

SUBSTANCE MISUSE SERVICES IN THE SECURE ESTATE



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BACKGROUND

In 2003, the Youth Justice Board for England and Wales (YJB) secured funding for an initial three-year period to develop integrated substance misuse services for the secure estate for children and young people. As part of this project, the YJB allocated funding to secure estate establishments to aid the development and delivery of substance misuse services. To support the roll-out of these new services and promote best practice in service delivery, the YJB developed the *National Specification for Substance Misuse for Juveniles in Custody* ('national specification'). This was introduced across the secure estate in 2004. This national specification framework was based on best practice guidance and quality standards gathered from a number of sources, covering five main elements:

1. identification and assessment
2. education and prevention
3. support and programmes
4. detoxification and clinical management
5. throughcare and resettlement.

In 2005, Galahad SMS Ltd was contracted by the YJB to evaluate how well the national specification had been implemented, and to highlight areas of difficulty with implementation. The evaluation was conducted over two years, from 2005 to 2007, but drew on information and data, such as business plans held by the YJB, which dated back to 2004. The evaluation explored staff's experience of substance misuse services and the extent to which these services met young people's needs.

This summary is based on the evaluation findings.

AIMS

The research evaluated:

- implementation of the national specification
- substance misuse service integration
- how well the secure estate meets the substance misuse needs of young people in its care.

It also:

- looked at possible exceptional needs of certain groups including females, Black and Minority Ethnic (BME) young people, those serving long-term sentences and young people on remand
- compared community and custodial substance misuse services
- reviewed promising practice
- examined data monitoring practices.

METHODS

Seven case study sites were selected for in-depth reviews, and quantitative and qualitative data was gathered from staff and young people in the secure estate. This included:

- 231 face-to-face interviews with young people
- 255 self-report questionnaires completed by young people
- 96 follow-up interviews with young people
- 69 in-depth interviews with staff.

Information on the range of substance misuse services available in each establishment was collected via survey. Additional information was gathered through analysis of the establishments' own audits, where provision of substance misuse services was mapped against the national specification to identify areas of non-compliance.

SUBSTANCE MISUSE LEVELS

This research shows that young people consume high levels of alcohol and drugs prior to entering the secure estate. Before coming into custody, 67% of the young people got drunk at least once a week, and 16% were getting drunk every day.

The proportion of young people in custody who drank on a weekly or daily basis before they entered the secure estate has fallen from 74% in 2003 to 64% in 2006. However, the proportion who engaged in binge drinking at least once a week has increased significantly, from 59% to 66%.

Up to 84% of the young people who were interviewed could be considered problematic or potentially problematic substance misusers.

Use of the following drugs by young people in the secure estate during the previous year declined significantly between 2003 and 2006:

- cannabis – 83% to 75%
- ecstasy – 44% to 38%
- crack – 22% to 9%
- heroin – 13% to 1%.

The proportion of young people using cocaine, however, remained largely unchanged at 33% (from 32% in 2003). Of the 231 young people interviewed, 53% said that members of their family used drugs. Ninety of these young people identified which family members used, of whom 39% described one or both of their parents as drug users.

SUBSTANCE MISUSE SERVICES

Since coming into custody, 57% of the young people surveyed had been offered two or more substance misuse services, but 20% said that they had not been offered any services at all.

More than 70% of those who were offered a service accepted it. All young people who were offered a room on a drug-free wing and counselling for personal problems accepted.

Sixty-one percent of young people in custody wanted to make changes to their substance-using behaviour, but only 34% actively sought help while in custody.

The overwhelming majority of young people coming into custody (84%) had, at the very least, Tier 2-level needs.¹

¹Substance misuse services for young people are typically seen to fall into four tiers of service delivery. Tier 1 services are universal services for young people to promote health and prevent the onset of drug use. Tier 2 services are targeted services for young people at increased risk of substance misuse. Tier 3 services are specialist services for those currently using substances. Tier 4 services are very specialised services for young people with intense problems associated with substance misuse.

Interviews with young people suggest that few were offered the full range of services available within establishments. However, this may be because not all young people are eligible for certain services, or because services may be offered on the basis of young people's assessment results.

The research also shows that:

- the percentage of establishments using brief interventions rose from 59% in 2003 to 96% in 2006
- the percentage of establishments carrying out harm reduction work rose from 3% in 2003 to 96% in 2006
- between 2003 and 2006, the provision of pharmacological maintenance services increased by almost 100%
- by 2006, 96% of establishments screened all young people for drug use, and 92% screened all young people for alcohol use.

Surveys completed by staff about the services available in their establishments showed that in 2005, 88% of establishments offered non-targeted (Tier 1) alcohol education, and 100% of establishments offered non-targeted drug education. Targeted substance misuse education was offered by 96% of establishments.

In 2006, some of these figures had dropped, with 76% of establishments offering non-targeted alcohol education and 76% offering non-targeted drug education. Targeted substance misuse education was again offered by 96% of establishments.

Overall service-user satisfaction with services was consistently above 60% and usually over 70%. Since 2003, there had also been a noticeable increase in the number of establishments offering services in most tiers.

Although this study found that fewer establishments were offering Tier 1 substance misuse services in 2006 than in 2005, an increased number of establishments were offering Tier 2, 3 and 4 services.

None of the establishments had their education programmes evaluated by independent organisations.

Implementing the national specification

Progress has been made in all areas of compliance with the *National Specification for Substance Misuse*:

- secure training centres (STCs) achieved the greatest level of compliance, rising from 71% in 2004 to 89% in 2006
- secure children's homes attained 81% overall compliance

- young offender institutions (YOIs) achieved 32% compliance in 2004, rising to 63% in 2006, which represents remarkable progress in a short period of time.

The six most common reasons given for non-compliance were:

- targets were perceived as being beyond the authority or remit of the substance misuse manager
- units had resource or recruitment difficulties
- systems were under development when the business plan was being completed
- the service requirement was not deemed achievable
- staff disagreed with the relevance of the service requirement
- the target was met, but not in the manner described.

Although progress has been made with implementation, gaps in provision do exist within the national specification framework itself, particularly for:

- young people on remand
- highly mobile populations
- females
- BME young people
- those on long-term sentences.

Although most service requirements and objectives in the national specification were considered realistic

and relevant by secure estate staff, some were not. Most staff members felt that a detailed review of the framework, objectives and service requirements would be helpful.

Substance misuse service integration

At the time of the study, no establishment was classified as having anything less than 'good integration'. In all seven case study sites, multi-disciplinary working was seen to have increased substantially since 2003.

Data suggested that the integration of substance misuse services in the secure estate is progressing well, and the national specification has had a positive influence.

The extent to which the five elements of the substance misuse service were integrated far exceeded expectations. It would appear that a major cultural change in working practice is taking place.

In most sites, substance misuse service provision had become firmly integrated into decision-making by senior management. It was generally agreed that the national specification facilitated integrated policy, strategy and practice. There is still a great need, however, for senior management to take responsibility for cross-departmental compliance.

Factors that were found to undermine effective integration included:

- lack of consistency and standardisation in assessment practices
- lack of coherence in practice between the YJB and the Her Majesty's Prison Service, and an unnecessary divide between practice, systems and tools used in secure children's homes, STCs and YOIs
- lack of clear guidance and structures for integration, such as protocols and enhanced service level agreements
- lack of money for training and for improving the integration of custodial and community services to facilitate a young person's transition to and from custody
- lack of communication and integration of working practices between the secure estate and community services
- the physical distance of the substance misuse team from other units; where there was close proximity between the substance misuse team and other units, this was found to positively influence the ability of the substance misuse team to integrate with other multi-disciplinary team members.

MEETING NEEDS EFFECTIVELY

Multiple needs

The needs of young people in custody stretch beyond substance misuse. Young people entering custody often have a number of problems that co-exist with their substance misuse, and need realistic remedies for a host of common problems, such as:

- lack of secondary school education
- the influence of close family members who use drugs
- uncertainty about accommodation upon release from custody
- drug dealing by young people
- mental health issues.

Dual diagnosis²

Evidence from staff interviews and survey responses suggested that mental health screening was widespread, with most establishments assessing for such problems. In 2005, 72% of establishments screened all young people for mental health issues; in 2006, this had increased to 92%.

Overall, 62% of the young people said that they had used substances for reasons that might indicate mental health or anger management issues.

Of the young people surveyed, 14% had overdosed at some point in their life, and in 34% of those cases, the

overdose was deliberate. This also suggests that, for young people, mental health concerns were often linked with substance misuse issues.

Females

Young females in the sample were significantly more likely to have been heroin and crack users than young males. Females were also significantly more likely to be offered detoxification medication in custody than males (females 20%; males 4%), demonstrating perhaps that their greater need is being addressed in the secure estate.

More young females than young males reported potentially problematic alcohol use (females 73%; males 61%) and binge drinking (females 86%; males 78%).

Significantly more females reported that they had overdosed at some stage in their life (females 34%; males 12%). More worrying figures showed that, of those who had overdosed, over half of the females reported that they had done it deliberately (females 58%; males 19%). There was little evidence that the majority of staff members were aware of this key difference in risk between male and female offenders.

²Dual diagnosis is a term used to describe the condition of people who have co-existing substance misuse and mental health problems.

Many young females interviewed expressed frustration at the non-participatory, overly structured and non-interactive nature of the interventions offered.

Black and Minority Ethnic offenders

Most units were aware of the different cultural, religious and language needs of BME groups, and took steps to ensure that those needs were met. This usually took the form of practical initiatives, such as making information available in different languages, right through to consideration about religious practices. These efforts were generally well-appreciated by the young people.

However, compared with services in the community, there was less evidence of systematic consultation with BME young people about services, and less evidence of availability of BME-specific programmes.

Compared to White offenders, significantly fewer young BME offenders reported using drugs in the past year (BME 71%; White 83%), potentially problematic drinking (BME 40%; White 74%) and binge drinking (BME 59%; White 86%).

BME offenders appeared reluctant to accurately self-report specific substance misuse, possibly due to the well-documented stigma attached to substance misuse. Staff were aware of the stigma and denial of substance

misuse in certain cultures, and took account of this in the provision of substance misuse services to BME offenders.

BME offenders were significantly more likely than their White counterparts to want more help than they had been given, either in custody or on release (BME 29%; White 18%).

Young people on long-term sentences

In contrast to findings from other published studies, young people on long-term sentences involved in this study reported slightly lower (pre-custody) drug use than other offenders who were not on long-term sentences. The three drugs used most prevalently were:

- cannabis
- ecstasy
- cocaine.

Young people on long-term sentences were significantly less likely to have been either permanently or temporarily excluded from school than those on shorter sentences (offenders on long-term sentences 47%; other offenders 65%). They were also significantly less likely to be offered:

- advice from a substance misuse worker
- an assessment of their drug and alcohol use
- complementary therapies
- detoxification medication.

This is disappointing, as 73% reported that they had considered making changes to their substance misuse while in custody.

There were many comments praising the attitudes of staff who took the time to build a rapport with serious offenders on long-term sentences, and to see their potential. There was evidence that such positive attitudes contributed to offenders' academic and career ambitions, and their hopes for a better future on release. Staff in specialist units set a positive example for the rehabilitation of society's most serious young offenders.

Young people on remand

Young people on remand appeared to have more difficulty coping without alcohol or drugs than young people who had been sentenced, perhaps due to the uncertainty of their situation.

Compared to previous studies, significantly fewer appeared to be at risk of deliberate self-harm, deliberate overdose, or suicide. YOI staff appeared to have a greater awareness of the risk.

Young people on remand were more likely to receive drug testing than those who had been sentenced (remand 58%; sentenced 45%) and advice from a secure establishment-based drug/alcohol worker (remand 70%; sentenced 50%), though they were less likely to receive drug and alcohol counselling (remand 28%; sentenced 40%).

These figures suggest that young people on remand may only receive brief assistance with their substance misuse due to their transitory path through custodial care, and that they may miss out on the more intensive treatment services.

IDENTIFYING BEST PRACTICE

Within the secure estate, the concept of 'best practice' is poorly understood and requires clarification. With one exception, no substance misuse programmes met best practice criteria, and there has been no overarching quality control or evaluation system for the programmes on offer.

Some examples of promising practice³ were:

- a solution to ensure continuity of treatment for hepatitis B inoculations
- the development of a quality assurance tool and system
- systems to help young people participate more actively in the development of services
- a multi-disciplinary model of managing detoxification and prescribing activities
- a training system for managing conflict with young people.

³Defined as work that may not have been evaluated, but which presents useful solutions to barriers commonly faced in delivering substance misuse services.

AFTERCARE

Secure establishments play a vital role in helping young people to learn useful vocational skills, and in supporting resettlement arrangements.

Aftercare needs identified include:

- post-custody accommodation
- help to find employment or support with returning to education
- diversionary activities to provide distance from drug-using lifestyles
- preparation to reduce the likelihood of relapse into a previous substance-misusing lifestyle.

Many of the young people were very happy with the skills that they had learned while in the secure estate, particularly the trades they had acquired. Others said that YOT workers had helped them to find vocational training and education courses while in the community.

YOI staff reported that new paperwork and protocols had improved communication during transfers, and a new programme introduced in YOIs called 'Better Choices' had enabled work with young people to continue after transfers.

However, the variation in substance misuse service provision throughout the secure estate meant that care plans devised in one unit could not always be continued after transfer. This lack of continuity was noted both by staff and some young people; it meant that care plans were being shaped by available resources rather than individual need.

It was found that most establishments need to improve co-ordination for young people who are released into the community.

DATA MONITORING

Substance misuse managers recognised the benefits of gathering data from the entire secure estate. In particular, they believed that it could help improve the delivery and development of substance misuse services.

But they felt there was an absence of appropriate measures on the data-monitoring forms that they complete for the YJB. They thought the measures should be reformulated and:

- made appropriate to substance misuse services
- be capable of informing programme development
- provide evidence of inputs and outputs.

Staff submitting the information said they would benefit from clearer guidance, feedback on their submissions and greater balance between information requested because it is essential and information requested because it is useful.

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