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The engagement of young people in drug interventions in coercive contexts: findings from a cross-national European study

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ABSTRACT

Background: The engagement of young people has been a neglected area in youth justice and drug policy and practice. This paper explores the concept of 'engagement' in relation to drug interventions in custodial and community settings in different European countries.
Methods: Interviews were undertaken with young people (aged 14–25 years) in contact with the criminal justice system who use illegal drugs and with practitioners involved in the delivery of interventions for our target group in Denmark, Italy, Poland, and the UK.
Results: The key techniques to engage young people were described in similar terms across the countries. These included forming relationships based on trust, honesty, and empathy, setting goals collaboratively, and employing practitioners with lived experience and understanding. The objectives and activities on offer are often constrained by criminal justice contexts.
Conclusions: Despite the differences between the countries in terms of criminal justice systems and the structure of drug interventions, there were remarkable similarities in the ways young people and practitioners described effective engagement. Strong emphasis on operational engagement to ensure positive relationships between young people and practitioners was important in the design and delivery of interventions. Practitioners working in criminal justice contexts need to have flexibility and autonomy to work creatively to find ways to engage, connect, and inspire young people.

Introduction

The engagement of young people in interventions has been a neglected area in youth justice policy and practice (Case & Haines, 2015; Drake et al., 2014; Mason & Prior, 2008; Prior & Mason, 2010) and in the drugs field (Brotherhood et al., 2013; Dunne et al., 2017; Olszewski et al., 2010; Paterson & Panessa, 2008). It has mainly been understood from the perspectives of practitioners and professionals, rather than from young people. This paper[1] combines the perspectives of practitioners and young people to explore the concept of 'engagement' in drug interventions for young people in contact with the criminal justice system in the UK, Denmark, Poland, and Italy. Engagement is seen to be critical in fostering positive outcomes and changing behaviour. If young people are able to participate and contribute fully, they view programmes more favourably and are more likely to benefit (Holdsworth et al., 2005) and if they are involved in design and development, they are more likely to use services (Harris & Allen, 2011; Hart & Thompson, 2009; Kirby et al., 2003; Milbourne, 2009; Mycock & Tonge, 2012).

There are multiple definitions of youth engagement that emerge from the fields of social work, youth justice, health, and education. Some of these definitions focus narrowly on

behavioural measures emphasising enrolment and attendance of young people in interventions, while others take a broader perspective highlighting the active participation, motivation, and commitment of the young people (Dunne et al., 2017). Case and Haines (2015) argue that it is important to distinguish between actual *engagement* with the intervention and mere participation. From a UK youth justice perspective, Mason and Prior (2008, p. 12) define 'engagement' as 'young people's personal motivation and commitment to involvement in activities.' Working in the area of mental health and substance use interventions, Dunne et al. (2017, p. 488) define youth engagement as 'an increased amount of observable behaviours (i.e. enrolment, attendance) and a positive change in attitude toward the reported interventions.' In relation to at-risk youth and harm reduction, Paterson and Panessa (2008, p. 24) define engagement as 'meaningful participative and sustained involvement of a young person in a harm reduction programme.' It is clear that all these definitions place emphasis on meaningful and positive involvement and commitment of young people in interventions, as well as activities designed to help them change their thinking, behaviour and the ways in which they respond to their environments.

In some contexts, there are several barriers to successful engagement, particularly with involuntary clients (Hart & Thompson, 2009; Trotter, 2015). Different experiences of exclusion, marginalization, and the criminal justice system shape youth participation and engagement (Hart & Thompson, 2009). It is important to consider the context and systemic issues affecting engagement. Moreover, young people in contact with the criminal justice system are often framed as being difficult, unreliable, chaotic and not motivated (Goldson & Muncie, 2015; Harragan et al., 2018; McAra & McVie, 2005; Slesnick et al., 2000) and as being 'vulnerable,' 'at risk' and having multiple and complex needs (Duke et al., 2020). In some cases, the focus for practitioners is merely to attract them into interventions and ensure they complete their orders, rather than developing engagement (Szapocznik et al., 1990). However, Coulton et al (2017) argue that there is a consensus that young people involved in offending are one of the most 'hard to reach' groups as well as being those most in need of pro-active interventions to engage them. For involuntary clients who are legally mandated to participate in interventions, engagement may be more difficult due to the coercion and external pressure from the criminal justice system (Rooney, 2009). Choices can be offered to involuntary clients, however, but there needs to be clarity and communication around which elements of the service are not negotiable and which elements have some degree of choice (Smith et al., 2012).

Smith et al. (2012, pp. 1463–1464) identify two levels of engagement with involuntary clients. Operational engagement functions at the micro-level and focuses on the importance of the relationship and interactions between the practitioner and the young person. The second operates at the organizational level and refers to engagement that elicits the views of users about what they want from services in order to listen to and respond to their views. These two levels are linked, complementary, and reinforce each other. Drawing on qualitative interviews with young people in contact with the criminal justice system and involved in drug interventions and with practitioners delivering them, this paper explores the operational level of engagement and the importance of the relationship between young people and practitioners. The impact of the coercive context of the criminal justice setting on engagement and how this affects the ways in which young people are defined and treated will also be examined.

The following questions will be addressed:

- How can 'operational engagement' be promoted through the relationship between practitioners and young people in drug interventions?
- How does contact with the criminal justice system impact on the engagement of young people in drug interventions?

Background and theoretical framework: models and styles of working with young people

Research shows that successful engagement is linked to the creation of a 'youth friendly environment' where young people are respected, encouraged to share ideas and agree on goals through collaboration (Luken & Warner, 2005). Young people place value on relationships based on trust, respect, fairness, voluntarism, and choice which are underpinned by holistic assessment models and consultation processes (Case & Haines, 2015; France & Homel, 2006; Merton et al., 2004; User Voice, 2018). The principle of autonomy is central to engagement where young people are encouraged to provide input and feedback, their right to make decisions is recognised, they are able to make informed decisions, they receive interventions which are relevant to their needs and goals and that practice is approached with reflection and insight and takes into account the wider socio-structural context of young people (Drake et al., 2014; Fry et al., 2005; Halpern et al., 2004; McNeill, 2006). Dunne et al. (2017) found there is a clear consensus that the greatest benefits are achieved by adopting a full participatory model that includes youth in programme initiation and decision-making. Factors that improve engagement include: a focus on resilience rather than vulnerabilities; a welcoming and non-judgmental environment; use staff with life experiences similar to the targeted youth; participating youth work directly with targeted youth; flexibility in terms of eligibility (e.g. age), hours of operation, and mandatory requirements of youth; and offers of participation must be genuine, not simply tokenism.

There has been very little theoretical development which helps to explain the operational level of engagement. This relates to the paucity of research on how to promote young people's engagement in interventions within the youth justice and drug fields (Prior & Mason, 2010). Based on a thematic analysis of local youth justice plans and interviews with practitioners in the UK, Smith and Gray (2019) developed a typology of three main models of approaches or styles of working with young people in contact with the criminal justice system. These broadly relate to the operational level of engagement and impact on the ways in which youth work is carried out and the relationship between the young person and practitioner. The first model is categorized as 'offender management' where practitioners place emphasis on dealing with offending behaviour and its consequences, managing risk, preventing re-offending, and meeting national targets. Here, practitioners are focused on 'managing' interventions which effectively conflates addressing welfare needs with managing risks. The concern is on managing young people through the system rather than understanding the origins of their offending and/or substance use. The second model is called 'targeted intervention' which is aimed only at young people who offend but is part of a wider array of specialised youth services. It involves practitioners identifying those with the highest needs and risks and trying to address young people's 'criminogenic vulnerabilities' including education, employment, housing and substance use. The emphasis within this mode of working is to work across agencies and often services are outsourced. The final model works with 'children and young people first' and positive youth justice principles (Case & Haines, 2015) which prioritises the young person's wellbeing, de-emphasises the offending and substance use behaviour, and aims to provide a generic, holistic and integrated service for all vulnerable young people with

multiple needs. This model includes a commitment to include young people in decision-making and full participation in deciding what interventions should look like. In their research, Smith and Gray (2019) found no 'pure' versions of the models, but blended approaches. The third model was the least common in the documents analysed but they argue this may be an emerging model that will become more popular across local authorities.

Drawing on these models or styles of working with young people, the ways in which operational engagement in drug interventions is viewed by young people in contact with the criminal justice system and the practitioners who work with them will be explored, examining the constraints and challenges of working within these contexts.

Methods

This paper is based on qualitative research undertaken as part of the EU funded EPPIC project (Exchanging Prevention Practices on Polydrug use among youth in criminal justice systems 2017–2020). It draws on semi-structured interviews conducted in the UK, Poland, Denmark, and Italy with 160 young people in contact with the criminal justice system involved in drug interventions and interviews and focus groups with 66 practitioners working across the criminal justice, youth justice, social services, and substance use treatment sectors. Young people were asked about their life stories, including drug use and offending histories, as well as their involvement in and ideas for drug interventions in the criminal justice system. The practitioners were asked about the methods they used to work with young people and the challenges they experienced in engaging young people and working within criminal justice contexts.

The samples of young people and practitioners were selected from interventions which aimed to prevent and/or delay the onset or escalation of drug use, polydrug use and use of NPS (new psychoactive substances) by young people in contact with the criminal justice system (see Herold & Frank, 2018 for more information). The interventions included primary prevention through to preventing the development of more harmful patterns of use, treatment, and harm reduction. Focus groups, rather than individual interviews, were conducted with some of the practitioners due to their availability and the setting. In Italy and the UK, some practitioners were interviewed over the telephone, rather than face-to-face (see Table 1 for a breakdown). The practitioners came from a range of backgrounds including youth justice, youth work, probation, psychology, psychotherapy, substance use treatment, and social work. Some interventions were offered in secure settings (i.e. prisons, detention centres, and secure settings for youth) and others in the community (see Table 2 for

a breakdown). Due to problems around accessing and interviewing young people in different settings, the samples are not equivalent in terms of setting, age, gender, family, and immigration background and vary between the different countries. For example in the UK, problems were encountered accessing young people in secure settings, so this sample is concentrated on those in community settings. A key limitation of the study is different groups were reached in different countries which makes full comparisons across the countries difficult. This was due to access problems, different structures of the criminal justice systems, and the availability of different types of services for recruiting young people. Despite these difficulties and differences, remarkable similarities were found in the findings in relation to how young people and practitioners viewed engagement and the challenges of the criminal justice contexts.

In terms of demographic characteristics, the samples from the countries were mainly male, aged between 19–25 (with the exception of the UK where the sample was younger), and did not have partners or children (see Table 3 for a breakdown). In Italy and Denmark, young people were more likely to come from immigrant backgrounds. The majority of the young people across the samples had been involved in minor crimes (e.g. theft, burglary, online fraud, possession of drugs, low-level dealing), but there were also a few cases of more serious forms of crime (e.g. possession of an offensive weapon, attempted murder, human trafficking, and violence causing death). Across all the countries studied, cannabis was the most used substance and many young people used it frequently, often on a daily basis. After cannabis, the most used substance depended on the country. In Italy and Denmark, cocaine was the most commonly used drug after cannabis. Within the Italian sample, crack and heroin use were mainly reported by the young people who were in prison or secure settings. In the UK, the young people reported using a range of other substances including ecstasy, cocaine, and ketamine, and a few reported using prescription drugs, crack, and heroin. In Poland, those interviewed reported using mainly stimulants (i.e. amphetamine) and NPS. Across the countries, young people gave a number of reasons for using drugs

Table 2. Recruitment settings for interviews with young people for each country.

	UK	Denmark	Italy	Poland
Community setting (COM)	35	10	15	20
Prison/secure setting (SEC)	3	20	26	31

Table 1. Mode of interviews for practitioners.

Interview type	UK	Denmark	Italy	Poland
Face-to-face	4	5	0	9
Telephone	17	0	3	0
Focus group	1 (6 participants)	2 (4 participants)	2 (18 participants)	0
Total	27	9	21	9

Table 3. Sample description – socio-demographic data.

Gender		Age		Partner		Children		Immigrant background	
Male	Female	14–18	19–25	Yes	No	Yes	No	Yes	No
Denmark									
27	3	0	30	13	17	3	27	12	8
Italy									
39	2	3	38	14	27	4	37	19	22
Poland									
31	20	20	31	12	39	8	43	0	51
UK[4]									
27	11	31	6	10	27	3	34	0	38
Total									
124	36	54	105	49	110	18	141	31	119

including curiosity, pleasure, and boredom, but also as a way to cope with violence, loneliness, and traumas. (for more detailed information about the sample's drug-using trajectories, see Rolando & Beccaria, 2019).

The project followed the ethical principles and procedures of the European Commission (European Commission, 2013) and the Respect Code of Practice for Socio-Economic Research (Institute for Employment Studies, 2004). Participation in the research was voluntary, based on informed consent, and confidentiality and anonymity were guaranteed. Ethical approval for the studies was granted through the research ethics committees and data protection agencies of the individual agencies and universities involved in the study. In the UK, Poland, and Denmark, young people in community settings were given small incentives to take part (e.g. vouchers or gift cards). Across the four countries, common interview schedules were used. Interviews with practitioners lasted between 40 minutes and 2 hours (focus groups) and with young people between 30 to 100 minutes. Interviews in all the countries were recorded and later transcribed for analysis and a common codebook was developed to facilitate thematic analysis of data through NVivo. In this paper, we concentrate on the common issues raised by young people and practitioners across the countries in relation to engagement.

Promoting engagement through relationships

Prior and Mason (2010) argue that while evaluative research of interventions for young people in the justice system frequently cites the importance of positive relationships to ensure the engagement of young people, they note that the 'techniques of engagement' are often not adequately described (Creaney, 2014). In our study, relationships were raised as the most important aspect of engagement by both the young people and practitioners interviewed across all the countries studied. These relationships were viewed as prerequisites for meaningful and constructive engagement with interventions and vital in maintaining engagement over time. Similar to the findings from the literature (Batchelor & McNeill, 2005; Burnett & McNeill, 2005; France & Homel, 2006; Hart & Thompson, 2009), young people placed value not on programmes or interventions, but on caring, trusting, supportive relationships with adults who were non-judgmental. One of the Polish young people articulated this sentiment very well:

> I think that the program itself is cool, but I think that the most important [thing] is the relationship with the therapist. The relationship with the therapist is more important than the programme itself. (PL_07_COM_M_24)[2]

The key features or techniques to engage young people in interventions at the operational level, and through valued relationships, were described in similar terms across countries and settings and were broadly comparable between young people and practitioners. These included forming relationships based on trust, honesty, and empathy, employing practitioners with lived experience and understanding of young people's lives and collaborative goal setting.

Relationships based on trust, honesty, and empathy

Across the countries studied, young people emphasised the importance of practitioner's attitudes and approach to them in encouraging ongoing engagement in an intervention, generally reflecting the 'children and young people first' model as described by Smith and Gray (2019). As this young person in Denmark explained, the development of a trusting relationship with practitioners from the outset was important in creating a calm setting for engagement:

> He [the practitioner] started out saying that the glass is full of trust. 'My confidence in you is 100% and every time you screw up, it will empty a bit'. But others say: 'Here is an empty cup, and you have to prove that I can have faith in you'. But he started with trusting me, and that calmed me. (DK_05)

Techniques of engagement described by young people included practitioners initiating the relationship from a standpoint of positive regard. This could be shown through the use of non-judgmental language by practitioners that avoids labels such as 'bad,' 'failure,' and 'addict:'

> They are great because they encourage … they never, ever tell you, you're a bad person. (UK_14_COM_F_22)

> The relationship I've found with the social worker here is very different … This is because of how she looked at me. She did not look for an addict. (IT_13_COM_M_21)

Openness and trust were seen by young people as key features of positive relationships and created an atmosphere of caring from practitioners. This was particularly emphasised by those being held in secure settings. It was important for them to be able to talk freely with a practitioner without the fear of sanctions or negative reactions. For example, an Italian respondent held in a prison spoke about how he was able to be honest with the psychologists and education staff:

> Psychologists and educators, very competent. I tell everything only to them, everything I have inside. [Things] I never told to anybody; I tell them. Because I want to be honest … I want to be helped. (IT_4_SEC_M_25)

Practitioners also viewed their relationship with the young person as fundamental to positive engagement and discussed similar factors raised by young people in interviews. There was evidence that practitioners understood the complex issues faced by young people in the criminal justice system who present with drug use experience as well as the need to address the multiple issues they faced in their lives in order to fully support them. Their ways of working with the young people aligned with both Smith and Gray's 'targeted intervention' model and 'young person first' principles. Reflecting the holistic approach adopted in Denmark (see Herold et al., 2019), one of the practitioners stressed that they tried not to categorise the young people:

> I prefer to see them, instead of placing them in some box or category. I aim to be neutral around their problems with crime. I want to work with it, yes, and it is often closely connected with

their drug issues. But you have to focus on the sum rather than the parts. (DK_1_Practitioner)[3]

Similarly, an Italian psychologist stressed the need to look beyond drug use and offending and focus fully on the young person through the therapeutic relationship:

> Their stories are actually about affective deprivation, losses, and lack of reference points. They are different, but listening to them, knowing them, they are actually similar … To separate drug use and offending is difficult. The aim is to prevent use of substances and reoffending … the work is treatment, the full taking care of the person, and the means is the therapeutic relationship. (IT_10_Practitioner_PSY)

Some of the young people suggested that it was not only trust and empathy which were crucial, but it was also important to feel that they were being taken seriously by practitioners. For some young people, it was not enough that practitioners are 'nice' to them, they also need to pose the right questions, challenge their understandings of issues and problems, add to their growth and do something 'extra.' This also suggests the use of the *children and young people first model* as the focus is on young people's strengths and abilities, rather than their problems and deficits, and infers trust in their knowledge about what support they need for themselves. These quotes from some of the Danish young people exemplify this feeling:

> In order for treatment to be useful, they have to make us see things that we haven't been able to realize alone, give one something to think about. (DK_15)

> Interviewer: What is it about a person, then, that makes you want to open up for them?

> Young Person: It's about how they react to me, to what I say, the type of replies and feedback they give me … that they are not just, like, 'yes', or try to sound smart, but give me some feedback, that they [challenge] me. (DK_5)

Lived experience and understanding of young people's lives

For many young people, trust and bonding were seen to be facilitated when practitioners had 'lived experience' of drug use and/or criminal justice involvement. This was largely because young people felt that information coming from those with experience was more likely to be accurate, credible, and relevant to them. Experience of drug use was seen to be particularly important as one of the Danish young men argued:

> If someone comes in and wants to talk to you about misuse and they don't look like someone who's ever tried anything, then you think to yourself, 'what do you know, then?' We need those with experience … We need someone who has been through what we are going through right now, who can relate to us. (DK_ 11)

Although the benefits of lived experiences of practitioners were valuable to young people, it is arguably important that 'experience' is not their only asset, but that they are properly trained, particularly when working with marginalised youth who have experienced a variety of trauma in their lives. While the relevance of having those with lived experience, or

at least sufficient understanding, of the young person's experience and challenges, does not fit neatly into any of Smith and Gray's models, it suggests additional aspects of the *children and young people first approach* that relies on viewing the young person in the context of their experiences and the challenges they face outside of the criminal justice system and substance use. Interventions that included peer workers as part of the support package were similarly seen to be useful engagement techniques as they included both the lived experience element and a sense of relatability for young people. For example, one of the young men in a young offender's institution in the UK recalled a peer worker who had prison experience and how the boys wanted to engage with him:

> One of the older laddies than me, he was quite a well-known laddie, who had gone to jail. He came and spoke to us in the jail … You actually seen laddies wanting to go and speak to them straight up, do you know what I mean. (UK_11_COM_M_17)

For the same reason, groups with their peers were generally appreciated where they are organized as part of the intervention. These initiatives helped the young participants feel less alone and helped other young people not to make the same mistakes and to be more conscious about legal consequences. A combination of both individual and group work was seen to be optimal by some of the young people interviewed as these young people from Italy and Poland indicated:

> [Groups] also helped me because there was a boy … who was also very similar to me as a person, his goals, his values, his principles - I got along with him. So, we supported each other … For the other boys - who might have committed minor offences compared to ours - it could also be useful to see what consumption can lead to, that it can lead to a crime … So, I think it was very, very useful. (IT_15_COM_M_19)

> Group work gives you the opportunity to see how people communicate, you can advise others, ask others about things. When I get out of jail, I would like to help and talk with others … Individual therapy is also important, because I will not say much during group therapy, [compared to what] I say to the therapist individually. (PL_43_SEC_F_21)

However, in the UK and Denmark, there were mixed views about group work due to problems around trusting their peers. For some young people, group work was sometimes difficult as they were concerned about their safety in certain areas where gangs operated. This was particularly the case in the UK where practitioners argued that they needed to be careful when putting groups together to ensure that rival gang members were not put together in the same group:

> We find that young people do tend to work better as individuals because in the area, there's a few issues around postcodes and gang activity. We have to be careful not to let young people access from certain areas all at the same time. (UK_4_Practitioner_SU)

Collaborative goal setting, control, and empowerment

In all the countries, young people spoke about the desire to have some control over the goals set out for them during their interventions, a feature that was also raised by

practitioners in describing collaborative relationships whereby the young people were treated as active partners in the process. This follows the *'young person first'* approach where practitioners work *with* young people, rather than *on* young people as expressed by this Italian psychologist:

> [We]try to make the young person feel part of a plan and not just the end user who has to do what they [practitioners] say, [we try] to understand together what we can do, together how we can evaluate [the situation] and then [make] a programme. (IT_7_Practitioner_PSY)

This collaborative approach was discussed in terms of involving young people in determining how interventions should be developed and run and could be crucial to the success of the intervention. Although it was acknowledged there could be a clash with practitioner expectations and pressures, engagement with the young person's agenda, including their specific support needs at that time, was seen to be vital, as this UK practitioner with a social work background explained:

> These young people will often tell us exactly what they need and how to put it together and if you just kind of follow it and you do what they're asking you to do, you've probably saved yourself half the battle. (UK_5_Practitioner_SW)

A sense of control could also be introduced within interventions, by allowing the young person to decide what to talk about and when. Young people who did not feel under pressure to discuss their personal experiences until they were ready were largely positive about interventions, as this Polish young male commented:

> The second day of the workshop was so motivational. I learned a lot about myself, what are my strong qualities and so on. I knew it, but I did not pay any attention to it … It was great. You did not have to confess to anything, talk about yourself. (PL_10_COM_M_14)

Similarly, these two Danish young people provide examples of how young people prefer to have some agency in the sessions to affect the content and control when it is introduced in the interventions. The second quote underlines the need for practitioners to have flexibility and adaptability so that the young person could raise and discuss issues that they were currently facing during the sessions:

> She started out by asking me all this stuff related to treatment, and I just said, 'drop it', because you won't catch my attention with that. If you want to get to me, you'll have to talk to me about my life, who I am, what has happened in my life. (DK_6)

> I really feel that we have a good connection, that I get something out of it every time. It can be private stuff, not necessarily about my conviction, whatever she senses that I need that day. That really helps me … that she doesn't restrict our meetings to this or that topic, and that she has the energy to take it a little bit further, if I need it. (DK_26)

However, as Fitzgibbon (2009) argues, often practitioners feel constrained by managerial processes and the targets they have to meet which undermines their professional autonomy and ability to deliver individualised interventions. In what could be seen as a rejection of the *'offender management'* model put forward by Smith and Gray (2019), a harm reduction approach to intervention, as opposed to one

focused entirely on abstinence, was apparent in these discussions. Across interviews with young people in the four countries in both secure and community settings, a condition or requirement to become abstinent was frequently seen as a reason to disengage with an intervention:

> It's cool that there is no pressure to end cannabis smoking, that when you come here for meetings, you don't have to be abstinent for a long time … that there is no such coercion. (PL_03_COM_M_19)

> I am not sure if it's right or wrong, but she tells me that if you want to smoke, then smoke, if you need to do it. And I really like that, instead of just simply telling me to stop. Then you'd have to lie and stuff. I really like her style, because it makes me trust her. It makes our relationship stronger. I have come to hate the system over a long time, so when she sort of goes around it, I like it, and like 'we don't have to do it by the book, we'll find another way'. (DK_8)

This was especially the case when referring to cannabis use, which the majority of young people felt was not harmful to them and should not be considered in the same way as other drugs. Similar to other studies, cannabis was normalised for this group, used on a frequent basis (sometimes daily) and often formed a central part of their identities (Aldridge et al., 2011; Duke et al., 2020; Gray, 2019; Williams et al., 2017). For some young people, stopping other drugs and only continuing to use cannabis, often on a reduced basis, was seen to be an acceptable and achievable goal.

A focus on a harm reduction approach was also a key theme in the practitioner interviews where the main goal was stated as being what was most appropriate for each individual young person they worked with. This type of individualised approach to intervention was argued by practitioners to be a key means of empowering young people and giving them a sense of control over their own engagement. It was important for young people to understand their difficulties for themselves, rather than having them pointed out to them and for them to be able to define what 'safe' drug use was for themselves. As these practitioners pointed out, the goals of the interventions would vary across the diverse groups of young people with whom they worked:

> We are not simplistic and have different expectations based on the person. Changing can signify for a chronic (user) to modify his/her style of consumption, while for others, the expectation can be they use only cannabis and not cocaine anymore. There is also a percentage (of clients) where we do not expect changes. (IT_10_Practitioner_PSY)

> If we are able to lay the ground and maybe facilitate that they cut down on their use or start thinking differently about it, we are well on our way. (DK_2_Practitioner)

Where young people were mandated (through court or police orders) into interventions, the challenges in empowering them were acknowledged by practitioners leading them to use a variety of techniques to encourage engagement and give a sense of control over individual sessions. A certain tension could be inferred here between an *offender management approach*, that may be sanctioned by an institution or governing body, and a more holistic, *young person first* approach that was preferred by both the young people and the health

and substance use practitioners that we spoke to. Other techniques that were thought to promote engagement and increase positive outcomes for young people included offering activities such as sport or drama, giving practical help with housing and welfare, and providing routes into work or training. These approaches, when they included goal setting in collaboration, were thought to increase engagement by encouraging young people to focus on their own strengths and positive future possibilities.

Challenges to successful engagement: working in the criminal justice context

Despite the different histories, welfare, and criminal justice systems and types of drug interventions, young people in contact with the criminal justice system were generally treated in similar ways across the countries. Although implementation could vary regionally, there was a clear policy and legislative trend towards less criminalisation and incarceration for young offenders and use of diversionary measures and alternatives to criminal proceedings and prison sentences. However, for those young people who had not been diverted, the criminal justice context was seen to have an impact on how young people engage with drug interventions and the ability of practitioners to gain the trust and engagement of young people. In prison settings, there were particular challenges due to the prison culture which is not flexible to deal with young people who have a number of complex problems related to substance use and require interagency working and collaboration, epitomised by the 'targeted intervention' model in Smith and Gray's typology. For example, problems with joint working due to conflicting views between health and social services and the criminal justice system were highlighted by the practitioners trying to deliver therapeutic interventions both in the community and prison settings in all the countries. The need for flexibility around the goals of interventions was underlined:

> Sometimes we are in contrast about points of view and aims, because actors of other institutions want to deal with the symptoms as the first objective of importance: 'We must make them (young people) stop smoking joints'. (In contrast) taking a wider perspective, we tend to think that this could be the last step. (IT_5_Practitioner_PSY)

> The therapeutic system should allow greater openness and liberalism, because in the end it is work on changing human behaviour, and this requires specific conditions … The more liberal the rules, the more optimal this work can be in comparison with 'classic' imprisonment. (PL_3_Practitioner_CJ)

This raised particular difficulties around issues of confidentiality and information sharing between agencies in some countries. For example, in the UK, services have a statutory responsibility to report back to the youth offending service or probation service if the young person does not attend or fulfil the terms and conditions of their order. As practitioners in the UK suggested, engagement is affected negatively by the responsibility to share information with other agencies, particularly around drug-taking:

> It's difficult for someone who's criminally active to be able to talk about your drug use very honestly in the criminal justice system sometimes. (UK_14_Practitioner_SU)

> They are already wary of criminal justice, so sometimes they assume that we're working in collaboration with the police, or drug enforcement agencies. They can sometimes be quite subdued and wary about the workers and [with] the information that they're actually telling us. (UK_17_Practitioner_SU)

Similarly, in Poland and Italy, young people in secure settings reported that they were afraid to reveal some issues, particularly around drug-taking, due to fear of additional sanctions and surveillance. Fear of negative reactions from staff when being fully honest can create an atmosphere of mistrust and a reluctance on the part of young people to access and engage in interventions or develop relationships with staff. In Poland, some of the young people felt humiliated by being forced to wear marked clothes and that the responses by staff were too harsh. They believed that some of the problems could be solved by a greater availability of psychologists and other health staff that they could talk with about what they are feeling:

> I do not tell them everything I feel, because sometimes it's really hard for me to say what I've been using and what's bothering me. I'm keeping it inside … We must wear tracksuits with the inscription KOPS (National Centre for Forensic Psychiatry for Juveniles). We feel bad then and they [staff] increase the doses of our medicines. Everyone is outraged by this and angry. They should talk to us more often, there should be doctors in the ward. (PL_22_SEC_F_17)

In Denmark, there seemed to be greater flexibility around confidentiality in relation to personal use and discretion as to what types of activity need to be reported to the criminal justice staff. Young people were responsive to this example of an honest, trusting approach from practitioners where they were given information on what was expected from them and what they could expect from practitioners:

> They told us that they have a duty of confidentiality and can't go down to the guards and tell them that 'X' has been smoking three days ago, but if I had 10 grams in my pocket, they would have to tell. So, they really informed us about this fine line between what they can and what they cannot ignore. (DK_15)

However, the Danish young people interviewed in prison settings were generally divided between treatment providers who they trusted and criminal justice staff (i.e. prison guards), with whom they did not trust and refused to share personal issues:

> We also talk about life more generally … She doesn't see me as a bad person, or anything, whereas many of the guards, they perceive me as a real failure, because I am in here. (DK_5)

In the UK, the non-voluntary nature of criminal justice referrals can have an impact on the working relationships between practitioners and young people where motivation may be low and active participation limited. However, young people with a court order to attend services for their drug use were also seen as malleable in terms of engaging with services after initial contact as this substance use worker from the UK argued:

If they put something in a young person's order that they must attend a minimum of three sessions for example. So, they'll attend 3 sessions and then essentially, we know we can get them in … We know after three sessions with them, they'll come back. (UK_12_Practitioner_SU)

Practitioners in these circumstances reflected how they worked within an *offender management model* that comes from being part of the criminal justice system, but also worked towards putting the young person's needs and goals first through successful engagement with the intervention. However, secure environments, such as prisons and detention centres, were seen to be particularly problematic in relation to delivering drug prevention and treatment interventions across the countries. The prison environment can have a negative impact on therapy and treatment for different reasons, many of which seem to be structural where the requirements of security take precedent over therapeutic goals (Herold et al., 2019). One Polish young person clearly articulated that being in detention is not compatible with treatment since the isolation and lack of freedom in the prison hinders self-development, which requires reflection and positive thinking in order to make changes:

> Therapy is not at all adapted to the conditions of the prison. It suits therapy conducted outside in freedom. When we are free, we have a choice, we can change something. Here we are closed in and the staff require things that we cannot do. We are supposed to feel good, we have to change, we have to control our emotions, we have to develop ourselves, but it's impossible because we are closed in. (PL_46_SEC_F_19)

In contrast, some interviewees expressed that being in prison can be an advantage in that treatment is set under very structured circumstances in one physical location. For example, in Denmark, young people found navigating the various parts of the welfare system in the community very difficult:

> In here, it's just you, that they deal with. You don't have to find your way, out there in the municipality [which is responsible for treatment in Denmark]. In here, they are just around for those who need their help, and that's better than outside. They take care of you. They can't do that outside; they just throw you around [in the system]. (DK_4)

Even though participation in the drug interventions in Italy and Denmark was voluntary, young people had different kinds of motivations for entering the intervention apart from the stated aim of the intervention. For example, the judge may 'suggest' the programme and will take it into account when deciding the length of the sentence at the end of the trial. For those in prisons, some of the participants enrolled in the intervention in order to get released earlier or access better conditions. These multiple and different kinds of motivations for entering drug treatment in prisons are also emphasized in the literature (Frank et al., 2015).

The young people and practitioners also raised issues around problems with understanding the value, role, and language used in interventions. In Italy, a therapist working in a special section of the prison where young people are categorised as drug dependent argued that motivation was an issue, especially in the beginning, because many young people do not understand what psychotherapy is and its value is therefore not appreciated:

> Motivation is another criterion that we struggle to measure. In the first months, we face difficulties creating motivation, because they are people who would never have gone to a psychologist in their normal lives - they tell us this very clearly. So, they do not even know what we are talking about, they do not know what kind of experience we are proposing to them. (IT_10_Practitioner_PSY)

In the Italian interventions, the common language between practitioners and young people was often problematic. This was related not only to the language of therapy but also because many of the Italian young people came from migrant backgrounds and did not speak the language. Moreover, some young people hold pre-existing negative attitudes towards going to 'therapy' which can be viewed as 'weak'; something that is looked down on in their networks. This may hinder treatment involvement in criminal justice settings. As one of the Danish young people explained, therapy can be seen as taboo:

> In the beginning, I saw it as a bit of a joke, and I told her (counsellor) that 'I don't see why this should help me'. Because, in the environment I am used to, you don't do this. I mean, none of my friends … We tend to make fun of it. Nobody goes to a treatment provider. Nobody sees a shrink. You don't let practitioners help you. Help might be there … it is still such a taboo. (DK_13)

Conclusions

In this paper, we have attempted to articulate the 'techniques' of engagement (Prior & Mason, 2010) as described by young people with experience of drug interventions within the context of the criminal justice system, and the practitioners who work with them. These included: developing relationships based on positive regard and trust of the young person; offering them control over sessions (even though this may be limited in prison settings); using harm reduction, as opposed to abstinence-only approaches; creating goals collaboratively; and involving young people in the decision-making processes that affect them.

Despite the differences in the criminal justice systems and drug interventions in different countries, there were remarkable similarities across countries and between young people and practitioners in their descriptions of what constitutes effective techniques of engagement. In terms of operational engagement, both young people and practitioners interviewed in all four countries emphasised the importance of trusting, collaborative relationships as a central tenet of engaging in drug interventions (cf. Case & Haines, 2015). Young people and practitioners reflected Smith and Gray (2019) third model, *'children and young people first,'* most clearly when speaking of what they found most engaging and effective in interventions. However, some of the interventions were working within an *'offender management'* framework which predominates in criminal justice contexts, particularly in secure and prison settings. When young people are ordered by the courts to attend interventions or are sentenced to prison, it is difficult to combine an *offender*

management approach as required by the criminal justice system and a *'children and young people first'* approach as desired by practitioners interviewed in this study. Young people and practitioners in prison environments were more likely to say that engagement was constrained by structural factors and conflicts between the requirements of health and criminal justice systems. This adds weight to the argument that diversion away from custodial settings should continue to be prioritised for young people in policy and practice (Pruin & Dunkel, 2015).

Concentrating on developing trusting and open relationships allows practitioners to focus on the support needs of young people, who they recognise as having multiple, complex issues, which they feel is most likely to succeed in genuinely engaging them in interventions. While those in community-based interventions appear to have greater flexibility to implement the identified elements of positive engagement of young people, compared to those delivered in prison settings, there are still challenges inherent in working within a punitive criminal justice system. Across all four countries, there is evidence and examples of practitioners developing techniques to work towards *'a children and young people first'* approach and that young people are responsive to these approaches. Practitioners, therefore, need to be allowed the flexibility and authority necessary to implement techniques that they know through experience are most likely to ensure the needs of young people are met via these interventions. They need to have the autonomy to use their experience, expertise, and knowledge to work 'with,' rather than 'on,' young people who use their services. This will allow them to work independently and creatively to find ways of connecting with and inspiring young people.

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Notes

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2. Quotations from the young people are accompanied by a code indicating the country (IT – Italy, DK –Denmark, UK – UK, PL – Poland), the interview number, the setting (COM – community setting, SEC – secure/prison setting), gender (M/F) and their ages (no. of years). Quotations from Denmark are not accompanied by complete information due to anonymity issues.
3. Quotations from the practitioners are accompanied by a country code country (IT – Italy, DK –Denmark, UK – UK, PL – Poland), the interview number, and the background of the practitioner (CJ – criminal justice, SU – substance use, PSY – psychology, SW – social work). Quotations from Denmark are not accompanied by complete information regarding background of the practitioners due to anonymity issues.

4. In the UK sample, information about age, partner and children was missed for one interview. In addition, there were 9 young people who reported their ethnicity as Black British or Asian British or mixed race. Information about immigrant background was not directly asked.

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References

Aldridge, J., Measham, F., & Williams, L. (2011). *Illegal leisure revisited: Changing patterns of alcohol and drug use in adolescents and young adults* (2nd ed.) Routledge.

Batchelor, S., & McNeill, F. (2005). The young person-worker relationship. In T. Bateman & J. Pitts (Eds.), *The RHP companion to youth justice* (pp. 166–171). Russell House Publishing.

Brotherhood, A., Atkinson, A., Bates, G., & Sumnall, H. (2013). *Adolescents as customers of addiction*. ALICE RAP Deliverable 16.1, Work Package 16. Liverpool: Centre for Public Health.

Burnett, R., & McNeill, F. (2005). The place of the officer-offender relationship in assisting offenders to desist from crime. *Probation Journal*, *52*(3), 221–268. https://doi.org/10.1177/0264550505055112

Case, S., & Haines, K. (2015). Children first, offenders second: The centrality of engagement in positive youth justice. *The Howard Journal of Criminal Justice*, *54*(2), 157–175. https://doi.org/10.1111/hojo.12099

Coulton, S., Stockdale, K., Marchand, C., Hendrie, N., Billings, J., Boniface, S., Butler, S., Deluca, P., Drummond, C., Newbury-Birch, D., Pellatt-Higgins, T., Stevens, A., Sutherland, A., & Wilson, E. (2017). Pragmatic randomised controlled trial to evaluate the effectiveness and cost effectiveness of a multi-component intervention to reduce substance use and risk-taking behaviour in adolescents involved in the criminal justice system: A trial protocol (RISKIT-CJS). *BMC Public Health BMC Series*, *17*(1), 246. https://doi.org/10.1186/s12889-017-4170-6

Creaney, S. (2014). The position of relationship-based practice in youth justice. *Safer Communities*, *13*(3), 120–125. https://doi.org/10.1108/SC-04-2014-0006

Drake, D., Fergusson, R., & Briggs, D. (2014). Hearing new voices: Reviewing youth justice policy through practitioners' relationships with young people. *Youth Justice*, *14*(1), 22–39. https://doi.org/10.1177/1473225413520360

Duke, K., Thom, B., & Gleeson, H. (2020). Framing 'drug prevention' for young people in contact with the criminal justice system in England: Views from practitioners in the field. *Journal of Youth Studies*, *23*(4), 511–529. https://doi.org/10.1080/13676261.2019.1632818

Dunne, T., Bishop, L., Avery, S., & Darcy, S. (2017). A review of effective youth engagement strategies for mental health and substance use Interventions. *The Journal of Adolescent Health*, *60*(5), 487–512. https://doi.org/10.1016/j.jadohealth.2016.11.019

European Commission. (2013). *Ethics for researchers facilitating research excellence in FP7*. Publications Office of the European Union.

Fitzgibbon, W. (2009). The conveyor belt of criminal justice: The Sonnex case, risk and de-skilling in probation. *Criminal Justice Matters*, *78*(1), 6–7. https://doi.org/10.1080/09627250903385149

France, A., & Homel, R. (2006). Societal access routes and developmental pathways: Putting social structure and young people's voice into the analysis of pathways into and out of crime. *Australian & New Zealand Journal of Criminology*, *39*(3), 295–309. https://doi.org/10.1375/acri.39.3.295

Frank, V. A., Dahl, H. V., Holm, K. E., & Kolind, T. (2015). Inmates' perspectives on prison drug treatment: A qualitative study from three prisons in Denmark. *Probation Journal*, 62(2), 156–171. https://doi.org/10.1177/0264550515571394

Fry, C. L., Treloar, C., & Maher, L. (2005). Ethical challenges and responses in harm reduction research: Promoting applied communitarian ethics. *Drug and Alcohol Review*, 24(5), 449–459. https://doi.org/10.1080/09595230500263905

Goldson, B., & Muncie, J. (Eds.). (2015). *Youth crime and justice*. Sage.

Gray, P. (2019). *Engaging young people involved with the justice system into substance use treatment services*. Manchester Centre for Youth Studies, Manchester Metropolitan University.

Halpern, J., Johnson, M. D., Miranda, J., & Wells, K. B. (2004). The partners in care approach to ethics outcomes in quality improvement programs for depression. *Psychiatric Services*, 55(5), 532–539. https://doi.org/10.1176/appi.ps.55.5.532

Harragan, A., Deakin, J., Fox, C., & Kaur, B. (2018). *Risky youth and criminalised identities: UK case study. PROMISE project*. University of Manchester.

Harris, A., & Allen, T. (2011). Young people's views of multi-agency working. *British Educational Research Journal*, 37(3), 405–419. https://doi.org/10.1080/01411921003692876

Hart, D., & Thompson, C. (2009). *Young people's participation in the youth justice system*. National Children's Bureau.

Herold, M. D., & Frank, V. A. (2018). *Descriptions of innovative approaches including professionals' and young peoples' perceptions and narratives*. WP5 Cross-national report. https://www.eppic-project.eu/wp-content/uploads/2018/05/WP5-CROSS-NATIONAL-REPORT.pdf

Herold, M. D., Rand, C., & Frank, V. A. (2019). Enactments of a 'holistic approach' in two Danish welfare institutions accommodating young adults with offending behaviour and drug use experiences. *Drugs and Alcohol Today*, 19(3), 208–219. https://doi.org/10.1108/DAT-12-2018-0071

Holdsworth, R., Lake, M., Stacey, K., & Stafford, J. (2005). *Doing positive things: Outcomes for participants in youth development programs: A report of a 3 year longitudinal study*. Australian Government Youth Bureau.

Institute for Employment Studies. (2004). *RESPECT code of practice for socio-economic research*. Respect Project. http://www.respectproject.org/code/respect_code.pdf

Kirby, P., Lanyon, C., Cronin, K., & Sinclair, R. (2003). *Building a culture of participation involving children and young people in policy, service planning, delivery, and evaluation: A research report*. Department for Education and Skills.

Luken, S., & Warner, A. (2005). *What makes for a successful youth centre?* Heartwood Centre for Community Youth Development.

Mason, P., & Prior, D. (2008). *Engaging young people who offend*. Youth Justice Board.

McAra, L., & McVie, S. (2005). The usual suspects? Street-life, young people and the police. *Criminal Justice*, 5(1), 5–36. https://doi.org/10.1177/1466802505050977

McNeill, F. (2006). Community supervision: Context and relationships matter. In B. Goldson & J. Muncie (Eds.), *Youth crime and justice* (pp.125–138). Sage.

Merton, B., Payne, M., & Smith, D. (2004). *An evaluation of the impact of youth work in England* (Research Report no, 606). Department for Education and Science, UK.

Milbourne, L. (2009). Youth matters: Are recent policies generating new spaces for young people's voice and participation? *Research Intelligence*, 109, 22–23.

Mycock, A., & Tonge, J. (2012). The party politics of youth citizenship and democratic engagement. *Parliamentary Affairs*, 65(1), 138–161. https://doi.org/10.1093/pa/gsr053

Olszewski, D., Burkhart, G., & Bo, A. (2010). *Children's voices: Experiences and perceptions of European children on drug and alcohol issues*. EMCDDA.

Paterson, B. L., & Panessa, C. (2008). Engagement as an ethical imperative in harm reduction involving at-risk youth. *International Journal of Drug Policy*, 19(1), 24–32. https://doi.org/10.1016/j.drugpo.2007.11.007

Prior, D., & Mason, P. (2010). A different kind of evidence? Looking for 'what works' in engaging young offenders. *Youth Justice*, 10(3), 211–226. https://doi.org/10.1177/1473225410381688

Pruin, I., & Dunkel, F. (2015). *Better in Europe? European responses to young adult offending*. Barrow Cadbury Trust.

Rolando, S., & Beccaria, F. (2019). *Young People's Narratives: Drug use and criminal involvement trajectories*. EPPIC WP5 2nd Cross National Report. https://www.eppic-project.eu/wp-content/uploads/2020/02/WP5_Cross-national-report-on-trajectories_def.pdf

Rooney, R. (2009). *Strategies for work with involuntary clients*. Colombia University Press.

Slesnick, N., Meyers, R. J., Meade, M., & Segelken, D. H. (2000). Bleak and hopeless no more. Engagement of reluctant substance-abusing runaway youth and their families. *Journal of Substance Abuse Treatment*, 19(3), 215–222. https://doi.org/10.1016/S0740-5472(00)00100-8

Smith, M., Gallagher, M., Wosu, H., Stewart, J., Cree, V. E., Hunter, S., Evans, S., Montgomery, C., Holiday, S., & Wilkinson, H. (2012). Engaging with involuntary service users in social work: Findings from a knowledge exchange project. *British Journal of Social Work*, 42(8), 1460–1477. https://doi.org/10.1093/bjsw/bcr162

Smith, R., & Gray, P. (2019). The changing shape of youth justice: Models of practice. *Criminology & Criminal Justice*, 19(5), 554–571. https://doi.org/10.1177/1748895818781199

Szapocznik, J., Kurtines, W. M., Santisteban, D. A., & Rio, T. A. (1990). The interplay of advances among theory, research, and application in treatment interventions aimed at behavior problem children and adolescents. *Journal of Consulting and Clinical Psychology*, 58(6), 696–703. https://doi.org/10.1037/0022-006X.58.6.696

Trotter, C. (2015). *Working with involuntary clients: A guide to practice* (3rd ed.). Routledge.

User Voice. (2018). *Nitty drugs and broken trust: Young people talk Spice and the secure estate*. User Voice.

Williams, L., Ralphs, R., & Gray, P. (2017). The normalization of cannabis use among Bangladeshi and Pakistani youth: A new frontier for the normalization thesis? *Substance Use & Misuse*, 52(4), 413–421. https://doi.org/10.1080/10826084.2016.1233565