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## Research briefing 3

# Drug prevention for vulnerable young people

## Issues for planning, evaluation and practice

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*Pump-priming funding under a joint Department of Health and Home Office initiative was offered to Health Action Zones to stimulate innovative drug prevention work targeted at young people 'vulnerable' to drug use or problems. The Manchester Salford Trafford Health Action Zone funded seven such projects and commissioned Nacro's Research Section to evaluate them. The evaluation points to some successful approaches for this kind of work. Some more critical questions about the appropriate aims, scope and targeting of drug prevention were also raised. This briefing draws together some of the learning from the projects for practitioners and researchers concerned with drugs prevention. Detailed project findings are not presented.*

#### Key points

- *Recreational drug trying and use is now widespread amongst adolescents. For most drug triers, this will be a fairly short-lived and relatively harmless episode of experimentation (usually with cannabis) during the teenage years.*
- *Some groups of young people are especially 'vulnerable' to developing drug problems (young homeless, offenders, care-leavers, truants, school excludees etc).*
- *The range of prevention interventions targeted at these 'vulnerable' groups can be seen as a continuum. This goes from drug-focused work to generic prevention which may have no specific drug content but is focused at tackling 'risk' factors linked to the development of drug use or problems.*
- *A number of prevention techniques can be effective with 'vulnerable' groups, for example mentoring, giving advice and information, peer approaches and diversionary work (eg mentoring).*
- *In relation to generic prevention work, responsibility for funding and strategy development needs to be clearly identified locally.*
- *Basic case monitoring and record-keeping need to become standard practice in prevention work.*
- *Evaluations should be commissioned early in the life-cycle of projects and be integrated with project development. Long-term tracking of outcomes and impact is essential to establish what prevention can achieve.*
- *Communities contain skills, expertise and human resources ('social capital') which can be usefully mobilised in prevention work provided that adequate support is given to facilitate this (eg with record-keeping or securing funding).*

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## Policy and research context

The intention to establish Health Action Zones (HAZs) was announced in June 1997. HAZs formed a central part of the new health policy in the late 1990s and were also part of a wider family of area-based regeneration initiatives (eg New Deal for Communities) aimed at tackling social exclusion and modernising public services. They were intended to act as ‘trailblazers’ in developing innovative solutions to reducing health inequalities, leading the way for other areas to follow.

It was in this context of tackling health inequalities and social exclusion through innovation and modernisation that the Department of Health and the Home Office set up in 1998 a programme to provide, through HAZs, pump-priming funding for innovative drug prevention projects targeted at ‘vulnerable’ young people. Four of the seven projects evaluated were funded in this way, with the remaining three funded by the Manchester Salford Trafford HAZs Young Person’s Programme.

The broad objectives of the HAZ drug prevention funding were:

- to build up the capacity of long-term, sustainable drug prevention services (rather than short-term projects)
- to give a boost to preventive work with groups of young people at high risk of drug misuse
- to give central government an insight into the effectiveness of joint planning and funding of drug prevention services
- to provide local agencies with an opportunity to take advantage of the knowledge and experience of Home Office DPI staff throughout the country
- to give an impetus to foster the development of joint working, planning and funding

All of this was in the context of the government’s ten-year national strategy aim ‘to help young people resist drug misuse in order to achieve their full potential in society’.

In terms of research, the evidence base for prevention is still fairly weak. The following points summarise in outline some key aspects of the current state of knowledge:<sup>1</sup>

- Traditional, information-based approaches (including use of mass media) have been shown not to delay or reduce initial drug use. They may have a role in harm reduction, although evidence on this is slim at the moment.

- Interactive and peer approaches appear to show some promise in terms of delaying onset and/or reducing levels of use, although the (limited) evidence suggests that impact is likely to be modest.
- Multi-method approaches, tailored to local needs, have potential.
- Inter-agency working and involving parents and communities are also important.

The changing picture of young people’s drug use (notably, a significant rise in lifetime rates of illicit drug trying together with a drop in the age of first use<sup>2</sup>) suggests that some different approaches to prevention need to be added to the repertoire of interventions. For example, there is growing evidence that a number of groups that fall under the umbrella term of ‘social exclusion’ (young homeless, offenders, care-leavers, school excludees and so on) have particularly high drug prevalence rates and are especially ‘vulnerable’ to developing drug problems (Lloyd, 1998; Goulden and Sondhi, 2001; Wincup *et al.*, 2003; Ward *et al.*, 2003; Hammersley *et al.*, 2003). Targeting interventions at these ‘vulnerable’ groups may become an important part of prevention strategies.<sup>3</sup> Similarly, given the wide extent of drug-trying amongst teenagers,<sup>4</sup> aiming interventions at reducing harm and/or levels of use may be a more effective focus than aiming at stopping drug initiation. This implies also some targeting of efforts and resources at problem drug use and at the drugs most associated with problem use. This evaluation focused on attempts within the Manchester Salford Trafford HAZ to develop some new interventions of these kinds. It makes a contribution to building up the evidence base for effective prevention work with vulnerable young people for the early 21st century.

## The drugs prevention projects in Manchester Salford Trafford HAZ

The seven drugs prevention projects for vulnerable young people in the Manchester Salford Trafford HAZ that were the focus for our evaluation were:

- **The Anti Rust Mentoring Project** A project that involved volunteers from the community working in partnership with local schools to provide alternative learning environments (in this case horticulture) for secondary school-aged children with learning, behavioural and social/emotional difficulties.

- **Kick Start in Old Trafford** A volunteer-based project offering sporting opportunities to local young people, including those referred by the Youth Offending Team (YOT). A substance misuse worker from a partner project in the area provided specialist training to the volunteers and worker in this already thriving local project.
- **Kick It** This project was run by Manchester City Football in the Community and involved project staff working in a mentoring capacity with disaffected young people of secondary school age to deliver jointly drugs education to young people in primary schools.
- **Peer Education Network** This project was run by the Community Work Unit at the University of Manchester and provided training and support to ten community-based peer education projects within Manchester, Salford and Trafford. The concept of a Peer Education Network provided an opportunity to explore different ways of supporting, enabling and organising peer approaches to drug prevention.
- **Early Intervention Projects in Manchester and Salford** Run by Lifeline, a street agency with its headquarters in central Manchester. Lifeline's work includes drop-in services, information and advice, needle exchanges and counselling for drug users. The aims of these projects were to provide an early intervention service for young people at risk of developing drug problems by establishing a network of service providers, taking referrals and developing a range of appropriate interventions. The project staff also delivered training and information to local schools, youth workers and other local agencies working with young people.
- **Trafford Substance Misuse Service** This was a research project for truanting and excluded young people, the aim of which was to examine the resources and opportunities within Trafford for developing more appropriate educational provision for young people at Year 10 or 11 who were excluded or self-excluding from mainstream education.

## The continuum of prevention

The concept of prevention and, more specifically, drug prevention was a critical and fundamental one for this evaluation. The question of what prevention is – and indeed whether it is a useful term at all – has been a core theme throughout the work.

There are, of course, a number of definitions of drug prevention. The Advisory Council on the Misuse of Drugs has stated in several influential reports that there are two elements of prevention:

- 1 reducing the risk of an individual engaging in drug misuse
- 2 reducing the harm associated with drug misuse (ACMD, 1984:4)

Another similar definition uses the idea of primary and secondary prevention, where the former is concerned with preventing drug-taking in the first place and the latter with preventing the harms that may be caused to users or others by drug use.

There is then some consensus in the field about what drug prevention is and what it seeks to do but it was apparent during the conduct of this evaluation that at least within Manchester, Salford and Trafford it is a contested concept around which there is a vigorous debate.

A useful framework for looking at this issue is the idea of a continuum of prevention. At one end of the continuum, there is drug-focused work, which, to use the terms of one of the definitions described above, can involve both primary prevention (eg drug education in schools) or secondary prevention (eg advice about safer injecting). At the other end, there is generic prevention work, which has no drug-specific or drug-focused content (eg diversionary activities). The value of the notion of a continuum is that it cuts across the split between primary and secondary prevention and focuses attention on some of the key strategic issues about the purposes, funding, location and targeting of prevention.

## Generic approaches

The projects in our study employing a generic prevention approach did not have a drug focus, or indeed necessarily any drug content to interventions at all, but instead aimed to address 'risk factors' for problem drug use. For example, the gardening mentoring project in Salford took referrals from a local secondary school of pupils who were starting to have behavioural and/or attendance difficulties. Participation in horticultural activities and support from an adult mentor aimed to help re-engagement with education as well as equipping the young people with a range of basic skills that might increase their future employability. If successful, this would then reduce some of the 'risk factors' for the development of problem drug use.

As generic approaches potentially cut across a number of areas of work, a critical issue is ensuring that this kind of work does not fall between different funding streams and strategies. Pooled budgets and increasing the permeability and flexibility of different funding ‘silos’ are important for the sustainability of this kind of work.

Evaluating generic prevention work raises particular challenges. Although measuring success in terms of addressing ‘risk factors’ (eg truancy) is fairly straightforward, going on to establish longer-term drug behaviour outcomes (and attributing these to the initial prevention intervention) is much more complex. Investment in some longitudinal case-tracking research is essential.

### Drug-focused approaches

In contrast, projects within the research that adopted drug-focused approaches had a clear drug content to their programmes and interventions. For example, the Street Agency that ran projects in both Salford and Manchester took referrals of ‘vulnerable’ young people from a range of sources, including YOTs. They provided advice and information aimed at stabilising drug use and reducing the risk of escalation to more harmful use. They also referred young people on to other agencies to address any wider issues that might be affecting their capacity to tackle their drug use (eg employment).

**Table 1** Prevention techniques and mechanisms

Technique	How does it work?	Who does it work best with?
<b>Mentoring</b>	<ul style="list-style-type: none"> <li>Well-known local people can act as good role models.</li> <li>Building long-term, intensive relationships with adults helps establish trust.</li> <li>Having mentors from minority ethnic groups can allow equal opportunities issues to be dealt with well.</li> </ul>	<ul style="list-style-type: none"> <li>Mentees must have motivation to engage in the relationship</li> <li>For boys who may have absent fathers, adult male mentors can be beneficial</li> <li>If working with more behaviourally challenging young people, extra support is required.</li> </ul>
<b>Peer education</b>	<ul style="list-style-type: none"> <li>Creates more credible communications.</li> <li>Messages can expand into the wider community, eg via websites, videos, etc.</li> <li>Participation can build confidence for peer educators.</li> </ul>	<ul style="list-style-type: none"> <li>Works well with pre-existing peer groups.</li> </ul>
<b>Information or advice</b>	<ul style="list-style-type: none"> <li>Accurate, factual, non-judgmental information is more credible.</li> <li>Can provide a platform for discussion.</li> <li>Can have a direct harm reduction impact, eg information on safer administration routes.</li> </ul>	<ul style="list-style-type: none"> <li>Works well with all if message and medium are appropriately tailored.</li> </ul>
<b>Participation in activities</b>	<ul style="list-style-type: none"> <li>Attractive activities can act as an effective ‘carrot’ to engage and retain young people.</li> <li>Activities can allow learning of new skills and knowledge.</li> <li>Achieving success at activities can build confidence.</li> </ul>	<ul style="list-style-type: none"> <li>Young people who have had limited previous opportunities to participate in such activities.</li> </ul>

For drug-focused prevention work, clear articulation of aims and objectives is important. For example, information-based approaches in isolation are likely to have a very limited prevention impact (although they may have a value in broader educational terms). It is essential, therefore, that projects have a clear theory about how the prevention techniques being used can achieve their prevention aims with the intended target group of young people.

## Mechanisms and techniques

Central to the evaluation approach was a focus on looking at prevention techniques and their operation in specific contexts. It is argued that this provides a much more useful basis for replication of success rather than approaches which look at replicating whole projects (which is rarely possible). Table 1 (page 4) summarises some of the main findings relating to four key prevention techniques employed by the projects.

Other components which the evaluation indicated appear to contribute to effective prevention interventions for vulnerable young people include:

- working, where appropriate, with parents as well as children
- utilising the skills and experience of older members within communities
- mobilising, supporting and building on existing community-based networks and activities

## Targeting, delivering and locating prevention

The evaluation has highlighted some critical questions that should be asked when commissioning and developing drug prevention work with vulnerable young people. These are summarised in Table 2, page 6. The issues relate to the targeting, delivery and location of the work in both strategic and practice terms in order to maximise the benefits of the work. They should be considered as a framework of questions and issues supplementary to the more detailed guidance provided by other documents (eg HAS, 2001; DrugScope/DPAS, 2002).

## Evidencing prevention

A significant issue for translating learning into action is the evidencing of prevention work. This evaluation has raised a number of important aspects of this.

The first aspect concerns record-keeping at project level. A number of the projects evaluated kept little or no information about the young people they worked with. In extreme cases, this meant that it was not even possible to say with any certainty how many people had been worked with during the HAZ funding period. It is difficult to see how any kind of case management can be conducted without basic records being kept. Another consequence is that when it comes to evaluation and proving the value of project work, this becomes problematic which, in turn, makes securing future funding harder.

A second, related aspect concerns capacity-building for community-based projects. Smaller projects, which are rooted in community volunteering, do not necessarily have the capacity to set up proper record-keeping systems. If funding is to be directed at non-mainstream services in order to stimulate innovation, then additional support may also be required to enable them to set up basic monitoring and other systems.

A third aspect more directly concerns the process of evaluation. In general terms, the evidence base for prevention is still quite thin. This partly relates to difficulties around clarifying and agreeing prevention objectives but also, by its very nature, measuring prevention outcomes requires longer-term evaluations compared with, for example, treatment. All of this makes it particularly important that maximum value is derived from investments in prevention research and evaluation. Longitudinal tracking studies, although relatively expensive to conduct, will represent a good investment in this respect.

Fourthly, and related to the previous point, evaluations should focus on how different techniques or mechanisms employed in different settings lead to particular outcomes. Attempts to identify 'successful' projects for wholesale replication will be much less fruitful.

## National policy developments

The translation of the learning from this evaluation into action is going to be significantly affected in the next few years by recent national policy developments. In particular, the merging of DATs with Crime and Disorder Reduction Partnerships (CDRPs), the requirement to

**Table 2 Strategic and practice issues for prevention**

	<b>Strategic issues</b>	<b>Practice issues</b>
<b>Targeting</b>	<ul style="list-style-type: none"> <li>● Strategies need to provide an appropriate balance between generic and drug-focused prevention.</li> <li>● Targeting should be informed by research evidence about 'vulnerable' groups.</li> </ul>	<ul style="list-style-type: none"> <li>● Referral criteria and assessments should reflect, in part, research evidence about 'risk' and 'protective' factors.</li> <li>● Interventions should be developed and structured around the aims of reducing 'risk' factors and/or building 'protective' factors.</li> </ul>
<b>Delivery</b>	<ul style="list-style-type: none"> <li>● Strategies should include a 'mixed economy' of prevention delivery. Statutory, voluntary and community agencies can all potentially contribute.</li> </ul>	<ul style="list-style-type: none"> <li>● Practitioners need to draw on the full range of prevention techniques, depending on aims, target group and settings.</li> <li>● Different disciplines are likely to be more or less useful for the deployment of different prevention techniques.</li> </ul>
<b>Location</b>	<ul style="list-style-type: none"> <li>● Prevention cuts across strategies and across funding streams.</li> <li>● Generic prevention needs to be included in all relevant local strategies.</li> <li>● All relevant local agencies should contribute to funding generic prevention.</li> <li>● Overview responsibility for the planning and funding of prevention needs to be assigned.</li> </ul>	<ul style="list-style-type: none"> <li>● Most agencies working with young people should have some staff engaged in prevention work.</li> <li>● Most agencies working with young people should have some staff with designated prevention responsibilities.</li> </ul>

produce Young People's Substance Misuse Plans and the requirement to develop cross-cutting prevention plans for children and young people will all have a major impact on this work.

Taking these in turn, the closer working between DATs and the larger CDRPs indicates that crime reduction priorities and principles are likely to be in the ascendancy. This is mirrored in central government departmental terms by the reclaiming of drug policy from the Cabinet Office into the Home Office. For the HAZ-funded prevention programme, this represents quite a shift in emphasis, as the focus at its inception was much more on health and reducing health inequalities. In terms of service delivery on the ground, this shift may actually be less significant. The large degree of overlap between 'risk factors' for offending and drug use, and the perceived causal links between the two,<sup>5</sup> mean that

preventative interventions and activities from within health and crime paradigms are likely to be fairly similar (mentoring, diversion, etc), although some techniques have a stronger tradition in the health field than in crime prevention (eg information-giving). However, the consequences in terms of funding and strategic priorities may prove to be much greater.

As part of the Comprehensive Spending Review 2000, the government allocated additional financial resources of £152 million to the national drug strategy, in particular to drug prevention as part of integrated DAT-agreed Young People's Substance Misuse Plans (YPSMPs). DATs were required to co-ordinate production of YPSMPs with the involvement of other children's and young people's services. YPSMPs envisage an integrated approach to meeting young people's substance misuse needs. Guidance issued by the UK Anti-Drugs Co-ordination Unit

stated the intention as being by 2004 to provide:

- substance misuse education and information for all young people and their families
- advice and support targeted at vulnerable groups
- early identification of need
- tailored support to all those who need it when they need it

Cross-departmental funding is available to DATs to implement these plans. The associated guidelines are envisaged as providing the rationale for funding of preventive work. This is the main way in which local prevention work with young people will be funded. Incorporating the learning from the HAZ-funded projects into the local YPSMPs has obviously been important, although not necessarily straightforward. A key challenge for the Manchester, Salford and Trafford DATs has been how to incorporate generic prevention work into the plans, especially as it is difficult to evidence the drug prevention impact of this work. It is arguable too that the HAS 4-tier model on which the YPSMPs are to be based is much more focused, in prevention terms, on drug-specific rather than generic prevention.

Following the Cross Cutting Review of Children at Risk for the 2002 Comprehensive Spending Review, new proposals have been made requiring local authorities to develop cross-cutting prevention plans for children and young people. This requirement should build on the approach set in train by the YPSMPs described above and has the potential to cement the place of generic prevention work within prevention strategies and to ensure adequate funding for it from statutory agencies. The 'silo' effect from which some of the generic prevention projects we evaluated suffered should, in principle at least, be largely avoided. The challenge is likely to be to make sure that the contribution that can be made to this work by voluntary and community-based projects does not get lost within the statutory planning frameworks. This evaluation certainly suggested that adequately funding and supporting work rooted in local communities can be an effective way of encouraging and nurturing innovation.

## Note on research methodology

The focus of the evaluation was on understanding how the particular prevention techniques or mechanisms employed by the projects led to particular outcomes for particular young people in particular settings. In other words, the aim was not simply to find out 'what works' but rather to investigate 'what works, for whom and in which settings'.

Adopting this kind of 'theory-driven' approach, the research design had four main strands: the collection of routine case-monitoring data; feedback from project staff and volunteers and representatives from partner agencies; feedback from young people participating in the projects; and observation of project operation. In addition, some interviews with key informants at a strategic level (eg HAZ staff, regional DPAS staff, DAT co-ordinators) were also conducted.

Such a multi-stranded design was intended to generate a 'package' of quantitative and qualitative data, careful analysis of which would generate some key conclusions about effective prevention work with vulnerable young people. Quantitative data were analysed using SPSS. Qualitative data were analysed using NUD\*IST5, a software package designed for the analysis of Non-numerical, Unstructured Data using Indexing, Searching and Theorising tools.

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## Footnotes

- 1 Key sources drawn on here are: Dorn and Murji (1992); De Haes (1987); White and Pitts (1997); Shiner (2000); Velleman *et al.* (2000).
- 2 Key sources on trend data for England are the British Crime Survey, two surveys by the Health Education Authority, Balding's schools surveys and the Youth Lifestyles Survey. Parker's work in the North West has generated some useful regional data (Parker *et al.* 1998). A good summary overview of the whole picture is provided by Aldridge *et al.* (1999: 4–10).
- 3 It is acknowledged that there is a critical debate about the concepts of 'risk factors', 'protective factors' and 'vulnerable groups' but this lies beyond the scope of this briefing.
- 4 As Parker *et al.* (1998) argue, the research listed in note 2 above has shown that drug-triers are becoming the majority amongst young people and can clearly no longer be identified or described in terms of pathological characteristics or 'risk' factors (if indeed this were ever the case). In other words, they are, by and large, 'ordinary' young people. Gender, ethnicity and social class are not useful or straightforward predictors of drug use anymore. Whilst the extent to which drug trying has become 'normalised' is the subject of some debate (Parker *et al.*, 1998; Shiner and Newburn, 1997; Hammersley *et al.*, 2003), it is certainly very common.
- 5 For useful discussions of some of the complexities of these causal links see Seddon (2000) and Hammersley *et al.* (2003: 2–10).

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