followed the same interview schedule that was agreed between EPPIC project researchers, youth workers and service managers, covering broad topics such as the onset and context of substance use, experiences of interventions and services and suggestions for improvement of these services. Each participant was given a £10 voucher as reimbursement for their time in taking part in the interviews. Ethical approval for the interviews, including all related documentation (consent forms, information sheets etc.) was granted by Middlesex University Health and Social Care Ethics Committee.

#### **Challenges and difficulties in recruitment**

Challenges experienced in recruiting from our chosen innovative projects were largely due to lack of time for staff to assist in recruitment and lack of interest in taking part from young people.

Specifically, in Project A, there was interest in the project from case workers and six staff members took part in a focus group where recruitment of young people was discussed. However, immediately after the focus group the service was subject to an Ofsted inspection (government body that assesses the quality of young people’s education and welfare services) which prevented staff from engaging in recruitment at that time. The young people who were subsequently identified as potential participants for interview were no longer able to due to disruptive events in their own lives and there were ongoing difficulties in identifying additional participants within this service. We attempted to identify participants through a second route - a community school for young people who had been excluded from mainstream school. Although there was interest from staff at this location and plans had been made to visit the school to conduct the interviews, last minute safeguarding issues and the need for the staff member to attend court with one young person meant that we were unable to conduct the interviews before the end of the school term.

Subsequently, we identified additional programmes that met our inclusion criteria and approached them to assist with recruitment. However, despite initial interest and communication with relevant individuals in these programmes, no potential participants were identified. Some of the reasons for this included; concerns from service managers regarding our promise of confidentiality to participants that some felt would impact on their ability to effectively safeguard service users; lack of response and final permission from service managers to allow the researcher to visit sites and; a lack of time or willingness on the part of staff to assist in recruitment of young people.

Subsequent discussion with service providers who were involved in both recruiting and interviewing young people indicated that the trusting relationship between the worker and the young person was key to securing the involvement of the young person in the research. This partially explained the difficulty in recruiting outside secure settings.

### Interviews and participants

In total, 34 one-to-one interviews and one focus group (N = 6) were completed with young people. Twenty interviews were conducted through the North of England service providers with 14 being conducted through the service provider in Scotland. Table 1 below sets out the demographic details of all young people who participated in one to one interviews and Table 2 shows the summary of types of offences young people were charged with and length of orders. While the main offence was recorded for all participants, it was apparent that many of the young people were unclear as to the actual crime they had been charged with and some were unsure how long their sanction was going to last at the time of interview. A further six interviews will be held to complete a Scottish sample of 20 young people.

**Table 1: Demographic characteristics of individual interviewees**

<i>Gender</i>	<i>Ethnicity<sup>1</sup></i>	<i>Age</i>	<i>Partner</i>	<i>Children</i>	<i>Education</i>	
	White British/Scottish/Irish				Primary 2	
Male	23	15-17 years	24	Yes 9	Yes 3	Secondary 22
	Black British					
Female	11	18-25 years	10	No 25	No 31	Ongoing 10
	Mixed White/Asian Mixed Afro Caribbean					
					3	

1: Ethnicity was not recorded for all participants (N = 2)

**Table 2: Crime and penalties**

<i>Crime</i>		<i>First penalty</i>	<i>Length of order/sentence</i>	
Theft	<b>6</b>	Yes	<b>19</b>	< 3 months <b>9</b>
Possession or supply of drugs	<b>2</b>	No	<b>15</b>	3 - 6 months <b>9</b>
Assault	<b>14</b>			6 - 12 months <b>11</b>
Robbery/robbery and affray	<b>6</b>			13 -24 months <b>3</b>
Possession of offensive weapon	<b>4</b>			24 months + <b>2</b>
Other/not taken forward	<b>4</b>			

## 2. RESULTS

### a. Drug careers, onset and use before entering CJS

Drug trajectories suggest that most first experiences of substances were with either alcohol or cannabis and occurred before or at age 13. By age 16, many participants had experimented with other drugs including MDMA, ecstasy, cocaine, NPS, ketamine, prescription drugs, crack cocaine and heroin. There were two clear motivations for trying drugs/alcohol for the first time, either with friends who were also taking drugs and wanting to try them out of curiosity, or with the intention of using the drugs as a means of coping with mental health difficulties. There were no obvious distinctions between the choice of first drugs for these two groups.

Use of drugs such as cocaine, ecstasy and MDMA ('party drugs'), tended to happen on weekends (as most participants were still attending school at this stage) whereas other drugs, in particular cannabis, may have been taken infrequently initially but often became a daily, or almost daily, practice for most young people interviewed. Two participants were also past heroin users and this was reported as being daily, sometimes supplemented with prescription drugs.

A few participants had tried NPS, this was usually a single, one-off, experience that was not tried again due to adverse effects of the substances on themselves or friends. There was a sense that some drugs were perceived to be 'better' or 'cleaner' than others in terms of their effects on the individual and their social reputation. For example, most participants viewed cannabis as a safe, clean drug that was unlikely to have major effects on their personality or behavior, whereas MDMA was viewed as 'dirty' or for people they don't identify with;

*That's what brought on my panic attacks, ever since I took Ching [synthetic cannabis], I always took panic attacks since that, legal highs are really dangerous.*  
(UK\_INT12\_BP4\_F\_18)

*I mean a few of my pals have got really fucked up on LSD, N-Bombs and legal highs, they're really bad., well there's one of my pals that took LSD for fun. He was like alright and then one summer he decided just to take the N-Bombs which are like the legal version or LSD and he lost his mind. I know a few other people that aren't really my pals that have lost their mind on N-Bombs, because like you literally lose yourself with that kind of shit and properly like you completely lose all the mention of reality.* (UK\_INT13\_BP4\_M\_17)

A number of young people stated that their motivation for first trying drugs was for fun, or for something to do when they were bored that then escalated to more sustained use and more experimentation with other drugs. Peers were frequently mentioned as being an influence on introducing new drugs, such as crack cocaine or heroin, while some participants reported that they took different substances depending on which

peer group they were with at the time. Some participants varied what drugs they took depending on the social context and peer group;

*Yes I think I was about 13/14 and I used to hang around with people that were older than me, so I used to go to like the parties with them, with the older ones and then they were doing like coke and that and then I just got into that a bit. But I didn't do that every day, it was only like on a weekend and that. (UK\_INT04\_BP3\_M\_16)*

A number of young people had been exposed to drugs in the home from a young age, including one young woman who had initially been introduced to heroin by her father when she was 15 years old. Parental substance use/misuse was a factor for participants through two main routes, either by allowing the young people to become familiar with drugs or by being unable to monitor their behaviour and activity, making it easier to spend time outside the home where drugs were available;

*Then as I got older, like my ma used to get steaming [drunk] and like I used to be able to sneak out of my ma's house easily because she'd be passed out and that do you know what I mean. So I used to like pick that over staying at my dad's and going to school at that. I was like oh if I go stay at my ma's, I can go out at night and go and do what I want to do and go on my bikes and that with my pals. (UK\_INT11\_BP4\_M\_17)*

Some also stated that they used drugs as a way of coping with current mental health problems or past traumatic experiences. Parental separation and poor relationships with parents were frequently mentioned by participants with some reporting that this was due to their drug taking, while others used drugs as a means of coping with these emotional situations;

*I was 15 and I'd just had my accident, so I was in hospital for about six months. Then as soon as I came out, I just, it was just stressful innit, I got a bit depressed, so I was smoking loads. Then that's it I just carried on smoking, but not, it's just been up and down from like. (UK\_INT04\_BP3\_M\_16)*

*Because every time I'm sober for ages, my mental health feels like it gets worse, so I need a release from the drink. My drug of choice is alcohol. I drank for a year and a half straight, I had an alcohol worker. I drank quite a lot, a lot. (UK\_INT12\_P4\_F\_18)*

A number of young people perceived themselves to have stopped illegal or dangerous drug use despite still smoking cannabis, sometimes on a daily basis, which they felt was different to other drugs in that it was not harmful.

### **Offending under the influence**

Intoxication was a factor in many of the charges currently being served which led to the young people being part of a drug treatment intervention, but they rarely made explicit connections between crime and drug use themselves within the interviews. A few of the young people interviewed spoke about how their offences were carried out under the influence of drugs. One male respondent aged 16 spoke about the paranoia he experienced when smoking cannabis and suggested that this caused him to want to fight;

*I acted in a different way because if I wasn't high, I wouldn't have wanted to fight probably. But because I was high and he said something that pissed me off and I felt like he was going to try hitting me, so that made me even more paranoid...smoking weed make me even more paranoid. (UK\_INT07\_BP3\_M\_16)*

Another young male respondent aged 17 was under the influence of alcohol when he was involved in assault and robbery;

*I'm on a tag right now for something that happened last year when I was pissed, yeah, which was a very bad decision and I shouldn't have done it. I was 16, I should have thought twice about that. (UK\_INT13\_BP4\_M\_17)*

### **Drugs and acquisitive crime**

Just two participants reported that they began to sell drugs as a way to pay for their own use, but none spoke about using any other type of criminal offending as a means of supporting their drug use. This contrasts with some of the public and political discourse on the links between drug use and criminal activity (e.g. UK Drugs Strategy, 2017). One male respondent aged 17 spoke about how he got into offending when he started hanging around with other young people who he described as 'criminals';

*Well it started when I was hanging about with those people, definitely. They were, some of them were just criminals, so like petty criminals, so just going out on chores [theft from shops] and that...I remember doing fraud as well and then bank card. (UK\_INT10\_BP4\_M\_17)*

### **Increasing factors**

Experimentation with a variety of drugs was common across participants, with one drug frequently leading to trying other drugs that were viewed as being of similar potency or legal classification;

*Yeah like as soon as I started taking eccy's like, nothing else really matters do you know what I mean, like because pills are a Class A, so once you've taken a pill right, what's better than taking coke or fucking any other Class A under the sun do you know what I mean. (UK\_INT11\_BP4\_M\_17)*

Increased use was also reported as a response to life events or mental health difficulties when substances were initially used more recreationally;

*Because at first it was like I was taking it for fun and then the more I kept taking it, it was like and also I had stuff going on, so it was like I was trying to block everything and then that's when I started taking it a lot more. (UK\_INT18\_BP4\_F\_17)*

Few participants reported that they had been involved in selling drugs, but if they were it made access to drugs easier and was a factor in increased use;

*...all the older laddies were like, this is what we looked up to and stuff, especially was the drug dealers and stuff, do you know what I mean...so some of my pals and me we got into drug dealing as well and obviously like you can get carried away and stuff, but like obviously if you're ... which it's acceptable to take what you want, when you want and drugs are like so easy, easier than alcohol to get. So if you're in the right groups, they are easier than alcohol to get, do you know what I mean. So it was really just that. (UK\_INT11\_BP4\_M\_17)*

Many participants also referred to the easy access and availability of drugs, especially cannabis, which likely contributed to increases in use over time.

### **Decreasing factors**

The health impacts of drugs were a factor in decreasing use by some participants, a small proportion had life-threatening experiences related to their drug use while a higher proportion had lost friends or family members through drug use. These experiences forced participants to assess the long-term effects of drugs on their physical health and influenced their decisions to stop taking some drugs;

*I'm at a stage like now in my using where it progresses so quickly that I don't like have a chance do you know what I mean, like I have to stay abstinent completely and make this detox work or that's me do you know what I mean, that's me forever and I'll die using drugs, I know that. Um, like I've been resuscitated a couple of times, I've had overdoses, accidental and like quite a lot of suicide attempts as well. (UK\_INT14\_BP4\_F\_22)*

*It's because I've got pals that are dead now, so that's a big wake up call. A few of my mates have not woken up or choked on their own sick and stuff. (UK\_INT11\_BP4\_M\_17)*

Just three participants stated that becoming involved in the criminal justice system, and the dangers of future involvement, provided a motivation for them to stop using drugs. For most participants there was little clear reference to links between drug use and criminality, even for those who had some experience of selling drugs. A small number of young people had made a decision to stop using drugs in order to pursue a future goal, such as joining the army or becoming a youth worker, and this had been their motivation to seek help for drug use.

Psycho-social education interventions were reported to have contributed to decisions to stop drug use by a small number of young people. Becoming informed about the physical and mental health impacts of sustained drug use, sometimes combined with health scares, was enough to motivate a change in behaviour, but not for all participants.

## **b. Young people's opinions and life experiences relevant to prevention**

### **Turning points/critical moments**

Participants referred to turning points or critical moments in their offending trajectories. Where relationships with family members and friends were positive, they discussed the impact of their offending on those relationships. One male respondent aged 20 referred to how he realized that due to his prison sentences, he wanted to stop offending because he had fallen out with key family members and friends;

*I think it's just clicked that I've been in jail for so long and my grandad has fallen out with me, everybody has fallen out with me. I don't want to go to jail again so easily. (UK\_INT15\_BP4\_M\_20)*

Contact with the criminal justice system and access into services was viewed as a turning point for some of the young people. One male respondent aged 17 believed that being on an electronic tag had kept him out of trouble, allowed him to access services and enabled him to get a job;

*I think it's actually been better. If I wasn't on a tag, I think I would have been out on the streets more. I would have been up late. I wouldn't have had like a clear mind...I don't think I would be working where I'm working right now....I don't think I would have took [the name of the organization] help on. Because [they] have actually been really supportive. I mean they got me that job. (UK\_INT13\_BP4\_M17)*

Another female respondent discussed how being 'secured' at 15 helped her begin to deal with her problems;

*It was horrible to start with, because obviously you're locked in a building and you cannot get out, like it's horrible...but then I was there for 10 ½ months so it got better as time went on. It was good towards the end....I knew the staff and I knew the people...and you can't really run away from your problems, you just have to deal with them. (UK\_INT22\_BP4\_F\_18)*

However, other young participants discussed the trauma and detrimental effects of their time in secure settings. As one female respondent commented;

*I don't think you should keep locking kids up because you don't put a kid in a locked home at 13 and keep them in like for their whole teenage years and expect the brain to function normally outside...(UK\_INT12\_BP4\_F\_18)*

One young male respondent aged 25 said that he had used his prison sentence to improve his physical fitness and quit smoking both cannabis and cigarettes. However, when he was released he found this difficult to maintain because he fell back with his old peer group;

*I think ten month ago I had a serious problem with drug use because of Valium. I just slipped into a kind of addiction without realising I was addicted...But I stopped smoking, I stopped smoking weed, I stopped smoking fags when I was in jail. I just started hitting the gym and just started focusing on fitness and stuff like that. So that was a good period, I just had a clean head But as soon as I got back out, I was just kind of back to, being with the same people in the same situations and the same circumstances, so I just kind of slipped back into smoking weed and that. (UK\_INT32\_BP4\_M\_25)*

Life events could be a factor in maintaining contact with support services and could impact on the outcomes of intervention;

*...after [friend] died I completely turned my back on fellowship and that's the only thing I've found that works for me, is meetings and like Narcotics Anonymous and NCA and stuff and after Christina died, I really turned my back on that because I had been in fellowship during that time and so was she and yeah just from there, I moved away and I moved back to where I'm from originally and then between 20, between like turning 20 and 23 it's just been up and down. (UK\_INT14\_BP4\_F\_22)*

Where interventions were delivered by those with 'lived experience', young people found these helpful and engaging. Professionals with 'lived experience' were seen by the young people to understand their lives and the context of the problems they were experiencing. One young person remembered a professional who had been through the system and served a prison sentence as being someone that he and his peer group wanted to talk to and engage with;

*But then one of the older ladies than me was like, he was quite a well-known laddie, who had gone to jail. And he came and spoke to us in the jail and they got me on this course and you could actually see when he said that to the group, you actually seen laddies wanting to go and speak to them straight up, do you know what I mean. (UK\_INT11\_BP4\_M\_17)*

### **Access to services via the criminal justice system**

Some young people spoke about the difficulties they had experienced in accessing help and support before they became involved in the criminal justice system. In some instances, they had approached services themselves to ask for help but were turned away and had to wait until they had a criminal record before being offered support for their substance use problems;

*I don't think there's that much help if you're a kid who's not been in trouble. But because I've been in secure units all my life they kind of have to help you. When they let you out, you know you have to have support in place. But for a kid who has not been through social workers, it's going to be very hard and they will struggle, apart from going to their GP and then waiting on a long waiting list for whatever. It seems to be that you get more help when you've been in trouble and you're known. (UK\_INT12\_BP4\_F\_18)*

*The secure [setting] was good, like there were like counsellors on site and stuff and I used to meet one twice a week. (UK\_INT22\_BP4\_F\_18)*

Some of the young people had been in touch with a service that specialized in getting young people who were caught up in the criminal justice system back into education or into employment. One young male respondent aged 17 felt this should be available for all young people;

*The [service] shouldn't just be for laddies that have been to courts. This system should be for if you're 15...16...like this should be available and wider spread....A lot of my mates have been to jail and [the service] was going in before they even got out of jail and got them on courses and will get them on construction sites...you can get them before they start going to jail...(UK\_INT11\_BP4\_M\_17)*

A few participants had also had positive interactions with the police, who they found supportive and had made an impact on their wellbeing, especially when they were experiencing difficulties with their parents;

*I'd ran away and I'd been on stuff all night and I ended up in Gorebridge and I didn't know the police were looking for me all night and I'd go back, like I'd phoned my pal and she said you need to phone the police when you get back here because they're looking for you. You're not in trouble, they just want to make sure you're alright. So I went back to my pals and I phoned them and they came out to see me and that and I just said like I was going through a hard time, I didn't know want to go and live with my mum and I had quite valid reasons. So they really can't make you go back, once they put an incident report in and just stuff like that. But every time I've had to speak to the police they've been amazing. (UK\_INT18\_BP4\_F\_17)*

Other young people spoke about the difficulties they had experienced in accessing help and support before they became involved in the criminal justice system. In some instances they had approached services themselves to ask for help but were turned away and had to wait until they had gained a criminal record before being offered support for their substance misuse problems;

*I don't think there's that much help if you're a kid who's not been in trouble. But because I've been in secure units all my life they kind of have to help you. When they let you out, you know you have to have support in place. But for a kid who has not been through social workers, it's going to be very hard and they will struggle, apart from going to their GP and saying oh and then waiting on a long waiting list for whatever. It seems to be that you get more help when you've been in trouble and you're known. (UK\_INT12\_BP4\_F\_18)*

In other instances, participants reported that despite being offered help by professionals, they did not make use of it because they were not ready themselves to engage with services or to address their substance misuse;

*Well they've been trying to be supportive like with meetings and stuff and trying to talk to me about my issues, but like the only person that can sort out my problems is me and it's all about my mind-set, it's not...(UK\_INT13\_BP4\_M\_17)*

## **Interventions**

Young people's drug trajectories and their criminal justice trajectories were influenced by both 'formal' interventions (by professionals, attendance at services, projects etc.) and by 'natural change' interventions (personal experiences such as a negative experience with drugs, life events, changes in family or environmental circumstances). In a few instances, the start of a criminal justice trajectory served as a disruptive influence on the drugs trajectory, either changing patterns of use or precipitating decisions not to continue drug use.

## **The need for interventions to address environmental and family contexts**

There was very little discussion on primary prevention – interventions that might have prevented initial drug use – and the young respondents tended to cite problematic, drug using family backgrounds and living in risk environments as reasons why nothing could have stopped their own initiation into drug use.

Asked what might have prevented him from getting into weed or Spice, one person replied;

*Um, I don't know it's just probably this area innit, if I didn't live in this area...(UK\_INT23\_BP3\_M\_17)*

Another described how a good treatment outcome failed when she went back into the community;

*... like I got out and I think it was like three days later, I just couldn't like, I didn't want to stop hanging out with my friends and that kind of stuff and that's what they advise you to do in rehab, like it's very, especially in residential, it's people, places and things. But I was 15 so do you know what I mean, I was like still kind of going to school and that, so I didn't want to avoid my friends do you know what I mean, so I just started using straightaway again. (UK\_INT14\_BP4\_F\_22)*

The more immediate context within which intervention was delivered and the location of services in a community were also important. One participant spoke about attending methadone clinics where people outside the clinic were selling heroin this was a disincentive to attend support sessions, in her view, for other service users;

*Then like my care manager who kind of, they kind of decide a lot, like he got me to, like my care manager got me the funding to come here, but he also wanted me to leave on methadone as like harm reduction or whatever. For me like personally I don't think that's harm reduction, because people who stand out, and I've been on methadone before and people who stand outside methadone clinics, sell heroin. (UK\_INT14\_BP4\_F\_22)*

### **c. Key elements of interventions: helpful and unhelpful**

#### **The quality of the relationship with service/ intervention providers**

When talking about interventions or treatment approaches that they found useful, young people referred to the quality of relationships they could build with professionals as being the most important element of support. This was a prominent theme across individual participants regardless of the types of intervention they had experienced. A good relationship was characterised by having a worker who was easy to talk to, who had good knowledge of the issues (including from personal experience), who was non-judgmental and treated the young person with respect, and who countered feelings of stigma and worthlessness. These attributes were important for engagement with services and projects and were found across different intervention contexts;

*And it's that what is saving my life [psychiatric unit]. And places like this. They are great because they encourage, do you know what I mean, they never, ever tell you, you're a bad person. They tell you that you have a disease or whatever, because I just tell myself that I, do you know that it's just a moral deficiency, or like that I'm just a bad person who can't make the right choices. (UK\_INT14\_BP4\_F\_22)*

*...when I first met these guys through one of my mates who was working with them first, they were like the first proper like group of police officers that I thought I could speak to, do you know what I mean. They've got youth workers like (X) and stuff that have been in jail and stuff and they can relate to us more than the police. But obviously it's great to speak to the*

*police officers and actually know that actually they're not just living in a fish tank somewhere, do you know what it mean. (UK\_INT11\_BP4\_M\_17)*

*I can just click with (X), he's an ex-drug user himself so he's easy to speak to and just tells you things about, so if you start using drugs again, remember you can't use as much as you were using because you're not immune to them (UK\_INT15\_BP4\_M\_20)*

Lack of good relationships with professionals was seen as a detrimental factor in their ability to recover or reduce their drug use. Social services, in particular, were criticised as unhelpful and respondents commented on the failure of social service workers to engage in a meaningful relationship. One participant reported that she had phoned social services herself when aged 8 or 9 years old to report parental abuse and neglect, but did not receive a follow-up from services. Two participants had been removed from their parents and placed in care, but this was only as adolescents and they had already begun to have problems relating to drug use. One respondent recounted an effort to contact social services;

*I actually rang whilst I was going through all this, whilst I was injecting and doing all them like solid drugs, whilst I was doing them, I actually rang like the care service. ....I explained to them what I was doing and why I was doing it and they just said we can't do anything about that. So they knew what I was doing and they knew why I was doing it, but no one came out to see the house, no one came out to see like me and ... (UK\_INT05\_F\_16)*

The approach from social service workers was also found lacking;

*Just like, it was clear she didn't care, she'd show up, ask you the same questions she asked every week and you'd be sitting there and even if you were trying to like get across to her so much, I need help, I need help, she'd ask you the same questions every week, exactly the same every week and then she'd just go okay, do you know what I mean. (UK\_INT11\_BP4\_M\_17)*

A (possibly surprising) finding was that for some young people contact with criminal justice services and the experience of being in a secure setting were viewed positively. However, as the above comments illustrate, whatever the service, what mattered was feeling that workers were accessible, understanding, knowledgeable and caring.

### **Feeling in control**

Most young people stated that they believed in their own ability to stop using substances regardless of services or interventions available or accessed. Even for those who acknowledged that negative events in their lives had contributed to their drug use, they still considered it to be their decision, leading to a belief that it should also be their decision to stop using drugs;

*I think everything was down to life events, but tolerance didn't help. So I was using because things in my life would make me use every day and then I'd be getting a tolerance and I'd need to take more. So it's like they kind of goes hand in hand with fucking your life up along with that decision that you made. (UK\_INT20\_M\_17)*

Issues of control were also important in experiencing a successful relationship with workers. Young people wanted to feel in control of the interaction and of the goals set by workers;

*I felt it did work because like he was on the level and if I didn't want to talk about something, I didn't have to. He didn't force me or anything.... it was a voluntary thing. ... that worked for me because then I asked for more sessions (UK\_INT07\_BP3\_M\_16)*

*.. like some drugs workers can be like telling you not to do it and can be quite strict about it (And that's not helpful). No because it just, they're telling you, if someone is telling someone*

*not to do something, obviously they're going to do it because that person doesn't have the right (UK\_INT04\_BP3\_M\_16)*

*Like it's nice to come and speak to someone that like actually knows and stuff and not just to like go and speak to like let's say CAMHS when they are just going to say stuff like you need to stop, you're going to have to stop, you'll ruin stuff, you're ruin your body and stuff like that. (UK\_INT05\_BP3\_F\_16)*

Even when the intervention was acknowledged as helpful, some young people's comments highlighted a belief in their own autonomy. Answering a question about what was most helpful, one person replied;

*Um the advice I was being given and like yeah just the advice and obviously myself most of all because I had to make the decision. (UK\_INT08\_BP3\_M\_17)*

And another reflected;

*It's [substance misuse services] helped me with my cannabis like quite a little bit, because if not, well I wanted to do it, because I wouldn't have cut down on the cannabis at all. Like I didn't want to then at the start and then I realised I do kind of need to a little bit, it would save me ten times like my money and just my health, my mental and like physical health will be ten times better if I actually stop. (UK\_INT21\_M\_??)*

Clearly, it is important for intervention approaches and projects to take account of issues of control and young people's need to have their autonomy respected.

### **Timeliness of support**

Timeliness emerged as an important concept in the delivery of prevention intervention. This included making sure help was available when the young person felt ready to receive and act on it. As one responded said;

*Well they've been trying to be supportive like with meetings and stuff and trying to talk to me about my issues, but like the only person that can sort out my problems is me and it's all about my mind-set, it's not ... (UK\_INT13\_BP4\_M\_17)*

Ensuring contact and support are easily accessed at any time so that a young person can speak to someone understanding when they need it or if they feel they are in crisis was emphasised by several young people;

*And they'll sit on the phone with you for two hours or if it's during the day, they'll come and pick you up and they'll come into town, do you know what I mean. But a lot of young laddies in my position, they don't really have no one else to phone. (UK\_INT11\_BP4\_M\_17)*

One comment indicated that problems could remain invisible because of attitudes of relatives and the young person's uncertainty about help seeking;

*I think if I'd got like asked for help when I needed it like when I was younger, because I have been going through a hard time, for a good two years now and like my mum has always made me feel as if nothing's wrong. So I think if I'd just ignored her or if she was more understanding to me getting help then I maybe wouldn't have taken that path. (UK\_INT18\_BP4\_F\_17)*

Furthermore, for some young people experiencing drug-related problems, there appeared to be little support available until they were involved in the criminal justice system. In some instances they had approached services themselves to ask for help but were turned away and had to wait until they had gained a criminal record before being offered support for their substance misuse problems. As one person said;

*I actually rang whilst I was going through all this, whilst I was injecting and doing all them like solid drugs, whilst I was doing them, I actually rang like the care service.*

*As in social services?*

*I rang them and I explained to them what I was doing and why I was doing it and they just said we can't do anything about that. So they knew what I was doing and they knew why I was doing it, but no one came out to see the house, no one came out to see like me and ... (UK\_INT05\_F\_16)*

These comments emphasise the importance of ensuring there is adequate information about intervention services, that it is easily accessible to professionals involved with young people, that prevention projects are easily accessible to young people and flexible enough to permit continuing contact until the young person is ready to 'listen'.

**Finding practical support**

Although only a few people mentioned it, the provision of practical support emerged as possibly a key element in effective intervention. One young man who had been 'tagged' told us;

*They've been quite helpful as well to be honest. They've, well since I've got the tag, they've been helpful. ... They got me on a course that I'm doing right now, it's like a housing training thing, that's, it's quite boring, it's all stuff that I really know, but it's just a qualification that I can get, so that I can get my house quicker. It's just like they talk about taxes and stuff like that and housing options. (UK\_INT13\_BP4\_M\_17)*

The importance of finding practical help – with housing, training, employment – emerged also from focus group discussions with young people in one of the projects reported in WP4.

**Suggestions for prevention/ intervention**

When asked about what kind of interventions might be helpful to prevent drug use and getting into trouble with the police, the young people gave very brief answers and did not elaborate greatly on their suggestions. As noted in an earlier section, psycho-social education interventions were reported to have contributed to decisions to stop drug use by a small number of young people. Becoming informed about the physical and mental health impacts of sustained drug use was mentioned as important and some respondents felt this should be delivered at an earlier age. The suggestions they made are shown in Box 1 in the following section.

**3. CONCLUDING REMARKS**

This report has outlined the main themes that emerged from 34 interviews with young people that focused on their criminal and drug using trajectories. Cannabis was the most commonly used substance followed by alcohol with many having first used these by age 13. Use of other drugs was also common as participants got older and started to attend parties but most returned to using only cannabis after a time. A small number had experimented with NPS but these were usually one-off experiences and sometimes had caused adverse effects. Reasons for first trying drugs were given as; curiosity, coping with mental health, exposure in the family home from a young age, or boredom.

*Young people's views of the relationship between drug use and crime*

The substance using and criminal justice experiences of young people interviewed for this phase of the project were varied and appear to have been influenced by a range of personal, social, family and environmental factors. Many young people who continued to use cannabis viewed this as harmless, in some cases being reluctant to think of cannabis as a 'real drug', and had little intention of abstaining despite wanting to stop using other drugs. These young people also reported that they didn't see cannabis as belonging to the same

categories as other illegal drugs with some reporting a desire to see it legalised or decriminalised. Few young people were able to make explicit connections between their offending and substance use.

In contrast to published strategies from the UK government, such as the recent UK Drugs Strategy (2017) and the Serious Violence Strategy (2018), there was little evidence of a link between drug use, violence and crime in this group of participants. Involvement in offending was related to substance use for just a small minority of participants, in the form of becoming violent while under the influence, selling drugs to finance their own use or theft as a means of acquiring money. What is striking about these young people was a general lack of understanding and knowledge around both the current legal position of drug use (especially cannabis) and of their own criminal records or sanctions. Many were unable to state what sanction they had actually been charged under and some were unsure of the length of orders imposed or when they would be spent. This could be relevant to understanding issues with engaging young people in substance misuse services where professionals have reported poor attendance, as detailed in the previous report.

### **Interplay between individual agency and social structures**

Factors that young people identified as contributing to an increase in substance use included; availability of different substances through changing peer groups (e.g. on moving to secondary school); as a way of coping with ongoing mental health issues and; easy access to a range of substances within the community and through peers. Factors that were identified as influencing a decrease in substance use included; experiencing negative physical or health effects from substances; for three participants, involvement in the criminal justice system was the motivation to stop using substances; identifying future goals that were incompatible with continuing to use substances and; effects of psycho-social education interventions.

Some participants referred to turning points or critical moments in their offending trajectories. Experiences linked to family relationships (both positive and negative), contact with the criminal justice system, detention within the system (both positive and negative), and experience of interventions with professionals with similar lived experiences were all reported to have influenced decisions around both substance use and offending. Difficulties and negative experiences with services were mentioned frequently by participants where they felt they had received little or no help from mental health, social services or education professionals. In contrast the quality of relationship developed with those within interventions, having someone who they felt listened to them without judgement and who would be available at the times they needed support, was cited as the main factor in engaging with services and changing their behaviour.

Alongside the quality of relationships with staff, three other elements of interventions were reported as being helpful or unhelpful by participants. Feeling that they had some control over decisions about what services to access and interactions was seen to be helpful for young people to feel they were listened to. The third element was timeliness, young people wanted to be able to access services and key workers when they needed to and there was evidence of not being offered support for substance use until after becoming involved in the criminal justice system. Finally, practical support, for issues such as housing and employment, was reported as important for some participants to help them engage fully with interventions. The range of suggestions from participants on what they felt makes for effective interventions are presented in Box 1.

### **Relevance of NPS**

Only a small number of young people in this sample had experimented with any NPS and none were currently using them at time of interview. Just one participant reported using Spice regularly while in prison but stated he did not use it, or want to, when outside of prison. For those who had tried any NPS, adverse physical and psychological effects had prevented them from using them again. Young people's perceptions of NPS reported here correlate with those previously reported from professionals in that there is a particular image of NPS, and those who use them, that young people don't wish to be associated with. In the previous report, professionals stated that young people didn't view NPS as 'cool' and only prisoners and homeless people regularly used them. Participants in this report seem to agree with this view, a number of young people spoke about certain drugs (including NPS and MDMA) as 'dirty' and not something they wished to be associated

with. In contrast, cannabis was seen to be natural and young people felt they had control over what drugs they were using if they only smoked cannabis.

### **BOX 1: Young people's suggestions for elements of effective intervention**

- Better education on drugs and their effects on people, provided at a younger age
- Education on factors associated with drug use – e.g. homelessness, prostitution, health issues
- Use of videos featuring people who are using drugs and what it can do and how it can affect your life
- Use of those with similar experiences to talk to young people
- Having role models
- Services that can support you in other things – e.g. getting employment, housing etc.
- Spend time building relationships with young people
- Legalise and regulate drugs
- Better aftercare support to prevent relapse
- Understanding the cost of drugs (in monetary terms)
- Easier access to support services
- Anonymity of the service/ intervention

### **References**

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