

Mentor UK Response to the English Drug Strategy Consultation, October 2007

Background to Mentor UK

Mentor UK is a registered UK charity that works in conjunction with its partners in the international Mentor family, with whom it shares the same mission:

“The Mentor Foundation focuses on the prevention of drug misuse in its efforts to promote the health and well being of children and young people and to reduce damage to their lives. Mentor aims to support the effective use of human, financial and intellectual resources to achieve its goals.”

Mentor UK is a registered UK charity, (charity number 1112339) and a company limited by guarantee (number 5609241).

Mentor UK is the leading UK charity working to prevent drug related harm to children and young people by:

- Influencing drug misuse prevention policy
- Supporting good practice in drug misuse prevention
- Supporting drug misuse prevention research
- Increasing the profile of drug misuse prevention

Mentor UK works across the UK and internationally with policy makers, government ministers and NGOs, *“preventing today’s young people from becoming tomorrow’s problematic drug users”*¹. At a local, regional, national and international level we work with young people, parents and carers, community groups and faith groups and practitioners in the voluntary and statutory sectors to find out what works in helping young people to avoid harm from substance misuse. Mentor UK’s Chief Executive is also Mentor’s international lead with the United Nations Office on Drugs and Crime and was recently elected as one of the Vice Chairs of the Vienna NGO Committee on Narcotic Drugs.

Mentor UK’s recent portfolio of work includes two ground-breaking national projects which support good practice in prevention work with seriously disadvantaged groups who have been marginalised or excluded from mainstream provision: grandparents as carers and young people living in multiply-deprived coastal and ex-mining areas.

Mentor UK was also recently commissioned by the Department of Health to undertake the external evaluation of its drug prevention project “Children’s Charities Working Together” project.

¹ Updated UK Drug Strategy 2002

Our Youth Involvement Project is helping policy makers, politicians and government departments, including the Home Office, as well as the National Institute for Clinical Excellence (NICE) and the Office of the Children's Commissioner to listen and respond to young people.

"First Measures", our high profile national Alcohol Misuse Prevention Awards scheme is supporting local agencies to help primary school-aged children develop healthy attitudes towards alcohol and to share experiences.

We host and currently chair the national Drug Education Forum which acts as a "critical friend" to the DfES, linking it with the membership agencies which support teachers and youth associations in delivering drugs education.

Mentor UK is also currently developing a number of new areas of work with groups of young people who are particularly vulnerable, including young Muslims, young care leavers, the children of drug and alcohol users and an inter-generational project to bring together isolated older people and young people at risk of drug misuse and other anti-social behaviours.

Mentor UK is also planning to develop the "Quality Counts" programme, a nationally recognised Quality Mark for drug prevention.

1a Are these the right aims for the strategy?

In Mentor UK's view, there is a fundamental problem with the existing drug strategy that needs to be addressed. We believe that while the drug and alcohol strategies remain separate within government structures and systems, this will result in a lack of consistency of responses to the needs of individuals, families and communities, including in-balances of service provision, often affecting those most in need in our communities.

There is overwhelming physical, psychological and social evidence that link drug and alcohol misuse behaviours. Alcohol and tobacco are often misused as precursors to and concurrently with illegal drugs. Mentor UK believes that for the purposes of strategic planning and service delivery it is foolish to split the substances, as consecutive UK governments have done. Government also needs to link up its strategy for dealing with illegal drugs by looking at research around addictive behaviours generally, including gambling addictions, as the same young people often engage in a range of problematic behaviours and the solutions need to be holistic.

The United Nations and the World Health Organisation define drugs as 'substances that affect how we think, feel and / or behave '. In response to this, we would urge the UK government to re-think seriously many of the basic assumptions upon which the drug strategy is built. From early research on arrest referral schemes, there was good evidence that short

term interventions focussing specifically on reducing illegal drug use led to increased alcohol use (Hough). If we are trying to protect people from the harms that all drugs – legal and illegal - can cause, policies around all drugs need to be better coordinated at national, regional, local and international levels. Without this, we may hit one target and create a more serious one as a spin off.

The four aims identified to make progress on illegal drugs are broadly acceptable at a macro level but the strategy needs to be precise about whether we are tackling drug use, drug misuse, illegal drugs or illegal drug use.

If the thrust of the strategy is, as stated in three of the progress aims, 'to reduce....' there needs to be a raising of public awareness to this and the consequences of such an approach. The terminology implies that some drug use and drug-related harm is acceptable and/or inevitable. Where is the government proposing to draw the line?

1b Which are the most important and why?

Mentor UK believes that it is essential that the new drugs strategy invests more resources in effective prevention activities and resources to develop the evidence base for these. Whilst prevention has been part of the drug strategy, it remains under-developed, under-funded and under-evaluated. We believe this prevention work should focus on engaging young people to lead healthy, happy and productive lives and to divert them from entering the world of problematic drug use.

We also believe that the second aim relating largely to law enforcement should be lower in order of priority - law enforcement interventions have not been shown to be highly effective on their own, yet in financial terms they take a disproportionately high (about 80%) of the allocated resources. Moreover, the result of so much focus, resource and energy being put into criminal justice interventions is that we criminalise many young people at an early age, effectively encouraging them to engage with entrenched adult criminals and reducing their opportunities to contribute to society.

2 What is the most effective way to keep children off and away from drugs?

The majority of children and young people do not use or misuse illegal drugs.

To support young people to make healthier, safer decisions about drug use they need to:

- Be kept out of deprivation and poverty
- Receive a high level of good quality parenting
- Receive good quality education and be literate, numerate and socially adept
- Have schools that support drug users without condoning use and support continued education
- Have easy access to suitable and safe out of school provision to meet their developmental needs
- Have opportunities to get worthwhile and fulfilling jobs
- Have safe, secure places to live
- Be kept out of the criminal justice system, keeping them away from entrenched criminals
- Have access to suitable and high quality health care when needed

3 How should parents, guardians and carers be supported to protect children from using drugs?

Parents and others who care for children should have access to:

- Parenting skills courses
- Local support services, including telephone help lines and advice and counselling
- Information on drug use and misuse
- Schools that support drug users without condoning misuse
- Access to appropriate support if they themselves are drug users/misusers

From Mentor UK's work, funded by the Department of Health, with grandparent primary carers, we are also clear that where children are being cared for by family members other than their parents, drug prevention activities need to be holistic, reducing potential harm due to financial hardship, health problems, isolation, deterioration of relationships with friends and families, difficult relationships with professionals, coping with bereavement and specific worries about drugs and alcohol.

4 What needs to happen to achieve more effective joint work between children's services and drug services?

Commissioners of children's services and drugs services need to work together to:

- Address the issue of effective information sharing and confidentiality to enable improved communication

- Ensure drug services professionals can attend multi-agency meetings without reducing client services
- Ensure all children's services leads and staff have drug awareness training
- Make basic drug awareness training available in a range of basic qualifications, especially in initial training for staff such as teachers and health visitors
- Set local targets for drug service provision and the intended outcomes
- Listen to the voices of children, young people and their families who use the services

5 What might an effective local system look like that identifies problems early, provides integrated prevention services and ensures that other specialist services are available when required?

There needs to be a prolonged commitment from government to research and disseminate what is effective in drug prevention practice

Specific local needs include:

- Better level of community midwifery and district nurse (or similar / equivalent) provision which would enable increased involvement of early identification teams
- Local agreements/ protocols developed around information sharing
- Better use of prevention and other services within school (primary and secondary) settings
- Better support at transition stages for children and young people
- Support for funding for local voluntary organisations to be involved at an appropriate level and at an early stage
- Clarification and strengthening of the role and purpose of the Local Safeguarding Children Board role in relation to drug use and young people

6 What needs to happen to ensure that children's and adult services work together effectively to safeguard and improve well-being of children and young people affected by substance misuse?

- Information sharing and confidentiality protocols
- More effective shared common assessment tools
- Where the services are provided by the voluntary sector, to ensure adequate funding on medium and long term basis
- More long term funding of local voluntary sector services that enable them to work closely with the statutory services

7a What role should education in schools and other settings play in reducing the harms caused by drugs?

As a member of the Drug Education Forum we support their formal submission to this consultation.

We believe it is important that the role of the school and other settings such as youth services are broadly defined to include work well beyond that of the more traditional 'drug education' under the 'keeping children safe' element of Every Child Matters .

We also believe it is vital that schools and youth services are guided and supported to identify and provide services to young people who live in families of users and/or who may be experimenting themselves. This can be achieved by increased implementation of the ACMD report 'Hidden Harm'

- Young people at risk
- Effective referrals to suitable local services
- Inclusive policies on management of users
- Their role in offering a safe place for pupils living with family use.

Schools and youth services should also offer effective curriculum interventions from well trained staff within the framework of Healthy Schools and PSHE provision.

The Healthy Schools Programme needs further consolidation and it is crucial that PSHE has an assured place within the statutory requirement for schools

The role of the extended school is important in engaging fully with community and family and it is important that the drugs agenda is specific and clear within this. To ensure this, we believe it is important to increase local funding to extended school work. A named, trained and tasked individual responsible for identifying and addressing drug issues among school populations is required so that young people, their families and teachers can access appropriate information and support.

The importance of diversionary activities and other similar interventions with young people is also under-developed and underplayed within the overall strategy. It is vital to invest in more interventions and research in this area of drug prevention.

7b What should drug education aim to achieve, when should it start and how might it be improved?

We believe that it is important to invest in effective drug education with SMART objectives. These might include:

- Improving knowledge and information about drugs and drug use
- Increasing an understanding of the role that drug use and misuse play in our communities
- Delaying the onset of experimentation with legal or illegal drugs

However, we cannot expect that an educational intervention on its own can ever achieve an outcome of life-long abstinence from drug use.

In terms of prevention, late use onset is a strong protective factor and well-delivered drug education can help achieve this.

The Drug Education Forum, which the Chief Executive of Mentor UK currently chairs, recently undertook a study which highlighted the problem at local level of accessing tier 1 prevention monies. This survey showed that local monies were being diverted into tier 2/3 and tier 4 services. This pattern needs to be reversed to protect the quality of drug education provision will be seriously jeopardised.

Mentor UK believes that all school-based programmes should:

- 1 Be developed on the evidence and principles of effectiveness
- 2 Be developmentally appropriate
- 3 Have a broad skills base
- 4 Include normative educational approaches
- 5 Include social resistance skills
- 6 Use interactive teaching styles
- 7 Include teacher training
- 8 Have adequate lesson coverage
- 9 Are culturally sensitive
- 10 Are part of planned broader programmes
- 11 Are rigorously evaluated

(Dusenbury and Falco)

We believe that appropriate drug education should be offered from Foundation Stage throughout the school career of a child. It is vital at all stages to educate teachers, parents and communities about what is appropriate and how best to achieve it.

We also believe schools and youth service should be encouraged and receive more training and support to ensure that they have policies and good practice in place to manage:

We also believe that, to sustain and improve the quality of drug education teaching, it is essential that teachers are trained through their Initial Teacher Training (ITT) and through the Continued Professional Development Programmes (CPD). The CPD programme needs further embedding and significant expansion through the National Healthy Schools programme and other similar work.

We believe that it is important that OFSTED and other inspection bodies become more 'drug aware' through their own training programmes to increase the effect of their work in schools.

It also remains important to continue to invest in research, development and delivery of effective drug education. We await with great interest the outcome of the Blueprint Education Research Programme and hope that there will be full attention paid to the recommendations that will come from this investment into the evidence base, which we hope will significantly contribute to our knowledge of effective drug education delivery within schools, families and communities.

8 What role should drug information campaigns play, what should they aim to achieve and how could this be measured?

The evidence base indicates limited effectiveness on behaviours in terms of outcomes from information campaigns. It seems possible to achieve a change in the levels of information and knowledge through such campaigns, but is not shown to impact on behaviours. They are often hugely expensive and monies may well be better spent in more effective approaches, such as through the social marketing route where there seem to be gains that are not achieved through information campaigns.

9a Should there be different approaches to information campaigns, such as harder messages on drugs (shock tactics or legal consequences)?

Information campaigns need to be based on evidence of effectiveness as well as being thoroughly evaluated to gain more evidence. Extreme, shocking images run a risk of distorting the real risks taken around drug use. However, there has been so much reported confusion about cannabis, in terms of its legal status and potential harm, that there is a case for undertaking targeted information campaigns in young people's media.

Overall, we believe there should be far more emphasis on normative education which highlights the real situation that more young people never try drugs – i.e. “you don't have to do drugs to be a 'cool' young person”.

10a Should drugs and or substance abuse campaigns be targeted at the under 11 age group?

Yes. We believe that drug prevention needs to start at an early age. Again we would emphasise that it needs to be developmentally appropriate and emphasise the positive norms, i.e. that most young people don't use drugs.

10b If so, how young an age group?

If this approach is pursued, then the research should aimed at where children go - if we have sharp boxes in public toilets as part of our public health campaigns, then we need education about their need and their use.

11 How can information campaigns best help our children away from drugs?

There is little or no evidence that this technique can keep children away from drugs – it may not be a realistic expectation but until research is improved then we will not know. It is certainly no 'magic bullet' and should not be seen or invested in as such. Information campaigns have a place for all members of our society but will prove more effective through a targeted and age and culturally appropriate design.

12 Is there a place for role models, including those drawn from peer groups in drug information campaigns?

Yes, we believe that positive, peer group, role models can be useful in raising aspirations of young people and encouraging drug-free diversionary behaviours.

As with all approaches, we would urge that experimentation with role models is supported with solid evaluation so that we can ascertain the effectiveness.

17a How can the needs of under-18's with drug problems be met?

Any approaches need to be founded on good needs analysis / assessment tools, with well-trained staff and involvement of young people themselves and ideally their families/carers. If possible, we would wish young people who are misusing drugs to continue to have open access to generic services and specialist services where required.

As far as possible, services should be provided locally and should include shared work with key family members or partners. Young people themselves should be involved in service design.

Ideally, these young people should also be:

- Kept in educational provision - either via school / college with appropriate provision
- Helped with housing
- Given access to benefits if necessary
- Helped find their way into employment
- Supported in finding opportunities to develop and contribute by undertaking activities which divert them away from drug use. to meet their needs

They should also, as far as possible, be diverted away from long-term, older drug users.

17b What is the role of specialist drug services for young people and what should children's services do?

The role of specialist drug services is primarily to keep the young person as safe as possible - in line with the 5 Every Child Matters outcomes

Specialist drugs services and children's services need to communicate and plan more together.

The inappropriate placing of the specialist service – often within or close to an adult service – should be avoided.

Services should focus more on family support, therapy and other effective interventions such as cognitive behaviour modification/ therapy (CBT). We need to have more staff trained to deliver both family and CBT and sufficient funding to enable them to deliver programmes.

20 What are the most effective ways of reducing drug related crime and reducing re-offending?

We believe that the two issues identified above are quite separate and that each requires different approaches.

In response to reducing drug related crime, a review of the drug laws would allow a review of the penalties. It would also be beneficial to research into alternatives to custody whilst continuing to work on how to build community cohesion.

While in custody, strenuous efforts should be made to prevent young people accessing drugs and counselling should be made available. To reduce re-offending, there should be increased educational opportunities

for offenders whilst in custody. Also, offenders should be kept as close to home as possible to enable family links to be maintained.

23 How can communities better work together to tackle drug related crime?

This is a key area where the drug strategy should continue to work closely with other initiatives and programmes with a wider remit. Reducing drug-related crime should continue to be a key part of the broader community agenda and include:

- Increased community consultation and involvement
- Increased community engagement
- Increased numbers of community workers
- Expansion of regeneration programmes in deprived areas

Communities need to receive a coherent message that under-age alcohol us/illegal drug use is taken seriously by all agencies. This means confiscation of alcohol from young people by Safer Neighbourhood Teams, alcohol-free zones, test purchases of alcohol organised by Trading Standards and intelligence-led operations which target the supply of illegal drugs to young people in areas that they frequent. We are, however, mindful of the need not to criminalise young people and the Safer Neighbourhood Teams need to work closely with Safer School Partnerships, the police, YOTs and the Youth Services in a strategy that identifies, supports and diverts young people from behaviours that put them at risk of entering the Criminal Justice System.

33a What are the most effective ways of preventing and reducing the harms caused to young people and families by drugs?

The impact of Every Child Matters on joining the forces of education, social services and health has been good.

We would like to see continued embedding of effective interventions throughout Local Authorities with a strong emphasis on inclusion and community development as key to long term impact.

33b Do young people's and adult services need to work more closely together?

The ACMD Hidden Harm report highlights the particular needs of children living in families where there are drug users - the recommendations from this report have not been fully acted upon by some Government Departments and this should be remedied as soon as possible.

38a Have we got the right national, regional and local structures to ensure effective delivery of the drug strategy?

We believe that there is a major and fundamental problem with where the strategy is placed within the government structure which impacts on community perception and the actual content and direction of the work. In short, we believe that while the Home Office continues to hold the responsibility for oversight and monitoring of the strategy this gives the message that the drugs strategy is more about crime than any other issues. We disagree and fundamentally believe that drug misuse is a health and social and community problem. We do not preclude the value of criminal justice interventions as part of the strategy but we don't believe that the strategy should be led primarily by criminal justice concerns.

The Home Office should not be the lead department.

We also believe that the DAATs should be evaluated and consideration should be given to abolishing them, integrating them with other local partnerships which are working to improve the health and well-being of communities.

38b How could these be improved?

In the context of local budgets being mainstreamed, it is essential that national government monitors effectively to ensure that local funding for drug prevention activities remain a priority for Local Strategic Partnerships.

39a The PM announced that he will ask ACMD to look at cannabis re classification . Do you think cannabis should be reclassified and why?

We believe that a complete overhaul of the whole classification system and inclusion of alcohol is essential to developing a coherent strategy. The recent survey by Youth Offending Teams (YOTs) which reports an increase of between 25% and 75% in YOT areas since re-classification is of great concern and should be studied in relation to decisions on the possible re-classification of cannabis in the current review. However, an over-emphasis on cannabis, to the detriment of attention being paid to other drugs, is confusing for young people and those with responsibility for them. Constantly changing guidance is similarly unhelpful.

39b Are there any other changes that you would wish to see and if so why?

We welcome this opportunity to comment and would further add that we would like to see:

- More money for prevention
- More investment in research to expand the evidence base for prevention
- More use of the evidence base to develop effective long-term prevention strategies
- Core funding support for prevention-focussed voluntary sector agencies
- More consultation and involvement of young people in planning and implementing strategy
- More consultation and involvement of parents and carers in planning and implementing strategy