



Executive Summary

Young people's views and experiences of specialist
substance misuse services

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YOUNG PEOPLE'S VIEWS AND EXPERIENCES OF SPECIALIST SUBSTANCE MISUSE SERVICES

EXECUTIVE SUMMARY

This research study was funded by the Department of Health and was commissioned as part of their Drugs Misuse Research Initiative (DMRI) phase 2 – Research On Understanding Treatment Experiences and Services (ROUTES). It is located within the Department of Health's Policy Research Programme, which aims to provide a robust evidence base on issues of policy priority across the whole remit of the Secretary of State, through the funding of high quality research and development on social care, public health and strategic policy issues arising in relation to health services.

CHAPTER 1: INTRODUCTION

This is the report of a study funded by the Department of Health and conducted by NatCen, which explored young people's experiences of Tier 3 and 4 specialist substance misuse services. The objectives were to explore decisions leading to accessing treatment and the process of making contact; views and experiences of the treatment received; perceptions of impacts and how they came about; the role of other factors apart from treatment on substance use and impacts of services; and further rehabilitative needs.

The study involved 43 in-depth interviews with young people aged 12 to 20 who had accessed seven specialist services in five DAT areas. Purposive sampling was used and the key selection criteria were age, sex, ethnicity, referral route and nature of substance misuse. The interviews were digitally recorded, transcribed verbatim, and systematically analysed using the Framework method.

Recruitment was carried out via drug workers who approached young people on behalf of the research team. The reliance on workers to contact young people and introduce the study is likely to have meant that the study represents the views of a group of young people who had relatively positive experiences of the services and their workers, and were engaged enough for workers to be able to make contact about the study. This group offers valuable insight into experiences of services, for example into what makes an experience positive, how engagement comes about, what initial barriers needed to be overcome. However, it is important to note that negative views of services are likely to be under-represented in the study.

CHAPTER 2: DRUG AND ALCOHOL ABUSE

The substances used by young people in the sample were: alcohol, cannabis, crack-cocaine, heroin, cocaine, ecstasy and amphetamines.

The young people faced other difficult personal issues as well as use, to varying degrees. These encompassed experience of: offending; sexual violence and risky sex behaviour; pregnancy and parenting; mental and physical ill-health; problematic relationships and use embedded in social networks; being in care; social isolation; homelessness and housing instability; poor experiences of education; unemployment and debt. They had not always had support from relevant agencies in addressing these issues.

CHAPTER 3: ACCESSING THE SERVICE

Referrals arose in two ways. Young person led referrals were initiated by the young person who either contacted the service direct, sought help via another agency, or responded positively when a referral was suggested by another agency based on something the young person had disclosed. Non-compulsory referrals via YOTs are included amongst this group. Externally led referrals were compulsory referrals within the youth justice system, referrals made by parents, or made by agencies which either required the young person to comply as a condition of using their service, or placed them under strong pressure to do so.

There was diversity in whether at this stage young people themselves viewed their use as problematic, and whether they felt they had any say over using the service. These issues had a strong effect on views about making contact and initial engagement with services. So for example, a compulsory referral could be viewed positively where a young person saw their use as problematic and wanted to effect change.

Generally young people had little specific information about the services, and did not have clearly formulated requirements or expectations. They were worried about how they would be treated, about having to disclose personal information, and about yet another worker being involved in their lives. They felt there was scope for better earlier information about services, and more choice.

CHAPTER 4: INTERVENTIONS AND ENGAGEMENT

The treatments people received encompassed work to understand use and plan reduction; medical help in the form of substitute prescribing, anti-depressants and drug testing; counselling; diversionary activities; complementary therapy; general support and help with wider issues in their lives, and referral to other services such as sexual health, mental health and housing services.

People's engagement varied between full, semi and precarious, both across the sample and, for individual people, across the period of their contact with the service. The key components of full engagement were regular attendance, having a motivation to change substance use, and valuing the service.

Engagement was supported by a strong relationship with the worker; an acceptable protocol on confidentiality; having a say in treatment; flexibility and open access; informality; a convenient location; seeing use as problematic or likely to have negative consequences; and the encouragement of significant others. It could be undermined by the reverse of these factors and by problematic life events or difficult circumstances such as losing a home, contact with other users, mental health problems or other deterioration of well-being.

Key components of an effective relationship with drugs agency workers were: trust, which could be hard to win; being treated with equality and respect; commitment, demonstrated for example by persistence and a willingness to help with issues beyond substance use; and being non-judgemental, a good listener, knowledgeable about drugs, relaxed, friendly and young person oriented.

Young people understood and accepted that services could not promise confidentiality in the event of a disclosure of serious harm or risk of it. Their main concern was with disclosure to parents, and it was clear that a breach of their trust here could severely undermine engagement. They were less concerned about information being shared with other agencies, and indeed did not always associate this with the concept of confidentiality.

CHAPTER 5: PERCEIVED IMPACTS

There was clear evidence of a range of positive impacts which young people perceived as arising from their contact with specialist substance misuse services. In relation to substance use, people described the services helping them to see that their use was problematic, giving them motivations to address it, and helping them to reduce or stop using.

They also described developing strategies to limit their contact with other users or their source of supply; positive impacts on offending; and reduction or cessation of high risk behaviour such as selling sex or driving or working under the influence. They reported improvements to their self-perception and general well-being, and developing personal resources for example thinking skills and budgeting skills. They described improvements to health, relationships, and engagement with work, education and other services.

A distinction could be made in young people's accounts between 'starter impacts' and 'follow-on impacts'. Starter impacts were beginning to see use as problematic, having motivations to change, starting to make actual changes in substance use, and addressing dominant personal issues. Follow-on impacts only occurred once these initial impacts had taken place. They arose from the fact that the physical link with substance use had been broken and side effects were no longer experienced, and from broader improvements. Examples of follow on impacts were better relationships and engagement in education.

Starter impacts could initially be fragile, particularly if the young person faced barriers to change for example arising from other dominant needs or because their use was entrenched in key social relationships. But they became more stable with time, and were reinforced by follow-on impacts.

Overall, positive impacts arose from behavioural strategies to address use; education and information about drugs; having a 'window' of stability and space for reflection; help with other issues; feeling supported by the service and the worker, and having a say in treatment. They could also be supported or undermined by influences in young people's wider lives.

CHAPTER 6: DISCUSSION

The study shows that compulsory referrals through the youth justice system can present initial obstacles to young people's effective engagement with specialist substance misuse services, but that these can be overcome. The group of young people referred via the youth justice system is not homogeneous and involves young person led referrals as well as those that were compulsory.

The study highlights the multiple vulnerability of young users and the range of other issues in their lives. These young people's lives could change rapidly and could be chaotic, their substance use could also change rapidly and the issues causing vulnerability can make it difficult for young people to anticipate and avert crises. An initial feeling of 'intervention fatigue' can make young people reluctant to engage with another service.

Although young people in the sample were sometimes in touch with services for long periods of time, there was little to suggest that this reflected an inappropriate dependency. Rather, it appears to reflect the fact that it could take time for some of the most vulnerable young people to build effective relationships with workers and for trust to develop; the initial barriers to engagement which had to be overcome; and the range of issues that workers needed to deal with before sustained changes in use could be expected. Drugs workers appeared to be referring actively to other agencies, and young people were generally willing to co-operate with these referrals although not always initially, and sometimes only with the support and encouragement of the worker.

There was evidence of beneficial multi-agency work, and young people generally viewed information exchange between agencies as appropriate and not inconsistent with confidentiality. However, there were also cases where dominant needs appeared not to be being addressed by the

drugs agency or another agency, or where it was not clear they were being effectively addressed. Gaps in housing support and provision were key here.

Some young people were still in contact with the service past their eighteenth birthday, and indeed up to the age of twenty. They valued this continuity of care and contrasted it positively with their experiences of other services.

From the accounts of young people, it appears their needs were largely being met effectively by drug treatment services. Key elements of provision that they valued were: tailored, personally-focused support; flexibility, responsiveness and engagement with wider needs; a positive relationship with a worker; confidentiality; and empowerment and choice - having a say in their treatment and taking responsibility for effecting change. These key elements overlap with those discussed in other research and policy documents. One

area of difference was that young people in this study had not experienced family-based interventions and there were indications that there would have been barriers to this.

The role of drugs workers is clearly a demanding one, and good agency workers are a highly valuable resource. The findings highlight that specialist substance misuse services and their staff are able to support young people in making changes that are enormously beneficial and particularly transformative.

DISCLAIMER

The views expressed in this publication are those of the researchers and not necessarily of the Department of Health.

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