

Effective Interventions Unit

Services for young people with problematic drug misuse - A guide to principles and practice

Summary

Introduction

The **Effective Interventions Unit** and **Lloyds TSB Foundation for Scotland's Partnership Drugs Initiative** have collaborated to produce a Guide to inform and support the design and delivery of services for children and young people under 16 who have problems with drugs and/or substance misuse. It follows from the **Research Review on Young People's Treatment Services** published by EIU in June 2002 and also draws on a seminar with managers and practitioners from a range of services in June 2002.

There is compelling evidence that, if support for young people is to be effective, there needs to be an integrated approach. It is also important that support for young people in this age group should be appropriate and meaningful to the young person and the people that are significant to them.

The Guide covers a range of issues that need to be addressed when planning how to meet the needs of young people with problematic drug use.

Who are we talking about

To provide effective services for these young people we need a clearer understanding of the main characteristics of this group. Age is an important factor. Drug use varies markedly according to age with the use of illegal drugs increasing around 15 years. Other risk factors increase vulnerability e.g. involvement with crime; homelessness or insecure housing; being looked after; exposure to drug use within their family; family break up.

There are factors that can help protect a young person from developing problems - such as a close and protective relationship with their mother - and factors which are likely to increase the success of interventions - such as better school performance and attendance.

Before planning services, DATs will need to carry out a thorough assessment of young people's needs to:

- ✓ Assess and map the number and needs of young people involved in drug misuse
- ✓ Understand the type of drugs involved and the pattern of use
- ✓ Establish which services young people are likely to find most accessible
- ✓ Map potential partner agencies - particularly those specifically targeted at young people

Young people's needs and rights

Drug misuse problems are rarely the only problem experienced by a young person and they are often not the problem that provokes the involvement of services. Young people may have some specific needs, particularly around the long term social impact of their problems, their vulnerability to harm and their understanding and/or acceptance of risk. Young people should not be treated as 'mini adults'.

Young people have legal rights that need to be understood and upheld by the young people themselves, their families and carers and service providers. The central pieces of legislation in relation to the care and welfare of children in Scotland are the Children (Scotland) Act 1995, the United Nations Convention on the Rights of the Child 1989 and the Age of Legal Capacity Act (Scotland) 1991. Specific planning and training may be required to ensure that these rights are fully understood and exercised.

Throughout the care process, efforts should be made to establish the possible role of parents. The young person's views should inform this process. An intervention with a young person will be more effective if there is support from a parent, family or carer. There are circumstances where treatment without parental consent might be justified. The principles applied to the "Gillick Case" are relevant.

Accessing services: where, when, who

Making substance misuse services 'relevant' to young people will be critical, particularly given the stigma attached to drug misuse and the likely vulnerability of the young people needing services. A useful yardstick for the development of young people's services is

relevant people + relevant places + relevant times = relevant services

(Walk the Talk, Fast Forward 2000)

Services will need to consider carefully **when** and **where** they are offered. Issues to consider include territoriality, accessibility, confidentiality and the need to avoid stigmatising clients. To engage young people successfully, services need to be 'young person friendly'. This can be achieved by involving young people in the planning, management and review of services.

Finding, keeping and supporting the right staff is likely to have a significant impact on the outcomes achieved by a service. The safety of children and young people is paramount.

Assessing needs

An effective assessment process is necessary to establish as complete a picture as possible of the young person's needs. The assessment will need to cover problems with substance misuse but also the other factors and circumstances in their lives that have an impact on this. The assessment will give a sense of 'where someone is' and help to identify the changes that need to be made to achieve the best possible outcome.

The purpose of assessment is to identify the range of needs and aspirations of the individual in order to inform decisions about treatment, care and support.

Ownership and confidentiality are crucial in an assessment process designed to engage with young people under 16. An open, accurate, and comprehensive assessment process in which the young person can participate fully will help to identify the areas for change.

The Guide is at <http://www.drugmisuse.isdscotland.org/eiu/eiu.htm>
or from 0131 244 5117 or eiu@scotland.gsi.gov.uk

There should be agreed arrangements between agencies and service providers for **information flow**. Lack of information can lead to inadequate or incomplete assessment and referral to inappropriate provision. This can lead to poor outcomes and cause the young person to become disillusioned and drop out. If the assessment process is working effectively, the young person should be **a full participant and understand and agree the goals of treatment and care**.

There is an increasing interest in the use of assessment tools to structure parts of the process but these should not become a substitute for building a relationship of trust with the young person. EIU will review assessment tools as part of a wider exercise on effective assessment for young people in 2003.

The importance of evaluation

Evaluation is essential to develop our understanding of what works with this client group at a national, local and service level. Structured evaluation activities, built on routine monitoring data and accurate baseline information, can inform service development and lead to improved outcomes for clients.

Evaluative research can usefully draw upon data gathered as part of individual client assessments. However, careful thought will need to be given to storing, sorting and analysing this information. Organisations should notify the Data Protection Register about personal data held on computer.

The **EIU Evaluation Guides** provide further information about planning, conducting and disseminating evaluations. A thematic guide for young people's services will be produced in 2003.

Planning services

From the evidence that we have gathered, we have identified the following **key principles** that should underpin the design and planning of services for young people under the age of 16 years:

- ✓ An intervention should take account of the unique development needs of young people.
- ✓ Services should be dedicated to children and young people.
- ✓ The views of the young person are of central importance and need to be taken into account at all stages.
- ✓ Services should promote Children's Rights and Welfare

Given the likely range of needs and the number of potential outcomes, the process of intervening with a vulnerable young person is likely to require the involvement of a wide range of agencies and service providers. The key issue for DATs and partner agencies will be:

To what extent is it appropriate and relevant for generic services to enhance their provision to address drug problems amongst their existing client group? And to what extent should specialist services be developed?

For Scotland's Children (Scottish Executive, 2001) suggests that each area should establish a model which sets out the responsibilities of universal and specialist/targeted services and establishes care co-ordination, information-sharing and assessment arrangements.

The commissioning of services needs to be integrated and cross-referenced with all other universal, thematic and more focused plans for children and young people. The DAT will need to ensure that clear mechanisms exist for involving representatives from children and young people's services in the planning process. A range of processes and protocols will need to be put in place to underpin partnership working.

DATs should look across the range of services in their area – education, health, social care, youth justice, leisure – and seek to develop a network of trained professionals that can provide a co-ordinated approach to meeting young people's needs. The **roles** of the various agencies and services will range from **initial recognition and screening** of a problem – for example through Schools, GPs, Police, information and advice services and Accident and Emergency admissions – to **care co-ordination and planning** – for example, through social work or specialist professionals. When working out the relative roles and responsibilities of local services it is useful to think about:

'Where would a 14 year old developing drug misuse problems go for help?'

Which interventions

We know that interventions work in different ways for different people at different times. It is important to start with the desired **outcome** and identify interventions that are effective in delivering it. Carefully planned interventions with clear aims, objectives and target audiences are more likely to be successful.

- **Diversionary programmes** may be able to build on and support natural processes of change and recovery, particularly if they intervene before problems become entrenched.
- We need greater understanding of the **counselling** process, and the difference between using broad 'counselling skills' and applying a specific approach, such as behaviour therapy.
- A small number of young people under 16 may be exposing themselves to very serious risk through intravenous drug use. **Needle and syringe exchange** schemes are a key element of strategies to prevent transmission of blood borne viruses and under 16s may need access to those services. The Health Department has issued revised guidance in HDL (2002)90 which includes reference to the need to consider the particular needs of this age group.
- There is good evidence that **family therapy** and other family interventions are effective in reducing drug use, psychological problems and family and social problems. Involving parents in the therapeutic process improves outcomes.
- The decision to prescribe **substitute medication**, such as methadone, to under-16s needs to be taken extremely carefully, as part of a multidisciplinary team, and with full consideration of the implications for the young person.