



## SUMMARY — SELECTED ISSUE

### DRUGS AND VULNERABLE GROUPS OF YOUNG PEOPLE

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#### Introduction

*'With up to 2 million problem drug users in the EU, it's high time to raise awareness of vulnerable groups, especially youth, on the risks of drug taking.'*

European Commission Vice-President Jacques Barrot, September 2008.

Social policy in Europe has long identified disadvantaged populations who manifest potential for social exclusion. These 'vulnerable groups' are specific groups among the wider population that may be more prone to a range of problems, from ill health, substance use and poor diet, to lower educational achievement. Groups of young people identified as vulnerable — examples include children in care institutions or homeless young people — might be prone to earlier, more frequent, or more problematic drug use. They might also experience faster progression to problem drug use.

Identifying vulnerable groups is becoming an important tool for directing and channelling drug policy responses at those groups or geographical areas where problem drug use is more likely to develop. In Europe, interventions targeted at vulnerable groups — referred to as 'selective prevention' — are gaining both increased policy visibility and maturity in terms of design and evaluation.

The EMCDDA's selected issue on *Drugs and vulnerable groups of young people* examines the policies and interventions developed in 30 countries <sup>(1)</sup> for vulnerable groups of people aged 15–24. Vulnerability is defined as whether a specific group, based on sociodemographic profile and related risk factors, has an increased susceptibility to drug use and related problems. In Europe, these groups are being given special attention in terms of demand reduction responses. The selected issue lists the vulnerable groups targeted by drug policy in reporting countries, and supplies numerous examples of programmes which offer promising results and models for best practice.

#### Identifying groups at risk: a broad consensus is emerging

- A broad consensus is emerging among EU Member States as regards the groups of young people that are particularly vulnerable to drug use. These include: young offenders; young people in government care; early school leavers and students with social or academic problems; and young people who live in disadvantaged families and/or neighbourhoods where multiple risk factors and problems associated with drug use are concentrated. Overlaps exist between these groups, and there may be cumulative effects for those who belong to several vulnerable groups.
- Despite this broad consensus, a standardised European definition of vulnerability does not yet exist. Factors rendering a group 'vulnerable' vary from one Member State to another. Most commonly, the numbers of vulnerable young people reported by Member States refer to the number of young people in government care institutions and young offenders. Only a few countries estimated the size of their vulnerable young populations from a broader perspective.
- This selected issue presents how reporting countries rated the provision of interventions for vulnerable groups in their country (full/extensive provision; limited provision; no/rare provision), as well as the consideration given to them in national policy documents (priority, mentioned, not mentioned) and the delivery mode of the intervention (via office- or institution-based 'come' services; or via proactive outreach programmes to provide services at home or through street work). The vulnerable groups covered were classified as follows:

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<sup>(1)</sup> 27 EU Member States, plus Croatia, Turkey and Norway.

- **Vulnerable groups with ties to institutions**  
Early school leavers and truants, children in care institutions, and young offenders
- **Vulnerable populations in the community**  
Vulnerable families, homeless young people, young people in deprived neighbourhoods, and minorities.

### **The theoretical background: building 'resilience' among vulnerable groups**

- Selective prevention programmes attempt to build 'resilience' to drug use. This is achieved on three levels: individual (personal coping); family (parenting styles) or the community (cohesion and organisation).

### **Legislation and policy: a gap between promises and delivery?**

- 13 European countries reported primary legislation referring to vulnerable groups of young people. These fell into two types: laws defining certain vulnerable groups, and laws establishing general or specific responses targeting them.
- Since 2004, vulnerable groups have been listed as a priority in an increasing number of drug policies, and they are also included in social policies in the majority of reporting countries (between 16 and 22 countries, depending on the group concerned). However, the increase in provision of interventions to vulnerable groups has been inconsistent, and has only increased for young people in institutional care and for immigrants. There is thus a visible gap between political will and practical implementation.

### **Responses: a broad consensus, yet few common definitions across countries**

- School surveys reveal a strong correlation between truancy and drug use. However, little information is reported on the contents of interventions targeting early school leavers. Several countries have alternative curricula in place to counteract 'school fatigue', but only three Member States refer in their drug prevention strategies to specific interventions for drug-using truants.
- Studies show a strong correlation between drug use and being in government care. Ten countries give maximum consideration to children in the care of local authorities in their policies. However, estimates of the number of young people in government care institutions are not comparable across reporting states due to differences in definitions and measures.
- For young offenders, almost all Member States report alternatives to imprisonment or penal sanctions. There are, however, important differences in the practical implementation of these alternatives.
- 13 countries report that their family-based prevention is predominantly selective (i.e. it mostly targets vulnerable families). However, only seven of 30 reporting countries report 'full or extensive provision' of interventions for substance abuse in the family, five countries report for 'family conflict and neglect', four for 'social disadvantage (e.g. unemployment)', criminal justice problems or marginalised ethnic families, and three countries for families with mental health problems.
- Homelessness is associated with drug use, and in some studies substance use is reported to be the second most common reason for becoming homeless. Most European countries report high levels of problematic substance use among homeless people. Alcohol is the most frequent substance used, but the use of illicit drugs, polydrug use and drug injection are also common. An especially vulnerable group of children are those who run away from home and, more commonly, from government care institutions, and subsequently become homeless.
- No common European definition exists of 'deprived living areas', and engaging vulnerable young people in disadvantaged neighbourhoods has been reported as a major challenge in selective drug prevention. Nonetheless, seven countries give maximum consideration (priority or mention in policies and full or extensive provision) to young people in deprived neighbourhoods. Across Europe, such neighbourhoods are reported as being mainly concentrated in urban areas, often in specific blocks of buildings inhabited by low-income populations.

- Similarly, no common European definition of ethnic groups or migrants exists, and each European country defines these populations differently. As regards drug use, ethnicity overall appears to be a protective factor, with lower rates of substance use among some migrant and ethnic groups compared to the general population. The picture, however, varies according to different countries and different ethnic groups.

## Conclusions

- The association between several risk and protective factors and problematic drug use among young people is not necessarily causal. Identifying vulnerable groups of young people does not establish hard-and-fast prediction of drug use, but rather facilitates an important entry-point for policies and interventions.
- Monitoring of vulnerable groups in Europe is currently carried out periodically. Experts or expert panels from 30 reporting countries submit ratings to the EMCDDA in structured questionnaires. Currently, interventions for vulnerable groups are monitored on three levels across reporting countries, based on: (i) policy importance, for example mentions of vulnerable groups within national drug policy documents (ii) reports on the extent of intervention provision, and (iii) the delivery mode of interventions. Countries currently provide qualitative ratings on these three levels. However, information on the coverage, adequacy and contents of interventions is not yet systematically monitored. Some descriptions about specific projects are available in the EMCDDA's EDDRA database <sup>(2)</sup>, and these may offer promising models for future action.
- Whilst most countries offer a mix, there is a preference for office-based ('come') services over outreach work that proactively targets vulnerable young people on the street or at their homes. There remains in particular a lack of interventions towards hard-to-reach groups. Interventions in reporting countries also mainly tend to focus on information provision, lack evaluation, and may profit from more extensively using existing prevention theories relating to resilience-building. Some evidence suggests interventions should tackle simple vulnerability factors for drug problems, rather than addressing drug use itself. A focus on these vulnerability factors — more prevalent among the target groups — might include boosting academic performance, bonding to school, effective parenting and coping mechanisms.
- Three years after the EMCDDA last reported on vulnerable groups, there remains a lack of large national and cross-national studies that aim to evaluate the effectiveness of prevention responses for vulnerable groups, and which would allow for comparable datasets. Overall, there is a lack of comparative research across Member States on vulnerability factors and vulnerable groups. Research on vulnerable groups needs to be both qualitative, so that it is closely related to the local/national context, and also quantitative, so that it is comparable across Europe. However, one of the problems related to research is that substance use among these groups is often very context-specific.
- Identifying vulnerable groups and targeting them with selective prevention can play a vital role in responses to drug use. This is particularly the case for those groups which might not perceive their drug use as problematic. This selected issue concludes that there is a need to find more effective ways to approach and involve vulnerable young people in interventions, in manners that reflect their specific sociodemographic contexts.

Three in-depth reviews of topical interest are published as selected issues each year, based on information provided to the EMCDDA by the EU Member States and candidate countries and Norway (participating in the work of the EMCDDA since 2001) as part of the national reporting process.

**All selected issues (in English) and summaries (in 23 languages) are available on the EMCDDA website: <http://www.emcdda.europa.eu/publications/selected-issues>**

<sup>(2)</sup> <http://www.emcdda.europa.eu/themes/best-practice>