Framing 'drug prevention' for young people in contact with the criminal justice system in England: views from practitioners in the field

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Abstract

Drawing on the work of Rein and Schon (1993; 1996), we explore the ways in which 'young people', 'vulnerability', 'risk', 'prevention' and 'prevention practice' were defined and framed by practitioners engaged in the design, delivery and commissioning of drug prevention interventions for young people in contact with the criminal justice system. We argue that practitioners describe their work in terms of both a preventative frame – based on a 'deficit' model - and a transformative praxis frame, more in line with an increasing shift towards 'positive youth justice' where practitioners aspire to actively involve the young person in a process of change. The implications of those, often competing, frames are discussed in relation to the development of prevention approaches and the challenges in designing drugs prevention for this group of young people. The paper is based on interviews and focus groups with thirty-one practitioners in England and is part of the EU funded EPPIC project (Exchanging Prevention Practices on Polydrug Use among Youth in Criminal Justice Systems 2017-2020).

Introduction

In many countries, policy and practice in the areas of youth justice and drugs have been dominated by the 'risk factor prevention paradigm' which seeks to identify risk factors in groups of young people to predict and prevent future offending and problematic drug use (Lloyd, 1998; Muncie, 2008; Case and Haines, 2009; 2015; EMCCDA, 2009; Foster and Spence, 2011; Pruin and Dunkel, 2015). Young people involved in crime have been identified as an 'at risk' group who might be at an increased risk of engaging in early onset substance

use, have increased levels of risky or problematic patterns of substance use and be at increased risk of experiencing adverse effects once they initiate use (Hall et al, 2016; Degenhardt et al, 2016). The prevalence of substance use disorders is greatly increased in young people in contact with the criminal justice system (Lader et al, 2003; Teplin et al, 2005; Galahad SMS Ltd. 2004; 2009; Jacobson et al, 2010; Gyateng et al, 2013; Williams, 2015; Newbury-Birch et al, 2016).

The construct of 'vulnerability' has also been used to identify young people who have a higher risk of using drugs (Roe and Becker, 2005; EMCDDA, 2008; Brown, 2015). The groups considered most 'vulnerable' or 'at risk' of developing drug problems include young people involved in crime, young people in institutional care, early school leavers, students with social and academic problems and young people living in disadvantaged families or neighbourhoods where multiple risk factors associated with substance use are concentrated (Lloyd, 1998; EMCDDA, 2008). In the 2017 UK Drug Strategy, a number of groups were highlighted as being 'high priority' in relation to targeted drug prevention including 'vulnerable young people' who may have experienced self-harm, poor mental health, truanting, offending and sexual exploitation (HM Government, 2017).

This paper[1] contributes to debates around drugs prevention and intervention for young people in contact with the criminal justice system (CJS). The paper explores the views of practitioners engaged in the design, delivery and commissioning of drug prevention

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interventions for this target group. It highlights how practitioners work with both a preventative frame – based on a 'deficit' model - and a transformative praxis frame, which emphasises the engagement and autonomy of young clients. The implications for the development of prevention approaches for this group are examined.

The UK policy and practice context

In England and Wales, the Youth Offending Service had substance misuse concerns for 45% of admissions to youth custody (Youth Justice Board, 2017). Interventions are therefore recommended by policy makers to prevent onset into different forms of substance use, reduce escalation into heavy use and intervene to reverse problematic substance use (Stockings et al, 2016). Policy and practice have become pre-occupied with assessing and measuring 'risk' on a number of different indicators, including substance use, and with developing interventions which aim to prevent and reduce it (Armstrong, 2004; Kemshall, 2008; Gray, 2005; 2009; Phoenix, 2009; Briggs, 2013). Risk-based practices can be applied to both young people who have already offended and/or used different substances and to those who are considered 'at risk' or 'on the cusp' of engaging in crime and substance use.

In England and Wales, there have been significant changes in the youth justice population both in terms of number and characteristics over the last ten years. Following a sharp rise in first time entrants from 2003/4 with a peak in 2006/7 at 110,784, there have been falls each year in the number of young people aged under 18 entering the youth justice system for the first time. In 2016/17, there were 16,500 entrants which is 85% fewer young people than at the peak (Youth Justice Board, 2018). Analyses by Sutherland et al (2017) demonstrate that these falls can be attributed to a number of different factors, but the main driver was

changes to policing and criminal justice policies during 2008 and 2009 which emphasized diverting young people who had committed low-level offences away from the formal youth justice system (ie. through point of arrest diversionary schemes offering assessments and referral into programmes and services to address the causes of their offending) and focusing on more serious offences. Other factors which could have contributed to the decline in first time entrants included the decrease in overall crime rates (including youth crime), reduction in some of the risk factors associated with youth crime such as substance use and school exclusions, prevention programmes to support 'vulnerable' families and prevention work undertaken by Youth Offending Teams with young people perceived to be 'at risk' of offending. Sutherland et al (2017) found that the young people currently most likely to enter the youth justice system have the following characteristics: more likely to be older (aged 15-17 years) and committed a more serious offence and less likely to be female and 'white'. They are more likely to be convicted, rather than cautioned and to have greater and complex needs, creating challenges in the courts, youth offending teams and youth custody (Wigzell, 2014; Youth Justice Board, 2017; 2018).

Prevention and intervention approaches

Although 'vulnerable' groups have been highlighted as a priority group in many national drug policies, there is no indication that the provision of bespoke interventions has necessarily increased as a result of this attention (EMCDDA, 2008). Due to school exclusions and non-attendance, some groups of young people may miss out on universal drug education and prevention programmes in school settings. In the UK, although diversionary schemes have been designed for young people who have been in contact with the criminal justice system and are preventative measures in themselves, these do not necessarily focus specifically on drug

use, education, and prevention activity.   There has been little attention paid to developing bespoke drug-specific interventions which target young people in contact with the criminal justice system and who are engaged in or 'at risk' of problematic substance use. A key exception is the RisKit intervention (Stevens et al, 2014) which has been adapted for adolescents aged 13-17 in the criminal justice system (RisKit-CJS) and is currently being evaluated (see Coulton et al, 2017).

The focus on risk and vulnerability at policy level for young people involved in substance use and in contact with the criminal justice system informs the ways in which practitioners work with these groups. Case and Haines (2009; 2015) argue that youth justice in England and Wales is dominated by neo-liberal correctionalism which focuses on the deficiencies of individuals and is linked to the development of preventative and corrective interventions that are coercive and focused primarily on the offence/offender. Similarly, drug interventions are often based on a deficit model of addiction where drug use is viewed as a failing of the individual which needs to be 'fixed' through engagement with treatment, rather than dealing with interpersonal, social and structural factors (Treloar and Holt, 2006).

This paper contributes to these debates by concentrating on the experiences and perspectives of practitioners who have developed and delivered drug prevention interventions for young people in contact with the criminal justice system in England. Drawing on the work of Rein and Schon (1993; 1996), we explore the different ways in which 'young people in contact with the criminal justice system', 'vulnerability', 'risk' and 'prevention' were defined and framed by practitioners and how they navigate their professional practice in interpreting and adapting these frames in the context of working with young people. We argue that practitioners frame their work in both preventative and transformative terms by both focusing

on the behaviours they want to prevent and reduce and also by trying to develop and draw on the strengths and capabilities of the young people. This creates both possibilities for practice development but also tensions as these models of practice may be seen as incompatible, especially when applied in criminal justice settings. We consider the implications of those frames and practice models in relation to future development of prevention approaches and identify some of the challenges in relation to designing drugs prevention for this group of young people.

Structure of the paper

The paper begins by outlining the theoretical framework of framing as originally developed by (Rein and Schon, 1993; 1994) and elaborated on by van Hulst and Yanow (2016) and by examining the key concepts of naming, selecting, storytelling, sense-making and categorizing. This is followed by a description of the research design and methodology employed in the study. It then explores the ways in which this group of young people have been framed in policy and practice, how the constructs of 'at risk' and 'vulnerability' have been used to categorise and classify these young people in relation to their substance use and offending behaviour, how drugs prevention is defined and framed, and how practitioners work with different, and sometimes conflicting, frames in their everyday practice. The implications of the findings for the development of prevention work with young people are then considered.

Theoretical framework

Rein and Schon (1977; 1993; 1996) and Schon and Rein (1994) developed the concept of 'framing' within policy analysis which they define as a 'way of selecting, organizing,

interpreting, and making sense of a complex reality to provide guideposts for knowing, analyzing, persuading and acting. A frame is a perspective from which an amorphous, ill-defined, problematic situation can be made sense of and acted on.' (Rein and Schon, 1993: 146). Policy positions rest on frames consisting of 'underlying structures of belief, perception and appreciation' (Schon and Rein, 1994: 23). Within this form of policy-focused frame analysis, certain features of an issue are highlighted, while others are ignored.   These highlighted features are then bound together into a pattern that is understandable to others.

Rein and Schon (1977; 1993) suggest there are three main interwoven processes involved in framing: naming; selecting and storytelling. Through naming or specifying certain features of an issue or problem, practitioners working in the field draw on language and terminology that reflects their understanding of it. They might draw on metaphors that are common currency within their own policy and practice cultures (eg. 'vulnerable' youth, 'risky' drug use, 'troubled' families). Naming then feeds into the process of selection where certain features of an issue or group are selected for particular focus, simultaneously diverting attention away from other features. Rein and Schon (1977: 239) argue that 'whatever is said of a thing denies something else of it'. Story-telling binds the elements that have been selected out to create a pattern which is coherent and comprehensible to themselves and the wider publics. It is important to point out that practitioners do not necessarily construct frames themselves. They may receive frames from other stakeholders such as policy makers or from other professionals working in adjacent policy and practice domains. They may play roles in adapting or elaborating the frames to suit their client group and area of work and help to sustain frames by embedding them within practice.

Van Hulst and Yanow (2016) elaborate on Rein and Schon's original concepts and put forward two additional, but related ones, sense-making and categorizing. They argue that in order to convert a problematic situation into a 'problem', policy actors must do some work and try to make sense of the situation. Here, 'frames, like metaphors are implicit theories of a situation' (van Hulst and Yanow, 2016: 98). Sense-making involves practitioners drawing on their own knowledge and experiences from education, training and other sources, as well as their own values and ideologies, to understand and 'make sense' of the issue. Depending on their backgrounds, training and experience, different actors will select out different elements from a situation for attention and name and categorise similar elements differently.

In the youth justice field, practitioners with criminal justice backgrounds may make sense of youth offending in different ways than those with social work or educational backgrounds. This can lead to conflicts and negotiations over what is being framed. Naming and selecting become political acts because the features of the issue which have been framed provide the foundation for action in a particular policy area. If other features had been selected, then different policy areas and resources may have been invoked in the deliberations around the formulation and implementation of policy. Categorising is also a framing device which can be employed at the level of practice whereby practitioners select certain features of their client group in order to categorise and classify their casework (eg. those involved in 'risky drug use' or those with mental health problems). This enables them to sort and differentiate clients into groups for different types of attention and intervention. As van Hulst and Yanow (2016: 100) argue, 'framing an issue is a condition for being able to do one's work.'

In the analyses that follows, we will draw on the framework of Rein and Schon and the elaboration of it by van Hulst and Yanow (2016) to make sense of how practitioners are framing

young people in contact with the criminal justice system, drug prevention for this group and their own practice in delivering interventions. The paper focuses on the following questions which structure the analyses:

- How has this group of young people been framed, categorized and made sense of by practitioners?

- How have the concepts of 'vulnerability' and 'risk' been used by practitioners to frame and make sense of this group of young people?

- What does 'prevention' mean for this group? How has drug prevention been framed by practitioners?

- How do these frames of drug prevention impact on their practice with young people?

These questions are addressed in the sections below following the description of the research design and methodology.

Research Design and Methodology

This paper is part of a larger European study (EPPIC) which aims to gather knowledge, exchange best practice and identify transferable innovations and principles of good practice on interventions to prevent illicit drug use, the development of polydrug use and the use of new psychoactive drugs (NPS) among young people aged between 15 to 24 who are/have been in contact with the criminal justice system in six European countries (England, Italy, Denmark, Poland, Germany and Austria).[2] In England, our target group overlaps both the youth justice and adult criminal justice systems and includes young people aged between 15 and 24 years

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[2] For more information on the project, see: https://www.eppic-project.eu).

who have received a reprimand, warning, caution or conviction for a recordable offence. This includes young people who are in contact with the youth or criminal justice system in the community and those who have been sentenced to custody in secure training centres, young offender institutions, and prisons. The first phase of the research involved an initial review of the literature, a scoping exercise involving Youth Offending Teams and drug and alcohol services to identify drug prevention initiatives, a review of the Youth Justice Board's database of substance use practice examples and interviews with key informants to identify interventions around substance use which had been specifically designed and developed for our target group. One of the key findings to emerge from this preliminary work was that there is a paucity of initiatives in England and the UK more widely which have been specifically designed to address substance use education and prevention for those aged 15-24 who are in contact with the criminal justice system (Annand et al, 2017).

This paper focuses on the findings emerging from the semi-structured interviews with thirty-one practitioners who have developed, delivered or commissioned substance use interventions for young people in contact with the criminal justice system. These respondents were purposively selected from the first phase of the research. They were interviewed either face-to-face (n=6), by telephone (n=11), or in focus groups (n=6 and n=8). They came from a range of practitioner backgrounds including youth justice, social work, substance use, probation and commissioning. The first focus group comprised six practitioners in youth justice (one manager and five Youth Offending Services (YOS) case workers) and the second focus group included a range of practitioners from youth justice, substance use, social work and health and education. The interviews focused on their views of substance use and its causes within the target group, definitions of 'prevention', how to develop and implement prevention approaches, and the challenges of delivering interventions. In addition to the semi-structured

questions, the interviews included open-ended discussion to allow participants to express their own ideas and experiences (Rubin and Rubin, 2011). The interviews lasted between 40 minutes to one hour and the focus groups lasted between an hour and a half and two hours. Documents and materials relating to the specific interventions as well as wider policy and strategy documents around youth justice, substance use, and prevention were also analysed.

The research was conducted using the prescribed ethical guidelines at Drug and Alcohol Research Centre, Middlesex University and ethical approval was obtained through the University Ethics Committee. Participants were provided with an information sheet about the project outlining the background, purpose and format of the study and asked to sign a consent form. They were guaranteed confidentiality and anonymity. Information about the individual projects, organization, agency, and locality have been removed in order to ensure that the data is non-attributable.

The interviews and focus groups were recorded and transcribed. They were analysed and coded thematically according to the themes identified in the initial phase of the research through the scoping exercise, key informant interviews and literature review. Emerging themes were also captured in the coding and analysis.

Framing young people in contact with the criminal justice system: 'complex needs' and 'the thicker soup'

Some of the changes and trends in the prevalence and characteristics of young people entering the criminal justice system have been described in the introduction. Diversionary policies had

resulted in changes in the type of young people that the practitioners were now working with. Young people coming through the criminal justice system were viewed as having more longstanding and entrenched substance use issues and more complex and multiple needs generally. Their 'complexity' in terms of their needs was highlighted in the narratives or 'stories' about the young people told by the practitioners with reference to their social welfare needs, emotional well-being and mental health, experiences of being in local authority care, offending behaviour and family backgrounds. Drawing on the metaphors of the 'thicker soup', 'hardcore group' and 'heaviest end kids', they discussed how young people accessing their services had changed and how this was linked to increased 'risks' that the young people had been exposed to as well as the 'risks' they were seen to pose to others:

It's been called 'the thicker soup'…We have more LAC (local authority care)[3] young people…You know lots and lots of welfare issues and complex needs, that's our kind of bread and butter these days, where we used to have much more of a mix. We have always had those young people, but we had other ones as well. (Youth justice worker)

The young people who we are seeing are much more complex in terms of their level of drug use, but also it's about the level of complexity in terms of welfare issues, safeguarding issues…You're very much part of a wider circle of professionals who are trying to keep that young person safe and wanting to keep that young person alive, whether that's due to the risk that they pose to themselves, or the risk that others pose to them. (YP Substance Use Worker 6)

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[3] In the UK, the local authority has legal responsibility for children under 18 when they are made the subjects of care orders. Looked after children could be living with foster parents, in residential children's homes or in residential settings such as schools or secure units. (NSPCC, 2018).

The current political and economic context impacted on the work of practitioners and they discussed the constraints surrounding their engagement with this 'complex' group and pointed to the cuts in resources, staffing and their time. They were operating in the age of austerity and their day-to-day practice was affected by cuts to their own services, the closure of open access youth services, the lack of mental health services for young people, and cuts in adjacent support services, including welfare, education, training, and health.

We have a real hardcore group of young people with incredibly complex issues. The expectations of the team in terms of how far they're having to get involved in various elements of everybody's life has grown dramatically at the same time as the resources have shrunk dramatically… so the cohort that we've got are the ones that are going round and round in the system. (YOS manager 1, Focus Group 1)

One project manager also discussed the changes he had seen in relation to young people's mental health needs and emotional well-being in general. This was seen across the population of young people, not just those in contact with the youth or criminal justice systems. In his view, this 'complexity' could be seen in all groups of young people accessing substance use services.

In terms of pretty much our entire treatment cohort now, whether they be young offenders or not, emotional wellbeing is just horrific and also the kind of troubled family, you know the family members, extensive amounts of disaffection within the household…We've seen a significant shift since the mid-part of this decade. We always used to say that young people would come into our service and they were substance misusers that might have other issues. Essentially every client that we have now has a

number of issues of which substance misuse is one of them.   I unofficially rebadged our service…We're not a substance misuse team anymore, we are an emotional wellbeing service with a specialism in substance misuse, because it's around building these kids' resilience back up again. (Project Manager 1)

Within a context of austerity and faced with reduced resources and time, many practitioners reported that they feel unable to provide the services needed by these young people in a way that will have lasting impact on their lives. This has brought about some changes in the approaches used by services where emphasis has moved from interventions specifically focused on substance use to more generalised health and well-being interventions of which substance use is one issue. Substance use interventions are now set within wider programmes which cover a range of different issues facing our target group including mental health issues, offending behaviour, exploitation, gang involvement, and carrying weapons. This links to the framing of this group of young people as 'complex' in terms of their 'risks', needs and problems which need to be addressed and prevented.

Framing young people as 'at risk' and 'vulnerable'

Within youth justice discourse there has been a shift away from constructing young people as inherently 'bad', 'deviant', or 'abnormal' to invoking the constructs of 'at risk', 'risky' and 'vulnerability'. (Case and Haines, 2009; 2015; Foster and Spencer, 2011; Lloyd, 1998; EMCDDA, 2008; 2009; Farrington, 2007). Certain categories of young people are framed as being 'at risk' of engaging in crime and drugs activities (both use and dealing) which then provides justification for targeted prevention and early intervention activities. This is based on

negative perceptions of young people as presenting future dangers or threats; however, they are at the same time framed as 'vulnerable' and in need of support and help. Risk-based practice and targeted interventions are popular with policy makers because they involve early intervention and can be viewed as 'protecting the public' (Creaney, 2013).

The issue of targeting groups of young people 'at risk' or 'vulnerable' to drug use and offending was raised in the interviews. Similar to the findings of Foster and Spencer (2011), this was viewed by some practitioners as problematic in that it stigmatizes and labels young people early on in their lives. Here, the concepts of 'pre-crime' or a claim about a future not yet known (Zedner, 2007) and 'pre-emptive criminalisation' (Creaney, 2013) are useful in understanding how these groups of young people are categorized and classified. As Turnbull and Spence argue (2011: 940), "…'risk' provides the justification for pre-emptive intervention, surveillance and control". One of the respondents pointed to this practice of classifying certain behaviours as 'risky' and 'problematic', even before any 'offending' had taken place:

These are young people who are involved in behaviours that are classed as risky behaviours, problematic behaviours, difficult behaviours, because they aren't officially offending, they aren't known to the criminal justice system, but certainly in the case of a couple of lads that was the expectation from the school staff, about where these boys were heading. (Service Manager 2)

In one project, for young people who have been targeted for ISS (Intensive Support and Supervision), substance use work is part of the package regardless of whether they are using or not using.

Whether they've got an Asset[4] score that denotes that they need to be worked with or not, plainly and simply because of the nature of these young people, their histories, their backgrounds and their offending, they have been judged to be more likely to either be involved in these behaviours, or be involved with people that are involved in these behaviours. (Project Manager 1)

The young people were simultaneously framed as being 'at risk' and 'risky'. One service manager discussed the changes she had seen in relation to young people coming through the services including both those in contact with the criminal justice system and those referred via other mechanisms:

They're a lot more complicated…we're getting them at that point where they are very, very risky, so they're in PRUs (pupil referral units[5]), but not in school. They'll be missing from home repeatedly. It's massive, they really take some time and they miss appointments and you're left with quite a lot of risk. (Service Manager 2)

In this case, those young people who did not attend or engage in services were framed as being more 'at risk' due to the inability of practitioners to monitor and supervise them. 'Risk' could refer to being 'at risk' of child abuse, homelessness, grooming, sexual exploitation, self-harm, suicide, and overdose, but also could refer to behaviours the young people engaged in such as unsafe sexual behaviour, binge drinking and poly substance use. Thus, practitioners' framing of 'vulnerability' and 'risk' rested on their knowledge and assumptions about their target

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[4] Asset refers to the risk assessment tool used by UK practitioners. It gives young people risk scores which places them into risk categories (ie. standard, enhanced and intensive) which corresponds to the type of intervention they will receive in relation to the frequency, intensity and duration of the intervention.

[5] In the UK, a 'pupil referral unit' or short stay school provides education to children who are excluded or not able to attend a mainstream school.

groups' characteristics and behaviour, social circumstances and lack of opportunity to change. These framings of 'vulnerability', 'need', 'risk' and 'wellbeing' also link to a multitude of tools and assessment measures which this group of young people are subjected to before, during and after interventions (Baker et al, 2011). As Zedner (2007: 265) argues the concept of 'risk' frames and provides the rationale for various actuarial tools to 'locate, sort and manage diverse risks'. However, in order for practitioners to categorise and sort young people according to their risks and levels of risk, they needed to be engaged with services.

Framing 'drug prevention' for young people in contact with the criminal justice system

Drug prevention activities can include both legal substances, such as tobacco, alcohol and over the counter and prescription medication, and illegal drugs. All of the practitioners interviewed identified cannabis as the most common substance used by the young people they work with, with alcohol and other illegal drugs being seen less often. Frequent use of skunk cannabis by the young people, often on a daily basis, was discussed as 'problematic' by some of the practitioners in terms of engagement with school, college or their employment, as well as impacting negatively on their mental health. They suggested that young people needed more education around the strength of the skunk cannabis on the market and that harm reduction was needed to help them reduce their use and to shift them towards herbal cannabis:

> *When you meet the young people now, they don't even know about herbal weed. They just assume skunk is weed. They don't understand the higher concentration of THC...and the detrimental effect in terms of psychosis....So the harm education strategy is to reduce using that and start shifting towards more herbal forms of*

cannabis…whilst cutting down at the same time and hopefully working towards abstinence. (YP Substance Use Worker 4)

The practitioners found working with cannabis use difficult because the young people did not see their use of this substance in problematic terms. The practitioners suggested there was a shift in attitudes because of greater availability and social acceptability:

My biggest concern is mental health and cannabis use. I think we're going to have some very, very unwell people in years to come, when you can see it starting to come at quite an early age who've been smoking cannabis at 12/13 years old. You only need to walk down the street every single day now and what used to be an illegal activity is more or less socially acceptable now. People don't challenge it anymore, which is quite a concern, particularly now it's more potent than it ever has been. (Service Manager 2)

The focus being around harm minimization, risk management and just making sure that the young people have a solid and sound knowledge of the substance misuse agenda, because a lot of these young people come in thinking that cannabis is fine and perfectly legal, because that's what they've been told because they're also dealing it. (Project manager 3)

There is no accepted definition of 'drug prevention' or what type of activities the term encompasses. The UK Advisory Council on the Misuse of Drugs (ACMD) (2015: 12) states:

At a simple level, drug prevention may include any policy, programme, or activity that is (at least partially) directly or indirectly aimed at preventing, delaying or reducing drug use, and/or its negative consequences such as health and social harm, or the development of problematic drug use.

This definition can include harm reduction interventions, but this is not generally accepted (ACMD, 2015). For young people in contact with the criminal justice system, the practitioners we interviewed argued that prevention needed to be framed very widely to include primary prevention through to treatment and include harm reduction activities. One respondent working with young people in the youth justice system suggested that what they do is *'the middle ground between treatment and prevention….in the old days of the tier system, it was the upper end Tier 2[6] stuff. It's certainly over and above universal, but certainly not at a level of specialist treatment' (Service manager 2).*

Similarly, one substance use worker described the work he undertakes with young people:

> *I do most of the Tier 2 stuff, so advice, information and group work. So what I look at is if someone is using regularly every day and they're not engaging in school, I'll refer them to…more of a Tier 3 service which is meant to be treatment. But it's very rare that kids are given treatment, to be honest. (YP Substance Use worker 2)*

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[6] Tier 1 interventions include provision of drug-related information and advice, screening and referral to specialised drug treatment. Tier 2 includes provision of drug-related information and advice, triage assessment, referral to structured drug treatment, brief psychosocial interventions, harm reduction interventions (including needle exchange) and aftercare. Tier 3 include provision of community-based specialised drug assessment and co-ordinated care- planned treatment and drug specialist liaison. Tier 4 include provision of residential specialised drug treatment, which is care planned and care co- ordinated to ensure continuity of care and aftercare (NTA, 2006)

The youth justice/criminal justice context can impact on the ability of drug workers to work within a harm reduction framework with the young people. Because the target group is young and the emphasis at 'official' level is on primary prevention and abstinence (HM Government, 2017), some respondents highlighted the difficulties around providing harm reduction within the context of the criminal justice setting:

It's more educational. Some of it could be harm reduction, but I don't think the youth offending team like the word 'harm reduction'...I do give out harm reduction information, but I'm not sure how you stand with that, when criminal justice are supposed to stop people....but at the same time I advise them if you're not going to stop at least don't be smoking on the stairways...if you're smoking and you've got to go to college, don't smoke on the way....so MI (Motivational Interviewing) techniques and harm reduction. (YP Substance Use worker 1)

However, most respondents took a pragmatic approach and were very clear that their main aim in working with young people was reducing harm, particularly given that most of the young people they worked with were already using substances regularly. They discussed the problems of keeping young people engaged in services and a harm reduction approach was viewed as most effective in relation to retention. A commissioner argued that harm reduction was the first priority in working with young people who were already using drugs:

Harm reduction is the main focus in our services, because it's one of the easier ones to do and obviously young people don't like to be in one place for too long. They do harm reduction as a sort of first port of call. (Commissioner of young people's substance use services)

The practitioners extended their framing of prevention to include drug supply and dealing. Preventing young people getting involved in the supply of drugs had become a key part of several of the interventions. Becoming involved in drug supply was viewed by practitioners as an issue of 'vulnerability' and 'exploitation' of young people. They believed that younger adolescents are increasingly being used by gangs to sell drugs, partly because the criminal justice responses for a first offence for this age group tend to be relatively light. A prominent issue that was raised by all of the practitioners we spoke to was that of 'county lines' where young people are sent to rural and semi-rural areas to move, store and sell drugs intensively over a few days or even weeks using dedicated mobile phone lines (Windle and Briggs, 2015; NCA, 2017; Coomber and Moyle, 2017; Storrod and Densley, 2017; HM Government, 2018). In addition, becoming involved in organised drug supply networks opened young people up to other exploitation and vulnerabilities including creating debts to the gangs, carrying weapons, exposure to physical and sexual violence, and becoming entrenched in the culture of drug use and supply through a sense of obligation to community 'elders' whom they look up to:

> *They want some belonging somewhere. They want someone to look up to. A lot of families we're dealing with that is what appears to be an issue, where they are looking for someone to look up to, a male role model which they haven't got within their own family setting. That's where the elders come in. Someone on the street, who is respected and can give them, not necessarily positive guidance, but a little bit of advice about stuff and then essentially exploit them. (YOS case worker 5, Focus Group 1)*

For some young people living in highly disadvantaged households becoming involved in drug supply could be seen as their way of providing additional income to their families in one of the only ways available to them. From the perspectives of the practitioners interviewed, the

attraction of the money that can be earned in supplying drugs was seen as a major factor for young people who would otherwise have no income, an issue that was seen as a barrier to engaging these young people in education or training as a way out of the drug market. Alongside the potential money that could be earned through drug supply, young people who may be feeling disaffected can see this as a way of gaining respect and status from others and a means of keeping themselves safe, at least in the short term;

> *Drug dealing was always seen as quite a glam thing, something that was a bit cool…a lot of the kids don't see it as anything now, apart from money, just earning. And it's also about respect because I've got a big man or a big woman backing me up, it means that I won't get beaten up on the street (Project Manager 1).*

Although a few projects exist, there was seen to be a gap in interventions that dealt with preventing involvement in drug supply and dealing. In the views of the practitioners, prevention work around drug supply activity is difficult due to the amounts of money and gang-related issues involved.

> *It's very organised and there's a lot of money involved…if they are used to earning that kind of money, we then can't get them into education because they're just not interested and they have unrealistic expectations of what they can earn. It's really hard to pull someone back from that. (YOS case worker 3, Focus Group 1)*

From the perspective of those working with this target group, prevention was framed very broadly to include a whole gamut of drug-related activity. It was related to different stages in young people's drug using trajectories from primary prevention approaches to treatment approaches designed to prevent more extensive or problematic patterns of use, to harm

reduction for those already using in problematic ways. However, given the new trends of involving young people in drug supply, this was also included in their framing of their prevention work.

Delivering prevention intervention: 'prevention' and 'transformative practice' models

In discussing prevention and harm reduction, the emphasis – as illustrated in the quotes above – was on the avoidance or management of risks, harms and vulnerability relating specifically to drugs. The concept of 'prevention' and the framing around the term inevitably invites reflection on behaviours and situations to be avoided or circumvented. In turn, this informs how practitioners go about delivering their services and influences how they interact with their clients. However, when describing their initiatives and their work with young people whom they were successful in retaining in services, practitioners tended to move away from a prevention, 'deficit' model of practice and were more inclined to focus on what they were *trying to achieve*. They framed their practice in 'transformative' terms (Mezirow, 2009) and drew on some of the language of 'positive youth justice' where young people are treated as 'children first and offenders second' (see Case and Haines, 2015). Interviewees commented on the need to '*look at the individual and not the offence*' and to involve the young person in the process:

> *One of the biggest points for me is the CJS worker's understanding that you don't just focus on the offending, you need to look at the wider individual…the opportunity to interact with the individual, talk to them, work with them, have a conversation with them, try to gain an understanding. If you can get understanding, you should be able to identify what you need to do together. (Project Manager 3)*

They spoke frequently about the skills and qualities they sought to foster in their young clients – predominantly, resilience, a sense of self-worth and motivation to achieve, and they wanted to 'empower' young people. They framed their practice in transformative terms because their goals were to shift the focus from the so-called 'deficits' of the young people to building their strengths and capabilities. Their work involved encouraging reflection and decision making on the part of the young person and recognizing their own will and agency:

> *Young people I think are fed up with being told what to do. They know that they're disaffected, they know that they're vulnerable, they know they haven't got much (Project manager 1)*

> *It doesn't tell the young person not to do that, or not to do this sort of thing. … it's just making them aware of things that can happen and if it happens to look out for this or look out for that…Just to give them that sort of awareness and put the decision back on …The onus back on them. (YOS case worker 4, Focus Group 1)*

The aims of the projects we examined reflected these goals and the methods used were intended to facilitate the transformative process. One initiative, for example, aims to prevent re-offending through an inclusive, holistic, life course approach emphasizing skills development, providing accredited training and by involving the young people (aged between 16-21) both in running the project and in engaging in community work. The intended outcome is increased resilience, leadership, engagement with education and employment and influencing change for benefit of their communities. Thus, the transformative framing of the intervention and its delivery (compared to a prevention framing) is an inherent element of practitioners' approach to their work and stresses building strengths rather than focusing on deficiencies and risks. The interventions aimed to uncover the abilities and strengths of the young people who are often framed, in deficit models, as being deficient and lacking in

something or in need of 'fixing' or 'sorting out' (Treloar and Holt, 2006; Creaney, 2013; Bryant, 2018). Transformative frames incorporate shifting young clients away from frames based on 'vulnerability' 'at risk' and a position of exclusion towards frames characterised by choice, inclusion, engagement and wellbeing. One practitioner discussed his work with young people as starting with their hopes and dreams and what *they wanted* to achieve in various aspects of their lives in relation to education, training, employment, housing and family. He then moved on to helping the young person put in place the practical steps which are needed to achieve their goals:

> *We give them choices and then we do the simple things and build them and build them and build them. (Youth justice worker, Focus Group 2)*

The practitioners recognized that interventions need to start with what the young person wants to achieve and that ways of working need to be flexible and adaptable to meet the needs of young people. Those interviewed suggested that it was important to bestow agency on the young person to be in control of his/her future:

> *We want to help young people make successful changes and build on their strengths. Our slightly cheesy tagline is 'helping you make the changes you want to make' (Service Manager 4)*

> *We've got very obsessed with doing things to young people who have already had a lot of things done to them…They've had all these things done to them through their lives because of bad people…Then professionals come along and try to do more things to them, with well-meaning intentions. For me, the most successful interventions and this is going to sound strange and controversial, is sometimes to do nothing…I don't mean do nothing, what I mean is to be with that child, just sat there with them sometimes and*

you're there and just listening to them…it's stuff that's historical or it's stuff that really isn't related to their offending, it's just their kind of hopes, fears, worries…it's about being with that person, being with them, not doing stuff to them, being with them. What do you want, well actually I need this – right okay. (YP Substance Use Worker 7, Focus Group 2)

Similar to previous research on young people, this type of approach underlines and recognises the importance of young people being in control of their lives and responsible for their successes or failures and allowing them the freedom and ability to choose their own outcomes (Furlong and Cartmel, 1997; Kelly, 2006; Foster and Spencer, 2011; MacLean et al, 2013). At the same time, practitioners also suggested that, as with harm reduction approaches, undertaking transformative work was difficult within the context of the criminal justice system. As one practitioner argued:

No matter how we sell ourselves as a positive support network, because we tended to be based in the Youth Offending Teams, we were seen as a punitive measure. We're trying to be a lot more in the community and focus a lot more on emotional resilience sort of work and positive risk taking, as opposed to risk taking interventions. (YP Substance Use Worker 3)

Furthermore, practitioners were aware that there may be considerable resistance among some young people to interventions based either on prevention or transformative approaches. For example, they expressed concerned that they had little success in engaging young people active in drug supply chains. From an 'official' perspective, these young people were 'at risk' and 'vulnerable' – and potentially posed a threat to society. However, practitioners commented that these young people rejected such framing and refused the transformative process offered. They were 'doing business' (Collison, 1996); they had found a route to gaining 'respect' and, in their

world, to upward mobility; they were resilient, coping individuals.

Looking to the future: issues for drug prevention practice

The practitioners in our study worked mainly in services and projects targeting 'vulnerable' groups and 'at risk' individuals, including young people in contact with the criminal justice system, to prevent escalating and/or harmful use. In relation to these groups, practitioners argued that prevention needed to be defined very widely from primary prevention work through to treatment and include harm reduction activities; they also stressed the need to extend prevention approaches to include young people caught up in drug supply chains. They recognised that delivering programmes in the context of the criminal justice system can be problematic and raised issues of coerced participation, sharing information, confidentiality, and difficulties undertaking harm reduction and 'transformative' work. As we have shown, a number of characteristics were believed to differentiate their young clients from other young people using drugs and were underpinned by the 'vulnerable' and 'at risk' labels and the metaphor of the 'thicker soup'.

As constructs such as 'vulnerability' and 'at risk' enter policy and practice discourse, they become diffused across different arenas. They are taken up and used in policy, media reporting, research, training manuals, developing tools and interventions, commissioning, service delivery, and lay discussion. The constructs are rarely challenged and the significance of the constructs for formulating and implementing responses to the target group are rarely examined. Thus particular 'frames' describing this group of young people and providing a narrative of the causes of, and solutions to, the problems – a way of 'categorising' and 'making

sense' (Van Hulst and Yanow, 2016) - become embedded. It could be argued that the strength of these frames underpins and helps to sustain current models of prevention intervention, but also act as a barrier to critical examination and change.

The perspectives of practitioners echoed the institutionalised framing of the target group found in policy and practice documents and illustrated in the aims and objectives of prevention programmes. The constructs of 'vulnerable' and 'at risk' were generally taken-for-granted and practitioners believed that prevention programmes needed to address the sources and effects of the vulnerabilities. They used the tools of risk-based assessment and intervention within their practice to categorise and sort young people according to the risks they posed to themselves and others. They worked, therefore, within the accepted prevention paradigm. At the same time however, practitioners also held an alternative framing of their work which shifted the focus of action away from risks and problems to be prevented towards the transformations they hoped to achieve through intervention. A transformative model of practice emerged when they spoke about the need to develop resilience, skills and self-knowledge, and to adopt a holistic approach able to engage young people through meaningful involvement in activities that employed delivery modes acceptable to the age group. Practitioners worked, therefore, with alternative –and often conflicting – frames of practice and were aware that their perceptions of the problems and the solutions may be at odds with those legitimated within the organisational structures and contexts where they worked.

The findings from this study illustrate the existence of multiple, possibly competing frames that serve to define the problem, the target group and the response in different ways. There are indications, also, of how, at practice level, frames may be shifting – from 'preventative' to 'transformative' – both changing practice and at the same time creating

dilemmas for practitioners. This opens the door to the possibility of re-framing to take account of diverse perspectives including those that challenge existing prevention models and approaches and the use of constructs such as 'vulnerable', 'at risk' and 'complex needs' as organising concepts informing policy and practice narratives and the development of interventions aimed at this target group.

Conclusion

In this paper we have examined how concepts of 'young people', 'vulnerability', 'at risk' and 'prevention' inform and influence interventions for young people using drugs who are in contact with the criminal justice system from the practitioner's perspective. The work of the practitioners is influenced by two main frames, the preventative frame and the transformative frame, which can complement, but also conflict with each other. The emphasis on a prevention frame coming from policy and practice targeting wider populations of young people does not reflect what happens in practice with a target group who are generally already using substances, suffer from multiple problems and are on the margins of society; nor does it reflect what practitioners actually provide or are able to provide in the context of cuts to funding, staff and resources. The contexts in which these young people live in relation to deprivation, poverty and opportunities need to be considered alongside the broader dis-investment in education, health, youth and wider social welfare services. Moreover, the expressed tension between adopting a harm reduction approach and working within the criminal justice system with its assumption of abstinence is indicative of a clash between policy intent and practice realities and has implications not only for the kinds of interventions offered to young people, but also for the principles of 'good practice' underpinning how interventions are developed and

delivered. In developing interventions, a shift towards a 'transformative' model of prevention may be more appropriate for this target group.

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