3.11 Clash of philosophies impedes work with young drug using offenders

able clues to the obstacles to be overcome as the youth justice system prepares to handle more teenage drug users.

team or by other criminal justice sources. Data from records was sup-

plemented by interviews with staff and management and with 30 of the 113 referrals. Half the referrals had problems with cannabis and/

oped an individualised, holistic approach, finding 'packages' of care inappropriate for this age group.

nabis, alcohol and solvents as heroin.

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Main sources Newburn T., et al. Risks and responses: drug prevention and youth justice. Drugs Prevention Advisory Service (DPAS), 1999. Copies: DPAS, phone 020

Secondary sources Drugs and young offenders: guidance for drug action teams and youth offending teams. DPAS and SCODA, 1999. Copies ► Main sources. Contacts Tim Newburn, Goldsmiths College, London, phone 020 7919 7760, e-

7217 8631 or download from http://www.homeoffice.gov.uk/dpas.

In context The study's main shortcoming is that clients for interview were selected by the drug workers and many refused or were no longer in contact, leaving an unrepresentative sample. The threequarters not interviewed might have contradicted impressions given by those who were. Findings are vulnerable to the idiosyncrasies of the teams studied, though their experiences are convincingly related to general modes of working in drug agency and youth justice settings. Practice implications For a comprehensive account Secondary sources. Many planned or current means of encouraging drug using offenders into treatment are less applicable to young people. However, short-term action plan orders by the courts and final warnings for young offenders should soon feed young drug users into the new youth offending teams. Home Office approved guidelines suggest these appoint drug workers to whom all drug-related cases are referred following assessments which should always cover drugs. The more interventionist style of the new structures should reduce the conflicts seen in Sandwell and Derby, but these may still occur until drugs work is absorbed into mainstream practice, a development justified by the high proportion of young offenders deeply involved with drugs. Meantime guidelines will help but will not substitute for shared understandings of how to work with drug use and young offenders; training and informal contacts in shared premises develop such understandings. Working with young problem drug users means small caseloads, in the study about five referrals a month. Before youngsters reach this point, schools, social services and criminal justice agencies will have had repeated warnings of the trouble to come. The new final warnings may enforce earlier intervention. To avoid bottlenecks, more services suitable for young drug users will be needed which can work with their family and professional networks, and with drug problems as much or more to do with can-

tice team to work with drug using offenders under 18 referred by the

Projects in Sandwell and Derby sited a drug specialist in a youth jus-

or alcohol, 1 in 5 heroin, and 1 in 7 amphetamine, though for just 7% had drug offences precipitated the current contact. Typically aged 15-16, their drugs experience was extensive and stretched backed over five years of a disrupted and delinquent childhood: two-thirds had been excluded from school and a third of interviewees had been 'in care'. Some said they offended to buy drugs, many did not. Access to the specialist was gatekeeped by youth justice staff who lacked relevant assessment skills and (with few suitable services to refer on to) had tended to ignore the subject of drugs. Their priority was to avoid children being 'sucked into the system', at odds with longer term drugs work. The drug specialists were drawn into working with clients' families and other issues also being addressed by generic workers, creating tension over boundaries. Accustomed to guaranteeing confidentiality, they had to come to terms with being in a team where another professional held statutory responsibility for their client. These obstacles meant that at first the workers received few referrals. Problems were partially overcome by informal contacts, training (especially by the drug worker), referral guidelines, and agreements on sharing information. Despite the difficulties, the teams valued and to some extent absorbed the expertise of the specialists, and clients were generally positive. The drug workers devel-

Findings A report on two innovative British projects provides valu-