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Drug use amongst vulnerable young people

Prevention strategies need to target young people most at risk

Most young people who experiment with drugs or use them recreationally – at parties for example – do not develop serious drug problems. For these young people the greatest risks of harm are associated with having an accident, getting into a fight or into trouble with the police or having unprotected sex whilst under the influence of alcohol or illegal drugs. However, a small but significant minority of young people who experiment with drugs do become intensive drug users and develop serious drug-related health problems.

Research has identified a range of risk factors for developing drug problems. Some risk factors are associated with characteristics of the individual – for example having a mental disorder such as attention deficit hyperactivity disorder or depression – whilst others are linked with family or neighbourhood characteristics.

Children living in families with high levels of parental conflict, poor family relationships and discipline or where parents themselves have drug or alcohol related problems are at greater risk of drug abuse. Young people who are homeless, who have been excluded from school or who have stopped attending school, young offenders and young people who have been in institutional or foster care are more likely to experiment with drugs at an early age and to develop drug-related problems. These factors are highly interconnected and are best understood as a 'web of causation'.

This briefing paper deals with developing protective factors in groups of young people who are most vulnerable to becoming problem drug users.

It considers ways of complementing universal drug prevention strategies by providing selective interventions which target those who are most at risk of becoming intensive drug-users.

Definitions

Universal prevention **refers to strategies which address an entire school population or community with the aim of preventing or delaying drug use.**

Selective prevention **refers to strategies which target specific groups at greater risk of developing drug-related problems than others. It targets the entire group regardless of the degree of risk of any one individual in the group. The purpose of selective prevention is to prevent drug abuse by strengthening protective factors such as self-esteem and problem-solving ability and by helping people deal effectively with risk factors such as living in a drug-using environment.**

Key issues at a glance

1. Whilst experimentation with drugs is increasingly widespread in Europe, levels of drug use and the risks of developing drug-related problems are much higher amongst vulnerable groups.
2. Groups of young people vulnerable to developing drug problems and settings where young people are most at risk are rarely identified explicitly in national drugs prevention strategies. Recent European policy documents call for targeted evidence-based action to reduce risk.
3. Universal, school-based prevention programmes are in place in most European countries; however these do not address the specific needs of young people most vulnerable to becoming problem drug users. Selective prevention which seeks to address the needs of vulnerable groups is a vital complement to universal programmes.
4. Within Europe there are examples of good practice in relation to selective prevention for vulnerable groups, but provision is patchy.
5. Some states have established selective prevention projects directed at intervening early in socially deprived families and neighbourhoods where the risks of developing drug-related problems are higher.
6. Rigorous evaluation of the outcome of selective prevention programmes is vital to ensure that projects achieve their objectives, and for checking there are no unforeseen negative consequences.

Preventing drug use amongst vulnerable groups — Overview

1. Trends in drug use

Experimenting with drugs is becoming an increasingly common aspect of adolescent behaviour across Europe. Alcohol is still by far the most commonly used drug, with the proportion of 15 and 16 year olds who say they have been drunk at some time ranging from one third to 89 %. Young people are also experimenting with cannabis: around a third of young adults (15-16) in some countries have tried the drug.

Polydrug use is a growing trend particularly amongst regular party-goers, for whom consuming alcohol, cannabis, amphetamines and synthetic drugs such as 'ecstasy' (MDMA) becomes part of their lifestyle for a while. On the other hand it is rare for school students to experiment with heroin and cocaine (lifetime use ranges from 0 % to 4 %).

Official surveys of drug use amongst school students tend to under-represent drug use amongst vulnerable groups who are at risk of developing drug problems.

Few countries have carried out surveys of vulnerable young people, but where it has been done a pattern of much higher drug use emerges. For example, research from the Netherlands shows that whilst 8 % of 12-16 year old school students have used cannabis recently, this figure rises to 14 % of pupils in special schools, 35 % of those in truancy projects and 76 % of homeless young people.

2. Vulnerability to drug abuse — EU names the risks

The European Action Plan on drugs (2000-2004) strongly encourages member states to take proactive measures to prevent drug use, drug-related crime and drug-related health and social problems. A resolution of the Council of the European Union (5034/4/03 Cordrogue 1, 13 June 2003) recognises that factors such as poor school achievement, lack of social and life skills, school exclusion or non-attendance at school, association with antisocial and delinquent activities, self-destructive behaviour, aggression and anxiety increase young people's vulnerability to developing drug-related problems. These risk factors are confirmed by research from the UK, Germany and the US, which also identifies family dysfunction and substance abuse by parents, and environmental risk factors such as living in a disorganised community tolerant of drug abuse.

The Council of the EU resolution calls on member states to develop innovative approaches to both monitoring and early intervention for vulnerable groups. The EMCDDA is asked to collect information on this and to disseminate examples of best practice through the EDDRA system and other information channels.

Few member states explicitly target vulnerable and marginalized groups in their drug-prevention strategies and the role of individual and group risk factors in the development of drug-related problems is rarely acknowledged. Many states do include services for these groups within broader social policy programmes but these do not generally address drug issues as such.

3. Selective prevention — targeting groups most at risk

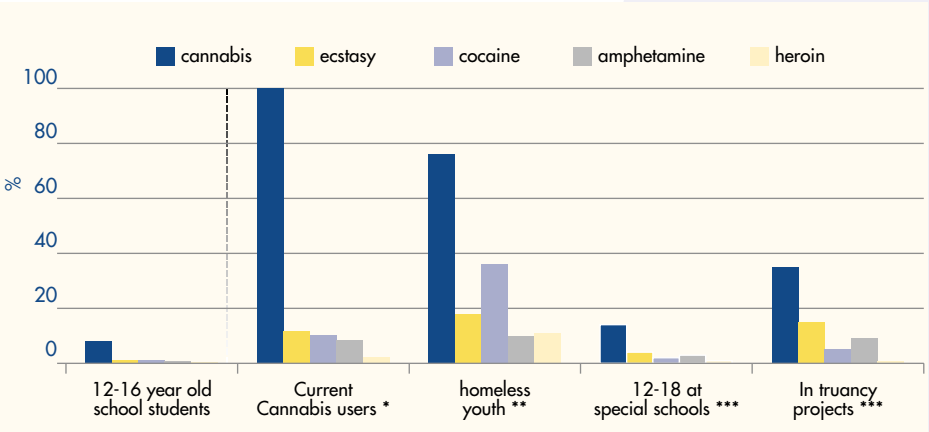
All EU states have some form of drug-prevention education for school students. Programmes generally focus on providing information about drugs and the consequences of using drugs, and, in the best instances, on building young people's personal and social skills to help them resist peer pressure to take drugs. Such programmes can reduce or delay school students' initiation into drug use. (Universal, school-based prevention programmes are discussed in EMCDDA *Drugs in focus* No 5, 'Drug prevention in EU schools'.)

However, universal programmes have little role in preventing drug-use amongst young people from vulnerable groups who are most at risk of developing drug problems. There are two reasons for this. Firstly, they may not be attending school because they have been excluded or because they have stopped attending. Secondly, young people most at risk tend to be unresponsive to universal programmes because they do not address their specific needs. In order to reduce drug problems in high risk groups, we need to provide carefully designed and targeted programmes.

Selective intervention is based on the premise that we can identify vulnerable groups and deliver interventions that reduce the risk of them developing drug problems. They are targeted at groups such as young offenders, young people from marginalised ethnic or immigrant populations, youngsters in institutional care, or children in deprived or dysfunctional families.

Selective interventions are targeted at everyone in a vulnerable group irrespective of their individual vulnerability and aim to build their resilience through developing improved self-esteem, problem-solving skills and social integration. Thus, interventions aimed at preventing drug problems may have wider benefits for the individuals concerned and for society as a whole, including reduced criminal and anti-social behaviour.

Use of drugs during past month by 'vulnerable' groups in the Netherlands



* Use in past month. Source: *Youth health survey,* Trimbos Institute (Smit et al., 2002).
** Age below 23 years who have been homeless for at least 3 months at the time of the survey and who had slept in at least 3 different places during that period. Source: Korf et al., 1999.
*** In 1997. Source: Stam et al., 1998.

4. Scope for European exchange

It is often difficult to translate social interventions across countries because of cultural differences. However, because of their tightly defined context, there is greater scope for exchange between European countries about selective intervention projects aimed at specific vulnerable groups.

Key characteristics of successful programmes include good communication and joint working between different agencies and approaches that provide personal support to young people focusing on personal skills and constructs. Examples of areas of work where exchange between states seems promising include:

Programmes aimed at marginalised ethnic minority or immigrant groups

Whilst local conditions vary between countries, a pattern emerges of certain ethnic groups being at risk through a clustering of vulnerability factors like low socio-economic status and social exclusion, low academic attainment and little community involvement.

In Barcelona, Spain, attempts are being made to integrate North African boys by targeted use of sports activities and counselling. The project has been demonstrated to reduce drug use and improve relations with native Spanish young people.

In Bulgaria, the Czech Republic, Hungary, Romania and Slovakia interventions aimed at addressing the cultural needs of Roma young people (gypsies) are being developed.

Early intervention with notified drug users

In Germany, the *FreD* programme addresses the needs of young delinquents through structured, well-defined project-based initiatives aimed at changing their lifestyle and behaviour.

Early school leavers and pupils with social and academic problems

In Ireland, *Youthreach* provides a second chance to access education and training as an alternative to the mainstream national curriculum for 15 to 18 year olds who have left school without achieving any qualifications.

In Austria and Germany a computer-based training programme for teachers known as *Step-by-Step* is used to support early interventions for pupils with social and academic problems including drug use.

5. Targeting high-risk settings

It is widely recognised that vulnerability factors for drug dependency are more pronounced in socially deprived neighbourhoods. However, within the EU very few countries target selected interventions at areas characterised by high crime rates, poverty, poor housing and unemployment. The advantage of such approaches is that they can provide additional resources to neighbourhoods with higher concentration of young people vulnerable to developing drug-related problems. In some instances interventions seek to identify those most at risk within these neighbourhoods - for example children in families experiencing violence, neglect, parental drug abuse or severe mental illness - with the aim of providing specific services for them. This may involve outreach work and family visiting to draw in families who are reluctant to engage.

Other EU states have been reluctant to target interventions in this way because of concerns about negative labelling and stigma. However, such neighbourhoods and families already tend to be negatively labelled, irrespective of any expert assessments or targeted interventions. Furthermore, broad-brush prevention programmes may accentuate social differences because they tend to be taken up by already advantaged groups in the population. The experience of Ireland and the UK indicates that it is possible to provide selective interventions without substantially aggravating the stigma which may be attached to them.

Family-based prevention

The Irish *Springboard* projects are an example of good practice in family-based prevention. The programme is targeted at families with multiple difficulties including low income, problems managing the children, lone parent families or parents with marital difficulties, children with behaviour problems and those who have experienced neglect or witnessed domestic violence. One-to-one, family and group activities are focussed towards meeting therapeutic goals, acquiring life skills and developing support networks.

In the opinion of Health Boards, the proportion of children deemed to be at moderate to high risk of drug abuse or going into care was halved as a result of attending Springboard.

Young offenders

In the UK the *Positive Futures* initiative targets 10-19 year olds in poor neighbourhoods who are at risk of offending or already offending. The idea is to attract young people through the provision of recreational activities and especially football and other team sports, and then to involve them in activities focussing on interpersonal skills and self-esteem. Links are also made with education and training providers and with employment services.

Initial evaluation findings indicate that participants have improved relationships with each other and with adults, raised aspirations and reduced drug use, criminal and anti-social behaviour.

6. Critical evaluation – an essential tool to ensuring effective interventions

As with any social programme, critical evaluation of the outcomes for the target population is vital to ensure that the intervention is achieving its objectives and not having any unforeseen undesirable consequences. It is also essential for ensuring that public money is not wasted on ineffective programmes. However, within most EU states the tradition of evidence-based practice is not well established. Within the field of selective drugs prevention programmes, most of the evaluated work comes from a few member states and the US.

Evaluation of selective prevention programmes is relatively straightforward because the target populations are generally small and well-defined and the intervention is usually more intensive than is the case for universal programmes, where benefits may be more difficult to assess. Programme evaluation may also help identify key features of effective work in this field which should make the development of new interventions easier.

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Conclusions

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This policy briefing summarises the case for targeting drug prevention strategies at vulnerable groups, and indicates further sources for those who wish to find out more. The following considerations are particularly directed to policy makers.

1. **There is an urgent need for investigation and monitoring of drug use and vulnerability factors among those young people who may be at significantly greater risk of developing chronic drug problems.**
2. **EU policy papers recommend that member states should ensure vulnerable groups are explicitly identified in national drugs policies.**
3. **Member states are encouraged to put in place selective intervention strategies aimed at addressing the needs of vulnerable groups at greatest risk of developing drug problems before such troubles arise.**
4. **There is scope for exchange between European countries on effective practice in addressing the needs of groups with specifically defined vulnerability factors.**
5. **Research indicates that selective prevention strategies aimed at socially disadvantaged neighbourhoods and families can be effective and need not contribute to negative labelling. Key elements of effective targeted programmes include good communication between services and agencies and the insertion of drug prevention objectives into umbrella social policies.**
6. **Because target populations are clearly defined, it is relatively straightforward to incorporate outcome evaluation into the project design of selective drug prevention strategies. Within some member states, there is already a requirement that social welfare projects should be objectively evaluated if they are to receive public funding.**

Key sources

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7. **US Department of Health and Human Services,** *Drug Abuse Prevention for At Risk Groups,* National Institute of Health, 1997. (http://www.secapt.org/NewFiles/DAPforAtRiskGroups.pdf)

Web information

EMCDDA web information on programmes included in this briefing: **http://eddra.emcdda.eu.int**
Positive Futures, (UK): **http://www.drugs.gov.uk/NationalStrategy/YoungPeople/PositiveFutures**
Vulnerable young people (UK): **http://www.doh.gov.uk/drugs/pdfs/vulnyoungpeople.pdf**

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