



# Handbook on quality standards for interventions aimed at drug experienced young people in contact with Criminal Justice Systems

## Draft Version

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*This handbook is part of the project 768162 / EPPIC which has received funding from the European Union's Health Programme (2014-2020). The content of this report represents the views of the authors only and is their sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.*



Co-funded by  
the Health Programme  
of the European Union

## Contents

<b>Executive Summary</b> .....	3
<b>Introduction</b> .....	4
<b>Quality standards for drug prevention interventions among young people in contact with criminal justice systems</b> .....	6
<b>Standard 1:</b> Interventions targeting drug use among young people in contact with CJS are evidence-informed and assessed for effectiveness. ....	7
<b>Standard 2:</b> Governing structures and process are in place to ensure delivery of high quality interventions. ....	8
<b>Standard 3:</b> Screening and assessment for drug use among young people in contact with CJS is undertaken as part of a holistic assessment. ....	9
<b>Standard 4:</b> Young people’s multiple vulnerabilities and complex needs are at the center of interventions and are effectively addressed.....	10
<b>Standard 5:</b> An appropriate bundle of intervention options is provided. ....	12
<b>Standard 6.</b> Continuity of care within and between services and interventions is ensured. ....	13
<b>Standard 7:</b> Young people’s participation is promoted and ensured as far as possible in every stage of intervention.....	14
<b>Standard 8:</b> Equity and non-discrimination is ensured within interventions targeting drug use among young people in contact with CJS.....	15
<b>Standard 9:</b> Practitioners demonstrate professional competence.....	16
<b>Standard 10.</b> Practitioners respect ethical and legal principles.....	17
<b>Planning, implementing and managing interventions for drug experienced young people in contact with CJS</b> .....	19
<b>Key reference documents</b> .....	20
<b>Appendix:</b> Tools and Resources .....	21

## Executive Summary

As one of the objectives of the European research project “Exchanging Prevention practices on Polydrug use among youth in Criminal justice systems” (EPPIC), the present handbook of quality standards was produced to help practitioners improve the quality of interventions targeting drug experienced young people in contact with Criminal Justice Systems (CJS).

The European Drug Prevention Quality Standards (EDPQS) were considered as a baseline for developing the handbook. Development of the quality standards was a four-stage collaborative process: Interviews with young people and professionals conducted within EPPIC were analyzed to include their perspectives on principles of good practice. To identify important standards and tools, a content analysis of relevant guidelines and quality standards was conducted. A draft version of this handbook was reviewed and commented upon by all EPPIC collaborators to make sure that the handbook fulfills the EPPIC objectives. The pre-final draft was subsequently field-tested in national expert consultations in each EPPIC partner country and consultations with experts from relevant international organisations to ensure the inclusion of their suggestions.

The handbook presents a set of ten quality standards as follows:

- Interventions targeting drug use among young people in contact with CJS are evidence-informed and assessed for effectiveness.
- Governing structures and process are in place to ensure delivery of high quality interventions.
- Screening and assessment for drug use among young people in contact with CJS is undertaken as part of a holistic assessment.
- Young people’s multiple vulnerabilities and complex needs are at the center of interventions and are effectively addressed.
- An appropriate bundle of intervention options is provided.
- Continuity of care within and between services and interventions is ensured.
- Young people’s participation is promoted and ensured, as far as possible, in every stage of intervention.
- Equity and non-discrimination is ensured within interventions.
- Practitioners demonstrate professional competence.
- Practitioners respect ethical and legal principles.

Although this handbook is primarily directed towards practitioners, it is relevant to policy makers and commissioners as well. The problem of drug use by young people in touch with CJS cannot be tackled by single interventions alone; it must be managed by appropriate social, educational, and criminal justice policies that establish a supportive framework and ensure close cooperation of all relevant sectors, well-defined roles and responsibilities for all stakeholders and adequate provision of funding and resources.

## Introduction

The research project “Exchanging Prevention practices on Polydrug use among youth in Criminal justice systems” (EPPIC) focused on drugs prevention policy and practice for young people aged between 15 and 24 in contact with criminal justice systems (CJS). The project included prevention programmes in prison and community settings as well as forms of diversion and treatment in six European countries: Austria, Denmark, Germany, Italy, Poland and the UK.

This handbook aims to assist practitioners working with young people to improve the quality of interventions (whether in prison or in community settings) so that young people in contact with CJS obtain safe, effective interventions and positive experiences, helping them to manage drug use and improve well-being.

To this end, the handbook presents a set of ten quality standards. These are principles and sets of rules based on evidence, used to implement interventions recommended in national and European guidelines. They can refer to content issues, processes, or to structural aspects (definition adapted from EMCDDA)<sup>1</sup>. In addition, the handbook provides brief pointers to implementation of the standards and includes a list of tools and resources for further consultation (see Appendix 1 for resources).

The standards are based on the European Drug Prevention Quality Standards (EDPQS)<sup>2</sup>. The EDPQS present and describe basic and expert level quality standards for drug prevention and offer implementation guidance, acknowledging differences in professional culture, policy, and the structure of prevention delivery within Europe. In adapting the EDPQS to meet the needs of our target group, the handbook draws on research conducted with young people, practitioners and other stakeholders in the EPPIC project (see Appendix 2).

The target groups for drug prevention and intervention – young people in touch with criminal justice systems in both secure and community contexts – present a range of complex problems including drug and alcohol use, mental health issues, social and relational difficulties. Addressing drug use alone is an insufficient response; interventions need to adopt a holistic approach that brings together practitioners working across health, social care, education and training and criminal justice agencies<sup>3</sup>. Moreover, frequently, these young people will already have drug experience so that ‘prevention’ needs to be defined in broad terms.

### *Definition of prevention in the EPPIC project*

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<sup>1</sup>[http://www.emcdda.europa.eu/system/files/publications/682/188813\\_2010\\_5239\\_DRUGS\\_IN\\_FOCUS\\_NR\\_23\\_DEP\\_EN\\_376366.pdf](http://www.emcdda.europa.eu/system/files/publications/682/188813_2010_5239_DRUGS_IN_FOCUS_NR_23_DEP_EN_376366.pdf)

<sup>2</sup> [http://www.emcdda.europa.eu/publications/manuals/prevention-standards\\_en](http://www.emcdda.europa.eu/publications/manuals/prevention-standards_en)

<sup>3</sup> see: Rolando S., and Beccaria, F. (2019), “Young people’s narratives: drug use and criminal involvement trajectories”, *WP5 2<sup>nd</sup> Cross National Report*, available at: [www.eppic-project.eu](http://www.eppic-project.eu) (last access: 14.03.2019), and country reports on [www.eppic-project.eu](http://www.eppic-project.eu).

In the EPPIC project, prevention was seen in relation to drug use and to the complex range of drug related issues experienced at different stages in a young person's drug using trajectory. It included, therefore, primary prevention approaches, harm reduction for those already using, to treatment approaches designed to prevent more extensive or more problematic patterns of use.

The EPPIC project acknowledges the importance of organisational factors and wider social systems as change mechanisms. The standards reflect the need for equal emphasis on individual, organisational and systems factors in aiming to prevent problem drug use and related issues among young people.

This handbook is primarily directed towards practitioners, but it is also relevant to policy makers and commissioners. The problem of drug use by young people in touch with CJS cannot be tackled by single interventions alone; it must be managed by appropriate social, educational, and criminal justice policies that establish a supportive framework and ensure close cooperation of all relevant sectors, well-defined roles and responsibilities for all stakeholders and adequate provision of funding and resources.

## Quality standards for drug prevention interventions among young people in contact with CJS

### The Quality Standards at a Glance:

**Standard 1. Interventions targeting drug use among young people in contact with CJS are evidence-informed and assessed for effectiveness.**

**Standard 2. Governing structures and process are in place to ensure delivery of high quality interventions.**

**Standard 3. Screening and assessment for drug use among young people in contact with CJS is undertaken as part of a holistic assessment.**

**Standard 4. Young people's multiple vulnerabilities and complex needs are at the center of interventions and are effectively addressed.**

**Standard 5. An appropriate bundle of intervention options is provided.**

**Standard 6. Continuity of care within and between services and interventions is ensured.**

**Standard 7. Young people's participation is promoted and ensured, as far as possible, in every stage of intervention.**

**Standard 8. Equity and non-discrimination is ensured within interventions.**

**Standard 9. Practitioners demonstrate professional competence.**

**Standard 10. Practitioners respect ethical and legal principles.**

Each of these ten standards reflects an important facet of quality services and interventions targeting drug use among young people in contact with CJS. Ideally, all standards should be met in order to address the needs of drug experienced young people in contact with CJS. This section presents each of these standards by, first, giving a short summary and, second, providing a more detailed rationale for adhering to the standard in question.

## Standard 1: Interventions targeting drug use among young people in contact with CJS are evidence-informed and assessed for effectiveness.

**Aim:** *To design and implement interventions based on available evidence of effectiveness and on 'best practice'.*

**Rationale:** *Considering young people's perspectives and engagement, evidence-based practices and scientific knowledge of the problems should guide interventions targeting drug use among young people in contact with CJS. This ensures that interventions are effective and safe.*

**Expected Outcome:** *Benefits to the young person (reduces exposure to ineffective intervention), to the agency/ service (proving value for money, ensuring sustainability of the service/ project), and to society (reduction in harmful effects of drug use and criminal activity).*

Before an intervention is designed and implemented to address drug use and associated problems, a needs assessment and review of approaches and/or methods that have proved effective should be undertaken. Information regarding evidence based approaches and interventions are available on the EMCDDA Best practice portal<sup>4</sup>. For example, the evidence database facilitates searches for the evidence for specific types of interventions and provides an evidence rating, e.g.:

Title	Area	Substance	Target group(s) or setting(s)	Evidence rating
Comprehensive community-based programmes targeting high risk youth	Prevention	alcohol, not-drug specific, cannabis, tobacco	communities, school, young people	Beneficial
Psychosocial interventions vs treatment as usual to reduce criminal activity (re-incarceration) in female drug-using offenders	Treatment	non-drug specific	women, prison	Beneficial
Interactive programmes targeting vulnerable youth	Prevention	alcohol, cannabis, tobacco	young people	Likely to be beneficial
Family- or- individual-level multi-risk behaviour interventions to prevent illicit drug use	Prevention	non-drug specific	young people	Unknown effectiveness

Systematic monitoring and evaluation of the intervention should be included to assess whether the desired outcomes are achieved or if further adaptations are required. Defining and assessing 'effectiveness' or 'success' may differ between professional groups and between health, social welfare and criminal justice systems and may include outcomes at individual behaviour change level and at agency/ organisational level. If not already a legal

<sup>4</sup> see: [http://www.emcdda.europa.eu/best-practice/evidence-summaries\\_en](http://www.emcdda.europa.eu/best-practice/evidence-summaries_en)

requirement, as it the case in some countries (e.g. Denmark), consideration should be given to incorporating young people’s self-defined outcomes as part of the mix.

Expected outcomes should be clearly defined and this may require consideration of conflicting perspectives especially regarding interventions and approaches (such as harm reduction) within criminal justice contexts. As an example, one source<sup>5</sup> suggests the following steps to assessing effectiveness:

1. Identify expected outcomes, develop a Theory of Change and select priority outcomes.
2. Design the intervention based upon evidence of what works.
3. Target measurement to focus on priority outcomes.
4. Choose an evaluation methodology which is practical, proportionate and meets an achievable standard of evidence.
5. Select tools and data which support the measurement of this data.

### Examples and viewpoints from EPPIC:

*“Some of it could be harm reduction but I don’t think the youth offending team like the word ‘harm reduction’. I’m not sure how you stand with that when criminal justice systems are supposed to stop people.”*

*(Practitioner, UK)*

## **Standard 2: Governing structures and process are in place to ensure delivery of high quality interventions.**

***Aim:*** To put in place structures and processes to ensure ‘best practice’ and the delivery of interventions that are safe and effective through monitoring and regular review.

***Rationale:*** Clear description of quality governance structures and processes will enable changes and reasons for changes in the intervention to be documented and will facilitate regular review of the intervention in the light of changes in the evidence base, in the service delivery context, and in the characteristics of the target group.

***Expected outcome:*** Sustainable high quality interventions, adapted as needed to change.

<sup>5</sup> Factor F. (2016) Beyond Youth Custody. Proving ‘effectiveness’ in resettlement.  
<http://www.beyondyouthcustody.net/wp-content/uploads/Proving-effectiveness-in-resettlement.pdf>



To meet quality standards in delivery, governing structures and processes<sup>6</sup> are required to:

- Ensure that services/ interventions maintain safe, effective levels of delivery. This may include adhering to legal requirements and/ or professional codes of practice.
- Investigating and taking action on substandard performance or breaches in codes of practice.
- Ensure that young people's needs are at the centre of programme and care planning and delivery.
- Clearly define roles, responsibilities and expectations (practitioners and young people) and make this information available to all.
- Collect data to consider the effectiveness of the intervention, including for diverse groups (gender, ethnicity, other characteristics as appropriate to the local context).
- Monitor the service through regular review.
- Support practitioners (and other staff) to engage in ongoing professional development.

**Standard 3: Screening and assessment for drug use among young people in contact with CJS is undertaken as part of a holistic assessment.**

***Aim:*** To identify problem drug use and related harms/ problems

***Rationale:*** Young people in contact with CJS are at increased risk of drug use and frequently experience multiple, complex problems related to drug use. This group should, therefore, be screened and assessed for multiple vulnerabilities.

***Expected Outcome:*** Improved provision of appropriate forms of support for reducing and managing drug use and associated harms and increasing well-being.

The CJS offers an opportunity to encourage young people to participate in drug prevention or treatment interventions and to offer them access to appropriate educational, social and health services. Screening and assessment tools can identify not only the level of drug use, but also health and social needs associated with/resulting from drug use. Depending on the results of the screening and assessment and the openness of the young person to participate in an intervention, suitable support options can be explored in a process involving the young person, social workers, health experts, and criminal justice authorities.

The screening and assessment should be:

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<sup>6</sup> ED PQS provides useful guidance on developing and monitoring project/ programme intervention: ED PQS Toolkit 2: Reviewing and improving the quality of prevention work (Self-Assessment & Reflection Toolkit) <http://prevention-standards.eu/wp-content/uploads/2015/07/ED PQS Toolkit2 Improvement Support Questionnaire.pdf>

See especially 4.3 Tailoring the intervention to the target population.

- Respectful, non-judgmental and proportionate to the young person's self-reported needs.
- Young people should be informed beforehand about who will have access to the screening and assessment information and how this information will be used.
- The decision to participate in an intervention should remain voluntary and require the informed consent of the young person.
- There should be a plan/policy to assure that CJS drug policy (often zero tolerance towards drug use) is clear to the young people and does not influence negatively on their willingness to admit to drug use.
- Assessment should cover a wide range of possible needs including mental, physical and sexual health, education and training, housing and social care, and relationships.

Importantly, young people should not be punished for their drug use. Young people should be provided with appropriate support as drug use is a public health concern that requires responses that are health-centered and holistic. Whenever possible prevention/treatment interventions should be offered the young person as an alternative to conviction or punishment.

#### Examples and viewpoints from EPPIC:

*“There is a ‘Don’t ask, don’t tell’ mentality in services for young offenders. (...) This is not bad will, but results from the fear that talking about drug use oftentimes results in further criminal investigations. But how can we tackle a problem, when we don’t know if there is a problem?”*

*(Professional, Germany)*

#### **Standard 4: Young people’s multiple vulnerabilities and complex needs are at the center of interventions and are effectively addressed.**

**Aim:** *To address multiple needs arising from drug use and related problems by adopting a ‘strengths-based’ approach and providing interventions to build resilience.*

**Rationale:** *There has been a shift towards a ‘strengths-based’ approach and towards building resilience in working with young people. This recognises that as well as providing the range of services and assistance needed, the general approach taken by practitioners needs to identify and build on a young person’s strengths rather than focus solely on problems and lack of skills.*

**Expected outcome:** *Young people will build self-esteem, agency and resilience.*

Adopting a ‘strength-based’ approach means looking not just at young people’s needs but also identifying their strengths, resilience and potential in going forward<sup>7</sup>.

As far as possible, young people should be treated as partners in their own care

- involving them in decision-making,
- supporting them in making informed decisions about their lives,
- helping them to manage their own health and wellbeing successfully.

Harmful drug use rarely occurs by chance but is linked to a range of wider problems. More often than not, young people in CJS have to deal with a cluster of different problems and challenging conditions at the same time as, for example, criminal prosecution, trouble in school and/or family life, other mental health needs, or social reintegration. For this reason, practitioners must recognize that drug use may not be the most pressing issue from the perspective of young people themselves. These multiple and complex needs should be addressed in a holistic way instead of focusing on isolated needs.

It is important, therefore, to:

- Provide young people with opportunities for accessing physical health, sexual health, infective disease, and mental health services. This enables them to acquire good knowledge about how to maintain and improve their health and has potential for developing their self-esteem and sense of self-protection.
- Provide opportunities for participation in school, sport facilities, voluntary work, spiritual groups and other activities: such activities and interests can contribute to the creation of a sense of purpose in life.
- Assist young people to build and maintain social capital. Young people in the CJS are at risk of isolation and of being physically distanced from the wider environment. It is fundamental that meaningful relationships are established and preserved in order to build lasting, supportive connections and networks that facilitate personal and social development.
- Where young people are mandated or coerced into interventions via the youth or criminal justice system, choices should be given wherever possible and clear explanations provided as to what is negotiable or non-negotiable in the delivery of the intervention<sup>8</sup>.

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<sup>7</sup> For discussion of a strengths-based approach and suggested principles for practice, see:

<https://sustainingcommunity.wordpress.com/2016/08/23/sba-groups/>; and

<https://www.sciencedirect.com/topics/psychology/strength-based-approach> A strength-based approach is advocated as a more suitable alternative to the deficits approach which focuses on what is lacking by way of skills/ abilities etc.

<sup>8</sup> see: Trotter, C. (2015) *Working with Involuntary Clients: a guide to practice*. London: Routledge.

### Examples and viewpoints from EPPIC:

*“It’s cool for sure that there is no pressure to end marihuana smoking, that when you come here for meetings, you have to be sober for a long time, do not use it, that there is no such coercion.”*

*(Young respondent, Poland)*

*“To do sport is fruitful, it makes you stop thinking as much as drugs do, much more in fact, and, in addition, it is healthy and fun.”*

*(Young respondent, Italy)*

### Standard 5: An appropriate bundle of intervention options is provided.

**Aim:** *To provide a range of intervention options within a holistic approach to meeting needs.*

**Rationale:** *Young drug experienced people in CJS generally present with multiple difficulties that require intervention from across professional and agency boundaries. Successful intervention depends on collaborative partnership work and on offering a choice to the young person.*

**Expected outcome:** *Better co-ordination between service sectors and better links between secure and community settings, providing improved choice for young people.*

Drug use and associated problems among young people in contact with CJS comes in different forms. While not all substance use is problematic, some young offenders may develop harmful and dependent patterns of drug use so that different interventions are needed at different times and for different people. A bundle of interventions, offering some options to the young person, should be provided. Depending on the nature of drug use and other problems facing the young person, these interventions could, for example, include:

- brief interventions
- psychosocial counselling and treatment
- harm reduction
- a range of health services
- practical support services.

### Examples and viewpoints from EPPIC:

*“I think that a detainee must have the possibility to put some money aside before leaving. How many detainees go out from prison without having a house? Maybe people who lost their family, like me.”*

*(Young respondent, Italy)*

## Standard 6. Continuity of care within and between services and interventions is ensured.

**Aim:** to provide continuity of care within and across agencies: health, criminal justice, social care, education and other relevant service areas.

**Rationale:** Young people are likely to disengage if faced with un-coordinated interventions/ services and, in particular, may be ‘lost’ in transitions between service sectors in different parts of the system.

**Expected outcome:** Greater collaboration and links between services and sectors and improved continuity of care.

Young people with harmful drug use have a better chance of recovery and reintegration, and maintaining recovery in the longer term, if they are offered continuity of care for example, housing, education, employment, personal finance, healthcare and mutual aid. Continuity of care and support to access services necessitates effective coordination of services in community and criminal justice settings. Transitions within and between service sectors must be planned and managed and consideration should be given to making service cooperation mandatory.

It is recognised that there are considerable challenges in faced in aiming for co-ordination between services, organisations and policy sectors.

### Examples and viewpoints from EPPIC:

*“I am afraid of being free, because re-socialization is only on paper. You must have a purpose in prison. I want to go out and start a family, pay my debts. It is difficult to fill this time in prison, there are no jobs. After therapy, I will not have anything. Work is a privilege for the few.”*

*(Young respondent, Poland)*

*“The way after is important. Prison is good and fine, but what is after prison? There is a way onwards, and if this is mucked up, then ok, you know. After the door is open one needs to go the way.”*

*(Young respondent, Austria)*

## **Standard 7: Young people’s participation is promoted and ensured as far as possible in every stage of intervention.**

**Aim:** *To encourage greater participation of drug experienced young people in CJS in their own care and in intervention provision.*

**Rationale:** *Engaging young people in interventions and sustaining their involvement is a key factor in securing successful outcomes. Facilitating, as far as possible in a CJS context, the participation of the young person in aspects of care planning and decision making, and offering some choice of intervention elements/ activities will increase the likelihood of continuing engagement with the service/ intervention.*

**Expected outcome:** *Improved engagement with services and interventions.*

It is widely acknowledged that young people have the right to participate in decisions that affect their lives, if this is not a legal requirement, as is the case in some countries. Upholding young people’s participation in their own care supports the provision of sustainable, acceptable, locally appropriate and more effective solutions and also ensures that young people remain engaged<sup>9</sup> in care. Recognising the limitations of the CJS context on implementing this standard, professionals should support the engagement of young people in every stage of interventions. This is of utmost importance for young people in CJS who are frequently already deprived of decision-making powers regarding their own lives. Engagement techniques are taken to refer to ‘a specific set of skills and knowledge that is a necessary component of effective practice regardless of the particular type of intervention in which the young person is being engaged’<sup>10</sup>. Some key elements in securing engagement, extracted from the literature (footnote 9) and emerging also from EPPIC research, are:

- The ability to communicate and empathise with the young person.
- Warmth and genuineness, trust and respect.
- Understanding the young person as an individual in their own context.

<sup>9</sup> Although the importance of engagement and participation is widely agreed, there is little research on the topic or on techniques of effective engagement. See: Prior P. and Mason P. (2010) A different kind of evidence? Looking for ‘what works’ in engaging young offenders *Youth Justice* 10(3): 211-226.

<sup>10</sup> Prior P. and Mason p.212.

- Basing the relationship on clarity and openness regarding roles, issues of authority, the aims and purposes of the intervention.
- An active, participatory style of interaction.

The involvement of young people in interventions is also a way of empowering them, e.g. by acting as peer educators using their lived experience to help others<sup>11</sup>.

### Examples and viewpoints from EPPIC:

*“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.”*

*(Young respondent, UK)*

*“It is important that I can trust my therapist, that she does not pass on my drug test results to the judge.”*

*(Young respondent, Austria)*

### **Standard 8: Equity and non-discrimination is ensured within interventions targeting drug use among young people in contact with CJS.**

***Aim:*** To ensure that high quality interventions are made available to all young people irrespective of gender, age, educational level, ethnicity, sexual orientation or other personal characteristics.

***Rationale:*** All young people have a right to access services and support tailored to their needs but equivalent in terms of quality, choice of options and length of support provided.

***Expected outcome:*** Reduction in marginalisation and stigmatisation of some groups of young people.

Evidence suggests that some groups of young people may fall outside the planning and service delivery system because they are less visible, socially marginalized or stigmatized or do not have advocates. This may especially apply to young people in contact with CJS who are disproportionately affected by social exclusion while typically being heterogeneous in terms of personal characteristics and backgrounds. Insensitive discriminatory practices and

<sup>11</sup> e.g. see the ‘Peer Navigators’ project described in Thom, Duke and Gleeson (2018) *Description of innovative approaches including professionals’ and young peoples’ narratives*. 2<sup>nd</sup> National report. [https://www.eppic-project.eu/wp-content/uploads/2018/02/Final19Jan\\_WP5-Interventions-Report.pdf](https://www.eppic-project.eu/wp-content/uploads/2018/02/Final19Jan_WP5-Interventions-Report.pdf)

attitudes are major reasons why young people do not access services, hide their drug use and other problems, or end up being unhappy with the services and interventions received.

In line with universal ethical standards, service providers have to ensure non-discrimination within their interventions, promote interventions which remove stigma and are sensitive to each individual's personal characteristics and social background.

Lack of adequate language skills (in some cases requiring an interpreter) can result in poorer opportunities and intervention options being offered to some young people. Organisations and services need to consider language requirements of young clients in relation to staff competencies if equity of provision is to be ensured.

### Examples and viewpoints from EPPIC:

*“For them (staff members), it does not matter what's happening to us, because we're prisoners anyway, we're nothing to them.”*

*(Young respondent, Poland)*

### Standard 9: Practitioners demonstrate professional competence.

***Aim:*** Practitioners have appropriate knowledge and skills and are afforded opportunities to keep knowledge and skills updated.

***Rationale:*** In addition to their professional training and experience, practitioners need knowledge, skills and training specific to working with young people and relevant to working with drug experienced young people in CJS; this target group presents considerable challenges and it is necessary to keep knowledge and skills updated in line with changes in the evidence base, in the target group, and in local and national contexts.

***Expected outcome:*** Development and continuous improvement of workforce capabilities and responses to the needs of drug experienced young people in contact with CJS.

Practitioners and other staff involved in delivering interventions/ services to drug experienced young people in CJS need to demonstrate appropriate knowledge and technical competence in (youth-specific) aspects of:

- drug prevention and management, including different forms of early intervention, options for addressing heavier drug use and dependency, and ways of responding to poly-drug use.
- management of complex problems including health, mental health, educational and social care problems.
- communication and relationship building/ maintenance with young people.



- and be prepared to undertake additional training as necessary to remain up-to-date.

### Examples and viewpoints from EPPIC:

*"I think that the program itself is cool, but I think that the most important is the relationship with the therapist, the relationship with the therapist is more important than the program itself."*

*( Young respondent, Poland )*

## Standard 10. Practitioners respect ethical and legal principles

**Aim:** *To ensure that ethical and legal principles relevant to the care of drug experienced young people in CJS are respected in all interventions and in all relationships and communication between young people, practitioners, and other staff*

**Rationale:** *Practitioners have a duty of care towards clients that is underpinned by legal and professional codes of practice. Adherence to ethical, legal and professional principles and codes of practice supports equity and probity in developing and delivering interventions and in all interaction with young people.*

**Expected outcome:** *Interventions and services that respect the rights of the individual.*

Together with ensuring technical competencies, there is a need to assess and, where needed, change practitioners' attitudes towards young people and their rights. Both practitioners and support staff should:

- Protect young people's rights to information, privacy, confidentiality, non-discrimination, non-judgmental attitudes and respect.
- Be familiar with relevant professional codes of practice and ensure that they inform and guide practice.
- Be familiar with legal regulations as they apply to young people in touch with CJS.
- Take steps to avoid foreseeable risks.

### Examples and viewpoints from EPPIC:

*“It is different to talk to people from the outside because one can trust them more. Because one cannot really talk about what is going on without being afraid that this will affect one’s sentence or so [when people are employed by the prison]. This is very helpful.”*

*(Young respondent, Austria)*

*“It is important that I can trust my therapist, that she does not pass on my drug test results to the judge.”*

*(Young respondent, Austria)*

## Planning, implementing and managing interventions for drug experienced young people in contact with CJS

The European drug prevention quality standards (EDPQS) is an evidence-based manual developed by the EMCDDA describing in detail a project cycle - the development, implementation, and monitoring and evaluation of drug prevention interventions. The cycle contains eight major elements including:

- needs assessment (EDPQS manual, p83)
- resource assessment (EDPQS manual, p103);
- program formulation (EDPQS manual, p111);
- intervention design (EDPQS manual, p133);
- management and mobilization of resources (EDPQS manual, p163);
- delivery and monitoring (EDPQS manual, p189);
- final evaluations (EDPQS manual, p205);
- dissemination and improvement (EDPQS manual, p219)

The drug prevention project cycle also suggests four cross-cutting considerations including: sustainability and funding; communication and stakeholder involvement; staff development; and ethical drug prevention in order to maximize the effectiveness of the prevention interventions (EDPQS manual, p55).

The EDPQS project cycle guidelines are relevant to developing and implementing interventions for drug experienced young people in CJS and practitioners are recommended to consult the tools provided. However, in using the manual, it is necessary to keep in mind that adjustments may be needed to tailor interventions to the specific target group(s) – drug experienced young people in the CJS. For example, the following points regarding service delivery were raised in discussions with practitioners about the use of quality standards for prevention interventions with this target group:

- Prevention intervention within CJS contexts presents particular challenges for practitioners. These will vary depending on national and local circumstances but in all partner countries CJS rules take precedence, setting boundaries on what practitioners can offer and on how they work. In particular, it may limit harm reduction approaches, outcome definition, and co-operation with other service partners, as all partners are not equal. An important issue for quality standards is to deal with how cooperation between different interventions/ services (with different power) can be most effective for the young person, when these interventions are based on different legal foundations (e.g. CJS is under the Ministry of Justice, drug treatment under the Ministry of Health and the Ministry of Social Affairs) and when practitioners come from different professional backgrounds and disciplines.

- Co-operation between partners is hindered when organisations are not legally allowed to share data and information about clients (professional codes of practice, national and international regulations – such as GDPR<sup>12</sup>).
- Ensuring smooth transitions between agencies/ services often fails, partly because of information sharing and cooperation problems. This is particularly important when the transition is from secure settings into the community and when young people are moved from children services to youth/adult services because of age.
- Interventions are of varying lengths. Many practitioners felt that, although short, temporary intervention might benefit some young people, often much longer support was needed – ‘...temporary interventions make young people “start all over again” too many times’. The short term funding of many projects added to the problem as issues of cooperation and transition arose – adding to the negative impact on young people.
- Knowledge about quality standards and experience of using quality standards is not widely found among practitioners. If the standards are to make a contribution to the development and effective implementation of interventions, efforts are needed to raise awareness among practitioners and provide accessible knowledge, tools and possibly training to facilitate uptake.

Addressing these issues will require attention from policy makers, commissioners and service managers to scrutinise regulatory frameworks and working practices within national and local contexts.

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<sup>12</sup> See the EDPQS manual at: [https://ec.europa.eu/commission/priorities/justice-and-fundamental-rights/data-protection/2018-reform-eu-data-protection-rules\\_en](https://ec.europa.eu/commission/priorities/justice-and-fundamental-rights/data-protection/2018-reform-eu-data-protection-rules_en)

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## Appendix: Tools and Resources

### International tools and resources

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United Nations Office on Drugs and Crime – UNODC (2010), *Handbook for prison leaders: A basic training tool and curriculum for prison managers based on international standards and norms*, UN, New York. Available from: [https://www.unodc.org/documents/justice-and-prison-reform/UNODC\\_Handbook\\_for\\_Prison\\_Leaders.pdf](https://www.unodc.org/documents/justice-and-prison-reform/UNODC_Handbook_for_Prison_Leaders.pdf) (Access date: 14.08.2019)

### Country specific tools and resources

#### Austria

Department of Correctional Services in the Federal Ministry of Justice (2015), *Guidelines for counselling, support and treatment of drug-addicted people in the Austrian criminal justice system [In German]*. Available from: <https://www.ecomed-suchtmedizin.de/pdf/leitlinie-qualitaetsstandards-fuer-die-ost-Literatur.pdf> (Access date: 14.08.2019)

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State Center for Health Promotion (2011). Substance use in schools: legal problems and proposed solutions [In German]. Available from: [http://gesundheitsfoerderung.bildung-rp.de/fileadmin/user\\_upload/gesundheitsfoerderung.bildung-rp.de/Rechtsgrundlagen/rz-bro-schule-und-rechtsfragen\\_2\\_aufl.pdf](http://gesundheitsfoerderung.bildung-rp.de/fileadmin/user_upload/gesundheitsfoerderung.bildung-rp.de/Rechtsgrundlagen/rz-bro-schule-und-rechtsfragen_2_aufl.pdf) (Access date: 15.08.2019)

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UK

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