



EXCHANGING
PREVENTION PRACTICES
ON POLYDRUG USE
AMONG YOUTH
IN CRIMINAL JUSTICE
SYSTEMS

Handbook on quality standards for interventions aimed at drug experienced young people in contact with criminal justice systems

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December 2019



Co-funded by
the Health Programme
of the European Union

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



**Co-funded by
the Health Programme
of the European Union**

Acknowledgments

The quality standards are based on inputs from EPPIC partners that are available on www.eppic-project.eu: Austria: Rahel Kahlert, Günter Stummvoll, Cees Goos (European Centre for Social Welfare Policy and Research); Denmark: Vibeke Asmussen Frank, Maria Dich Herold (Aarhus University); Italy: Franca Beccaria, Sara Rolando, (Eclectica); Poland: Jacek Moskalewicz, Katarzyna Dąbrowska, Agnieszka Pisarska (Institute of Psychiatry and Neurology, Warsaw); UK: Betsy Thom, Karen Duke, Helen Gleeson, Rachel Herring, (Middlesex University), and Raj Ubhi (Change Grow Live). The authors would like to thank all those practitioners and stakeholders who commented on the draft quality standards in partner countries and colleagues from the EPPIC project as well as its advisory board who consulted and contributed to the preparation of the present handbook.



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Executive Summary

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

The European Drug Prevention Quality Standards (EDPQS) were considered as a baseline for developing the handbook. Development of the quality standards was a four-stage collaborative process: 1) interviews with young people and professionals conducted within EPPIC were analyzed to include their perspectives on principles of good practice; 2) to identify important standards and tools, a content analysis of relevant guidelines and quality standards was conducted; 3) a draft version of this handbook was reviewed and commented upon by all EPPIC collaborators to make sure that the handbook fulfills the EPPIC objectives; and 4) the pre-final draft was subsequently field-tested in national expert consultations in each EPPIC partner country and consultations with experts from relevant international organisations to consider their suggestions.

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

1. Interventions targeting drug use among young people in contact with CJS are evidence-informed and assessed for effectiveness.
2. Governing structures and processes are in place to ensure delivery of high quality interventions.
3. Screening and assessment for drug use among young people in contact with CJS is undertaken as part of a comprehensive assessment.
4. Young people’s multiple vulnerabilities and complex needs are at the center of interventions and are effectively addressed.
5. An appropriate bundle of intervention options is provided.
6. Continuity of care within and between services and community interventions is ensured.
7. Young people’s participation in designing and implementing an intervention is promoted and ensured as far as possible at every stage of intervention.
8. Equity and non-discrimination are ensured within interventions targeting drug use among young people in contact with CJS.
9. Practitioners demonstrate professional competence.
10. Practitioners respect ethical principles and professional codes of practice.

Although this handbook is primarily directed towards practitioners, it is relevant to policy makers and



planners as well. The problem of drug use by young people in contact with CJS cannot be tackled by single interventions alone; it must be managed by appropriate social, health, educational, and criminal justice policies that establish a supportive framework and ensure close cooperation of all relevant sectors, well-defined roles and responsibilities for all stakeholders and adequate provision of funding and resources.

Introduction

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

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

To this end, the handbook presents a set of ten quality standards. These are principles and sets of rules based on evidence, used to implement interventions recommended in national and European guidelines. They can refer to content issues, processes, or to structural aspects (definition adapted from EMCDDA)¹. In

addition, the handbook provides brief pointers to implementation of the standards and includes a list of tools and resources for further consultation (see Appendix for resources).

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

The present quality standards are developed in line with the EU Drugs Strategy 2013-2020 and two consecutive four-year Action Plans on Drugs, covering the period 2013-2016 and 2017-2020³. These action plans constitute five major elements including drug demand reduction; drug supply reduction; coordination; international cooperation; and information, research, monitoring and evaluation. The quality standards presented here address directly the first element of the action plans (drug supply reduction including prevention and treatment). They are also indirectly relevant to the other four elements of the action plans. In addition, to our knowledge the present handbook is the first of its kind aimed at drug experienced youths who are not only in custodial settings, but also in contact with CJSs in other ways.

1. http://www.emcdda.europa.eu/system/files/publications/682/188813_2010_5239_DRUGS_IN_FOCUS_

NR_23_DEP_EN_376366.pdf

2. http://www.emcdda.europa.eu/publications/manuals/prevention-standards_en

3. https://ec.europa.eu/home-affairs/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs_en

The target groups for drug prevention and intervention – young people in contact with criminal justice systems in both custodial and community contexts – present a range of complex problems including drug and alcohol use, mental health issues, social and relational difficulties. Addressing drug use alone is an insufficient response; interventions need to adopt a comprehensive approach addressing the complexity of their problems and bringing together practitioners working across health, social care, education and training and criminal justice agencies⁴. Moreover, frequently, these young people will already have drug experiences so that ‘prevention’ needs to be defined in broad terms.

Definition of prevention in the EPPIC project

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

Harm reduction is a package of policies and interventions that aim to mitigate the burden of drug use at individual, community and society levels⁵. Prevention is one of the main components of harm reduction. According to the EMCDDA, prevention can be categorized in four main categories including environmental, universal, selective and indicated prevention⁶. Environmental prevention is a set of plans to affect social, cultural, economic and physical environments in which young people are exposed to drugs and make decisions about using them; universal prevention covers all populations (mostly school and general population); selective prevention targets specific at-risk populations; and indicated prevention identifies and intervenes with people with behavioural or psychological problems that may lead to substance use problems in the future. The EPPIC project acknowledges the importance of organisational factors and wider social systems as mechanisms of change. The standards reflect the need for equal emphasis on individual, organisational and systems factors in aiming to prevent problem drug use and related issues among young people.

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

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

5. <http://www.emcdda.europa.eu/topics/harm-reduction>

6. <http://www.emcdda.europa.eu/topics/prevention>



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

The Quality Standards at a Glance

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

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

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

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

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

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

Standard 7. Young people's participation in designing and implementing an intervention is promoted and ensured as far as possible at every stage of intervention.

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

Standard 9. Practitioners demonstrate professional competence.

Standard 10. Practitioners respect ethical principles and professional codes of practice.

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



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

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

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

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

Before an intervention is designed and implemented to address drug use and associated problems, a needs assessment and review of approaches and/or methods that have

proved effective should be undertaken. Information regarding evidence based approaches and interventions are available on the EMCDDA Best practice portal⁷. For example, the evidence database facilitates searches for the evidence of specific types of interventions and provides an evidence rating. For example, the table below shows a few examples of extracted information⁷:

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

Source: EMCDDA Best Practice Portal

Systematic monitoring and evaluation of the intervention should be included to assess whether the desired outcomes are achieved or if further adaptations are required. Defining and assessing 'effectiveness' or 'success' may differ between professional groups and between health, social welfare and criminal justice systems and may include outcomes at individual behaviour change level and at agency/ organisational level. If not already a legal requirement, as it the case in some countries (e.g. Denmark), consideration should be given to incorporating young people's self-defined outcomes as part of the mix.

Expected outcomes should be clearly defined and this may require consideration of conflicting perspectives especially regarding interventions and approaches (such as harm reduction) within criminal justice contexts. As an example, a review by the UK organisation, Beyond Youth Custody,⁸ suggests the following steps to assessing effectiveness:

1. Identify expected outcomes, develop a Theory of Change⁹ and select priority outcomes.
2. Design the intervention based upon evidence of what works.
3. Target measurement to focus on priority outcomes.
4. Choose an evaluation methodology which is practical, proportionate and meets an achievable standard of evidence.
5. Select tools and data which support the measurement of this data.

7. See: http://www.emcdda.europa.eu/best-practice/evidence-summaries_en

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

9. See: <https://www.theoryofchange.org/what-is-theory-of-change/>



QUALITY

Standard 2: Governing structures and processes are in place to ensure delivery of high quality interventions

Aim: To put in place structures and processes to ensure 'evidence-informed practice' and the delivery of interventions that are safe and effective through monitoring and regular review.

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

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

To meet quality standards in delivery, governing structures and processes¹⁰ are required to:

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

10. EDPQS provides useful guidance on developing and monitoring project/ programme intervention: EDPQS Toolkit 2: Reviewing and improving the quality of prevention work (Self-Assessment & Reflection Toolkit) http://prevention-standards.eu/wp-content/uploads/2015/07/EDPQS_Toolkit2_Improvement_Support_Questionnaire.pdf

See especially 4.3 Tailoring the intervention to the target population.



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



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

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

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

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

The screening and assessment should be respectful, non-judgmental and proportionate to the young person's self-reported needs.


Young people should be informed beforehand about who will have access to the screening and assessment information and how this information will be used.

The decision to participate in an intervention should remain voluntary and require the informed consent of the young person.

There should be a plan/policy to assure that CJS drug policy is clear to the young people and does not influence negatively their willingness to admit to drug use.

Assessment should cover a wide range of possible needs including mental, physical and sexual health, education and training, housing and social care, and relationships.

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

A thick, light-colored rope, possibly made of natural fibers, is shown against a dark, textured background. The rope is oriented vertically, with its ends frayed and splayed out, creating a shape reminiscent of a tree or a branching structure. The lighting highlights the texture of the rope and the background.

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

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

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

Expected Outcome: Young people will build self-esteem and resilience and be empowered.

Adopting a 'strength-based' approach means looking not just at young people's needs but also identifying their strengths, resilience and potential in going forward¹¹.

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

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


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

It is important, therefore, to:

- Provide young people with opportunities for accessing physical health, sexual health, help with infective disease, and mental health services. This enables them to acquire good knowledge about how to maintain and improve their health and has the potential for developing their self-esteem and sense of self-protection.
- Provide opportunities for participation in school, sport facilities, voluntary work, religious groups and other activities. Such activities and interests can contribute to the creation of a sense of purpose in life.
- Assist young people to build and maintain social capital. Young people in the CJS are at risk of isolation and of being physically distanced from the wider environment. It is fundamental that meaningful relationships are established and preserved in order to build lasting, supportive connections and networks that facilitate personal and social development.
- Where young people are mandated or coerced into interventions via the criminal justice system, choices should be given wherever possible and clear explanations provided as to what is negotiable or non-negotiable in the delivery of the intervention¹².

11. For discussion of a strengths-based approach and suggested principles for practice, see: <https://sustainingcommunity.wordpress.com/2016/08/23/sba-groups/>; and <https://www.sciencedirect.com/topics/psychology/strength-based-approach> A strength-based approach is advocated as a more suitable alternative to the deficits approach which focuses on what is lacking by way of skills/abilities etc.

12. See: Trotter, C. (2015) *Working with Involuntary Clients: a guide to practice*. London: Routledge.



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

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

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

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

Drug use and associated problems among young people in contact with CJS comes in different forms. While not all substance use is problematic, some young offenders may develop harmful and dependent patterns of drug use so that different interventions are needed at different times and for different people. The interventions should be in line with “The United Nations Standard Minimum Rules for the Treatment of Prison-



ers”¹³, offering some options to the young person. Depending on the nature of drug use and other problems facing the young person, these interventions could, for example, include:

- information, education, and risk communication;
- environmental, universal, selective and indicated prevention of drug use disorders;
- psychosocial counselling and treatment;
- prevention, diagnosis and treatment of common infectious diseases (e.g. HIV/AIDS, viral hepatitis, and tuberculosis); and
- practical support services.

13. https://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E_ebook.pdf





Standard 6: Continuity of care within and between services and community interventions is ensured

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


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

Expected Outcome: Greater collaboration and links between services and community sectors and improved continuity of care.

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

It is recognised that there are considerable challenges in aiming for co-ordination between services, organisations and policy sectors¹⁴.

14. See <https://info.harmreduction.eu/continuity-of-care#ftn8> and <https://rm.coe.int/european-prison-rules-978-92-871-5982-3/16806ab9ae>



Standard 7: Young people's participation in designing and implementing an intervention is promoted and ensured as far as possible at every stage of intervention



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

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

Expected Outcome: Improved engagement with services, interventions, and ownership of care.

It is widely acknowledged that young people have the right to participate in decisions that affect their lives, if this is not a legal requirement¹⁵, as is the case in some countries. Upholding young people's participation in their own care supports the provision of sustainable, acceptable, locally appropriate and more effective solutions and also ensures that young people remain engaged¹⁶ in their care and develop a sense of ownership. Recognising the limitations of the CJS context on implementing this standard, professionals should support the engagement of young people at every stage of interventions. This is of utmost importance for young people in CJS who are frequently already deprived of decision-making powers regarding their own lives. Engagement techniques are taken to refer to 'a specific set of skills and knowledge that is a necessary component of effective practice regardless of the particular type of intervention in which the young person is being engaged'¹⁷. Some key elements in securing engagement, extracted from the literature (footnote 9) and emerging also from EPPIC research, are:

- The ability to communicate and empathise with the young person.
- Warmth, genuineness, trust and respect.
- Understanding the young person as an individual in their own context.
- Basing the relationship on clarity and openness regarding roles, issues of authority, the aims and purposes of the intervention.
- An active, participatory style of interaction.
- Especially when working with minors, attention should be given to engaging and supporting families wherever possible.

The involvement of young people in interventions is also a way of empowering them, e.g. by acting as peer educators using their lived experience to help others¹⁸.

15. <https://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/CRC-C-GC-12.pdf>

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

17. Prior P. and Mason P., p.212.

18. e.g. see the 'Peer Navigators' project described in Thom, Duke and Gleeson (2018) *Description of innovative approaches including professionals' and young peoples' narratives*. 2nd National report. https://www.eppic-project.eu/wp-content/uploads/2018/02/Final19Jan_WP5-Interventions-Report.pdf

Aim: To ensure that high quality interventions are made available to all young people irrespective of gender, age, educational level, minority, social status, and CJS-related status.

Rationale: All young people have a right to access services and support tailored to their needs but equivalent in terms of quality, choice of options and length of support provided¹⁹.

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

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

19. See: https://eur-lex.europa.eu/resource.html?uri=cellar:2bf140bf-a3f8-4ab2-b506-fd71826e6da6.0023.02/DOC_1&-format=PDF

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



heterogeneous in terms of personal characteristics and backgrounds. Insensitive discriminatory practices and attitudes are major reasons why young people do not access services, hide their drug use and other problems, or end up being unhappy with the services and interventions received.

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

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





Standard 9: Practitioners demonstrate professional competence



Aim: Practitioners have appropriate knowledge and skills and are afforded opportunities to update their knowledge and skills.

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

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

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

- drug prevention and management, including different forms of early intervention, options for addressing problematic drug use and dependency, and ways of responding to poly-drug use.
- management of complex problems including health, mental health, educational and social care problems.
- communication and relationship building/ maintenance with young people.
- and be prepared to undertake periodic additional training as necessary to remain up-to-date.



ETH

Standard 10: Practitioners respect ethical principles and professional codes of practice



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

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

Expected Outcome: *Interventions and services that respect human rights and the law.*

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

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

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

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

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

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

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

- Prevention intervention within CJS contexts presents particular challenges for practitioners. These will vary depending on national and local circumstances but in all partner countries CJS rules take precedence, setting boundaries on what practitioners can offer and on how they work. In particular, it may limit harm reduction approaches, outcome definition, and co-operation with other service partners, as all partners are not equal. An important issue for quality standards is to deal with how cooperation between different interventions/ services (with different power) can be most effective for the young person, when these interventions are based on different legal foundations (e.g. CJS is under the Ministry of Justice, drug treatment under the Ministry of Health and the Ministry of Social Affairs) and when practitioners come from different professional backgrounds and disciplines.
- Co-operation between partners may be hindered when organisations are not legally allowed to share data and information about clients (professional codes of practice, national and international regulations – such as GDPR²⁰).

20. See the EDPQS manual at: https://ec.europa.eu/commission/priorities/justice-and-fundamental-rights/data-protection/2018-reform-eu-data-protection-rules_en

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

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

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Appendix: Tools and Resources

International tools and resources

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