

Drugs: Guidance for the Youth Service



DrugScope



Alcohol Concern
Making Sense of Alcohol

Drugs:
**Guidance
for the
Youth Service**

Note on the law

The content of this document reflects the law at the time of publication. Users of this document should be aware that subsequent changes in the law may affect the validity of statements in this guidance and should take steps to ensure that they are aware of any such changes.

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Contents

	Foreword	iv
1	Introduction	1
2	Background to this guidance	6
3	A guide to working in partnership for the benefit of young people	15
4	Drug education and prevention	21
5	Good management of drugs by the youth service	31
6	Policy development	41
7	Outreach and other youth work settings	48
8	Training about drugs for youth workers	58
Appendix 1	Tiers of services	64
Appendix 2	Incident record form	66
Appendix 3	What to do in a medical emergency	67
Appendix 4	Drugs and law – a summary	68
Appendix 5	Guidance on the use of sniffer [drugs] dogs and drug testing	72
Appendix 6	Guide to developing local protocols	74
Appendix 7	Screening and referral	75
Appendix 8	Drug policy framework	78
Appendix 9	<i>Every Child Matters and Youth matters</i>	80
Appendix 10	Human rights documents	82
Appendix 11	Glossary	84
Appendix 12	Bibliography and references	86
Appendix 13	Useful organisations and websites	89

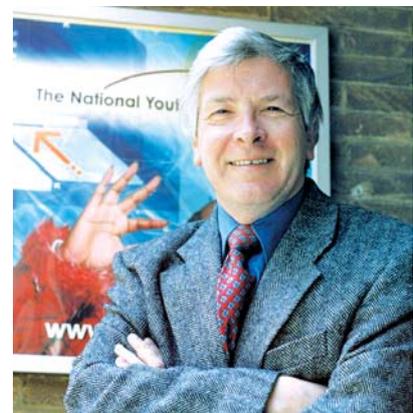
Foreword

Welcome to *Drugs: Guidance for the youth service*. The National Youth Agency (NYA) has been pleased to work closely with the education and prevention team at DrugScope and Alcohol Concern throughout its development.

Young people are growing up in a world in which drugs of all kinds (including tobacco, alcohol, medicines and illegal drugs) are increasingly common. Despite this, most young people don't use illegal drugs or develop problematic drug use, a fact that many adults and the media do not acknowledge. However, drugs do cause significant health and social problems for young people, whether they use drugs themselves or have contact with others who use drugs. Young people, who do have problems with drugs, need well-informed help and support. This document aims to provide the wide variety of youth service providers with guidance to offer appropriate, effective support to the young people with whom we are in contact.

Drugs: Guidance for the youth service builds on *Drugs: Guidance for schools* (DfES 2004) but recognises the unique contribution youth services make to the personal development of young people. Youth services often work with young people who experience a wide range of risk factors which make them vulnerable to problems with drugs. Through case studies and real life dilemmas that youth services face when working with young people, the guidance shows how a youth work approach can contribute to reducing the harms drugs cause to individuals, families and communities. Whether you are developing a drug policy for your organisation, considering how best to deliver drug education in a youth work context or deciding what training your staff or volunteers need, you will find something here to help.

Tom Wylie
National Youth Agency





1

Introduction

1.1

What is the purpose of this guidance?

This guidance provides support for the youth service on effective drug education and prevention, early intervention, management of drug-related incidents, drug policy development, and advice on training for youth workers in these areas.

The aim of the guidance is to support the personal, social and health needs of all young people with whom the youth service interacts by:

- updating and clarifying policy and practice in the light of *Transforming Youth Work* (DfES, 2002); *Every Child Matters* (DfES, 2004) and other recent developments including the Green Paper *Youth Matters* (DfES, 2005)
- helping to raise the quality of provision in drug education, drug prevention and policy development
- enabling youth workers to offer young people effective drug education and support appropriate to their needs, including early identification of needs, harm minimisation and onward referral where appropriate
- providing support for youth workers and their managers in a challenging area of practice, in the context of the voluntary relationship between young people and the youth sector
- providing a basis for training of youth workers as part of the substance misuse workforce.

1.2

Who is this guidance for?

This guidance is aimed primarily at:

- youth work providers, funded and / or supported by a range of organisations including local authorities and those working in the voluntary sector across a wide range of settings including centre based, outreach and detached
- managers, supervisors and supporting organisations
- the agencies with whom the youth sector interacts including education, police, treatment providers
- those providing training and support for the youth sector, especially in substance misuse.



Others who will find it useful include:

- youth workers
- management committees of voluntary organisations
- parents and carers
- those representing youth workers at a national level, including the National Youth Agency, the unions and professional associations
- those agencies representing young people including the British Youth Council, National Council for Voluntary Youth Services, UK Youth and the UK Youth Parliament
- other services supporting young people, including Connexions partnerships, Child and Adolescent Mental Health Services (CAMHS) and drug treatment providers for young people
- police, especially community and youth liaison officers
- those responsible for inspection services in the local authority youth service – the Office for Standards in Education [Ofsted].

1.2.1 Diversity

In preparing this guidance we have recognised the need actively to consider both the general and specific requirements of the Race Relations (Amendment) Act 2000 in the context of drug education, prevention and early intervention policies and programmes.

Individual services are encouraged to make sure that there are sufficient translated materials available to support their work in addressing young people's substance misuse and that those materials are culturally and religiously sensitive. This should apply to all types of information including training resources, posters, information leaflets and any other examples of written material.

Religious sensitivity is a key aspect of the professional delivery of drug education, prevention and early intervention programmes. Every effort should be made to engage with religious communities and their leaders so that there is a mutual understanding of the objectives. A resource that suits one particular community may not be appropriate when working with another. The DrugScope and Alcohol Concern Briefing Paper *Developing Culturally Sensitive Alcohol Education Resources* (2005) looks at the cultural sensitivities around alcohol education and provides an understanding of the issues to be considered when providing alcohol education or when developing resource materials for culturally diverse groups.

1.3

Why is this guidance needed?

In 2002/3 DrugScope and the National Youth Agency (NYA) carried out a survey of drug education policies and practice in the youth service in England. Youth service providers said that young people had a wide range of needs with respect to drug education. The report also revealed that there was a wide range of practice across the statutory and voluntary sectors responding to those needs.

In 2004 the Department for Education and Skills (DfES) published new guidance about drugs issues for schools (*Drugs: Guidance for schools*) and this was complemented by a DrugScope / Alcohol Concern publication – *Drugs: Guidance for Further Education Institutions*. These documents replaced previous guidance for schools and the youth service (*Drugs: Guidance for Schools*, DfEE, 1994; and *Protecting Young People: good practice in drug education in schools and the youth service*, DfES, 1998).

In 2004/5 DrugScope consulted with a range of experts in the youth service who agreed that there was a need for updated drugs guidance for the youth service.

1.4

How to use this guidance

This document provides a starting point for youth services who wish to review their policies and practice with regard to drug education and prevention.

- *Section 2* provides a background to drug policy and the youth service in England. There is a review of young people's drug use and what makes some young people more likely to have problems with drugs than others. This section should inform discussion within the youth service and with partners about the priorities for drug policy development.
- *Section 3* gives a strategic overview of the role of the youth service and partner agencies who contribute to reducing the harm from drugs.
- *Section 4* reviews what is understood about effective drug education and offers a starting point for decisions about how the drug education needs of young people can be addressed by the youth service.
- *Section 5* addresses issues of the management of drug-related incidents, which partners to involve and when.
- *Section 6* offers a model for drug policy development by the youth service and provides a framework for a drug policy.
- *Section 7* deals with the particular issues facing providers of outreach and detached youth work.
- *Section 8* describes new priorities for training in drug issues for youth workers in the light of *Every Child Matters*.

Each section begins with a summary of the key messages. Some sections include statistical and legal information, case studies and dilemma boxes. Statistical information, the law and guidance are up to date at the time of publication. Regular updates on drug use by young people can be found on the Department of Health website (www.dh.gov.uk). Case studies and dilemma boxes provide some possible starting points for reviewing local practice and policy. Checkpoints are placed at the end of each section and are addressed mainly to youth workers, but could also be used by managers and service providers as triggers for discussion and as training points.

There is also a full range of Appendices which supplement the content of the main sections (see list on contents page).

1.5

Terminology (See Appendix 11 for a fuller glossary of terms)

Drugs – In this document drugs will refer to all substances, legal and illegal, including alcohol, tobacco, illegal drugs, legal highs such as poppers, volatile substances and medicines. The definition adopted is that provided by the UN:

A drug is a substance which people take to change the way they feel, think or behave.
(UN Office on Drugs and Crime).

Drug education – the *planned* provision of information and skills relevant to living in a world where drugs are common place. Planning should include developing strategies for helping children and young people engage with relevant drug-related issues during opportunistic and brief contacts with them, as well as during more structured sessions. Drug education provides opportunities for young people to reflect on their own and others' attitudes to drugs, drug taking and drug-takers.

Drug prevention – aims to change personal, social or environmental factors to assist delaying or avoiding the onset of drug use or its progression to harmful or problematic misuse. Measures aimed at preventing or delaying drug use by young people include:

- education for young people, their parents and carers and those who work with them
- enforcement of the law, including drugs seizure and other means of reducing availability and
- treatment (see Appendix 1).

Early intervention – this document has adopted the definition used by the then Children and Young People's Unit [CYPU] (2001:37), now replaced by the Children and Families directorate within DfES, as intervention 'before a young person's difficulties reach the stage where statutory services are required by law to intervene, but where there are risks which make this a probability'. Intervention can include work with the child or young person and/or their family and in a range of settings. It can include identification of need, referral and direct intervention.

Staff – this term is used to refer to all those who work within the youth service (as defined below), whether as full- or part-time workers or as volunteers.

Youth service – all those organisations whose primary purpose is the personal and social development of young people aged 11-25. (Most youth services prioritise engaging the 13-19 age group.) It includes: those services provided by local authorities and voluntary bodies; those working within faith groups; uniformed groups; and specialist centres providing arts, sporting and other leisure activities. It also includes those working with specific aims such as drug prevention projects (*Transforming Youth Work*, DfES, 2002).

CHECK POINT!

Your local authority may already have drug policies, drug education programmes and detailed procedures for managing drug-related incidents which you should follow. Do you know what these are?



2

The background to this guidance

KEY MESSAGES

- The youth service has evolved from pioneering work in the 19th century with some of the most disadvantaged young people in society. In the 21st century youth work is offered by a broad range of providers, including those funded by statutory and voluntary organisations. Youth workers may be paid or voluntary and work in a wide range of settings with young people from all faiths and social backgrounds.
- The aim of youth work is to support the personal and social development of young people. The voluntary relationship between youth worker and young people is at the heart of youth work.
- There can be a tension between policies which are designed to improve the quality of youth work and the informal and voluntary nature of the relationship between youth workers and young people.
- The youth service has a tradition of supporting young people with a range of health and social issues including drugs.
- Most young people do not use illegal drugs, and, of those who do, most do not use regularly or develop problems related to their drug use.
- Some young people are more at risk of having problems with drug use than others. Youth services, who are often in contact with young people who are more vulnerable to drug misuse than others, are able to intervene at an early stage and refer on to more specialist services if necessary.
- Alcohol is the most common drug used by young people in the UK and the amount consumed by 11-15 year olds who drink alcohol has doubled since 1990. However, more young people are choosing to abstain.
- Youth work can contribute to those factors which may protect young people from problematic drug use.

2.1

The youth service

Youth work in England has a long history and can be traced back to roots in the Sunday schools and 'ragged schools' for poor children of the mid 19th century and to the Youth Institutes and lads' clubs which appeared at about the same time. In these early years of the 21st century the youth service continues to evolve. Throughout its development, however, a number of key elements have emerged:

- a focus on young people
- voluntary participation and relationship with youth workers
- a commitment to association and working together for the common good
- youth workers who are friendly, informal and act with integrity
- a concern for the education and social welfare of young people (Smith, 2003).

These elements have been underlined in two recent government documents. *Transforming Youth Work* (DfES, 2002) states that the principal aim of the youth service is 'to promote the personal and social well being of young people'. The Green Paper: *Youth Matters* (DfES, 2005) places a strong emphasis on the active involvement of young people in the development of the services that they use. There are concerns, however, that some of the changes in the development of a youth service curriculum and moves towards accreditation for achievement in the youth service may challenge the traditional informality of the relationship between youth workers and young people. These concerns have also been raised with respect to the way in which the youth service delivers drug education and prevention.

2.2

What is the role of the youth service in drug education, prevention and early intervention?

The youth service has considerable experience of working with and supporting young people with a range of social and health issues, including sexual health, legal and illegal drug use. Inevitably, young people are a target group for drug education, prevention and early intervention. This is because tobacco, alcohol and illegal drug use can cause particular problems during adolescence and are also associated with problematic drug use in adult life. It is understandable that drug education and prevention work is delivered in settings where large numbers of young people can be found on a regular basis, such as schools, youth centres, clubs and associations, although there is evidence that this needs to be supported by whole-community approaches, including work with families.

Organisational or institutional policies that offer support for young people help to create an environment in which drug issues can be tackled in a variety of formats. This can include education activities such as peer education, drama, diversionary activities, drug information, advice and guidance, as well as early identification of needs.

2.2.1 Strategies relevant to drugs and young people

Since 1997 a number of government strategies have strengthened support for drug education, prevention and early intervention for young people in and out of school. The most wide-reaching of these has been the National Drug Strategy (1998) last updated in 2002.

The Alcohol Harm Reduction Strategy for England (2004) seeks to improve the public awareness of the harm which alcohol can cause and change the culture of 'drinking to get drunk'. Public Health White Papers have emphasised the need for multi-agency co-operation to promote the health of young people. Locally, Drug (and Alcohol) Action Teams (DA(AT)s) have co-ordinated community wide efforts to reduce the harm from drugs.

Most recently, *Every Child Matters: Change for Children, Young People and Drugs* (DfES, 2005) has set out how those responsible for delivering children and young people's services and the drug strategy should co-operate and plan responses for young people who are using or are otherwise affected by drug misuse. It also provides guidance on services being built around the needs of young people, especially the most vulnerable.

The Healthy Schools Programme initiative and the DfES guidance document *Drugs: Guidance for schools* (DfES, 2004) have encouraged schools to focus attention on drug education for young people. However, there is no specific guidance for the youth service on how to respond to these policy initiatives and recent guidance from DfES for schools (2004) did not include the youth service.

2.3

How does the youth service help to reduce the harm from drugs?

The youth service is well positioned in being able to develop voluntary, trusting relationships with young people who may not be in school or who may have personal or social needs which cannot be addressed in school. The youth service therefore has an important role in both universal and targeted drug education and prevention work with young people by building on those unique relationships.

In England Ofsted has responsibility for inspecting schools and youth services. Ofsted last reviewed the contribution of youth service to drug education in 1997.

The report *Youth Service Contribution to Drug Education* (Ofsted, 1997) described a variety of practices, including 'zero tolerance', where clubs refused to work with young people who ignored advice to stop using drugs. It also described intensive projects which provided counselling and advice about harm minimisation to enable young people to reduce their drug use.

In particular, Ofsted found that:

- many clubs did not have written policies or procedures for dealing with drug-related incidents on premises
- youth workers lacked clear guidance on legal issues
- many youth workers lacked systematic supervision
- most youth workers did not have detailed job descriptions which covered drugs issues
- detached youth workers were more likely to be well supported by management than those who were centre-based
- there was a lack of central planning for drug issues
- funding for drug-related projects with young people was often short term
- co-ordination between schools and the youth service on drug education was weak
- monitoring and evaluation of drug education by the youth service was weak.

It is important to note that Ofsted was similarly critical of drug education in schools in a report also published in 1997.

In 2002/3 DrugScope and the National Youth Agency (NYA) carried out a survey of drug education policies and practice in the youth service in England. Some providers felt that young people had enough information about drugs through school-based drug education and did little. Others were working extensively with young people to develop approaches to drug education and to provide one-to-one counselling to meet the complex needs of young people who had problems with illegal drugs.

Few providers mentioned drug education which focused on tobacco, medicines or volatile substances. However, most respondents to the survey had policies for dealing with drug-related incidents. This report reiterated the findings of the 1997 Ofsted report when it found that there was a lack of evaluation of drug education interventions and that funding for some projects was short term and not sustainable.

The report by DrugScope and the NYA made a number of recommendations:

- there is a need for greater clarity about the need for drug education, the aims and objectives of drug education and the approach to drug education within the youth service
- there is a need for more 'service-appropriate' evaluation of drug education
- more attention should be paid to the needs of special groups, including gay, lesbian and bisexual young people who may have particular needs with respect to drug education
- young people should be more involved in the analysis of need, development of policy and evaluation.

Research across the world has improved our understanding of what works in universal drug education and Ofsted has recently noted improvements in drug education in schools (2005). We know less about what helps young people who are most at risk of harmful or problematic drug use, including those who truant or are excluded from school.

2.4

Young people and drug use

Most young people of school age do not smoke tobacco, drink alcohol or use illegal drugs (National Centre for Social Research/National Foundation for Educational Research, 2005). The prevalence of all substance use, including alcohol, by young people aged 11-15 in England and Wales has fallen slightly, after considerable increases in the early 1990s and a period of relative stability since 1999. Drug use rises sharply with age and is highest amongst 16-24 year olds. Cannabis remains the most common illegal drug used by all age groups.

Class A drug use has been stable since 1989, although there have been small increases in the use of cocaine and decreases in the use of hallucinogens. The reductions in overall drug use, while modest, are set against a high number of illegal drug offers to young people, falling street prices for illegal drugs and wide availability of alcohol, volatile substances and illegal drugs (DH, 2005, School Health Education Unit (SHEU), 2005).

However there are some discouraging trends. For example, girls now report drinking alcohol as frequently as boys and the amount of alcohol consumed by those who do drink is increasing (DH, 2005). The age at which young people first use illegal drugs is also falling. The use of volatile substances varies from one year to another and from place to place, but can exceed cannabis use amongst 11-12 year olds.

Information about tobacco, alcohol and illegal drug use amongst young people aged 11-15 years in England is collected in a school-based survey, published annually (*Drug Use, Smoking and Drinking among Young People in England*, Department of Health). Similar information is available for 16-24 year olds based on the British Crime Survey, which is a household survey. *Young people and Drug Misuse: England 2006* (NHS Information Centre, 2006) is an annual bulletin bringing together information from *The British Crime Survey*, *Drug Offenders in England and Wales* and *The Offending, Crime and Justice Survey*.

Young people using the youth service will include young people who do not attend school regularly and drug use by this group is higher than the overall prevalence (See 2.8). There are also regional and cultural variations in drug use by all age groups. Youth workers should consider using local surveys (available from DAATs and Crime and Disorder Reduction Partnerships (CDRPs)) to find out the patterns of drug use amongst the young people with whom they work.



2.5

Alcohol and young people

Alcohol plays an important role in UK society. Young people drink alcohol to enjoy themselves, to feel confident and to celebrate. Others also drink to relieve stress and to escape from distressing circumstances. Some young people report drinking simply 'to get drunk'. Underage drinking and binge drinking are a cause of widespread concern. While more young people now abstain from underage drinking, the average amount of alcohol consumed by 11-15 year olds has doubled from 5.3 units in 1990 to 10.5 units per week in 2005 (*Drug use, smoking and drinking among young people in England in 2005*, Department of Health, 2006).

There is an association between young people's consumption of alcohol and risky sexual behaviour. However, this association is not necessarily one of cause and effect. Young people may drink too much, lose some of their inhibitions and engage in risky sexual behaviour. Alternatively, both drinking and risky sexual behaviour could be part of a young person's overall pattern of risk taking.

The Department of Health has developed guidance for those developing alcohol misuse interventions. See www.dh.gov.uk/assetRoot/04/12/36/82/04123682.pdf

There is a causal link between alcohol consumption and violent crime. In particular young male drinkers have a tendency to misinterpret other people's behaviour as threatening and respond aggressively (Gibbs, 1986). Victims and perpetrators of alcohol related crime share many risk factors: being male and aged between 16 and 24 years; being single; visiting pubs and clubs regularly and drinking alcohol on 3-4 occasions every week; and regularly consuming 10 or more units of alcohol in a single session (Cabinet Office Strategy Unit Alcohol Project, 2003).

Case study: Alcohol and sexual risk-taking

The National Children's Bureau worked in partnership with Drug Education Forum and Sex Education Forum over a two-year period to identify the impact of alcohol and other drug use on the negotiation of sexual relationships and on sexual health. The research was carried out with the participation of young people and has helped to clarify good practice.

Some of the young people in the study explained that education and support is too often segmented into different 'topics' such as sex, drugs, violence and bullying, assertiveness, risk and risk taking, emotional and mental health. However, as young people said, real life is not divided up in this way.

"When I feel stupid or bad I act stupid and bad and that is when I get trashed and have sex which I just wish I hadn't. And when I wake up the next day I then feel rubbish about myself and sometimes that means I don't go to school and then I get in trouble..." Young woman, aged 16

Young people also said that educators may be embarrassed or lack confidence and offer unrealistic scenarios which do not engage with the realities of the young peoples' lives.

Youth workers are in a strong position to use the learning from this project to develop educational opportunities that feel closer to young people's experience which they can relate to, without it being uncomfortable. For examples see Lynch and Blake (2004) and National Children's Bureau (2005).

The greater the amount of alcohol a young person has consumed, the more likely it is that he or she will commit a criminal offence. A youth lifestyles study by the Home Office revealed that 69% of young male heavy drinkers and 45% of young female heavy drinkers had been involved in criminal or anti-social behaviour (including fighting and criminal damage) (Richardson and Budd 2003).

For further information on alcohol and young people, refer to the Alcohol Concern website at: www.alcoholconcern.org.uk/files/20051020102757Acquire%20pull-out%20No41.pdf and www.alcoholconcern.org.uk/files/20030818160907Teen%20Pregnancy%20Briefing.pdf

2.6

Volatile substances

Volatile substances are a particular cause of concern for those working with young people. More young people die from volatile substances than from all illegal drugs, with an average of one death a month. Deaths amongst under 18s fell after the introduction of legislation to restrict sales of common solvents used for intoxication and improved drug education in schools, although this trend has not been sustained. Death can occur from a single use of volatile substances. (See www.dh.gov.uk/assetRoot/04/11/56/05/04115605.pdf and <http://www.sgul.ac.uk/dms/AF55873C9502F700521BA40F6B80.AA.pdf>)

2.7

The health risks from drugs

Tobacco, alcohol, solvents, prescription drugs and illegal drugs all have the potential to cause significant health risks when misused. The risks of significant health effects are greater the younger a person is when they first use them. The law which restricts tobacco and alcohol use and sales of volatile substances reflects these concerns.

Although illegal drug use by young people is falling, the age at which young people first use cannabis and other drugs is also falling. It is clear that some young people who use drugs regularly do so to relieve stress and anxiety. There has been considerable debate about the effects of cannabis on mental health of young people. Some commentators assert that cannabis causes psychotic illness, while others believe it can trigger psychosis in those who have a predisposition.

A recent report by the Advisory Council on the Misuse of Drugs [ACMD] (2006) has identified a small but significant increased risk of schizophrenia amongst young people who use cannabis. It is important therefore when deciding how to help young people who are using drugs to consider the reasons for their drug use and ensure they receive appropriate health advice and support. Further information on the health effects of illegal drugs can be found at: www.drugscope.org.uk/druginfo/home.asp

2.8

Vulnerable groups, risk and protective factors for problematic use

A number of factors increase the risk that young people will develop problems with drug use. No single factor is predictive of drug use or misuse, but the higher the number of risk factors, the greater the probability that a young person will develop problems with drugs.

Some risk factors (such as school exclusion, truanting and problematic drug use in the family) and some protective factors (such as having clear boundaries and a supportive relationship with at least one adult) are particularly relevant to youth work.

Risk Factors	Protective Factors
Chaotic home environment	Strong family bonds
Parents who misuse drugs or suffer from mental illness	Experiences of strong parental monitoring with clear family rules
Behavioural disorders	Family involvement in the lives of children
Lack of parental nurturing	Successful school experiences
Inappropriate and/or aggressive classroom behaviour	Strong bonds with local community
School failure	A supportive relationship with at least one adult
Poor coping skills	
Low commitment to school	
School exclusion and truancy	
Friendship with deviant peers	
Low socio-economic status	
Early age of first drug use	
Being labelled as a drug misuser	
Poor knowledge of drugs	

Adapted from *Drugs: Guidance for schools* (DfES 2004)

2

2.8.1 School exclusion

According to the Mori survey of youth crime in England and Wales 2004, 19% of young people attending secondary schools and 49% of those excluded from school reported buying illegal drugs. Nine percent of 11-16 year olds in school and 29% of those excluded from school reported having sold drugs. While these figures do not support the view that school exclusion *causes* drug use amongst young people, exclusion can increase the risk of problematic drug (including alcohol) use due to a lack of adult supervision, greater exposure to drugs and greater opportunity for young people to associate with other drug users in the community. The youth service is often better able to engage with some young people who are excluded from school than other services.

2.8.2 Having a parent with problematic drug use

A survey by the Advisory Council on the Misuse of Drugs (*Hidden Harm*; ACMD, 2003) revealed that, on average, for every adult who has problematic drug use, there is a dependent child or young person under the age of 16. This is 2-3% of all children or 300,000 children under 16 in England and Wales alone. Young people who live with a drug-using parent are at increased risk of harm from accidental poisoning, needle injuries and from neglect and are seven times more likely to develop a drug problem themselves. Some children of drug misusing parents are looked after by other family members or may be in temporary and unsuitable housing, leading to disruption of stable social relationships and schooling. Others may themselves become carers for their parents. Young people who are carers for parents who are drug users are least likely to be able to access leisure and other facilities in the community and may need special provision.

2.8.3 A supportive relationship with at least one adult

The voluntary, trusting relationship at the heart of youth work can be a positive and protective factor for young people who may be at risk from problematic drug use, whether their own use or that of another family member. The need for such a relationship with a trusted adult may be particularly important where other relationships are unsupportive and at particular times in a young person's life where pressure to conform with peers may be acute.

DILEMMA:

Jason, a member of your club five-a-side football team often fails to turn up for training and other team members want him dropped from the team. You find out that Jason's Mum has recently been in court for drugs offences. He tells you he is afraid to leave his Mum alone when his Dad is not at home, in case she overdoses.

What additional support do you need to enable this young man to continue as part of the team?

2.8.4 Boundaries for acceptable behaviour

Clear boundaries within families, institutions and communities provide support to those young people who choose not to use drugs, or who wish to reduce their drug use. Clear boundaries also support those who want to take up opportunities and alternative activities that they value. Young people are more likely to accept rules and boundaries if they have been involved in their development, if they are clear and well publicised and if they are enforced. Involving young people in policy development is key to the success of its implementation (see Section 5).

CHECK POINT!

How does your role contribute to the personal development of young people? How does the service you work for offer young people opportunities for strong bonds with their local communities and for supportive relationships with adults other than their parents/carers. How are young people involved in setting and maintaining boundaries for acceptable behaviour?



3

**A guide to working
in partnership
for the benefit of
young people**

KEY MESSAGES

- Partnership working offers the youth service support to meet young people's drug-related needs, whether these are education, advice and guidance or treatment focused.
- Arrangements under *Every Child Matters* vary but all services for young people share common outcomes.
- DAAT chairs and Directors of Children's Services have been asked to agree joint substance misuse priorities and targets for inclusion in the local Children and Young People Plan from April 2006.
- Local Strategic Partnerships (in some cases within Local Area Agreements – see www.odpm.gov.uk/pub/837/LocalAreaAgreementsGuidancePDF466Kb_id1137837.pdf) will be jointly accountable for achieving Key Performance Indicators (*Every Child Matters: Change for Children, Young People and Drugs* (2005)).
- Local and national initiatives support the development of drug education drug prevention and early intervention activities through partnerships with the youth service.

3.1

Working in partnership on drugs issues

The special relationship that youth workers have with young people means that they may be the first people to realise that a group or individual is using or is troubled by their own or another's drug use. This means that youth services can provide important opportunities for early intervention.

However, youth services will recognise that one person or agency alone cannot provide all the resources or services that children and young people need. Partnerships with the youth service also offer other agencies ways to engage constructively with young people. The youth service has expertise to share with others about working with young people, supporting them and upholding their rights and is pioneering ways in which young people can contribute to planning local services – for example, by training young people to sit on interview panels and forums of all sorts.

Partnerships can take many forms, including working with commercial partners to promote drug education messages for young people.

3.2

What partnerships can offer youth work

Partnerships can be used to deliver

- drug education and other services for young people
- drug awareness and the training in screening and referral for youth workers

and to establish

- local youth service drug policies
- standards of care and procedures
- assessment for substance use
- protocols on confidentiality and information sharing across the partnership
- jointly funded initiatives.

Partnerships also provide frameworks for young people's participation

- using local youth councils or their equivalents
- supporting young people to voice their opinions about local initiatives
- collecting information and data and hosting focus groups on behalf of other agencies seeking to consult young people.

3.2.1 Support for youth workers

Partnership with other agencies can also offer a sense of shared responsibility, accountability and support. It is possible for youth workers to feel isolated or out of their depth when encountering drug issues and may feel unable to share their concerns. Partnership work is a way for workers to get the support they need to do their work effectively e.g. providing someone with whom to discuss theoretical concerns or recent developments nationally or locally. Having a close working relationship with local drug agencies will enable workers to share concerns and responsibility for decisions. Having jointly written policies will mean sharing the burden of accountability and increasing the range of responses to a given situation.

At a more senior level partnerships offer the opportunity to develop consistent policies across a community and across a range of organisations who work with young people.

3.3

Making partnerships work

As in other spheres, partnerships are only successful where the partners are reliable and where they honour commitments, such as being where they say they will be and providing the service they have said they will provide. This depends on each partner's role being sustainable in their own right. Many partnerships also rely on particular individuals and their commitment and willingness. However, people move on and it is important to have agreed protocols in place and formal channels for communication, to ensure that partnerships survive changes in personnel.

This will mean having regular representation on local strategy groups and forums, (such as DAAT boards, Task or Partnership Groups or Joint Commissioning Groups) and having written policies and procedures that are approved by all concerned, publicised to a wide range of partners, their staff and volunteers, and that are freely available for reference purposes.

3.3.1 Partnerships with young people

Hear by Right is an established standards framework for organisations across statutory and voluntary sectors to assess and improve practice and policy on the active involvement of children and young people. For example, by engaging with children and young people, the framework demonstrates how health care professionals can work with them in a practical way to forge a better health service. The standards framework in Hear by Right is based on the Seven S model of organisational change: Shared values; Strategy; Structures; Systems; Staff; Skills and knowledge and Style of leadership. It relies on self-assessment, divided into three levels of 'emerging', 'established' and 'advanced', with each level building on the last. More information is available at www.nya.org.uk/hearbyright/home.asp?cid=180&cats=215



3.4

Strategic or management levels of partnership

Under the changes introduced in *Every Child Matters* (DfES, 2004) most young people's services are being brought together under new Children's Trusts arrangements.

While integrated delivery can be fostered in many ways, and at many levels, making sure that the overall system is meeting the right needs for the right children and young people requires effective integrated strategies. These include:

- a joint needs assessment process
- shared decisions on priorities
- identification of all available resources
- joint plans to deploy them
- information sharing and assessment.

This joint commissioning, underpinned by pooled resources, will ensure that those best able to provide the right packages of services can do so. The local groups formed to take these shared decisions may have various differing names, for example Children and Young People's Strategic Plans (CYPSPs) or Children's Trusts. There is no prescriptive model of what local arrangements should look like or be called.

However, the objectives of the trusts will be the five outcomes identified in the Green Paper, *Every Child Matters* (DfES, 2003).

- enjoying and achieving
- staying safe
- being healthy
- making a positive contribution
- achieve economic well-being.

Many areas will have sub-groups representing these strands that report to the trust, for example, a Be Healthy Group. These sub-groups will report to the CYPSP or Children's Trust overall forum in order for them to take strategic decisions.

The Youth Green Paper *Youth Matters* (DfES, 2005) extends the principles outlined in *Every Child Matters* to emphasise the importance of involving young people in the development of services which are intended to support them. It proposes a range of mechanisms through which young people can be engaged in developing services and can make a contribution to the community, including the development of local youth strategy (see Appendix 9).

Exact arrangements vary in each local authority. In many areas youth services are an integral part of these arrangements, along with Education, Children's Social Services, the voluntary sector and area health providers. The work on the young people's drug agenda is included within the Be Healthy strand, although drugs may impact on all strands and funding for work on illegal drugs will usually be via the local pooled budget.

It is clear that, in order for these arrangements to work, there is an increasing emphasis on partnership; and that the input of the youth service manager and provider to DAATs or Joint Commissioning or Task Groups will be increasingly valuable.

3.4.1 Accountability

Since April 2006, DAAT chairs and Directors of Children's Services have been asked to agree joint substance misuse priorities and targets for inclusion in the local Children and Young People Plan.

DAATs have Key Performance Indicators (KPIs) relating to vulnerable young people identified in *Every Child Matters: Change for Children, Young People and Drugs* (2005).

These Key Performance Indicators relate to:

- Universal drug prevention – education services, linked to the percentage of schools achieving Healthy Schools status.
- Vulnerable groups – truants/excludees. A number of ‘High Focus Areas’ have received intensive support to develop services for children and young people are piloting various initiatives.
- Social Services – Social Services and Looked After Children’s Departments have a duty to collect data on assessments and treatment offers to children looked after by the local authority.
- Youth Offending Teams (YOTs) – a Youth Justice Board target for assessment and treatment is to undertake assessment within five working days and to provide access to treatment within 10 working days. Most YOTs already have links to local drug and/or alcohol services and may have a substance misuse worker as part of their multi-disciplinary team.
- Treatment – increase the numbers of young people with substance misuse problems receiving treatment. Local data on young people substance misuse services is now reported and collected centrally (National Drug Treatment Monitoring Service [NDTMS]).

3.5

Partnerships with locally funded initiatives

Under the new Trust arrangements DAATs may be looking to locate services on the same site or to fund specialist workers within the Youth Service or Connexions from their budget. Local DAATs receive funding to contribute to local responses to drugs and young people, known as the Substance Misuse Partnership Grant. Most areas will use this funding alongside other sources to provide specialist services, training and workforce development for those working with young people, including youth workers.

The local Crime and Disorder Group (within which there should be a Young People’s group) may incorporate the DAAT. They will have considerable funding at their disposal for projects which make the community feel safer and empowered, or that result in supporting young people to resist anti-social behaviour.

The local YOT may be linked directly to Social Services but straddles across many agendas and may be working with young people who are also known to the youth service. The local Children’s Services Department (formerly LEA) may be able to provide opportunities to take youth work out to extended schools or other sites as part of behaviour improvement planning.

3.6

Partnerships with centrally funded initiatives

These include Healthy Schools Programmes and Positive Futures.

3.6.1 Healthy Schools programmes

The local Healthy Schools Programme Co-ordinator, Schools Drug Advisor or Personal, Social, Health and Citizenship Co-ordinator (and the Teenage Pregnancy Co-ordinator) have a wealth of information and contacts at their fingertips. They will also be able to advise on standards for drug education and policies and access resources.

3.6.2 Positive Futures

A useful link can also be made with Positive Futures, the sports diversionary programme running in many areas – see www.drugs.gov.uk/young-people/positive-futures

These programmes target the most vulnerable groups or areas and may be enthusiastic about embedding themselves in local youth provision.

3

Case study: Teenage Kicks

Positive Futures is a Home Office programme that works to widen horizons by providing access to lifestyle, educational and employment opportunities for young people living in the most deprived areas of England and Wales.

Positive Futures projects are marked by their collaborative approach and each project is delivered in partnership with up to 15 local agencies, including: Youth Offending Teams, Youth Services, local authorities, police, Drug Action Teams, Connexions, Community Safety Partnerships, social services, Pupil Referral Units, and sports clubs. The third (2006) Positive Futures impact review identified a range of ways in which Positive Futures has been of benefit to young people and their local communities – see www.drugs.gov.uk/publication-search/183400/pf-impact-report?view=Binary

Positive Futures in Suffolk began in December 2002 and targeted 13 wards in three county locations, aided by a management group of individuals from key agencies such as Suffolk Constabulary, Sport England, three local authorities, Suffolk Sport and the Drug and Alcohol Action Team.

One problem recognised at the outset was that the young people tended to be very territorial and did not use facilities in adjacent wards. One example of a Positive Futures project which addressed this issue was run in partnership with Suffolk Police, who ran an evening football activity called 'Teenage Kicks'. Teenage Kicks aimed to offer young people aged 12-19 the opportunity to play football free at a local Sports Centre in the centre of Ipswich. The sessions took place every Tuesday evening and were a great success with over 60 young people from different parts of the town attending each week. According to the local police, the sessions have made a noticeable contribution to crime reduction in the area.

CHECK POINT!

How do local partnerships support you to meet the drug-related needs of young people with whom you have contact? Are you aware of the four-tiered approach to drug services and where the youth service fits in to this structure?

What is your organisation's policy on confidentiality? What procedures do you have for ensuring information sharing is appropriate and effective?



4

Drug education and prevention

KEY MESSAGES

- Drug education is one component of drug prevention.
- Drug education is an educational entitlement for every young person and aims to provide opportunities for young people to develop their knowledge, understanding, skills and attitudes about drugs and appreciate the benefits of a healthy lifestyle.
- Young people's needs with respect to drug issues vary and youth service providers should assess the needs of the young people with respect to drug education before planning any provision.
- Needs assessment can take many forms and be carried out by agencies, youth workers and young people.
- Needs assessment assists in setting clear aims and objectives and in evaluating the impact and outcomes of drug education.
- International research has established the key components of effective drug education.
- Youth workers should not be expected to deliver aspects of drug education which are beyond their expertise. External contributors can make a valuable contribution to a programme, but they must be aware of the aims and objectives of the programme to which they are contributing.
- Youth workers should seek to establish a safe and secure environment in which young people can learn about drug issues.
- Youth workers should ensure young people are aware of the ground rules and the limits of confidentiality which can be offered when discussing drug issues.

4.1

What is drug prevention?

Drug education, law enforcement and treatment are all components of drug prevention. The aim of drug prevention is to:

- minimise the number of young people using drugs
- delay the onset of first use
- reduce the harm from drugs
- enable those who have drug problems to seek help.

Many successful drug prevention programmes involve the wider community who have useful contributions to make towards ensuring young people:

- receive consistent messages about the harm drugs cause to individuals and communities
- are aware of the penalties for breaking the law with respect to drugs including alcohol and tobacco
- can feel safe in their communities
- receive support from the community to reduce the risk factors which might make young people vulnerable to drug use. Such support would include benefit advice, legal support, housing aid and access to prescribing services (see section 2.0).

4.2

What is drug education?

Drug education is the planned provision of information and skills relevant to living in a world where drugs are common place. This includes formal and non-formal education.

The aim of drug education is to provide opportunities for young people to develop their knowledge, understanding, skills and attitudes about drugs and appreciate the benefits of a healthy lifestyle. (*Drugs: Guidance for schools*, DfES, 2004).

In England, school-based drug education is an entitlement of every young person. It is a statutory part of the science National Curriculum. Many schools also deliver drug education through the non-statutory framework for PSHE and the Citizenship curriculum. There is no statutory provision for drug education for students at Further Education (FE) or sixth form colleges. However, many colleges do offer drug education (see *Drugs: Guidance for Further Education Institutions*, DrugScope and Alcohol Concern, 2004). Young people who are not attending school or college regularly may miss out on some or all of this entitlement. A recent Ofsted report (2005) has highlighted that young people believe school-based drug education should include more about alcohol and tobacco than it currently does.

Some young people with drug-related experience may appear to have greater knowledge of illegal drugs than a teacher or youth worker, although there may also be gaps in their knowledge and understanding. Some young people view illegal drug use, especially cannabis use and binge drinking, as a rite of passage or as a normal part of growing up. Other young people may abstain from drug use because of family, social or cultural reasons. Since young people in contact with youth services will have a range of education and experience of drugs of all kinds, it is important that providers assess the needs of the young people with respect to drug education before planning provision.

The youth services' role in drug education includes:

- ensuring that all staff, including volunteers, have appropriate training for their role (see Section 8)
- assessment of young people's needs with respect to drug education
- planning for opportunities to meet the varied needs of young people with respect to knowledge, skills and understanding through a variety of activities
- creating an environment where young people can reflect on their own and others' attitudes to drugs and where misconceptions can be challenged
- involving young people in the planning and delivery of drug education
- setting clear boundaries for behaviour
- clarifying the extent of and limits to confidentiality
- providing links to services and other agencies

DILEMMA:

All those who work with young people are encouraged to contribute to the government's public service agreement:

"Reduce the use of Class A drugs and the frequent use of any illicit drug among all young people under the age of 25, especially the most vulnerable young people."

Youth workers frequently comment that the most common drug used by young people and the one that causes the most problems is alcohol. Young people say they would like more information and advice about alcohol and about stopping smoking. In what way does your service contribute to reducing the harm from illegal drugs, while also responding to young people's expressed needs with respect to tobacco and alcohol?

4.3

What works in drug education?

Effective drug education contributes to reducing the consumption of drugs including tobacco, alcohol and illegal drugs and delaying the onset of their use. The best available worldwide research has identified some of the key components of effective drug education programmes as those which:

- have clear aims and objectives
- address knowledge, skills and attitudes
- meet the needs of the young people, including developmental and cultural needs
- challenge misconceptions which young people may hold about their peers behaviour and their friends' reactions to drugs use [Young people frequently overestimate the prevalence of drug use amongst their peers and the approval of their friends for drug use]. This is known as normative drug education
- use interactive methods such as discussion, small group activities, peer education and role play
- form part of a wider community approach. Parents and carers should have access to information and support in talking to young people about drugs and other issues.

These components are part of a programme and cannot be delivered in a single session or event. A programme may include both formal and informal education and be delivered over a long period with intensive activity at different times.

Whether delivered through the formal or non-formal means, drug education should:

- Increase young people's knowledge and understanding and clarify misconceptions about:
 - short and long term effects of and risks involved in taking drugs
 - rules and laws relating to drugs
 - the impact of drugs on individuals, families and communities
 - the prevalence and acceptability of drug use among peers
 - the complex moral, social emotional and political issues surrounding drugs.
- Develop young people's personal and social skills to make informed decisions and keep themselves safe and healthy, including:
 - assessing, avoiding and managing risk, including minimising harm
 - communicating effectively
 - resisting pressures
 - finding information, help and advice
 - devising problem solving and coping strategies
 - developing self awareness and self esteem.
- Enable young people to explore their own and others' attitudes towards drugs, drug use, and drug users, including challenging stereotypes, and exploring media and social influences.

In addition, in drug education it is particularly important to create a safe, secure and supportive environment and to respect young people's rights to confidentiality (see Section 4.7 and Appendix 7).



4.4

Why is it important to assess young people's needs for drug education?

Young people's needs with respect to drug issues will vary with their age, experience, the drug use in their community, their cultural background, ethnicity, gender and sexual orientation, among other things. Needs assessment should consider all these aspects.

DrugScope and Alcohol Concern have produced briefing papers on *Consulting young people*; *Developing culturally sensitive alcohol education resources*; and *Gender and drug education*. These three briefings can be accessed at: www.drugscope.org.uk/educationprevention/dsresults.asp?file=\wip\25\1\briefings.htm

Local Authorities, D(A)ATs, CDRPs and other agencies may carry out surveys of the prevalence of alcohol, tobacco and illegal drug use by young people in their area. This information can be invaluable in establishing the focus of prevention and education programmes and may provide a baseline against which to measure the effectiveness of drug education or prevention work.

Case study: Gateshead Young Women's Outreach Project

The Project provides support, information and empowering learning opportunities for young women aged 14-19 and particularly for young mothers. During a project to raise young people's awareness of drink-spiking, it became apparent that there was a general lack of understanding of the effects of alcohol amongst the young people. Young mums involved in the Young Women's Project decided that the specific issues which needed addressing were units of alcohol, mixing drinks and the different effects of alcohol on men and women. An education programme was developed on these themes and the group then went on to design and distribute leaflets and posters to raise other young people's awareness in these areas.

The young women valued the opportunity to identify and respond to needs which were important to them.

"We made our own programme, we knew what we wanted"

"They got our views, corrected us sometimes and told us more"

The worker team, which included workers from the Young Women's Project and NECA (North East Council on Addictions), felt that the young person-centred approach was critical to the success of the project. The young women gained a sense of empowerment by owning and leading the project. They also developed a whole range of skills from making bookings for venues to teamwork and discussion skills and how to give advice and information.

"They were all our ideas"

"It was our project, we owned it"

Not only was a young person-centred approach crucial in terms of process, it was also critical in terms of outcome. The knowledge gaps were identified by the young people themselves and they also thought that other young people would respond well to information and advice from their peers.

"They might listen to people our age"

Similarly, youth workers may carry out a survey of young people's beliefs, attitudes, knowledge and understanding with respect to drugs using a questionnaire, quiz, interviews or focus group discussions. With support, young people can also carry out a needs assessment amongst their peers.

4.5

Setting aims and objectives

4

Establishing the needs of a group with respect to drug issues is an important step in deciding the aims and objectives of drug prevention or drug education programmes and for shaping policies to ensure that those needs are addressed. Youth workers should work with young people to set clear aims and objectives for drug education and prevention programmes. These may include generic aims, such as developing supportive relationships between adults and young people and establishing a climate where young people can discuss drug issues in a non-judgmental environment. They may also include more specific objectives, such as raising young people's understanding of strategies to minimise the harm from drug use.

4.5.1 What are aims and objectives?

The *aim* of a session, programme or intervention reflects the broad outcome to be expected. For example, the aim of a session on the law relating to drugs for young people might be to raise awareness of the age at which it is legal to purchase alcohol and tobacco.

Objectives are more specific and relate to what people will know, understand or be able to do as a result of participating in the session or programme. Objectives are also sometimes known as intended learning outcomes, where the needs of different groups are differentiated. Objectives for a session on the law on alcohol might include:

Young people will understand that:

- it is illegal to purchase alcohol for someone under the age of 18 years
- it is illegal to serve alcohol in licensed premises to those under the age of 18 years, except with a meal
- The alcohol content by volume (ABV) of drinks must be stated on the label – and that this relates to information on sensible drinking limits.

All those planning drug education, whether it be a single session, a module, part of a health week or other form of delivery, should be clear about the aims and objectives and which agency is best able to deliver those objectives. Youth workers should receive support for their role in drug education but should not be expected to deliver aspects of drug education which are beyond their area of expertise. External providers, such as the police or drug treatment agencies, can make a valuable contribution by offering a discrete part of larger programme. In planning their involvement, everyone will need to know the aims and objectives of the overall programme in order to know how their contribution can be most effective. The learning outcomes should relate to young people's needs and be clearly explained to the group using appropriate language before beginning.



4.6

Evaluation

A needs assessment not only helps to shape the aims and objectives, but also to determine how the impact and outcomes of drug education can be evaluated. Evaluation is essential if organisations wish to make informed decisions about the interventions they offer and / or demonstrate that their involvement with young people is making a difference, for example in helping to increase the number of young people who know how to access help and support for drug-related problems.

4.6.1 Evaluating outcomes

An outcome should reflect the overall aim of a strategy. A reduction in drug use by young people is an example of a health outcome. Measuring these kinds of outcomes reliably can be a complex exercise. For these reasons it is more common for youth service providers to evaluate the impact of a session or programme.

4.6.2 Evaluating impacts (outputs)

Impacts (also known as outputs) are intermediate indicators of desired outcomes. For example, it is possible to argue that knowledge of the law is an important factor in helping young people to decide whether or not to use illegal drugs. Measuring a change in knowledge and understanding of the law would indicate some likelihood of success in preventing or reducing drug use amongst young people. Because impacts are related only indirectly to outcomes, they do not always predict that the desired outcome will be achieved. For example, a good knowledge of the law on illegal drugs may have no effect on a young person's drug-related decisions, or may even enable them to find ways to avoid being caught breaking the law. However, if a session whose objectives included greater knowledge of the law had no impact on that knowledge, then it would be unlikely to contribute to the desired outcome and may be a waste of resources.

4.7

Confidentiality in drug education

Confidentiality and its appropriate use and application is highly important to the quality and nature of the relationship between youth workers and young people.

4.7.1 Confidentiality and youth workers

Aspects of confidentiality apply both to those working with young people and to young people themselves. Youth workers delivering drug education should be discouraged from sharing personal experiences which they wish to remain confidential. Controversial or sensitive issues can be managed by using distancing techniques, such as anonymous case studies, anonymous question boxes and depersonalised discussions.

4.7.2 Confidentiality and young people

Where young people have been promised confidentiality this should be respected and this may apply in one-to-one discussions or in some group discussions (see also 4.8 below). Young people should be made aware of the limits of this confidentiality, which should be stated in the child protection policy. If a young person asks a question, offers information or behaves in a way which suggests they may be at risk of significant harm, youth workers should follow their organisation's child protection policy. Permission should first be sought to share information with others, either in the youth work team or beyond, or where there is sufficient reason to share information without permission, young people should know with whom the information is to be shared and why.

[See section 5.2.1 on Information Sharing]. Ground rules established for group work should include confidentiality within the group as a good practice point and this can be extended to apply outside the group, e.g. in one-to-one discussions.

4.8

Establishing a safe, secure learning environment

This includes negotiating and reinforcing a set of ground rules, a group agreement or contract in which both youth worker and young people know where the boundaries of discussion and behaviour lie. This will help to ensure that young people feel comfortable and are ready to listen to and discuss each other's opinions in a climate of mutual respect. Youth workers should clarify the ground rules for the group with which they are working and ensure external providers of drug education are also familiar with the ground rules as they apply to the particular session.

4.9

Examples of drug education and prevention from within the youth sector

Needs assessments, setting aims and objectives or intended learning outcomes, establishing ground rules, working with external contributors and evaluation may all appear to imply that drug education is a very formal and structured process. However, informality is often the key to working with young people in a youth work setting. What can distinguish drug education in a youth service setting from drug education in schools is the opportunity to capitalise on that informality in a way that a more formal setting cannot.

Case study: D-Cubed

D-Cubed is located within Leeds City Council's Youth Service and has been in operation since 1997. It was first established as a "safer dancing" outreach service, and provides a service to under 18's events.

Following a range of assessments and consultation with young people, the service has evolved to provide tailored drug prevention packages for 13 to 19 year olds.

The approach is based within youth work methodology and recognises the intrinsic differences that exist between young people of various ages and social cultural backgrounds. All substance related interactions therefore take into account young people's felt needs, the age appropriateness, legal competence, confidentiality and exposure to, as well as protection from risk and harm.

Work takes place in a range of settings, such as detached groups, youth centres, schools, festivals, health fairs, mobile provision and in colleges.

D-Cubed programmes actively involve young people and lend themselves well to a range of accredited outcomes. Leeds university students are encouraged to work with the service as volunteers. All volunteers receive training and advice.

D-Cubed also operates two websites designed to increase young people's interaction with the service: one for those under 18: www.d3info.com/d3info/default2.asp and another for those 18 and over: www.d3info.com/dcubed/dcubed/default2.asp

Case study: Teen Spirit

Darlington Youth Service developed *Teen Spirit* projects to undertake issue-based work in partnership with young people. The aims are:

- to give young people the opportunity to make real decisions on issues that affect all young people
- to produce credible resources that can be used with young people in schools and youth clubs by workers or peer educators
- to identify specific issues and appropriate formats for giving information that will be attractive to the target group.

Darlington Youth Service approached a local newspaper, *The Northern Echo*, with a proposal to produce a special supplement that would be included with the newspaper containing health information specifically targeting young people.

The supplement was written and edited by 22 young people working during their summer break. 77,000 copies of the supplement were printed and distributed with *The Northern Echo*.

Following the success of the supplement, the Northern Region Health Authority offered to fund a second project and a video was produced called *Teen Confidential*.

This project sought to demystify some health services (substance misuse and sexual health) and show young people how easily they can be accessed. This video received three Gold Seal Awards in the IAC Film and Video Institute's International Film and Video competition.

Since then, the youth service has built on that success. Four more videos/DVDs have since been produced, focusing on a range of issues:

- volatile substance misuse
- homelessness
- bullying
- youth voice.

Young people are involved in all aspects of production and although the original young people have moved on there are many others interested in working on issues that are important to other young people.



Case study: UK Youth

UK Youth have published a guide to peer education for the youth service: *Know the Score: youth to youth drug education* (Harvey, 2002). The manual includes:

- key elements of peer drug education work
- information about the strengths and challenges of peer drug education
- guidance on planning peer drug education projects
- advice on recruiting, training and supporting peer drug educators
- different ways to evaluate peer drug education
- photocopiable training materials to use when training peer educators
- activities to increase young people's awareness of drug issues for use with young people
- outline of a peer drug education project.

The manual is recommended for use by organisations which have clear policies in equal opportunities, child protection, health and safety and clear guidelines for the roles and responsibilities of peer educators. It is not recommended as a stand-alone resource (i.e. for young people to use without the support of a project worker within an organisation).

CHECK POINT!

How do you assess young people's needs for drug education? How do you ensure a safe and secure environment for discussion of drug issues while ensuring everyone recognises the limits of confidentiality?



5

Good management of drugs by the youth service

KEY MESSAGES

- All youth services should have a written policy which states how drug-related incidents will be dealt with.
- Drug-related incidents involving young people include being intoxicated during youth work activities, possession or dealing in illegal drugs on or around youth work premises and finding drug paraphernalia on youth work premises.
- Youth services should have a range of responses to drug-related incidents.
- All young people involved in drug-related incidents should be made aware of services available to support them.
- The immediate health and safety of young people and youth workers should be the first priority with respect to drug-related incidents.
- Young people who receive appropriate support are likely to have better outcomes than those who are not able to access the support they need.
- Substances suspected to be illegal drugs should *not* be disposed of by youth workers but should be handed to police according to locally agreed protocols.
- There is no obligation on youth workers to inform the police of the name of a young person involved in a drug incident on premises.
- Good relationships between the youth service and the local police are essential to the development of and implementation of local protocols.

5.1

Drug-related incidents and the youth service

All youth services should have a written policy which states how drug-related incidents will be dealt with. This will provide essential support to youth workers and transparency for young people, parents and agencies with whom the service works to reduce the harm from drugs.

Drug-related incidents take many forms and can involve young people and adults. This section deals with drug-related incidents involving young people. Please also see Section 6 for specific issues arising from outreach and detached youth work.

Youth service managers and those responsible for supporting youth workers should also consider developing policies for managing drug-related incidents in which adults are principally involved, whether or not those adults are employees or volunteers. Such consideration should include issues of welfare and discipline. A youth worker may be deemed unfit to work because of their drug use, especially if she or he poses a risk or potential risk to the health and safety of young people or colleagues.

Drug-related incidents include:

- young people being under the influence of drugs on premises (or when involved in activities organised or supported by youth workers)
- possession or use of illegal drugs on premises (or when engaged in activities organised or supported by youth workers)
- dealing in illegal drugs
- finding drug paraphernalia on or in the surroundings of premises used by the youth service.

5.2

How should a youth service respond to drug-related incidents?

Youth services should have a range of responses to drug-related incidents, including support and disciplinary actions. The youth service has a duty of care to young people. There are clear overlaps with concerns about child protection, confidentiality and other issues. The flow chart in Appendix 7 illustrates this.

In a medical emergency, youth workers should call an ambulance and try to find out what drug or drugs are involved. In serious incidents involving illegal drug use, repeated incidents of drunkenness, or intoxication by volatile substances and where the young person is under the age of 18, youth workers should consider informing parents or carers, unless it is judged that this places the young person at increased risk of harm. Young people should be informed about such action and wherever possible this should be with the agreement of the young person concerned.

The youth worker should inform their own manager of the incident and of any immediate action taken. (See Appendix 2 for incident record form.) A member of the management committee should have responsibility for drug issues and this person or the premises manager should also be informed.

All young people involved in drug-related incidents should be made aware of services available to support those with drug-related problems.

5.2.1 Information sharing and young people

The government has issued guidance about information-sharing for all practitioners, including the police, who are working with children and young people. The aim of this information sharing is to identify and support young people who have additional needs, or who may be in danger of falling into crime, and to ensure young people's needs are addressed by appropriate agencies, working together. A cross government group, working under the *Every Child Matters* umbrella, has consulted on establishing a standard framework for information sharing. The guidance document *Information Sharing: Practitioner's Guide – Integrated working to improve outcomes for children and young people* and associated training materials is available on www.ecm.gov.uk/informationsharing

The guidance contains six key principles about information sharing which practitioners should use. However, the sharing of information about children and young people will always be a matter of professional judgement, based on the powers of the organisation holding the information, the likelihood of the information being shared with a third party and the risks to the welfare of the young person concerned of sharing or not sharing information. (See also section 4.7 on confidentiality.)

The six key points on information sharing are:

1. You should explain to children, young people and families at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement.
2. You must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them.
3. You should, where possible, respect the wishes of children, young people or families who do not consent to share confidential information.
4. You should seek advice where you are in doubt, especially where your doubt relates to a concern about possible significant harm to a child or serious harm to others.
5. You should ensure that the information you share is accurate and up-to-date, necessary for the purpose for which you are sharing it, shared only with those people who need to see it and shared securely.
6. You should always record the reasons for your decision – whether it is to share information or not.

5.3

The aims of drug-related incident management

The aims of drug-related incident management are to:

- ensure the immediate health and safety of the young people and youth workers
- retain contact between the young people involved in incidents and the youth service where possible
- enable better outcomes for young people who may be using illegal drugs, alcohol or other substances
- ensure substances which are suspected to be illegal drugs are handled safely and legally.

DILEMMA:

Youth workers aim to develop and maintain relationships with young people even when they act in ways that might compromise these relationships, such as involvement with illegal drugs, or acting in other legally or socially challenging ways. Sometimes, a youth worker will know that a young person is using illegal drugs, but does not want to tackle the issue as a teacher or a police officer might. How does your organisation's approach to drug incident management help workers to resolve this apparent conflict?

5.3.1 Ensuring the immediate health and safety of young people

Ensuring the immediate health and safety of young people and youth workers should be the first priority with respect to drug-related incidents. Policies should make clear the procedures to be followed in an emergency, as well as how drug-related paraphernalia such as needles and bongs should be handled and disposed of safely (see 5.5). A draft protocol is included in Appendix 3 for responding to the immediate health needs of young people under the influence of drugs including alcohol.

Some youth service providers have policies that state that young people who are under the influence of drugs will not be admitted to their premises. However, service providers should also consider their role in respect of a young person who does arrive intoxicated. A young person who is under the influence of drugs should be carefully assessed with respect to their immediate health and safety needs and the risk they pose to others, including youth workers. If the health of the young person is not at immediate risk, and the safety of other young people and youth workers is not at risk, youth workers should consider whether excluding young people from the premises on a temporary or permanent basis will increase the probability of harm, and should act accordingly.

5.3.2 Retaining contact

Retaining contact between young people who have been involved in drug-related incidents and the provider can enable providers to carry out screening or assessment (see Appendix 7), discuss options, offer support and guidance or refer the young people to more appropriate support. Exclusion from access to a youth service following a drug-related incident may prevent young people who are experiencing problems with drugs from accessing appropriate help and support.

5.3.3 Enabling better outcomes

The youth service has a key role in enabling better outcomes for young people who are at risk of harmful illegal drug and alcohol use by carrying out screening or, where qualified to do so, assessing and referring young people to other services. Young people who receive appropriate support are likely to have better outcomes than those who are not able to access the support they need (see Appendix 7).

5.3.4 Safe and legal handling

Youth workers who find suspected illegal drugs or drug-related paraphernalia on premises should have clear guidance on their confiscation, storage and identification (see section 5.2-5.4.3 and 5.5).

5.4

The Misuse of Drugs Act and the youth service (see also Appendix 4)

It is an offence under Section 8 of the Misuse of Drugs Act, 1971 for the management of premises (including schools, colleges and youth centres) *knowingly* to permit the supply or production of any illegal substance on their premises. It is also an offence to allow premises to be used for the smoking of cannabis, opium and the preparation of opium.

The term 'premises' includes any location under the control of the youth service provider, including mobile centres, buildings and surrounding areas such as gardens and grounds, sports areas and forecourts owned or rented by the service. The youth service should consult locally with the police about their policy and should then:

- actively implement their drug policies
- ensure that the drug policy is understood by young people, youth workers and the whole community
- maintain vigilance over premises and grounds
- keep a record of all drug incidents
- follow any advice from the local police.

5.5

Confiscating and retaining suspected illegal drugs

Youth workers may confiscate any suspected illegal drugs from young people (but should consider whether it is safe to do so). Youth workers may also confiscate alcohol and tobacco from those who are under age. It is a defence to any charge of possession of a controlled substance if the purpose of that possession is to prevent a crime being committed, provided that all reasonable steps are taken to destroy or deliver it to a person lawfully entitled to take custody of it. See *Drugs: Guidance for schools* (DfES, 2004), S4.7 for detailed guidance. (Section 5(4) of The Misuse of Drugs Act 1971 provides a defence to possession.)

Substances suspected to be illegal drugs should *not* be disposed of by youth workers but the police should be contacted without delay. The police will advise on disposal, and may collect, analyse, store or dispose of it according to locally agreed protocols.

Youth workers are not obliged to give the name of a young person involved (or suspected of involvement) in a drug-related incident.

See Appendix 2 for an example of an incident record form. The young person should be informed of the next steps, as set out in the drug policy. See also 5.6.2 regarding searches of young people.

DILEMMA:

Drugs that had been confiscated by a youth worker were disposed of, as recommended in the local policy, by flushing them down the toilet, in the presence of an adult witness. The young person involved was temporarily barred from the service and referred to a local support service. At referral the young man claimed that the substance seized was not an illegal drug and said he was being victimised by the youth worker involved. The young man's parents decided to seek legal advice and were told that without a positive identification of the substance the service had no right to take punitive action.

- *Does your policy on disposal of substances stand up to such a challenge?*
- *What other problems might arise from a policy which encourages disposal of suspected illegal drugs in this way?*
- *What problems might there be in involving the police in cases of possession of small quantities of drugs?*
- *Would chances of such a confrontation be avoided by working with the young person before disposing of the drug, clarifying between you, firstly, what it is, and secondly, the 'next steps' before the (internal) incident record is made and witnessed?*

5.5.1 Contacting the police

In the case of a medical emergency or immediate risk of harm to youth workers or others, youth workers should call the emergency services – 999, or, alternatively, 112. The drug policy should give the name and contact details of the police officer or the role of the police officer with responsibility for drugs or youth issues who can be contacted in non-emergency situations. This could be the force drugs co-ordinator or youth involvement officer. It is advisable that police are asked to identify and store or dispose of any suspected illegal drug, according to local protocols, and to record the incident as described in section 5.5. However, youth workers are not obliged to inform the police of the name of a young person involved in a drug incident on premises.

5.5.2 The responsibility of police with respect to drugs on premises

The police have a duty to uphold and enforce the law. However the priorities for all those dealing with drug-related offences on youth work premises will include:

- the welfare of the young person involved
- the human rights of the young person
- the safety of young people and youth workers
- the seriousness of the alleged offence
- identification of substances and evidence of offences.

5.5.3 Working with police to reduce the harm from drugs in the community

The police in England adopt an intelligence-led approach to policing drug-related offences. This involves sharing information between the community and the police, with the overall aim of reducing the availability of illegal drugs. It is quite proper for police to seek to gather information about illegal drugs within a youth centre or service, provided this is done with the support and co-operation of the service.

Police officers will also be able to share information about the availability of drugs in local communities and enable the youth service to be better aware of local issues with respect to drugs and alcohol for young people.

Good relationships between the youth service and the local police are essential to the development of and implementation of local protocols for detection of drugs on premises and for the support of young people who are using drugs. See *Joining Forces – Drugs: Guidance for police working with schools and colleges* (ACPO, 2006).

5.6

Detection of drug use on youth work premises

Managers who *knowingly* permit the use of drugs on their premises may be committing an offence under the Misuse of Drugs Act 1971. Where managers suspect premises are being used for the production or use of illegal drugs they may, in some circumstances, decide to invite the police to carry out a search of the premises. Detailed advice about these matters is given in Appendix 5. In some circumstances, searches of property may be carried out by youth workers (see 5.6.2).

5.6.1 Use of drugs dogs for educational purposes on youth work premises

Some police forces and commercial companies offer visits from passive drugs dogs for educational or demonstration purposes. Such visits might, for example, show how the dogs would be used outside clubs and at railways stations to detect illegal drugs. If a youth service considers this is a useful exercise, the aims and objectives of any visits should be clarified with youth workers and young people in advance.

Demonstration or educational visits should not be used as a covert detection exercise.



The beliefs and cultural values of the young people may need to be considered in respect of diversity issues. If passive dogs are to be used for demonstration or educational purposes there should be clear procedures agreed with those carrying out the demonstration about what will happen if a dog indicates a trace on a young person, youth worker or visitor to the centre (see Appendix 5).

5.6.2 Searches by youth workers

Youth workers may not carry out personal searches of young people, their clothing or their personal property. If attempts to persuade a young person to hand over a suspected illegal substance have failed and the youth worker wishes to proceed on formal lines, then the police must be called. Youth workers may not detain a person without their consent unless a citizen's arrest is made (see Appendix 4). Police officers may undertake limited personal searches on premises or detain those suspected for the purposes of doing so, under the Misuse of Drugs Act 1971.

Property that belongs to the youth service provider and which is used by young people, such as lockers, may be searched, although consent should be sought if the young people have been offered privacy in using the facility. Youth workers will need to balance the likelihood that an offence has been committed against the risk of infringing an individual's privacy without just cause. Property should normally be searched in the presence of the young person to whom it has been allocated. Two adults should carry out any search of centre property and anything found should be recorded in an incident book, which both should sign.

5.7

Disposal of drug paraphernalia

The Local Authority Environmental Health Department will give advice on the best way to dispose of drug paraphernalia. See *Tackling drug-related litter: guidance and good practice*, DEFRA 2005. available at www.defra.gov.uk/environment/localenv/litter/drug.htm Gloves should be worn when handling needles or drug paraphernalia. Needles or syringes found on youth work premises should be placed in a durable, secure container (for example a tin with a lid) or a properly constructed 'sharps' container available from a local authority environmental health department. The container should be kept out of reach of young people who may not know the associated risks. Used needles should not be disposed of in domestic waste.

5.8

Negotiating local protocols for managing drug-related incidents

There are several key factors to consider when negotiating local protocols for dealing with drug-related incidents:

- the substance(s) involved
- the safety and welfare of youth workers and young people
- the human rights of the young person involved
- the consequences of action and inaction for young people who may be at risk of harmful drug use
- the consequences of action and inaction for the youth service, youth workers and the wider community
- policies already negotiated with respect to schools and other premises attended by young people
- the aims of the youth service concerned
- consistency with other local policies and protocols.

See Appendix 6 for a step-by-step guide to developing local protocols.

5.9

Drugs of particular significance

These include alcohol, volatile substances and controlled drugs as medicines. These also include substances, such as khat, that youth workers should be aware of, which are used by young people belonging to particular cultural or ethnic groups,

5.9.1 Alcohol

The sale of alcohol requires a license under the Licensing Act 2003. The legal age for purchasing alcohol is 18 years. It is an offence:

- for any person to supply alcohol to a person under 18 anywhere, not just on licensed premises
- to sell alcohol to a child – unless the person charged believed he/she was 18 or over and took reasonable steps to establish the purchaser's age
- for anyone under 18 to buy or attempt to buy alcohol
- or anyone under 18 to consume alcohol on relevant premises, as defined by the Act.

The only exception is that those aged 16-17 may drink beer, wine and cider at a table meal if they are accompanied by an adult.

It is an offence to permit anyone under 16 onto premises (premises to which a license or temporary event notice has been given) exclusively for the supply of alcohol, if they are not accompanied by an adult (aged 18 or over).

Anyone who sells alcohol to a person under the age of 18 commits an offence. Youth workers who are responsible for functions where alcohol is for sale to those over 18 must take particular care to check the age of all young people who wish to buy alcohol.

Alcohol may not be offered as prizes in competitions involving skill (such as sport) or games of chance (such as raffles). The law also prohibits the sale of entrance tickets for functions that include 'free' alcohol, except on licensed premises.

5.9.2 Volatile substances

Volatile substances are common in the home and in the workplace. The deliberate inhalation of volatile substances is responsible for more deaths among young people aged 10-16 in England and Wales than illegal drugs (*Out of Sight? not out of mind Children young people and volatile substance abuse A framework for VSA* Department of Health/DfES/Home Office 2005 www.dh.gov.uk/assetRoot/04/11/56/05/04115605.pdf). Managers of premises should consider how aerosols, glues and fuel are stored on premises used for youth work.

It is against the law for shops to sell solvents to someone under 18 knowing or suspecting that they will be misused. Butane (e.g. lighter refills) may not be sold to someone under 18 in any circumstances.

5.9.3 Controlled drugs as medicines in youth work settings

Youth services should have a policy and procedures for managing medicines used by young people both on and off premises. This would include, for example, how to manage medicines during residential and other activities where young people may need to take medicines. The DfES and DH have issued guidance for management of medicines in schools which may be of use in the development of such policies.

(See *Managing Medicines in Schools and Early Years Settings*, DfES 2005

<http://publications.teachernet.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DFES-1448-2005>)

In many cases a young person may be able to manage their own medication – for example, asthma medication and small quantities of painkiller or prescribed medicines such as antibiotics. However, youth workers should be aware of young people who need to take medicine and should decide how the medicines are stored to ensure the safety of others. Some medicines are controlled drugs under the Misuse of Drugs Act (1971) and therefore illegal if not prescribed for the individual using them and policies should take this into account.

For example, Ritalin (methylphenidate) is similar to amphetamine and is a Class B drug. Ritalin may be prescribed for children and young people with Attention Deficit (Hyperactivity) Disorder (AD(H)D) to help them concentrate and manage their behaviour. Some young people need to take Ritalin during the day and youth workers are recommended to follow stringent procedures for receiving, storing and recording young people's use of Ritalin while the young person is in their care, including on residential trips and activities which take place at weekends. DrugScope (2005) has developed guidance for schools on the management of Ritalin which will be of help in developing policies. *Ritalin (methylphenidate) in schools: a briefing paper for practitioners*. www.drugscope.org.uk/uploads/projects/documents/Ritalin.pdf

CHECK POINT!

When was your policy on drug-related incidents last updated? What does it have to say about:

- recording drug-related incidents?
- disposal of suspected illegal drugs?
- naming young people when involving the police?
- referring young people to other agencies?
- managing medicines on residential visits?



6

Policy development

KEY MESSAGES

- All youth services, youth organisations and independent youth projects need to have a clear, up-to-date drugs policy.
- Policies fulfil several purposes, including providing a framework to support centre managers, workers and young people.
- It is helpful to have a working group, representing a range of interests to develop a drugs policy.
- Young people should be actively involved in developing drugs policy.
- It is important to take a range of evidence into account when reviewing and developing policies. This should include what young people say they want and professional judgement and evidence of what works in drug education and prevention.
- Policies should be reviewed regularly to ensure that they remain up-to-date and relevant.

6.1

Drug policy development and content framework

All youth services, youth organisations and independent youth projects need to have a clear and up-to-date drugs policy. The last Ofsted report on drug education and management in the youth sector in 1997 identified that many youth service providers did not have written policies with respect to drug education, training or incident management. More recent reports suggest that many youth services have now rectified this situation. However, where there are no written policies or where policies need redevelopment, this section will offer support.

The checklist in Appendix 8 gives a possible content framework for a drug policy, together with cross-references to the relevant sections of this document.

6.2

Purpose of a drug policy

The purpose of a drug policy is to:

- clarify the approach to drugs, the legal requirements and responsibilities for all staff, including volunteers, young people, management committee members, parents and carers, external agencies and the wider community
- provide a secure framework within which all staff, including volunteers, can work
- enable young people to understand their rights and what is expected of them
- safeguard the health and safety of staff and young people
- give guidance on, and promote consistency in: developing, implementing and monitoring the drug education programme; the management of drug-related incidents; the nature of support that youth workers can give to young people who experience drug-related problems
- clarify exactly what the service or project is doing and what it intends to do
- provide a basis on which to evaluate what has been achieved and where improvements may be necessary
- reinforce the role of the youth service in contributing to drug strategies
- provide information on local drug trends, on the cultural and other social influences on young people's drug use
- Identify partners who can support the implementation of a drug policy – for example, Drug and Alcohol Service, DAAT, and local police officers.

6.3

The process of policy development

All the people concerned should be involved and consulted in the process of policy development, with strong support from senior managers. Mechanisms need to be in place to consult all staff, including volunteers and young people, the local police, local drug agencies and, where appropriate, management committee members, parents and carers, local schools, and other relevant local agencies that work with young people.

Involving and consulting interested parties will ensure that:

- their views, feelings and needs are taken into account
- they feel ownership of, and commitment to, the resulting policy
- they fully understand their roles and responsibilities.

Policies are best developed by a working party, rather than by an individual. Working party members might include representatives from the groups outlined in section 6.3.1. It is the responsibility of the working group to resolve any conflicting views that emerge during the development of the policy.

DILEMMA:

A session on drug education led by a local drug treatment agency at a local authority youth centre was going well. After an hour the facilitator announced a 'fag' break. Several young people went outside the building to smoke. A few minutes later they were joined by the facilitator. Several other young people complained to the youth worker, who was asked to respond.

How does your drug policy help resolve or prevent this scenario occurring in your service?

6.3.1 Who should be consulted?

There is a wide variety of groups and people who will be affected by and/or can contribute to the drugs policy. These include:

- **Staff**

It is important that all staff are consulted. This will include senior managers, full time youth workers, part time youth workers, volunteers and support and ancillary staff.

- **Young people**

It is crucial that young people are fully consulted about the drugs policy and that they have opportunities to contribute their views. Representative groups of young people should be consulted and it is important to include, wherever possible, the views of special groups by age, class, disability, ethnicity, gender, religion and sexuality.

- **Management committee members**

Some youth projects have management committees and it will be important to seek their views in the light of their responsibilities.

- **Police**

Local police who have responsibility for drug-related matters may be able to advise on policy development and obtain legal advice relating to drugs, legal obligations and responsibilities of staff and young people. Police will also be able to help in the development of protocols for managing drug-related incidents (see *Joining Forces*).

- **Drug and Alcohol Actions Teams (DA(A)Ts)**

DA(A)Ts have staff who will be knowledgeable about drugs and who may be able to support policy development.

- **Drug agencies that work with young people**

These are agencies typically delivering Tier 3 and 4 services who will have staff who will be knowledgeable about drugs and who may be able to support policy development.

- **Other agencies that work with young people**

These might include Connexions, Youth Offending Teams, young people's counselling services and social services.

- **Schools**

Youth services and projects should take account of the fact that:

- local schools will be delivering drug education to young people that youth services are working with
- all schools are expected to have an up to date drug policy. In addition, many Local Authorities have drug guidance documents and national guidance is available in *Drugs: Guidance for schools* (DfES, 2004)
- there are many opportunities for joint school/youth work drug projects and these have been developed in many areas of the UK
- many Local Authorities have specialist Drug/Health Education Advisers or Co-ordinators who often operate as part of Healthy Schools Teams.

- **Parents and carers**

Parents and carers are concerned about the possibility of their children using drugs and will have views about how youth services and projects should respond to issues about drugs and drug use. The fact that young people usually attend youth provision on a voluntary basis may mean that it is difficult to consult parents and carers. However, wherever possible and relevant, the views of parents and carers should be taken into account. This might be achieved through consulting existing parent and carer groups and/or young people consulting their own parents and carers and feeding back.

6.3.2 How to consult

There are many possible mechanisms for consulting interest groups. A variety of mechanisms will be needed depending on the particular interest groups being consulted and local circumstances which might include:

- a working group consisting of representatives of different interest groups
- workshops with particular, or a mix of, interest groups, including sessions for staff and young people
- informal discussion with individuals who are representative of different groups or with small groups
- use of a questionnaire to survey views of different groups
- sending a draft policy document to individuals and/or agencies for comment.

A particularly useful mechanism for obtaining people's views is to ask them what they would like to see, and not like to see, in the drug policy. One way of doing this is to ask individuals or groups to list and discuss what they want, and don't want, under headings such as:

- the drug education programme
- how drug-related incidents are managed
- support available to young people who experience drug problems
- other issues you wish to be included or to raise.

It is also important to consider who will do the consulting. For example, full-time youth workers might consult with part-time colleagues they manage, a group of young people might take on a project to consult with larger numbers of young people or their parents and carers, or a small group of parents and carers might consult a wider group of parents and carers.

6.3.3 Differentiating between wants and needs

There is often a difference between people's expressed wants and their needs.

There are a number of different ways to ascertain people's needs. A 'want' is an 'expressed need', which can be an immediate response to a question or concern. These may arise spontaneously or as a result of being asked a simple choice between two options, or through open-ended questioning.

'Felt needs' are those which people offer when given information about the issue and an opportunity to reflect on that information. As an alternative to asking completely open-ended questions, it may be helpful to provide young people with a menu of options so that they can understand the possibilities.

Professionals also have access to useful information which can help to inform what young people's needs are. They may have local and national statistics and information about the evidence-base for good practice. Needs established on the basis of informed professional opinion are known as 'normative needs'. Finally, professionals also have access to information about disadvantage and inequality which may affect the relative needs of different groups, for example drug use by young people who are in local authority care may differ from those living in the same place but with their families. This information is known as 'comparative need'.

All forms of needs assessment should be taken into account when developing a policy.

These terms are based on Bradshaw's taxonomy of social need (Bradshaw, 1981).

DILEMMA:

In response to a survey, young people say they want to invite ex-drug users to give a hard-hitting talk about the dangers of drugs to younger members of their youth group. Local professionals are concerned that good practice guidance says that there is evidence that using ex-drug users may glamorise drug use and convey the impression that Class A use is something which is easily overcome. How does your policy help to resolve this issue?

6.3.4 Recording and disseminating the policy

The working group should take responsibility for drawing together the outcomes of the consultation process and incorporating them into the final version of the policy document.

Once this has been done, the policy should be widely publicised and disseminated.

The dissemination process might include:

- sending copies to all youth projects that it covers
- sending a copy to all interested outside agencies and groups
- inclusion in induction sessions for new staff
- running training sessions about the policy for staff
- running education sessions for young people about the policy
- making posters highlighting the main points of the policy for display in youth service/project premises
- making the policy document available to anyone who wishes to see it, e.g. on a website.

6.3.5 Reviewing and updating the policy

The drug policy will need to be reviewed and updated to ensure that its content is current and that it is effective in practice. This will also help to ensure that the current cohort of staff and young people have ownership of the policy. The frequency of updating is for youth services, organisations and projects to decide, although a review is recommended at least every two years. A particular drug-related incident, changing local circumstances or changing national circumstances (such as a major change in the law) may also necessitate a review. The review might be carried out by the working party who wrote the original policy, in consultation with interested parties. The date of the next major review should be recorded in the policy.

Case study: Developing the Derbyshire Youth Service drugs policy

The document was written by a working group of senior managers and full- and part-time youth workers. Initial consultations involved:

- **three groups of young people from different parts of the county being consulted about their views – see below**
- **obtaining the policy and guidance documents of other agencies, then sending them a brief questionnaire and having informal discussions with them.**

A draft policy was then written and subjected to consultation with full- and part-time youth workers through a series of training courses and workshops. The draft was also sent to a number of external agencies for comment.

The final policy was disseminated at a staff conference and disseminated in localities through staff training and educational sessions with young people.

Consultations with young people

Three groups of young people, aged 13-19, in localities across Derbyshire were consulted about what they thought should be covered in the document. Their views were taken into account when writing the document. The following points were commonly highlighted by young people in Derbyshire:

General

- **Trust and confidentiality were the two most important issues of concern to young people when talking to adults about drugs. Their worst fear is that they will be told that their comments will be kept confidential only to then find that they are passed on to someone else. Generally the young people rated youth workers highly for trust levels.**
- **Young people should be treated fairly and with respect at all times. Their point of view should be listened to and realistic and impartial advice should be given to them.**

Drug Education

- **Young people want quality drug education which gives 'both sides of drugs' and addresses dangers and safer use. It should not tell young people not to take drugs but should also not encourage drug use. It was felt important to inform young people where and how to get help and how to help friends.**

- High quality drug education materials should be used.
- Drug education should be led by people who know something about drugs. Youth workers were considered appropriate educators as long as they knew what they were talking about.
- Young people were critical of both the quality and quantity of some drug education they had received and felt that there was plenty of room for improvement.

Support for young people

- Young people felt that if youth workers were concerned about young people's drug use they should wait for young people to raise the issue and definitely not jump in and ask young people too many questions. Such discussions should be in private so as not to embarrass young people in front of their friends.
- Young people should be able to talk openly with youth workers about their drug use knowing that it will be held confidentially in all but exceptional circumstances.
- Young people should not be put under pressure to discuss their own drug use.
- Youth workers should be able to point to where and how young people can get help if they need it.

Managing drug incidents

- It was not considered appropriate to take drugs from young people in youth clubs except where this was done very sensitively. It was felt better to tell young people to leave the club and to warn them about bringing drugs into clubs.
- Alcohol was seen in a similar light. They felt that if young people brought alcohol onto premises unopened it should be locked away and handed back to them when they leave. If young people took opened alcohol onto premises, or drank alcohol on premises, they should either be asked to leave or the alcohol should be poured away after a warning.
- Asking the police to attend was considered a breach of trust by young people in all but exceptional circumstances, such as where there was open drug dealing or where the physical safety of young people and/or staff was at risk.

CHECK POINT!

How do you ensure young people have a say in the development of drug policy? When were young people last consulted on this issue?



7

Outreach and other youth work settings

KEY MESSAGES

- Outreach and detached youth work have potential to engage young people who may be at risk of problematic drug use.
- Outreach and detached youth workers can feel supported if the way they work with young people on drug issues is understood and is supported by clear management structures.
- Outreach and detached youth workers need clear aims for their work on drug issues and to know how their work will be evaluated.
- Youth workers and young people should be clear about the level of confidentiality which can be offered to young people on drug issues in outreach and detached youth work.
- Youth workers should be careful to avoid obstructing the staff of commercial premises or police if young people are suspected of being involved in an illegal act.
- Ideally, youth workers should not work alone while undertaking detached work.
- Risk assessments should be carried out on all locations for detached youth work.
- Other agencies can offer support to detached and outreach youth workers on drugs issues.

7.1

How does outreach and detached work differ from centre-based youth work?

The purpose of this section is to address the drug-related issues which can arise when workers and young people meet away from the structure and protection of managed youth work premises. Though centre-based work may involve some contact with young people in the same general location, specialist non-centre work most commonly occurs under the heading of outreach or detached work.

Detached and outreach work are often seen as a vital means of engaging with vulnerable young people, or helping them to access the support available in an outreach worker's base project. This has been recognised by Ofsted (2000).

"Detached youth work is a major strength of the service. Workers have a comprehensive knowledge of the communities served and a good understanding of the principles of youth work. They display sound awareness of neighbourhood Workforce planning framework issues and, more explicitly, have comprehensive knowledge about the geographical and territorial boundaries according to which young people organise their lives."

(Extract from Ofsted's 2000 report of one local authority's Youth Service.)

7.2

What are the aims of detached and outreach work?

The overarching aim of detached youth work is to make reliable, constructive relationships with young people and to use these relationships to offer support related to the young people's developmental and pragmatic needs. The main aim of outreach workers is commonly to make contact with young people who may wish to take advantage of facilities or services offered from the base project. However, while the scope of outreach work can be more confined by the base project's aims, some outreach workers may operate as a satellite of their base and be able to offer

Case study: Response – Alec’s case

Wirral Youth Service, run by the Local Education Authority, provides social education and personal development opportunities for young people aged between 13 and 25.

The Youth Service programme provides youth centres in council-owned and voluntary independent community buildings and in one secondary school. It operates a wide range of non-centre-based provision including detached and outreach work and mobile provision. The Youth Service’s Advice and Counselling Agency, “Response”, offers specialist services for young people. It is the first port of call for local young people in times of need or crisis. Referrals can come from a wide range of agencies and everyone is welcomed.

Staff often find themselves working with very vulnerable young people who have been unable to sustain relationships with other agencies.

As one senior staff member put it:

‘We never give up on them, no matter what their problems’

Alec, aged 15, was referred to Responses’ Substance Misuse team by his Mum after being discovered smoking cannabis at school. The school nurse had been working with Alec but his relationship with his mother was rapidly deteriorating and she felt things were ‘out of control’. At first Alec was reluctant to engage with the service and the school nurse retained contact. Matters deteriorated after the school decided to carry out random searches and drug tests, as a condition of Alec being allowed to remain in school. Eventually this led to his permanent exclusion and Alec’s Mother contacted the Response team again. Alec then agreed to work with a substance misuse worker, who carried out an assessment which highlighted the main substance misuse issues.

Alec completed a care plan which included drug education and harm reduction sessions. He also looked at his relationship with his mother.

As this was Alec’s GCSE year, there were concerns around his ability to study and it was agreed that the worker would provide support for Alec. As a result Wirral Metropolitan College provided a private study room, with full internet access for Alec to use for study and the school agreed to allow Alec onto school premises to sit his exams.

Alec sat his GCSE’s and gained excellent results. On results day he phoned Response to thank them for their help.

developmental support in very similar ways to detached workers. Both outreach and detached youth workers may expect to meet a range of young people extending from those exhibiting considerable self-assurance and well-developed personal skills, to those with significant need for support. Amongst these may be young people who are using drugs or alcohol in a way that causes concern to the workers, as well as problems to the users and others.

Response – Mike's case

Mike was 16 years old and living with foster parents when he began attending diversionary activities run by the youth service. Mike had no contact with his mother, who was an alcoholic, or with his father. His attendance at school was poor and he lacked interest in any school work. During the week Mike was drinking and smoking a lot of cannabis and at weekends he used other drugs, including cocaine, ecstasy and speed. His bingeing was having a chaotic effect on his life and he was experiencing psychotic episodes. Initially he was referred to a Tier 3 service, which he declined.

During the diversionary sessions youth worker gradually engaged Mike in conversation about his passion for underground music and finally he asked for help with his substance misuse. At the first meeting the worker explained the confidentiality process and how Response and other services could help him. After several meetings they set some realistic goals. These goals were stopping taking drugs, building relationships and self-esteem and considering his future and what he would like to do and how he could achieve this.

After another psychotic episode, triggered by a small amount of cannabis, Mike accepted help from the Tier 3 service. He found that by reducing his cannabis intake it was easier to stop all the other drugs at the weekends.

Through Connexions Mike enrolled on a three-day residential course based on music and DJ work. The worker had previously gone with Mike to college open days to see what type of course he would like to do.

Mike is now completely drug free and has a very positive outlook on life. He has enrolled on a one-year training course about the music industry.

7

7.3

The style of detached and outreach work

Detached and outreach youth work can vary in style, timing, location and agenda from more conventional youth work and provide alternative approaches for delivery of local or national priorities in drug education, prevention and early intervention. Strong, supportive relationships, built upon mutual trust and respect, are at the heart of these forms of youth work and offer young people important opportunities for personal development which they may not have found elsewhere.

The times, places, agenda and duration of contact between young people and these youth workers are in a large part dependent on the wishes and terms of the young people. The freedom with which workers can raise and explore specific issues will depend not only on the strength of the relationship with a young person, but also on the extent to which the young person allows it. When issues such as a young person's misuse of drugs are of concern to the worker, an approach is needed which avoids both confronting a young person's drug use head-on and colluding with unacceptable or risky behaviour. A gently assertive approach may help a young person to recognise the wisdom of exploring uncomfortable matters in a constructive and supportive way.

7.4

Managing drug interventions in detached or outreach settings

Workers undertaking detached or outreach work can feel that they are more vulnerable to criticism of their approach to drugs issues than centre-based workers, particularly in the early stages while relationships are still developing and if young people are behaving in unsupportable ways, such as causing nuisance or committing crime. Like other drug-related youth work it is important to be clear about:

- the aims and objectives of their work around drugs issues
- how their work will be monitored and evaluated
- the level of confidentiality workers can offer to young people whose trust they seek.

7.4.1 Agreeing the aims and objectives of drug-related work with young people

There should be a clear relationship between the overall aims of a strategy, i.e. the expected outcomes, and its objectives, which describe how those outcomes will be achieved. For example, while the overall aim of drug prevention may be to stop young people using drugs, youth work's objectives may be to bring about qualitative changes in drug use that contribute to 'preventing today's young people from becoming tomorrow's problem drug users' (*Tackling Drugs Changing Lives* p14 [Home Office, 2002]). There may be tensions between national or managerial targets relating to preventing drug use and what it is reasonable to expect workers to achieve with vulnerable young people – which may include harm reduction, education and intervention. These tensions should be openly explored in order not to place workers under pressure to meet unrealistic expectations.

There should also be a clear relationship between the stated aims of drug-related youth work and the needs of the young people concerned. This means that more specific objectives can be developed as information about the whole range of young people's needs emerge. Early (stated) aims may be limited, for example, to making contact with the group who 'hang out on the estate'. Later aims might be to develop relationships further, and to explore the needs and wishes of the group, in order to determine next steps. More specific drug-related aims and objectives should be then defined as the relationships with young people develop, the needs emerge and the options become clearer. Only once these needs are clear, and the young people's readiness to accept guidance and support has been established, can more specific personal development aims be set, along with realistic objectives to address these identified needs.

Aims should also be informed by the evidence of what works in preventing drug use or reducing the harm which drugs cause. It is important not to confuse what young people *want* with what they *need*. Professional knowledge and judgement are also vital in determining the overall aim of any work with young people. See 6.3.3.

Aims should always be realistic, in accord with the general philosophy and thrust of developmental youth work and not in conflict with the aims of other organisations, which also have young people's personal development in mind. For example, work on drugs issues with school truants may be very valuable indeed, but workers should avoid encouraging the truancy by making daytime arrangements which could be misunderstood by colleagues in education.

Above all it is vital that young people, managers and funders do not perceive youth workers as pre-occupied with bringing about desirable and approved-of behaviour. The challenge is to make the drug issues a legitimate area to focus upon in a creative and honest attempt to respond to young people's needs, with their consent and involvement.

7.4.2 **Monitoring and evaluation** (See also section 4.6)

Monitoring will enable managers and funders to be aware of the number of contacts with young people which have a drugs-related focus and the frequency and nature of the interaction. This can be very valuable information in determining whether the intervention has potential to improve outcomes for young people.

Evaluation can reveal whether or not the drug-related work is making a difference to young people, either through increased drug-related knowledge, adoption of harm reduction or other constructive behaviour change.

7.4.3 **Confidentiality** (See section 4.7)

In any encounter with young people they should always be aware of the limits of the confidentiality they can be offered. The limits may appear more blurred in detached or outreach work, but this should not be the case.

DILEMMA:

A young person, aged 13 years, with whom you have regular contact through a detached youth project, tells you she has a friend, about the same age as her, who is injecting heroin. So far, the friend has not been in touch with the local drug treatment service. You are asked to keep this information secret because the friend is frightened of her family and the police.

How would your policies on confidentiality and child protection ensure the needs of these young people are met?

7.5

Addressing young people's wider needs

An established pattern of drug misuse will almost always be accompanied by other serious problems in a young person's life, which on many occasions need to be addressed before there is much chance of affecting the nature or level of drug taking. However, if the drug misuse is very risky, this may need to be addressed as a matter of urgency. Where it seems *not* to be causing immediate or serious danger, workers may judge it a priority to focus upon issues of greater concern to the young person.

Workers should pay particular attention to ensuring they are aware of the professional boundaries and roles of other agencies, so that they can be ready both to undertake advocacy and refer appropriately. However, as in all aspects of detached youth work, it is better to nurture young people's independence rather than take over, except where there is an emergency. In this connection, workers will need to be familiar with local arrangements for ensuring the protection of children. Local guidance criteria will make it clear when child protection procedures should be followed and how to involve the appropriate agencies. Each youth service will have its own guidance for liaising with the responsible youth and community officer. If it is clear that a young person is in need of protection, the worker should not hesitate to follow this guidance. Screening can be an

effective indicator of the need for referral to a more specialist agency, including referral under child protection procedures (see Appendix 7).

7.6

Working with young people who may be under the influence of drugs

Alcohol may be of particular concern both because of its short- and long-term effects and because of the social and other problems caused or made worse by binge drinking. Feedback from youth services suggests alcohol-related problems cause more widespread concern to youth workers than other drugs. Working with young problem drinkers may be fruitful where relationships are good enough for genuine personal interaction.

However, working with young people while they are drunk is not likely to be constructive and will normally be limited to helping to manage their aggression or other unsafe behaviour, or ensuring they reach their accommodation safely, perhaps by calling a taxi for them. Similarly, intoxication by the use of any other drug will normally limit the constructive role of the youth worker to pragmatic help if any is needed. When young people are intoxicated by any drug, they are unlikely to be amenable to much serious or rational consideration of issues affecting them. Their emotions may be heightened and less inhibited and their behaviour may be more extreme, in some cases putting them in danger. Workers may need to be aware of the signs and situations where first aid is required and be ready to summon medical help if there is any doubt about their immediate medical safety. Drug-related first aid information can be found at www.drugscope.org.uk/druginfo/drugsearch/ds_results.asp?file=druginfo/studentguide/firstaid/html

7.7

Working with young people on commercial premises

Working with young people in detached settings will often mean engaging with them or accompanying them to the places where they choose to spend time. This may on occasions include shopping centres and commercial eating or drinking places such as cafes, coffee shops and pubs. Workers are under no legal requirement to declare their youth worker role to premises staff, though they will wish to do so when it seems helpful or, for example, in response to a direct question. However, when they are on premises for which others are responsible, it is appropriate to obey any rules that exist and comply with reasonable requests from staff or security guards. The young people may not always be so compliant. Workers will want to avoid taking a 'policing' role in these circumstances, but should be ready to tell the young people they will not stay with them if they cause trouble.

Managers of any premises are subject to the requirements of the Misuse of Drugs Act 1971, which requires them to take prompt and reasonable action to prevent a breach in the law (see Appendix 4).

Managers will be within their rights either to eject an individual or group acting in these ways, including any workers with the group, or to summon the police to deal with the matter. Police could reasonably arrest everyone present in a group, including the worker. If a worker is with young people who are contravening these laws, he or she may be in a position to challenge the behaviour successfully. However, in any event, workers will need to judge carefully the possibility of being associated with criminal acts, or being judged as colluding with them. A strategy for dissociating from such acts by, for example, walking away from a group and leaving the premises, may be needed to safeguard the worker. Exploring such a strategy with the young people before it is ever needed, and explaining the reasons for it, may have a mild deterrent influence, but where it doesn't have this effect, it can allow a worker to leave without damaging relationships with the group.

7.7.1 Obstruction

In all situations involving possibly illegal acts by young people, workers should be careful to avoid obstruction of the staff of commercial premises, or police. [The offence of obstruction involves a positive and actively obstructive act, such as the physical concealment of illegal drugs or of a person who possesses them, or helping such a person to escape, e.g. by creating a diversion or providing means of transport.]

7.8

Safety of detached and outreach youth workers

The need to dissociate from a group or from individuals because of their behaviour may arise anywhere. If workers are to make the best use of the potential of detached or outreach work, they should feel secure in the knowledge that their judgement, and on occasions their readiness to maintain contact with young people behaving badly, will be supported by their managers. No worker should ever be placed in a position where they feel they have no choice but to continue working in a risky situation. However, in considering the potential risks of continuing to work with young people who are offending against laws such as the Misuse of Drugs Act, managers should not lose sight of the benefit that can result from persisting in work with very vulnerable young people, however troublesome.

In order to protect their staff, managers will want to set clear boundaries that ensure that workers are not placed at risk through their association with criminal behaviour.



7.8.1 Lone working

Employers and those managers responsible for volunteers have a responsibility to care for the worker's health and safety and workers have legal rights which they can invoke if they feel their safety is at risk (see Nicholls, 2001). Managers should allocate sufficient resources to ensure youth workers can carry out their role in supporting the personal development of young people without putting their own health and safety at risk.

Darkness, an unsafe locality or the volatility or behaviour of a group are examples of where detached work may lead a worker to feel at risk and can place a worker in a vulnerable position. A detailed risk assessment should be carried out and in some cases, some managers, in agreement with their workers, may stipulate that they should only work at certain times, in certain areas, or with certain groups, when accompanied by a co-worker.

Lone workers should have mobile phones and where public transport is unavailable or unsafe a worker should have the use of a car and appropriate allowances paid. The workers' planned location and mobile phone numbers should be known by managers who should provide a rota of out-of-hours contacts details to be used in an emergency. Lone workers may also be offered alarms and protective clothing. Workers who feel they are at immediate risk of harm should call the police.

7.8.2 Drug education in detached and outreach settings

Drug education by outreach and detached youth workers will seldom be structured. It may take the form of informal group work, looking at issues of a general nature such as the law, potential risks, slang drug names, alternative leisure activities or more personal one-to-one support, exploring the reasons for a person's drug use or factors which make their drug use particularly risky. One strength of working with individuals away from their peers is that many of the factors that influence their drug-related decisions may be explored and addressed more easily and in confidence. Sometimes this process will lead to referral to other agencies better equipped to provide particular forms of support or intervention (see definitions of Tiers 1-4 in Appendix 1).

Workers should aim to bring about personal development that will enable young people to make better informed decisions that ultimately put their health and safety at the top of their list of priorities. Where illegal drugs are concerned, though it may be unrealistic to aim towards young people's abstention from these drugs, workers should aim to help them bring about qualitative changes which lead to reducing the harm under any or all of the following categories: health, safety, social, legal, financial.

Case study: Redbridge Youth and Community – Safer Clubbing Team

The Safer Clubbing Team is part of the Youth and Community Detached Team working in clubs and pubs in the London Borough of Redbridge.

The ethos of the team is to approach the subject of alcohol and/or substance use from a harm minimisation point of view. This approach acknowledges that it is part of the culture of some young people to use illegal drugs and concentrates on the safety of the individual maintaining this lifestyle. In practical terms, the team will support young clubbers who are suffering the effects of, or are 'at risk' because of their substance use. This can include offering cold water, sitting and talking, calming or defusing a situation, negotiating with club and door staff regarding the best course of action, or locating taxis.

The team provides information and advice for clubbers around issues that concern them. In the club situation this is predominantly about the effects of alcohol and illegal drugs. However there is a clear crossover into the area of personal safety and sexual health, especially with respect to 'date rape' drugs.

Many clubbers show an interest in the subject of sexual health and use the opportunity to discuss personal issues with youth workers from whom they can obtain condoms. The team have equipment for demonstration purposes as well as literature providing practical advice, information and local phone numbers.

On occasion the Safer Clubbing Team is also approached for information regarding subjects such as housing, and employment. The team will provide information and phone numbers for the relevant agencies or for information, the Youth and Community information and advice centre in Ilford.

CHECK POINT!

As a detached or outreach worker, how do you ensure that you have clear aims and objectives for your work with young people about drugs? How do you contribute to the assessment of risk in the locations where you work? What procedures are in place to ensure you can access assistance if you feel unsafe?



8

Training about drugs for youth workers

KEY MESSAGES

- Training for youth workers will be influenced by the changes to children's services under the Children Act 2004.
- The children's workforce should identify competencies to enable them to identify and address the needs of young people with respect to substance misuse.
- The Home Office, working with the National Treatment Agency, has developed a workforce planning framework to address the needs of the children's workforce with respect to drugs.
- All youth workers should have child and young person focused core competencies which underpin dealing with substance misuse (based on DANOS).
- Youth workers should also be able to demonstrate competencies with respect to screening and referral of young people at risk from substance misuse.
- Extensive drug and alcohol knowledge and understanding will only be required by those who work specifically with young people with substance misuse problems.
- Joint training with the wider children's workforce will offer advantages to youth workers.

8.1

Generic training

Training for youth work is offered at a range of levels and by a range of organisations. (See www.ll.uk.org/standards/standards.index.html for further information on national occupational standards in youth and community work.) This section will focus on training in substance misuse.

8.2

Workforce development in drugs

Drugs are referred to as substances in the relevant documents. Training for youth workers will be influenced by the changes to children's services under the Children Act 2004. The Children Act imposes an expectation that the children's workforce will share common competencies which will enable them to identify children most at risk of harm and to facilitate the sharing of relevant information between agencies. Training should therefore be designed to facilitate performance against these. These competencies are:

- child and young person development
- safeguarding children and promoting welfare
- effective communication and engagement
- supporting transitions
- multi-agency working
- sharing information.

The children's workforce should also identify competencies to enable them to identify and address the needs of young people with respect to drugs. The Home Office, working with the National Treatment Agency, has developed a workforce development plan (see the workforce section of www.drugs.gov.uk) to address the Public Service Agreement:

Reduce the use of Class A drugs and the frequent use of any illicit drug among all young people under the age of 25 especially the most vulnerable young people.

8.3

Youth workers as part of the wider children's workforce

The successful implementation of the Young People's Delivery plan outlined in the *Updated National Drug Strategy (2002)* depends on the capability of the whole children's workforce to work effectively across a range of substance misuse issues. The children's workforce includes youth workers, as well as many practitioners who do not traditionally see themselves in this role, but who frequently interact with children and young people. There will be clear advantages to be gained from joint training with other members of the wider children's workforce for youth workers and others.

8.4

What activities will youth workers need to be able to carry out with respect to drugs?

The involvement of the young people's workforce in relation to drugs will vary depending on the setting. Three ranges of activity have been identified with respect to substance misuse and young people. Training should be based on the relevant units of the Drug and Alcohol National Occupational Standards (DANOS) (see www.skillsforhealth.org.uk/danos) which, although not expressly designed for young people's services, will be appropriate when combined with core competencies in working with children and young people.

1. All youth workers should be able to apply a basic knowledge and understanding of substance misuse when working with young people. This includes being able to:
 - identify signs of substance misuse and refer individuals to specialists
 - assess and act upon immediate risk of danger to substance misusers
 - deal with a situation where someone is endangering themselves or others due to their having used alcohol, illegal or legal drugs.

Local Drug Action Teams should identify the need for and provide access to training towards these competencies and employers should ensure that all staff have the opportunity to attend.

2. Youth workers, especially those who work regularly with vulnerable young people, should also be able to:
 - raise awareness about substances, their use and effects
 - develop and disseminate information and advice about substance use, health and social well-being
 - carry out basic assessment (screening) and referral of young people at risk from substance misuse
 - understand and be able to apply their understanding of strategies and interventions which can
 - delay or prevent first use of drugs, as well as
 - prevent the escalation of experimental use to more problematic use.
3. Those youth workers who work specifically with young people with substance misuse problems will need extensive drug and alcohol knowledge and understanding. They should be able to
 - support individuals who are substance users
 - provide services to those affected by someone else's substance misuse
 - carry out assessment to identify and prioritise needs
 - carry out comprehensive substance misuse assessment
 - counsel individuals about their substance use.

Training for these activities is currently available from a number of specialist providers. The National Treatment Agency and the Home Office Drug Strategy Directorate is also supporting the development of a Development Award (DA) for drugs workers to meet the needs of this group of workers.

More information about the Development Award is available at [www.skillsforjustice.net/document/REPORT CDA main doc.pdf](http://www.skillsforjustice.net/document/REPORT%20CDA%20main%20doc.pdf)

8.5

Monitoring competence

Provision of training towards these competencies is only part of what needs to be in place if the young people's workforce is to perform competently around substance misuse issues. An essential part of ensuring competent performance of youth workers in this area will be continual performance monitoring through the line management process in order to identify that training has led to competence against the standards. Gaps in competence can be identified through this process, so that further training needs can be identified and addressed.

8.6

Qualifications

Training and ongoing performance monitoring will not necessarily lead to the achievement of qualifications but evidence-based assessment of competence, or a combination of competence-based and written assessment leading to formal qualifications might be appropriate in some settings.

CHECK POINT!

What training have you received with respect to drugs and young people? Are you able to carry out basic screening to identify if a young person should be referred for a more detailed assessment of their drug-related needs?





Appendices

Appendix 1

TIERS OF SERVICES

The report *The substance of young people's needs* (Health Advisory Service, 1998, 2001), set out a four-tiered approach to improve the planning, co-ordination and delivery of substance misuse services for children and young people. The report was reviewed and updated in 2001 and a four-tier model based on that used by Child and Adolescent Mental Health services was adopted. The aim of the model is to improve service provision, the key to which is early identification of substance misuse needs. Most services fit within this model, although some may cross boundaries between tiers or cover more than one tier.

The following is a brief description of the scope and nature of each Tier, followed by examples of interventions:

Tier 1 – sometimes known as universal or generic services, Tier 1 services are those offered by all mainstream providers including education, health and child protection. Their purpose is to ensure universal access and continuity of advice and care for all young people. They also provide information and advice about substances as part of a general health improvement agenda and screen those who are vulnerable or who have problems with respect to substances.

Interventions	Practitioners/Agencies
Information/education concerning tobacco, alcohol and drugs within the education curriculum	Teacher
Educational Assessment and support to maintain in school	Youth worker – generic Connexions staff
Identification of risk issues	School health services
General medical services/routines health screening and advice on health risks/Hep B vaccination/referral/parental support and advice.	

Tier 2 – Tier 2 services are provided by youth service providers with some experience of substance misuse issues and specialist working with young people. The aim of Tier 2 services is to reduce the risks of vulnerable young people and to reintegrate and maintain young people in mainstream services.

Interventions	Practitioners/Agencies
Programme of activities and education to address offending	YOT/bail support
Family support regarding parenting and general management issues.	Youth worker – specialist Mentor
Assessment of risk and protection issues	Social Services
Counselling /addressing lifestyle issues	Counselling
Educational assessment	One stop shop service Educational psychology

Tier 3 – Tier 3 services are provided by specialist drug services and other specialist teams working with complex cases, working as multi-agency teams. The aim of Tier 3 services is to identify and deal with the complex needs of children and young people, not just their substance misuse needs. Tier 3 services work towards reintegrating children and young people with family, community, school or workplace and mainstream services.

Interventions	Practitioners/Agencies
Specialist assessment leading to a planned package of care and treatment augmenting that already provided by Tiers 1 and 2 and integrated with them.	Specialist YP drug and alcohol services integrated with Child Adolescent Mental Health Services (CAMHS), mental health, educational assessment and support, Statement or Special Educational Needs
Specialist substance specific interventions including mental health issues	
Family assessment and involvement	
Interagency planning and communication	

Tier 4 – Tier 4 services are specialist medical interventions for those young people with complex care needs. For a small number of young people intense intervention could include prescribing substitutes, detoxification and treatment or residential respite care.

Interventions	Practitioners/Agencies
Short period of accommodation if in crisis	Forensic child and adolescent psychiatry
In-patient/day psychiatric or secure unit to access detoxification if required	Social services
Continued tier 3 and multi-agency involvement alongside Tier 1 and Tier 2.	Continued involvement from young people's substance misuse services Substantial support for education

Appendix 2

INCIDENT REPORT FORM

This is an example of an incident report form adapted from *Drugs: Guidance for schools* (DfES, 2004). You may need to make further adaptations and additions when using the form in your own youth service setting.

1. For help and advice, telephone the local authority or other appropriate body.
2. Complete this form **without** identifying the young person involved.
3. Copy the form.
4. Send the copy within 24 hours of the incident to the local authority.
5. **Keep** the original, adding the young person's name and form – store securely.

Tick ✓ to indicate the category of the incident:

- | | |
|---|---|
| Drug or paraphernalia found on the premises <input type="checkbox"/> | Young person's disclosure of drug use <input type="checkbox"/> |
| Emergency/Intoxication <input type="checkbox"/> | Disclosure of parent/carer drug misuse <input type="checkbox"/> |
| Young person in possession of unauthorised drug <input type="checkbox"/> | Parent/carer expresses concern <input type="checkbox"/> |
| Young person supplying unauthorised drug on the premises <input type="checkbox"/> | Incident occurring off the premises <input type="checkbox"/> |
| Other (please indicate) <input type="checkbox"/> | |

Name of young person*:	Name of youth service/setting:
Age of young person: Male/Female	Time of incident: am/pm
Ethnicity of young person:	Date of incident:
Tick box if second or subsequent incident involving same young person <input type="checkbox"/>	
Report form completed by:	

First Aid given?	Ambulance/Doctor called?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Called by:
First aid given by:	Time:

Drug involved (if known): (e.g. Alcohol, Paracetamol, Ecstasy)	Drug found/removed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Senior staff involved:	Where found/seized:
	Name and signature of witness:
	Disposal arranged with (police/parents/other):
	At time:
	If police, incident reference number:

Name of parent/carer informed*:	
Informed by:	At time:

Brief description of incident (including any physical symptoms):

Other action taken: (e.g. Connexions or other agency involved, case conference called, young people/staff informed, sanction imposed, local authority/GP/Police consulted) (continue on blank sheet if necessary)

*For youth service records only
From DfES, *Drugs: Guidance for Schools* (2004), Appendix 11

Appendix 3

DRUG SITUATIONS – MEDICAL EMERGENCIES

The procedures for an emergency apply when a person is at immediate risk of harm. A person who is unconscious, having trouble breathing, is seriously confused or disoriented, or who has taken a harmful toxic substance, should be responded to as an emergency.

Your main responsibility is for any young person who is at immediate risk, but you also need to ensure the well-being and safety of others. Put into practice your standard first-aid procedures. **If in any doubt, call for medical help.**

Always:

- assess the situation
- if a medical emergency, send for medical help and ambulance.

Before assistance arrives

If the person is conscious:

- ask them what has happened and to identify any drug used
- collect any drug sample and any vomit for medical analysis
- **do not** induce vomiting
- **do not** chase or over-excite them if intoxicated from inhaling a volatile substance
- keep them under observation, warm and quiet.

If the person is unconscious:

- ensure that they can breathe and place in the recovery position
- **do not** move them if a fall is likely to have led to spinal or other serious injury which may not be obvious
- **do not** give anything by mouth
- **do not** attempt to make them sit or stand
- **do not** leave them unattended or in the charge of another young person
- notify parents/carers as soon as possible

For needle-stick (sharps) injuries:

- encourage wound to bleed. **Do not** suck the wound. Wash with soap and water. Dry and apply a waterproof dressing
- if used/dirty needle seek advice from a doctor.

When medical help arrives

- pass on any information available, including vomit and any drug samples.

Complete a medical record form as soon as possible after you have dealt with the emergency.

Appendix 4

DRUGS AND THE LAW – A SUMMARY

The following is a brief summary of some of the main laws that are relevant to young people and drugs. It should not be taken as an exhaustive list of applicable legislation. Youth service managers should always take appropriate advice before proceeding.

Misuse of Drugs Act 1971

This is the main piece of legislation covering drugs and categorises drugs as class A, B and C.

These drugs are termed as controlled substances, and Class A drugs are those considered to be the most harmful.

Offences under the Act include

- possession of a controlled substance unlawfully
- possession of a controlled substance with intent to supply it
- supplying or offering to supply a controlled drug (even where no charge is made for the drug)
- allowing premises you occupy or manage to be used for the purpose of drug taking.

Drug trafficking (supply) attracts serious punishment, including life imprisonment for Class A offences.

To enforce this law the police have special powers to stop, detain and search people on 'reasonable suspicion' that they are in possession of a controlled drug.

Classification of drugs under the Act

Class A drugs

Include: Ecstasy, LSD, heroin, cocaine, crack, amphetamines (if prepared for injection)

Penalties for possession: Up to seven years in prison or an unlimited fine. Or both

Penalties for dealing: Up to life in prison or an unlimited fine. Or both

Class B drugs

Include: Amphetamines, Methylphenidate (Ritalin), Pholcodine

Penalties for possession: Up to five years in prison or an unlimited fine. Or both

Penalties for dealing: Up to 14 years in prison or an unlimited fine. Or both

Class C drugs

Include: Cannabis, tranquillisers, some painkillers, GHB (Gamma hydroxybutyrate)

Penalties for possession: Up to two years in prison or an unlimited fine. Or both

Penalties for dealing: Up to 14 years in prison or an unlimited fine. Or both

Further information on the classification of drugs can be found at www.drugs.gov.uk and www.drugscope.org.uk, and a full list of drugs controlled under the Act can be found at www.drugs.gov.uk/publication-search/drug-licences/controlled-list

Licensing Act 2003

The Licensing Act 2003 came into force on 24 November 2005

The Act repeals and replaces the existing licensing provisions in respect of alcohol sales and supplies, public entertainment and late night refreshment, previously regulated by a number of different statutes: Detailed information on the complex provisions of the Act are available at: [www.culture.gov.uk/alcohol and entertainment/licensing act 2003/](http://www.culture.gov.uk/alcohol%20and%20entertainment/licensing%20act%202003/)

Serious Organised Crime and Police Act 2005 (SOCPA)

On 1 January 2006 the Serious Organised Crime and Police Act 2005 (SOCPA) came into force. With regard to drug policing, its effect was to make some changes to the power of arrest, and the power to enter and search premises.

The Law and Drug Policing

With a few exceptions, there is now one power of arrest, under the new Section 24 of the Police and Criminal Evidence Act (PACE) 1984. The common law power of arrest for breach of the peace remains.

The previous legal distinction between 'arrestable' and 'non-arrestable' offences was abolished. The emphasis is now on arrests being *Proportionate* and being *Necessary* as well as *Legal* and *Accountable*. This applies to all arrests, whatever the drug and whatever the offence. The aim is to have both the powers and flexibility to achieve the best possible outcome.

A fuller explanation of what Proportionate, Necessary, Legal and Accountable mean in practice, and of common law powers of arrest, is available in *Appendix 7 of Joining Forces – Drugs Guidance for Police Working with Schools and Colleges* ACPO, 2006. While these documents are intended for use of police working with schools, the principles and criteria it describes are applicable to all youth interventions. There is particular emphasis on protection of vulnerable people, which will apply in a wide range of youth work.

The full formal detail of the new Codes of Practice may be obtained from the Home Office website at: www.police.homeoffice.gov.uk/operational-policing/powers-pace-codes/pace-code-intro/. This website gives access to the individual Codes of Practice (Codes A-G) which govern powers of arrest, powers of search, treatment in custody, identification of suspects and recording of police interviews.

Lawful arrests

A lawful arrest by a constable requires two elements:

1. A person's actual/suspected/attempted involvement in the elements of a criminal offence; and
2. reasonable grounds for believing that the person's arrest is necessary.

On arrest the subject must be cautioned, told that they are under arrest, and what the grounds are for their arrest.

Possession of cannabis

Simple possession of a Class C drug, such as cannabis, can be tried either at the Crown or Magistrates Court, and is therefore an 'indictable offence'. Officers may arrest without warrant for simple possession of cannabis. However, the normal way of dealing with an adult offender (over 18) will be by giving a 'street warning' and confiscating the cannabis. An arrest would only be made, if in the circumstances, it was considered to be absolutely necessary. Cannabis 'Street Warnings' cannot be given to those under 18, and the emphasis on protection of vulnerable people will

underpin officers' decisions in dealing with those under 18. This would mean that an arrest is more likely in the case of a person under 18. The current guidelines on this aspect of policing cannabis are available in full at www.acpo.police.uk/policies.asp. See also *Joining Forces* (ACPO, 2006).

Drugs Act 2005

The new Act brings about new police powers to test for class A drugs and more

Aims of the Act

- Increase the effectiveness of the Drug Interventions Programme by getting more offenders into treatment.
- Introduce a new civil order that will run alongside ASBOs for adults to tackle drug-related anti-social behaviour.
- Enhance Police and Court powers against drug offenders.
- Clarify existing legislation in respect of magic mushrooms.

Content of the Act

- Test drug offenders on arrest, rather than on charge.
- Require a person with a positive test to undergo an assessment by a drugs worker.
- Provide for an intervention order to be attached to ASBOs issued to adults whose anti-social behaviour is drug-related, requiring them to attend drug counselling.
- Allow a court to remand in police custody for up to a further 192 hours those who swallow drugs in secure packages, to increase the likelihood of the evidence being recovered.
- Allow a court or jury to draw adverse inference where a person refuses without good cause to consent to an intimate body search, x-ray or ultrasound scan.
- Create a new presumption of intent to supply where a defendant is found to be in possession of a certain quantity of controlled drugs.
- Require courts to take account of aggravating factors – such as dealing near a school – when sentencing.
- Amend the Anti-Social Behaviour Act 2003 to give police the power to enter premises, such as a crack house, to issue a closure notice.
- Amend the Misuse of Drugs Act 1971, making fungi containing the drugs Psilocin or Psilocybin ('magic mushroom') a class A drug.
- Repeal section 38 of the Criminal Justice and Police Act 2001.

Other drug laws

The following is a summary of some of the other legislation relating to drugs:

Medicines Act 1968

This law governs the manufacture and supply of medicine. There are three categories:

1. Prescription Only drugs can be sold by a pharmacist if prescribed by a doctor.
2. Pharmacy medicines may be sold by a pharmacist without prescription
3. General sales list medicines may be sold without a prescription in any shop.

Possession of Prescription Only medicines without a prescription is a serious offence. Drugs such as amyl nitrite and GHB are regulated under the Medicines Act.

Road Traffic Act 1972

Makes it an offence to drive while under the influence of drugs and drink.

Drugs include illegal and prescribed substances.

Causing death by dangerous driving could lead to a long prison sentence and an unlimited fine.

Customs and Excise Management Act 1979

In conjunction with the Misuse of Drugs Act:

Makes it illegal to import or export controlled drugs without authorisation.

A successful conviction leads to the same penalties as under the Misuse of Drugs Act, although the fines can be more substantial, based on the value of the drugs seized.

Cigarette Lighter Refill (Safety) Regulations 1999

These Regulations form an amendment to the Consumer Protection Act 1987.

It makes it illegal to supply gas cigarette lighter refills to anyone under the age of 18. Retailers could face a substantial fine or a prison sentence.

Intoxicating Substances (Supply) Act 1985

Makes it an offence for a retailer to sell solvents to anyone under the age of 18, knowing that they are being purchased to be abused. It doesn't make it illegal to own or buy solvents.

Children and Young Persons (Protection from Tobacco) Act 1991

Along with the Children and Young Persons Act 1933, makes it illegal to sell tobacco products, which includes cigarettes, to people under the age of 16. It also makes it mandatory to display warning signs.

Drug Traffickers Offences Act 1994

Gives police the power to seize the assets and income of anyone who is found guilty of drugs trafficking, even if that income isn't related to the trafficking of drugs.

It also makes it illegal to manufacture or sell equipment for the preparation or use of controlled drugs.

Crime and Disorder Act 1998

Makes it legal to force offenders who are convicted of crime committed in order to fund their drug habit into getting drug treatment. It also allows for them to be tested for drug misuse.

Appendix 5

GUIDANCE ON THE USE OF DRUGS [SNIFFER] DOGS AND DRUG TESTING IN YOUTH SERVICE SETTINGS

Youth service managers or providers considering whether to invite the police or private companies to bring drugs dogs onto youth service premises or employ drug testing should involve local partners, including the police.

They should consider the factors outlined below.

Involvement of drugs dogs at the request of the youth service

Where a youth service manager believes that there is reasonable evidence of possession or supply of suspected illegal drugs they should consult their local police. The advice from ACPO is that local police, if they are to respond with the use of drugs dogs, should do so as part of a warrant-led operation, unless evidence may be lost by delaying the search.

However, managers considering any drugs dog searches without the authority of a police warrant should exercise extreme caution before doing so. They should consider very carefully whether such action:

- is consistent with the pastoral responsibility of the provider to create a supportive environment
- is culturally insensitive – for example, dogs are considered unclean in Muslim and Buddhist cultures
- will lead to labelling and be damaging to the young people concerned
- will result in appropriate support for young people most in need
- is a reasonable and effective use of youth service resources, and those of the police, where involved.

The above considerations apply equally to drug testing.

Where such action is planned for the purposes of detection, managers are advised to make sure, in advance, that:

- the intention to use such an approach is clearly stated in the provider's drug policy developed in consultation with young people, parents, staff, partners and the wider community
- parents and carers are aware that drugs dogs may be used at the request of the premises manager, and have been asked for their written consent if appropriate. This is good practice rather than a legal requirement. For example if the young people are over 18 or if the youth service has a contrary policy.
- procedures are in place to remove young people for whom consent is not given
- consideration has been given about what action will be taken if drugs are found on any member of the group (including workers and visitors), and that this has been communicated clearly and is consistent with responses to other drug incidents
- they are able to be sensitive to and respect the right to privacy of young people whom the dog may identify either because they are taking prescription medicines or have been exposed to an environment where others have used drugs
- plans are in place to deal with potential media interest.

In addition to informing parents and carers of the intention to use such an approach (and seeking their consent if appropriate), they should be notified immediately after such action has taken place.

Involvement of drugs dogs purely as a deterrent or for educational purposes

A manager or provider requesting the use of drugs dogs solely as a deterrent, where there are no reasonable grounds for suspicion and where prior consent has not been sought, will need to consider possible challenges by parents and young people under the Human Rights Act.

Managers or providers should ensure that if drugs dogs are used for detection or as a deterrent, they form part of an on-going cohesive approach to managing drugs on youth service premises rather than an isolated action.

Educational visits involving drugs dogs should not be used as a covert detection exercise (see *Joining Forces*, ACPO, 2006).

Appendix 6

GUIDE TO DEVELOPING LOCAL PROTOCOLS

The following should be considered when drawing up a protocol:

- reflection of local circumstances building on successful existing agreements and practice, while taking account of relevant national guidance and legislative requirements
- activities and programmes targeting the social inclusion of young people, both within the youth service, including Connexions, Youth Offending Teams and any other relevant community-based programmes, as well as those of the schools, police and local authorities
- links to local plans and support structures
- the protocol should name those with responsibility for managing the relationships, including:
 - a senior manager in the local youth service
 - a police officer as the link with the local police area or division
 - an officer of the local authority on crime reduction issues, and a senior manager with responsibility for contacts with the police (usually through the relevant CDRP)
- setting out the arrangements for information sharing and disclosure in line with the provisions of the Data Protection Act and the Crime and Disorder Act
- the circumstances in which information will be shared, the purpose of sharing it, the types of information that will be shared, who will have access and how access may be obtained, and any commitments about confidentiality; also, setting out mechanisms for whom to contact in cases of uncertainty about the use of data
- the need to record the senior level signatories to the protocol
- setting out who has been consulted in drawing up the protocol and who will be consulted on changes and informed about activities – including staff, volunteers, management committees, parents and young people
- the purposes and rationale for the relationship between police and youth service; some guiding principles on which the terms of the agreement are based; and key objectives linked to outcomes
- clarity about roles and responsibilities – what the partners to the agreement commit to do, including their formal roles and mandates
- resources to be made available by each local authority, youth group and the police in support of this partnership approach
- clarity and definition of the role(s) that the police will play while in and around premises, in support of the youth service curriculum, in terms of improving security as well as staff and young people's safety and well-being, and in the event of drug-related incidents.
- stating the role(s) that youth service and local authority staff will play in and around premises as part of the partnership, and it is equally advisable to include a process to resolve any misunderstanding or dispute over roles, responsibilities or the provision of resources
- recognition that the manager (or another senior colleague) is sometimes required to act as the responsible or appropriate adult when police officers are interviewing young people under the age of 18
- building in a light touch in arrangements for monitoring, evaluation and review of the programme.

Appendix 7

SCREENING AND REFERRAL

Screening refers to a process identifying young people who have drug-related needs, and what these needs are.

Screening aims to distinguish those who require additional information and education, or who could benefit from targeted support which can be delivered by the youth service, from those who require a more detailed assessment of their needs.

Child protection in drugs services – establishing the concern

All agencies need to have clear protection policies that indicate what a worker should do if they have a concern about the welfare of the young person.

They may be concerned because of:

- how the young person is affected by the drug or alcohol use of someone else
- because of the pattern of drug or alcohol use of the young person

or

- because the circumstances of the drug use is making the young person vulnerable.

Youth workers can conduct screening routinely, basing it upon an informal conversation with the young person intended to clarify whether:

- they are using drugs (including alcohol and solvents)
- they are misusing the drugs they are taking
- their knowledge in relation to the drugs and their impact they are using is low
- their knowledge in relation to other drugs and their impact is low
- their use is causing problems such as minor conflicts at home or in other relationships
- their use is affecting performance at school or work e.g. coming in late, not attending or finding it hard to concentrate
- their behaviour in relation to their drug use is unusual for that age group
- their drug use is part of complex troubling behaviour
- their drug use results in other consequences including contact with the criminal justice system
- they are in immediate danger.

Once a worker has established to their satisfaction that a young person has a drug-related need they should consider a number of issues. This includes the competence of a young person to give consent to receiving advice or treatment.

Fraser guidelines (Mental Health Act 1983 Code of Practice 1999)

In England, although a young person can give consent on their own behalf for advice and treatment at 16, they cannot decline it until they are 18. Young people can be treated if they are found to be competent under the Fraser Guidelines which expanded on the concept of 'Gillick competence' and made them relevant to young people. The Fraser guidelines gave clear guidance to health professionals about what to assess when considering whether to breach the confidentiality of young people and when and if to inform a parent with regard to treating under 16s.

Young people under 16 have a right to confidential medical advice and treatment if the provider assesses that:

- the young person understands the advice and has the maturity to understand what is involved
- the young person's physical and/or mental health will suffer if they do not have treatment

- it is in the young person's best interest to give such advice/treatment without parental consent
- the young person will continue to put themselves at risk of harm if they do not have advice/treatment
- the young person cannot be persuaded by the doctor/health professional to inform parental responsibility holder(s), nor allow the doctor to inform them. (Home Office, 2003)

SCODA, with the Children's Legal Centre [Dale-Perera et al, 1999] described these as the four parameters or four steps:

1 The age and maturity of the child and young person

As a general rule, the younger the child, the more problematic it is to guarantee or maintain confidentiality. There is no age limit in law below which a child cannot enter a confidential relationship. However, given the problem of establishing competence, and therefore capacity, to consent, it is difficult to envisage children being offered confidential treatment for drug misuse without parental consent and/or involvement under the age of 13. Indeed, it is possible that a failure to inform parents that a child is misusing drugs could lead to a possible negligence action if the drugs service or agency failed to take sufficient action to protect the child from harm as a result of that drug misuse.

2 The degree of seriousness of drug misuse

The more serious the drug misuse, the more likely it is that disclosure of confidential information to other agencies will have to be considered. In deciding whether or not to disclose, the service must take into account the level of drug use, the risks involved and the supply source, which may indicate that the young person is subject to exploitation.

3 Whether harm or risk is continuing or increasing

Harm from drug use needs to be considered in relation to past, present and potential future behaviour. If there is a clear risk to the child or young person arising from present behaviour or evidence of escalated risk to an unacceptable level, it is important that a service takes steps to ensure the future safety of the child or young person.

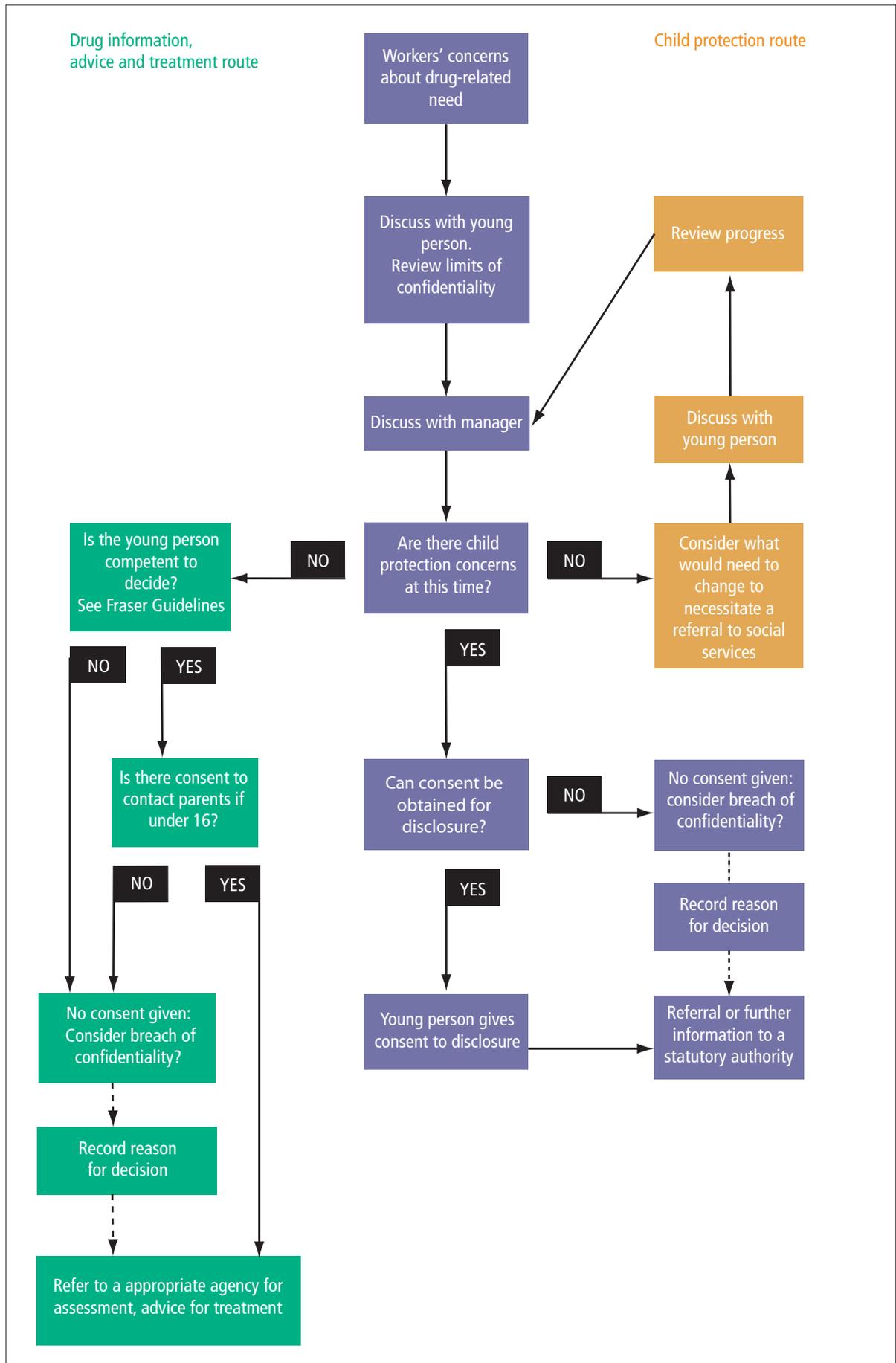
4 General context in which drug taking is set

Where a child or young person has multiple problems, it is likely that other agencies or professionals need to be involved to resolve these problems or reduce the vulnerability and risk to the child or young person.

The flow diagram opposite summarises how a worker might decide what steps to take when there are concerns about a young person's drug use and where the age of the young person or the circumstances suggest there might be issues related to child protection or the young person's competence to give consent to referral to consider.

A record should be kept at each stage describing the decisions taken and whether or not the young person has given their consent.

Drug use referral: decision flow-chart



Adapted from Dale-Perera *et al*, 1999

Appendix 8

DRUG POLICY FRAMEWORK

Each organisation requires a policy that reflects their particular circumstances and needs and is developed through consultation with all interested parties.

The process of creating a drug policy appropriate to the youth work setting in which you work is full described in Section 6 and this Appendix should be read in conjunction with that section.

To help you to write an initial, draft policy document, a content checklist, with cross-references to relevant sections to this Guidance document, is outlined below.

When planning your initial draft, you may find it useful to consider:

1. Which of the content areas listed below need to be addressed in your policy?
2. Which other content areas might also need to be addressed?

Possible content areas	Relevant sections of this Guidance
Introductory section	
Purpose of the policy	Introduction, 5.2
Definition of terms	Introduction, Appendix 11
Organisation's values and ethos	2.1, 2.2, 2.3
Trends in young people's drug use and the difficulties young people may experience	2.4, 2.5, 2.6, 2.7, 2.8, 2.8.1, 2.8.2, 2.8.3, 2.8.4
Working in partnership	3.1, 3.2, 3.3, 3.4, 3.4.1, 3.5, 3.6, 3.6.1, 3.6.2
How the policy was developed	6.3, 6.3.1, 6.3.2, 6.3.3
Dissemination of the policy	6.3.5
Arrangements for monitoring, updating and reviewing the policy	6.3.6
Drug education and prevention	
Definition of terms	4.1, 4.2
What works	4.3
Assessing need	4.4
Aims and objectives	4.5, 4.5.1
Evaluation	4.6, 4.6.1, 4.6.2
Confidentiality and the learning environment	4.7, 4.7.1, 4.7.2, 4.8
Programme delivery	See examples in 4.9
Overview of what is delivered and how	
Management of drug-related incidents	
The range of drug incidents	5.1
Responding to drug incidents	5.2, 5.3, 5.3.1, 5.3.2, 5.3.3, 5.3.4, Appendix 3, 4
Information sharing and young people	5.2.1
The Misuse of Drugs Act and the Youth Service	5.4, Appendix 4
Working with the police	5.5.1, 5.5.2, 5.5.3, 5.8, Appendix 6
Confiscating and retaining suspected illegal drugs	5.5
Detection of drug use on the premises, searches by youth workers and use of dogs	5.6, 5.6.1, 5.6.2
Disposal of drug paraphernalia	5.7

Other drugs: alcohol, volatile substances, and medicines 5.91, 5.9.2, 5.9.3

Outreach and detached youth work

Definitions of outreach and detached work 7.1, 7.3
 Aims of the work 7.2, 7.4.1
 Monitoring and evaluation 7.4.2
 Confidentiality 4.7, 7.4.3
 Young people's wider needs 7.5
 Working with young people who are under the influence of drugs 7.6
 Working with young people on commercial premises 7.7
 Safety of workers 7.7.1, 7.8, 7.8.1
 Drug education 7.9

Training about drugs for youth workers Section 8

Appendix 9

EVERY CHILD MATTERS AND YOUTH MATTERS

Every Child Matters

Every Child Matters: Change for Children is a new approach to the well-being of children and young people from birth to age 19. The Government's aim is for every child, whatever their background or their circumstances, to have the support they need to:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

The five outcomes are universal ambitions for every child and young person, whatever their background or circumstances. Improving outcomes for all children and young people underpins all of the development and work within children's trusts.

This means that the organisations involved with providing services to children – from hospitals and schools, to police and voluntary groups – will be working together in new ways, sharing information and working together, to protect children and young people from harm and to help them achieve what they want in life. Children and young people will have far more say about issues that affect them as individuals and collectively.

Every local authority will be working with its partners, through children's trusts, to find out what works best for children and young people in its area and to act on it. They will need to involve children and young people in this process, and when inspectors assess how local areas are doing, they will listen especially to the views of children and young people themselves.

In March 2005, the first Children's Commissioner for England was appointed, to give children and young people a voice in government and in public life. The Commissioner will pay particular attention to gathering and putting forward the views of the most vulnerable children and young people in society and will promote their involvement in the work of organisations whose decisions and actions affect them.

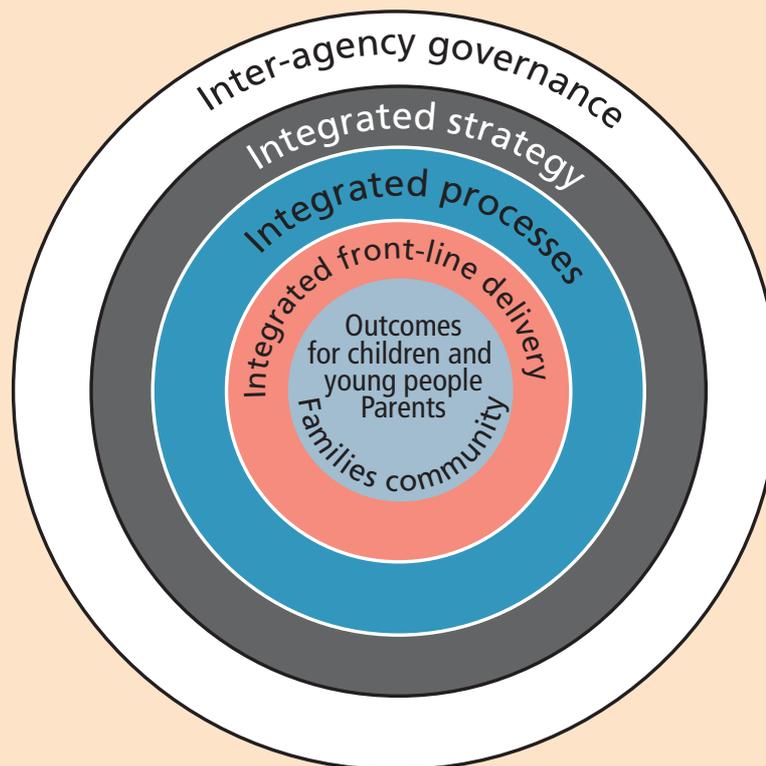
In addition, the Children's Fund was launched in November 2000 to tackle disadvantage among children and young people. The programme aims to identify at an early stage children and young people at risk of social exclusion, and make sure they receive the help and support they need to achieve their potential.

Youth Matters

The Green paper *Youth Matters* was published by DfES in July 2005, and the responses to this consultation formed the basis for *Youth Matters: Next Steps* (DfES, March 2006), which established the Youth Opportunity Fund and Youth Capital Fund

The key proposals of *Youth Matters* include:

- New national standards for activities that are available for young people
- Better information, advice and guidance (IAG), more integrated with what is offered through the school curriculum
- Opportunities for *all* young people to make a contribution to their communities
- A package of support for those who need extra help, delivered by someone they know and trust
- Support for Local Authorities to pilot 'opportunity cards' giving access to discounts on a range of activities
- £40m in capital funding made available over two years from 2006 to enable authorities to develop new approaches to youth facilities
- More involvement for young people in the provision of local services
- An 'opportunity fund', to be controlled by young people.



Improved outcomes for all children and young people depend on the action taken in the 150 local change programmes. This will be driven by an analysis of local priorities, and secured through more integrated front-line delivery, processes, strategy and governance. This model of whole-system change, the children's trust in action, is illustrated by the 'onion diagram'.

Appendix 10

HUMAN RIGHTS DOCUMENTS

This Appendix details the provisions of two key human rights documents – the UN Convention on the Rights of the Child and the European Convention on Human Rights – that are of particular relevance to young people.

UN Convention on Rights of the Child

The United Nations Convention on the Rights of the Child decrees that every child has the right to:

- be protected against all forms of punishment or discrimination on the basis of the status, activities, expressed opinions or beliefs of the child's parents, legal guardians or family members
- their best interests being a primary consideration
- the protection and care that is necessary for their well-being, taking into account the rights and duties of the parents, legal guardians or other individuals legally responsible for the child
- not to be separated from their parents against their will, except if the separation is in the child's best interests
- express their views freely in all matters affecting them, and those views being given due weight in accordance with the age and maturity of the child
- freedom of expression: including freedom to seek, receive and impart information and ideas of all kinds (subject to certain restrictions as provided by law) such as: respect of the rights or reputations of others or the protection of national security, public order or public health or morals
- freedom of thought, conscience and religion
- freedom of association and peaceful assembly
- the protection of their privacy, family, home or correspondence and against unlawful attacks on their honour or reputation
- access to information and material from a diversity of national and international sources, especially those aimed at the promotion of their social, spiritual and moral wellbeing and physical and mental health
- protection from information and material harmful to the child's well-being, bearing in mind the right to the freedom to access information
- protection from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation
- (if mentally or physically disabled) enjoy a full and decent life in conditions that ensure dignity, promote self-reliance and facilitate the child's active participation in the community
- the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health
- education
- enjoy their own culture, to profess and practice their own religion, and to use their own language
- rest and leisure, to engage in play and recreational activities.

Information on, and the full text of, the Convention can be found at www.unicef.org/crc.

Summary taken from *Journeys – When parents take drugs* (Adfam, 2004)

European Convention on Human Rights

The United Kingdom is one of 45 countries that have signed the European Convention on Human Rights, which was established soon after World War II. Countries that have signed up to the Convention comprise the Council of Europe (which has no connection with the European Union).

The Articles of the Convention which are incorporated into UK law (as provided by the Human Rights Act 1998) are:

1. The right to life.
2. Prohibition on torture.
3. Prohibition on slavery and forced labour.
4. The right to liberty and security.
5. The right to a fair trial.
6. No punishment without law.
7. The right to respect for private and family life.
8. Freedom of thought, conscience and religion.
9. The right to freedom of expression.
10. Freedom of assembly and association.
11. The right to marry and found a family.
12. Prohibition on discrimination.

Protocol 1, Article 1: *Protection of Property*.

Protocol 1, Article 2: *Right to Education*.

Protocol 1, Article 3: *Right to Free Elections*.

The Convention is administered and applied by the European Court of Human Rights (ECHR) in Strasbourg. Further information on the Convention is available on the Council of Europe website, www.coe.int.

Appendix 11

GLOSSARY OF TERMS

Advice – The provision of information *with assessment* of its value and suggestions of possible ways forward. Decision, choice and action are left to the young person. If drugs are identified as a key cause of a young person's difficulties, the youth worker may need to help a young person work through the issues whilst being ready to offer advice on appropriate referrals to specialist Tier 2 agencies who can conduct a full assessment of need.

Assessment – A more detailed and in-depth procedure than screening, conducted by a specialist drug worker or agency. Assessment aims to identify the whole range of needs of a young person, including those directly or indirectly associated with drugs, and determines appropriate interventions or treatment to meet these needs.

Centre-based – Youth services which meet in a regular location, whether used specifically for youth work or for a variety of purposes including youth work

Counselling – This involves working actively with a young person through an explicit relationship working towards change. Counselling should enable a young person to take responsibility for him/herself. Counselling should only be provided by trained counsellors or trainees in a supervised setting in line with British association for Counselling and Psychotherapy (BACP) guidance and should have carefully clarified boundaries of confidentiality. (See page 00) See www.bacp.co.uk

Detached youth work – Making contact with young people on the streets or in public who cannot, or choose not to, use youth centres or projects, and working with them on their own issues.

Drug misuse – The consumption of any substance which changes the way you feel, think or behave which is not consistent with medical or legal guidelines

Drug use – The consumption of any substance which changes the way people feel, think or behave.

Drug-related incident – An occurrence involving young people being intoxicated by drugs, including alcohol and tobacco, volatile substances such as gases, glues and aerosols, prescription and controlled drugs and the range of illegal drugs, or the possession of or dealing in illegal drugs on or around youth work premises, and finding drug-related paraphernalia on youth work premises.

Harm reduction – Measures which reduce the harm which drugs cause to individuals, families and communities.

Information – 'Information giving' in youth work means the provision of factual information without recommendation, assessment or evaluation of the information. All evaluation of the information, choice, decision and action is left to the young person.

Outreach – Youth work or publicity about youth services, often conducted away from the 'base' of youth work, or project, premises, that encourages young people to make more use of existing provision or to develop new provision.

Prevalence – The prevalence of drug use is the number of people who experience drug use in a given period

Support – This means the provision of practical and emotional help based on a caring relationship that allows the young person to determine his or her own action.

Screening – A process identifying young people who have drug-related needs, and what these needs are.

This activity aims to distinguish those who require additional information and education, or who could benefit from targeted support which can be delivered by the youth service, from those who require a more detailed assessment of their needs.

Youth workers can conduct screening routinely, basing it upon an informal conversation with the young person intended to clarify whether:

- they are using drugs (including alcohol and solvents)
- they are misusing the drugs they are taking
- their knowledge in relation to the drugs and their impact they are using is low
- their knowledge in relation to other drugs and their impact is low
- their use is causing problems such as minor conflicts at home or in other relationships
- their use is affecting performance at school or work e.g. coming in late, not attending or finding it hard to concentrate
- their behaviour in relation to their drug use is unusual for that age group
- their drug use is part of complex troubling behaviour
- their drug use results in other consequences including contact with the criminal justice system
- they are in immediate danger.

There are locally adapted versions of Drug Use Screening Tool (DUST) available in some local authorities, some of which are for self completion and some to be completed by a worker and young person together, possibly over more than one session. See Section 8 on the competencies which youth workers should be able to demonstrate with respect to screening. Self-completion forms should be in a format which is easy for a young person to read and understand. See www.dfes.gov/datasets/guidelines/children/pdf/DUST-DFES.pdf

Appendix 12

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Appendix 13

USEFUL ORGANISATIONS AND WEBSITES

The following is a list of some of the organisations and websites that may be useful to youth workers and managers of youth services:

ADFAM

Adfam offers information to families of drug and alcohol users, and the Website has a database of local family support services.

Tel: 020 7553 7640

Email: admin@adfam.org.uk

Website: www.adfam.org.uk

Alcohol Concern

Works to reduce the incidence and costs of alcohol-related harm and to increase the range and quality of services available to people with alcohol-related problems.

Tel: 020 7395 4000

Email: contact@alcoholconcern.org.uk

Website: www.alcoholconcern.org.uk

Children's Legal Centre

The Centre operates a free and confidential legal advice and information service covering all aspects of law and policy affecting children and young people.

Education enquiries: 0845 3454345

Email: clc@essex.ac.uk

Website: www.childrenslegalcentre.com

Children's Rights Alliance for England

This charity works to improve the lives and status of all children in England through the fullest implementation of the UN Convention on the Rights of the Child.

Tel: 020 7278 8222

Email: info@crae.org.uk

Website: www.crae.org.uk

Community and Youth Workers Union

CYWU represents members in a wide range of sectors including youth work, community work, play work, learning mentoring and those working as personal advisers.

Tel: 0121 244 3344 (National office)

Website: www.cywu.org.uk

Drug Concern

This organisation provides a range of services for parents and carers who may be concerned about their children in relation to drug use. It recruits, trains and supports volunteers to help with service delivery, and provides a helpline, support groups and training.

Tel: 0121 200 2008

Helpline: 0845 120 3745

Email: info@drug-concern.co.uk

Website: www.drugconcern.org

Drug Education Forum (DEF)

DEF is a forum of national organisations in England which provide drug education to children and young people or offer a service to others who do so.

Tel: 020 7739 8494

Email: def@mentoruk.org

Website: www.drugeducationforum.org.uk

DrugScope

DrugScope is a centre of expertise on illegal drugs, aiming to inform policy development and reduce drug-related risk. The website includes detailed drug information and access to the Information and Library Service. The website also includes a list of sources of help and information on drugs and drug related issues in the UK. DrugScope also hosts the Drug Education Practitioners Forum.

Tel: 020 7928 1211

Information Service: 0870 774 3684

Email: info@drugscope.org.uk

Website: www.drugscope.org.uk

Drug and Alcohol Education and Prevention Team

A partnership between DrugScope and Alcohol Concern, the Drug and Alcohol Education and Prevention Team aims to identify, develop and promote good practice in alcohol and drug education and prevention.

Tel: 020 7928 1211

Email: ed&prev@drugscope.org.uk

Website: www.drugscope.org.uk

FRANK (replaces the National Drugs Helpline)

FRANK is the national drugs awareness campaign aiming to raise awareness among young people at risk of illegal drug taking. It provides details of sources of information and advice. Youth Services can receive free FRANK resource materials, updates and newsletters by registering at www.drugs.gov.uk/campaign.

Tel: 24 Hour Helpline 0800 77 66 00

Email: frank@talktofrank.com

Website: www.talktofrank.com

Giving Up Smoking

Giving Up Smoking is an online resource for advice, information and support, and supports the Department of Health's initiative Smokeline.

NHS Smoking Helpline: 0800 169 0169

Campaigns: 0131 536 5500

Website: www.givingupsmoking.co.uk

Hope UK

Provides training for youth and family workers as well as drug awareness sessions for children, young people and parents. Training is accredited with the Open College Network. Voluntary Drug Educators and training staff available throughout the UK

Tel: 020 7928 0848

Email: enquiries@hopeuk.org

Website: www.hopeuk.org

National Children's Bureau (NCB)

The NCB promotes the interests and well-being of all children and young people across every aspect of their lives.

Tel: 020 7843 6000

Website: www.ncb.org.uk

National Council for Voluntary Youth Services

NCVYS is the independent voice of the voluntary youth sector in England.

Website: www.ncvys.org.uk

National Health Education Group

This membership group is open to professionals whose work has a primary focus of supporting health and/or drugs education with children and young people in formal and informal educational settings.

Website: www.nheg.org.uk (has links to regional contact details)

National Youth Agency (NYA)

The NYA aims to advance youth work to promote young people's personal and social development, and their voice, influence and place in society.

Tel: 0116 242 7350

Email: nya@nya.org.uk

Website: www.nya.org.uk

Parents Against Drug Abuse (PADA)

PADA supports parents of drug users. A large percentage of helpline workers have experienced drug use within their own families.

Tel: 08457 023 867

Website: www.pada.org.uk

RELEASE

Established in the 1960s, RELEASE provides advice and referral on drug-related legal problems.

Tel: 020 7729 5255

Email: ask@release.org.uk

Website: www.release.org.uk

Re-Solv (Society for the Prevention of Solvent and Volatile Substance Abuse)

Re-Solv is a national charity providing information about solvent abuse for teachers, other professionals, parents and young people.

Tel: 01785 817885/Helpline: 0808 8002345

Email: information@re-solv.org

Website: www.re-solv.org

YOUNG PEOPLE'S WEBSITES

Connexions Direct

Connexions Direct can help young people with information and advice on issues relating to health, housing, relationships with family and friends, career and learning options, and money, as well as helping young people find out about activities they can get involved in. Connexions Direct advisers can be contacted by phone, email, text or webchat.

Tel: 080 800 13219

Website: www.connexions-direct.com

D-World - DrugScope's young people's website aimed at 11-14 year olds. Includes games, video diaries, and information on drugs and their effects.
www.drugscope.org.uk/dworld

Lifebytes - for young people aged 11-14:
www.lifebytes.gov.uk

Mind, Body and Soul – for young people aged 14-16:
www.mindbodysoul.gov.uk

Think About Drink – informative site about alcohol aimed at young people:
www.wrecked.co.uk