

**PRACTICE GUIDANCE FOR DEALING WITH
SUBSTANCE MISUSE BY YOUNG PEOPLE
WHO ARE LOOKED AFTER
BY LEICESTERSHIRE CHILDREN AND YOUNG PEOPLE'S SERVICE**

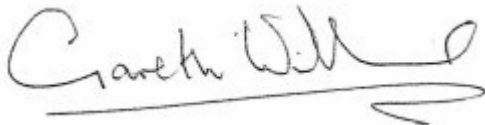


FOREWORD

This practice guidance for Social Care staff and carers working with Looked After Children and Young People with substance misuse issues, was started in 2004/05 in response to changing national advice and guidance and legislative changes regarding substance misuse. It was initiated by senior managers responsible for Looked After Children with advice from specialist substance misuse workers and Leicestershire Police.

The guidance was formally endorsed by the Drug and Alcohol Action Team at its meeting on 26 February 2006. This is a multi agency partnership including senior representatives from the Local Authority, District Councils, Leicestershire Police, Health Services and the Community and Voluntary Services sectors.

Given the sensitivity and controversial nature of the subject matter – particularly for the most vulnerable young people – and the fact that expert opinion and guidance can change over time, it has been agreed that the guidance should be updated on an annual basis to ensure it continues to reflect best practice. The principles and approaches promoted in this guidance also have application beyond the care of Looked After Children and Young People and it is expected the document can be shared and applied in these other settings.



2 June 2006

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Gareth Williams

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CARING FOR AND WORKING WITH YOUNG PEOPLE WHO ENGAGE IN SUBSTANCE MISUSE:

Part 1 - Introduction:

1. This guidance is intended to help staff and foster carers to offer appropriate support and protection to young people who are experiencing problems relating to substance misuse. It is based on the most recent guidelines from Government i.e. 'Taking Care With Drugs' (2002) produced by D.O.H. and Drugscope (2002).

Values Statement:

2. The County Council does not condone the possession, use, or supply of illegal substances. Notwithstanding, it would be unrealistic to ignore the availability of substances to young people within society. The aim therefore, as a corporate parent, must be to enable young people to make informed decisions regarding issues of substance misuse whilst actively promoting and safeguarding their health, safety, and development.
3. It is important that staff, carers and young people are able to distinguish between fact and myth relating to substance misuse, and substance users. Within this the use of derogatory language to describe those using substances is not acceptable.
4. Some young people may already have substance misuse problems when they become looked after. Others may develop problems whilst being cared for. Thus rather than condemning those who misuse substances, the Council is committed to caring for, supporting, and identifying solutions with young people that enable them to address and where possible, change their pattern of behaviour. The needs of young people who misuse substances are different from adult users as are the means by which these behaviours are resolved. Although there are legal obligations, and in some situations the involvement of the police cannot be discounted, it is not always appropriate to criminalise young people involved in illegal substance misuse. It is however essential that all those working with young people act together to ensure that the young person's holistic needs are carefully assessed and addressed within care plans.

Background:

5. Young People and Substance Misuse

In 1998 the government launched its 10-year strategy for tackling substance misuse: "Tackling Drugs to Build a Better Britain". One of the four over-arching aims of this strategy is:

"To help young people resist drug misuse in order to achieve their full potential in society and to enable people with drug problems to overcome them and live healthy and crime free lives".

The role of parents and others caring for children and young people is made clear:

"Young people and those responsible for them, need to be prepared to resist drugs and as necessary to handle drug related problems. Particular efforts need to be made to reach and help those groups at risk of developing serious problems".

6. Drug Action Teams have to 'ensure that drug users aged under 16 have access to drug treatment and care services which are in line with national guidance, by 2004'.

7. Whilst overall it is the case that most young people do not take illegal substances, looked after children have been identified as a particular high risk group. Research (Melrose and Brodie - 2000) found that young people who were excluded from school, young offenders, and those cared for by the Local Authority were more likely to misuse drugs compared to those who had only one of these vulnerabilities. Similarly other studies (McKegney and Beaton - 2001) examined the substance misuse of 96 young people resident in children's units and found that 45.8% had used an illegal substance in the preceding month. The involvement in other high risk behaviour by substance misusers was noted, for example, nearly 70% of the legal substance using young people had ridden in a stolen car compared to a third of non-substance users. More recently in 2003 research by the Department of Health into substance misuse by secondary school pupils aged 11-15 years reported that 11% of the 10,000 participants asked said that they had taken an illegal substance in the previous month.
8. It is therefore very important for staff and carers to remain vigilant to the possibility of substance misuse by young people even though in many cases the behaviour will be little more than adolescent experimentation, which the young person will grow out of, without it causing lasting difficulties. However, some young people, often because of their life circumstances (physiological factors, family factors, behavioural and psychological factors and economic factors) develop very real difficulties with substance misuse. For these young people substance misuse can lead to criminal behaviour, disrupted education, psychological and physical harm and exploitation.
9. These particularly vulnerable people are not necessarily taking more illegal substances than their contemporaries. However, for many of these young people the absence of protective factors such as a strong family unit, sound social/coping skills, being in school and having at least one trusted adult to confide in, can mean that they are more likely to develop patterns of problematic misuse. Research also suggests that vulnerable young people often start to misuse substances at a younger age than their peers.
10. Historically, young men have been seen as the group most likely to use substances, however, across the population generally young women's substance misuse appears to be increasing. Similarly there is a growing awareness that for many years substance misuse within Black and Minority Ethnic communities has been beset by stereotypical assumptions which have led to the problems faced within these communities being largely ignored to poorly responded to. (Patel, 2000).

Definitions used in this Guidance:

11. Please see Appendix 2

Harm Minimisation Approach:

12. Harm minimisation aims to reduce the harm that young people do to themselves or others as a result of their substance misuse. It first became a widely used term in the UK in the 1980's as a response to the increase in the number of HIV cases amongst drug injectors and led to the development of needle exchange schemes. Since the 1980's it has developed to include information regarding a range of substances and substance misuse practices, most notably the "safer dancing" campaigns relating to ecstasy misuse. It has also developed as a way of educating young people about substance misuse as a more realistic alternative to "Just say no" campaigns. In this respect it has strong parallels with "Safer sex" messages. The provision of realistic, clear and balanced information is central to this approach.
13. Harm minimisation should not be viewed as condoning the misuse of substances, but rather as a health intervention that will minimise the negative consequences of a young person's substance misuse. In this context, interventions, which move young people

away from hazardous practices, towards safer practices, should be seen as appropriate even if the result is the continued misuse of substances.

Availability:

14. Many types of substances are available to young people. Young people will often know how to get hold of substances typically associated with youth culture (e.g. cannabis, ecstasy, amphetamine etc.). Some will also know how to get hold of substances such as heroin, cocaine and crack cocaine. It is increasingly clear that young people are more likely to access substances from friends/people known to them than being targeted by a “pusher”.
15. Additionally, young people often have access to a range of domestic products which are harmful and potentially fatal when inhaled (aerosol products, nail varnish, Tipp-Ex, glues, and other solvents). Young people may use a variety of methods to use such substances and it is therefore important for staff / carers to regularly discuss their experiences of substance using young people to keep themselves alert to current trends / methodologies.
16. The consumption of alcohol and tobacco, both of which are easily available to young people should not be overlooked. Both can be harmful to young people and contribute to long-term health problems. Care plans should therefore address these issues and include reduction strategies.

Language and Terminology:

17. There is a ‘language’ or ‘terminology’ that users may use when discussing the buying, handling, and taking substances. It is important that staff and carers are alert to this style of communication and ask young people to explain what they mean. The terminology used tends to change over time and may mean different things to different people. Providing staff / carers maintain a reasonable knowledge base such subtleties may inform assessments in relation to the level of information (or misinformation) a young person has.

CARING FOR AND WORKING WITH YOUNG PEOPLE WHO ENGAGE IN SUBSTANCE MISUSE:

Part 2 - Identifying and Responding to Young People's Substance Related Needs:

Young People Requiring Information:

1. All young people should receive substance misuse education as part of personal, social and health education at school. Some young people will have missed this through absence or exclusion, whilst others may wish to revisit and discuss information already given, ask questions, or may indicate that they have/are or are intending to experiment with substances.

Information Giving:

2. Staff and carers should be prepared to discuss, and allow young people to talk freely about their usage and the "problem" (if any) as the young person defines it. It is important for staff and carers to present themselves in a non-judgmental way so as to make the young person feel able to continue discussing the issue. Notwithstanding, staff/carers need to be clear with the young person about process issues such as how assessments are to be made, potential consequences of continued use, legal issues (in relation to illegal substances being on the premises), and confidentiality including the potential need to share the information divulged.
3. It is important that information provided should be balanced, clear, accurate and reflect the aims of harm minimisation. Staff and carers should therefore be particularly mindful of their own attitudes, values, and knowledge base and the limitations this may impose on what, and how information is given. Thus in some instances it may be more appropriate to arrange for the young person to receive advice from elsewhere, including from a specialist drugs worker or medical professional.
4. Through a harm minimisation approach, the aim is to increase the young persons knowledge of substance misuse thereby better equipping them to make healthy, informed choices, to challenge attitudes, and develop skills to resist substances which may be available to them. Young people also need to know about the side effects that substances (or mixing substances) can have, and of the possible long term health implications associated with the behaviour. Similarly differing methods of substance administration carry risks, for example, asphyxiation, or the contraction of blood borne infections (Hepatitis B, C, HIV) from sharing injecting equipment. Young people also need to be aware of how, while under the influence of some substances, their ability to make sound decisions may be seriously impaired. This may lead them into activities that put them at risk (e.g. choosing to have sex, which they may later regret, unprotected sex, or other high risk behaviours). Substance misuse can also have a major impact on overall lifestyle – e.g. limitations on finances, impact on housing, employment, relationships, involvement with the criminal justice system, etc.

Young People who are using Substances:

5. Ongoing assessment may indicate a young person is involved in experimentation with substances. Although this does not necessarily indicate the use is problematic, staff / carers should check their knowledge and understanding of the substance concerned so that as opportunities present, they are able to give accurate information which seeks to minimise the risks associated with its misuse.
6. In situations where young people are frequently using substances (i.e. as a "recreational user") but there is no indication of social or behavioural difficulties, or other "high risk"

behaviours, staff / carers should continue to engage in programmes of education with the young person aimed at minimising the risk of harm. The fact that a young person may indicate they have no wish to change their behaviour should not deter continued discussion from a range of perspectives including, impact on lifestyle, good / bad aspects of misuse, peer influence, etc., etc. Young people expressing a willingness to change their behaviour should obviously be supported and encouraged, assisted to set realistic goals, and rewarded for success.

7. There should be a system of ongoing monitoring of the known usage / harm caused to the young person to ensure the extent of use is not becoming problematic. This should be discussed and reviewed routinely in case supervision.

Dealing with Suspicion, Rumour and Allegation:

8. Information can be received from a variety of sources indicating that a young person is using, or in some way involved in the supply of substances. Such information should always be taken very seriously and investigated. Reports may however be inaccurate or made for more spurious reasons and it is therefore important for the person investigating to balance the source and nature of the information against other known factors (for example, the behaviour and whereabouts of the young person). An explanation should be sought from the young person (though it may not be appropriate to divulge the source of the information). In all instances it is very important that detailed running records are kept, and that the matter is discussed at the first opportunity with the line manager / link worker. Similarly all action taken / planned must be recorded and agreed with those responsible for the care plan.

Young People for Whom Substance misuse is becoming problematic:

9. Undertaking a Risk Assessment - Young people may have developed problematic patterns of substance misuse before entering accommodation. Thus finding out as much as possible about the substance misuse is central to identifying areas of concern and formulating plans to work with them. This should take the form of a risk assessment which shows how the substance misuse is impacting upon the young person, the dangers it poses, and for each of these a strategy for reducing risk. In making the assessment the following factors will need consideration: -
 - The age and understanding of the young person.
 - What substance/s are being using (type of substance, how they are taking it, and whether it is being used in conjunction with other substances).
 - When it is used (where and how often, with other people or by themselves).
 - What effect the misuse has on them (physically, emotionally, on behaviour, what do other people say about its effects). Also the impact of the misuse on finances, relationships, the views of the family, whether it has lead to criminal activity to support misuse.
 - How the young person feels about other areas of their life (family, current situation, friends, school) and how these areas are being affected by substance misuse.
 - When and how the behaviour started.
 - What they think would help, and how urgently help is required.

The conclusion of the assessment may be that the degree of risk is "significant" in which case a more immediate response will be required. This will usually take the form of a strategy meeting where the key professionals working with the young person meet, share the available information, and plan what actions are needed to address the behaviour. In such situations the young person should be informed of the level of concern, the plans to convene a meeting, and of its outcomes.

10. Where young people are considered to be dependent on substance(s) (other than tobacco) a risk assessment is required of the individual, and those around them.
11. If a young person has developed a pattern of injecting drug use this will require an immediate response to ensure that they have access to medical advice and clean injecting equipment in the short term, whilst their substance misuse is addressed in the long term. In such circumstances staff / carers should seek support from the specialist young people's workers at the Community Drug Team.
12. Young people need stability and skilled intervention when undertaking programmes of work/detoxification. Where at all possible this should be undertaken in their current placement as long as this does not place others at risk. However, in the case of long-term dependency young people need to be aware that the usage may affect their placement. The Community Drug Team worker who is managing the detoxification / programme should be invited to all case planning / strategy meetings. These meetings also must specifically address the arrangements for dispensing and secure storage of any medication prescribed as part of the detoxification programme.
- 13. The Substance Misuse Officer should be involved in all cases where young people are thought to be dependent on substances, and is available to advise, and assist staff / carers in the assessment of any young people thought to be at risk.**

Confidentiality, Consent and Parental Responsibility:

14. Interventions are likely to be more effective if supported by family, parent or carer. It is recognised that a supportive relationship with at least one caring adult acts as a strong protective factor in lessening the effects of substance use or misuse. As well as offering support the parent may also have to consent to any treatment required. Although good practice to encourage the young person to discuss issues with their parent / carer (or to allow a worker to do so), generally, consent is not required in relation to the giving of advice or information.
15. In general terms the consent of the young person must be gained before referral can be made to an external agency, and again best practice would include the involvement of the young person's parent in these decisions. Young people should however be aware that there are situations where they may be deemed to be such a danger to themselves or others that the court orders they be held in a place of comparative safety (Children Act 1989 S25). Young people may self refer to an agency at any time and can expect treatment providing they are felt by the agency concerned to be "competent" (see below).
16. Consent in terms of drug or alcohol treatment is the same as for any medical treatment and includes interventions such as counselling, medication or needle exchange. Generally young people aged 16-18 years are considered competent to consent to medical treatment (Family Law Reform Act 1987, S8). The treatment of young people under the age of 16 will generally require the consent of a person with parental responsibility unless they are considered to be "competent". The agency providing the assessment or treatment will assess if the young person is competent to consent.

17. It is suggested that under the principles applied to the 'Gillick Case', treatment without parental consent might be justified where health professionals are satisfied that: -

- The young person, although under 16 years of age, will understand the advice.
- The young person cannot be persuaded to inform parents or to allow someone else to inform their parents that they are seeking drugs advice.
- The young person is likely to begin or continue using drugs with or without drugs treatment.
- Unless the young person received drugs advice or treatment the young person's physical or mental health or both are likely to suffer.
- The young person's best interests require health professionals to give the young person drug advice or treatment or both without parental consent.

18. It is incumbent upon professionals to check with the young person on an ongoing basis, whether sharing information with their parents is an option. The worker carrying out the assessment and /or treatment will discuss with the young person how best to involve their parents (if appropriate). In some cases parents and carers will require support in their own right regarding the young person's substance misuse.

19. Whether a young person is competent to consent, or someone with parental responsibility has consented on their behalf, the young person is entitled to a confidential relationship with the person providing treatment. The young person may consent to information being shared with a parent or other third party, but should agree what information is going to be shared. The only exception to this is if the young person is suffering, or at risk of suffering significant harm and information has to be shared to safeguard the young person's protection and welfare.

CARING FOR AND WORKING WITH YOUNG PEOPLE WHO ENGAGE IN SUBSTANCE MISUSE:

Part 3 - RESPONDING TO SUBSTANCE RELATED INCIDENTS

1. The following is offered as guidance only. It is recognised that every young person is different and every situation is different and needs to be assessed and responded to as such. When dealing with different types of incident the guiding principle is that the welfare of the young person is the paramount consideration.

Relevant Legislation:

2. Section 8 of the Misuse of Drugs Act 1971 places obligations on occupiers and managers of premises to discourage and prevent drug related activities on premises for which they are responsible.
3. An offence is committed if the manager or the person in charge of the premises, or home owner (i.e. foster carer) *“Knowingly permits or suffers the taking, supply, preparation or production of controlled drug to take place on or within the boundaries of those premises”*. (Misuse of Drugs Act 1971 S8).
4. Illegal substances are not allowed on any premises managed and owned by the County Council. This includes all buildings, children's homes (including the grounds, land, and within vehicles. Similarly staff / carers must not allow the consumption of illegal or other harmful substances in their presence. Thus staff / carers will not be held responsible if they can demonstrate they have taken all reasonable steps to prevent and / or stop the behaviour. This may include instructing a young person to stop, confiscating the substance, and / or reporting known suppliers to the police. All instances of substance misuse together with the actions taken by staff / carers must be fully recorded and brought to the attention of line managers / link workers.
5. Staff may not give young people cigarettes, nor smoke tobacco within Children's Homes, or within the grounds where they might be seen by young people.
6. Young people should be made aware of the policy regarding substance misuse within the information given to them at the start of each placement.

Where Substances are found on the Premises:

7. The Misuse of Drugs Act 1971 Section 5(4) allows staff and carers to take possession of an illegal substance for the purpose of destroying it or to deliver it to someone authorised to possess it (i.e. the police).
8. Staff must not keep substances in their possession at any time after confiscation, nor must they give it to anyone else (other than the police) as this could be misconstrued as supply. Staff / carers should not attempt to identify the substance but place it in an envelope and labelled “suspected illegal substances”. Thereafter it should immediately be locked in a medical or safe cupboard. Records should show: -
 - The name of the person removing the material
 - A description of the material (even if the substance has been identified)
 - The time, date and circumstances of the removal and the time and date that the material was placed into secure storage.
 - The signature of the person putting the article into storage.

And - following agreement with the line manager / senior worker / duty manager / link worker (whichever is the more appropriate): -

- The time and date of notification to the Police and the message number provided by the Police control room.
 - The time and date that the material was removed by the Police.
9. If the substance is suspected to be a class A drug (i.e. heroin, ecstasy, LSD, cocaine, crack cocaine) this should be handed to the Police. Substances suspected to be Amphetamine (speed) should also be handed to the Police. See Appendix 2 for details regarding drug classification.
10. The signature of the Police officer attending to remove the substance should be obtained. That officer is then responsible for disposing of the substance through Police procedures and conducting any subsequent investigation they deem necessary.
11. Whilst there is not a legal obligation to advise the Police of where the substance was obtained it may well be that in the interests of maintaining good relations it may prove difficult not to do so. Thus together with line managers it will be important to consider the wider implications for the young person of making a report to the Police. Notwithstanding if large amounts of a substance are recovered, or there is an indication of intent to supply it will always be appropriate to report matters to the Police.

Disposal of Class C Substances:

12. If the decision is taken to destroy the substance then it must be destroyed to the point that "*it is incapable of being retrieved, reconstituted and used*" (Misuse of Drugs Regulations, 1985).
13. Generally, it is expected that only cannabis will be disposed of via this method. Small quantities of cannabis can be flushed down the toilet. This should be held securely within a medical or safe until disposal can be witnessed by a colleague. This should be recorded as described below. Alcohol, tobacco, and aerosol canisters can be disposed of by staff / carers, but it is important that a record is kept which includes:
- The name of the person removing the material
 - A description of the material
 - The circumstances, time and date of the removal
 - The time, date and means of disposal.

When a Young Person is in Possession of an Illegal Substance:

14. Where there is clear evidence that a young person is in possession of an illegal substance, staff /carers should assess the risks and needs of the young person, and the potential risks to others in the vicinity. The aim of the intervention is to prevent further misuse of the substance, and its confiscation providing it is safe to do so.
15. Whenever possible the young person should be spoken to by themselves, in a quiet place. The young person needs to know that possession is serious, and may be a criminal offence. The young person should have the available options calmly explained to them and be given the opportunity to think them through. The young person should be encouraged to hand over the substance which may well take time and persuasion. It is important that the young person knows that consumption is not an option and that if the substance is not handed over other measures will be taken which may include Police involvement. If the young person decides to hand over the substance it should be removed or disposed of as described above.

16. In situations where the young person refuses to hand over the substance staff / carers should if practicable discuss the actions to be taken with senior colleagues, line / duty managers. Often this will not be possible and in such situations staff / carers will need to make a judgement as to the actions to be taken. If at all possible confrontation is to be avoided as this may make the situation more difficult to manage. However, as a last resort staff are expected to take control of the situation so as to prevent the young person harming themselves or others. If comfortable and confident in their own capability staff may attempt to remove the substance. Staff / carers can request that a young person turns out their pockets etc. but have no power to demand this. Similarly staff / carers may not under any circumstances conduct an intimate bodily search. Alternatively the Police may be involved, though again staff / carers need to be mindful of the processes which may follow over which they will have little control (see related guidance relating to the misuse of appropriate adults and Police strip searches). The young person should not be offered confidentiality as at a later stage it may be necessary to inform other people, including the Police.

The young person refuses to hand over the substance and leaves the premises:

17. If a young person insists on leaving the premises, it will be important to assess the risks presented. In some situations, particularly if it is assessed the young person may constitute a danger to themselves or others it may be appropriate to prevent them leaving through physical presence. However it should be noted that this can only be a short term strategy. Similarly it is not recommended that young people are chased as this poses risk of accident from traffic / other objects. Similarly it can be dangerous for the young person under the influence of volatile substances as there is an increased risk of heart attack as a result of exertion. If the young person cannot be prevented from leaving and they are considered to be at risk of harming themselves or others, they should be reported to the Police as a missing person (see related procedures).

Room Searches:

18. If it is believed that a young person has stored illegal substances (or other contraband) in their room a room search may be considered appropriate. Again staff / carers should consult where possible, and as a minimum record in detail the evidence on which the belief is based. If a search then takes place the record must show whether substances were found and the actions taken as a consequence.

19. Before any search takes place young people should be given every opportunity and encouragement to hand over the contraband. It should be explained to them that a search is being considered, and the reasons for this. If possible two persons should be present whilst the room is searched, and the young person given the opportunity to be present also.

20. If it is believed the young person may be injecting substances particular care should be taken during the search. It may be appropriate to ask the young person if there is any risk of finding needles. Staff and carers should carry out a visual search and should never put their hands anywhere they cannot see (i.e. behind or under mattresses, or into crevices). Any materials found should be disposed of as described above and in "Injecting equipment" (below).

Young People as Couriers/Suppliers of Substances:

21. Young people who are looked after are sometimes vulnerable to exploitation and may in some situations be used by others to be the "courier" of substances (have the substance in their possession from dealer to purchaser). If this becomes apparent staff/carers

should consult with senior colleagues the action to be taken. This will always include notification to the Police and where appropriate the convening of a strategy meeting to formulate a plan for the protection and support of the young person. It may be that the young person is involved in a serious crime and at significant risk of harm.

22. Supply of substances by a young person to other young people, irrespective of whether any money has changed hands, should be taken very seriously, and will demand positive action. The law deals more stringently with those supplying (or intending to supply) illegal substances than it does with those in possession of substances.
23. Where it has been established that young people are providing illegal substances to other young people, staff / carers need to undertake a risk assessment of the situation. This will include close observation of those involved with strategies for intervention on an individual basis. It may be appropriate to hold a strategy meeting to consider the action required. Whether or not such a meeting is held, there is a minimum requirement to keep managers / link workers fully informed and to consult with them about the actions to be taken to stop the supply.

Young Women who are Pregnant and Using Substances:

24. It is important that pregnant young women and the father of the child (if appropriate) are able to easily access support, advice and information regarding their substance misuse. They should be given clear and accurate information regarding the health implications of their use to both themselves and the child from appropriate agencies. Young women who smoke tobacco should be made aware of the health implications and should be encouraged and supported to stop.
25. In Leicestershire a multi-agency approach to pregnancy and substance misuse has been developed to improve outcomes for parents and babies. The obstetric services at the Leicester Royal Infirmary in conjunction with the Community Drug Team offer clinic time to substance using women and their families. Support is offered by an obstetrician, drug liaison midwife and specialist worker from the Community Drug Team. Pregnant young women who are using substances should be encouraged and supported to attend for antenatal care. It may be necessary for a worker or carer to attend with the young person to support them through what might seem to them to be a daunting experience.
26. If the young woman's substance misuse is at a dependant level she should be strongly advised to seek advice from specialist services, especially if it is her intention to stop using. In the case of some substances, sudden withdrawal can have a detrimental effect on the health of both child and mother and should be managed carefully.
27. In some situations there may be serious concerns regarding the impact of the substance misuse on the young woman's ability to care appropriately for her child. It must be remembered that substance misuse does not automatically equate with poor parenting. However, a pre-birth assessment may be necessary to ensure that the young woman is fully supported. Careful consideration should be given to the need to convene a strategy meeting, or a child protection case conference. This should be discussed with the relevant Operations Team Manger.

Parental Substance Misuse:

28. Some looked after children and young people may have parents or siblings that misuse substances. Substance misuse does not automatically equate with poor parenting, however for some children and young people this may have contributed to them becoming looked after. The impact of parental substance misuse on children is too large a subject to cover fully in this guidance. Children and young people will experience and

respond to it differently. Some young people may feel that substance misuse is a normal, acceptable activity; for others it may be a source of great distress.

29. Some parents and carers will continue to use substances while their child is looked after and staff or carers may become aware of this. Parents may be unlikely or unwilling to cease their drug use during visits to or from the young person and consideration will need to be given to the risks that this may pose to the young person and other young people. In the case of a young person who is using or misusing substances, consideration will need to be given to how this relates to the young person's substance misuse.
30. In some cases young people may bring substances back into community or foster homes following contact visits to parents. The field social worker or duty worker for the relevant childcare team should be advised if this occurs. In all cases a meeting with the field social worker/relevant others should be considered to decide a course of action. If there is immediate risk of significant harm to the young person/siblings then a strategy meeting or case conference may be required.

CARING FOR AND WORKING WITH YOUNG PEOPLE WHO ENGAGE IN SUBSTANCE MISUSE:

Part 4 - Substance Misuse Officer: Ann Bouazzaten

1. Ann Bouazzaten is a specialist worker whose post is funded by the Drug and Alcohol Action Team (DAAT) Strategic Partnership. Her post is established to undertake direct work with children/young people and parents and provide specialist advice/training to Social Service staff and foster carers. Ann is based at Bassett Street Social Services Office and can be contacted on 0116 2759333 or 07766 288339.
2. Ann should be contacted to undertake:
 - Direct work/assessments on young people whose substance misuse is of concern;
 - Direct work with substance misusing parents when there are child safety/protection concerns;
 - Invited as a matter of routine to all Strategy meetings (see page 10, paragraph 13);
 - Invited where appropriate to Child Protection or LAC meetings.
 - Training for Social Service staff and carers (including contracted residential units in the independent sector). Ann also contributes to Induction Training courses for all staff;
3. All requests/referrals for specialist substance misuse services (see Appendix 3) need to be channelled via Ann.

1. APPENDIX 1

PRACTICAL ADVISE FOR DEALING WITH INTOXICATION AND EMERGENCY SITUATIONS

Dealing with intoxication

This section deals with situations that are not emergencies but where a young person's behaviour is affected by having taken a substance. They may present as detached, aggressive, light headed, displaying mood swings or nausea.

- Assess the situation (as required / available involve colleagues, Do not take action which may place yourself at increased risk). Efforts should be made to assess the degree and nature of the intoxication and the implications for the young person's immediate wellbeing.
- Consider whether the symptoms may be due to a cause other than substance misuse and may require immediate medical attention. (Does the young person have a medical condition; are they taking prescribed medication, have they fallen recently?).
- Avoid confrontation. Speak calmly and reassure the young person. The main concern at this time is in their immediate wellbeing. The behaviour can be dealt with later.
- Encourage the young person to tell you what they have taken. It may be appropriate to ask other young people with them.
- Assess the condition and behaviour of the young person. If in doubt seek medical attention. Also, assess the risk posed to other young people who may be around. Do not place yourself at risk.
- Consider whether the young person needs to be separated from other young people and taken to a calm, quiet place, and how this might be achieved (i.e. there is little point in getting into a physical restraint situation in an effort to move an individual to a calm place).
- Continually monitor the young person's condition. 15 minute observations should be made during the night whilst the young person is sleeping. Communicate with new staff coming on duty in Children's Homes to ensure they are aware of the young person's condition and the actions taken.
- Do not give the young person tea or coffee. These are both stimulant drugs and may speed up the effects of what the young person has taken.

The behaviour should be addressed with the young person when they have recovered. This should include discussing underlying issues which may have precipitated the behaviour, offering support and alternative coping strategies as appropriate. However, it must remain clear to the young person that substance use is not justification for other difficulties, or an excuse for unacceptable behaviour.

Dealing with Emergencies:

The young person may be:

- Unconscious
- Having difficulty breathing
- Seriously confused or disorientated
- Showing indication of a possible overdose
- Telling you that it is an emergency.

In this type of situation staff / carers need to: -

- Stay calm. It is important to remain aware of and support the other young people who may well become concerned by the emergency.
- Assess the situation. If the situation is regarded as a medical emergency then phone for an ambulance.
- If first aid qualified, place the young person in the recovery position, however do not move them if there is a risk that they may have fallen.

While waiting for the ambulance: -

If conscious: -

- Ask the young person what has happened and what they have taken. Also ask any young person with them.
- Collect any remaining substance and a sample of vomit if the young person has been sick.
- Keep the young person under observation by a member of staff. Keep them warm and calm, continue to speak to the young person (but not about the incident).
- Do not induce vomiting.
- Do not give tea or coffee.

If unconscious: -

- Do not move the young person if they have fallen or may have fallen. Ensure that the young person can breathe and if first aid trained place in the recovery position.
- Do not try to make the young person sit or stand.
- Loosen any tight clothing.
- Do not leave the young person in the supervision of another young person.
- Note the time that the ambulance was called and a brief description of the young person's condition.

- Pass all information and any recovered substance or vomit to the ambulance staff.

After the Incident: -

- Inform the relevant Duty Manager. (If the condition is potentially life threatening the Duty Manager will inform the Senior Manager on call)
- The incident should be clearly recorded (in Children's Homes on the Critical Incident Pro-Forma) including all action taken.
- Staff and carers should consider the needs of, and support young people who may have witnessed the incident.
- Residential and fostering managers will advise Commission for Social Care Inspection as per the regulatory requirements.

APPENDIX 2

Definitions used in this Guidance:

- a) **Substance:** In this document this refers to agents which have an intoxicating and in some cases addictive (physically or psychologically) effect on the person. They may be legal in some circumstances (i.e. tobacco, alcohol, glue, solvents, etc.), or illegal (i.e. cannabis, amphetamine and heroin etc.).
- b) **Substance Use:** This simply refers to the taking of a substance.

Whilst there is a distinction between substance use and misuse, it is recognised (Drugscope guidance - 2002) that "Harm may still occur through substance misuse, whether through intoxication, illegality or health problems, even though it may not immediately be apparent". Whilst the fact that a young person has taken a substance does not necessarily mean that there is a problem, it is essential to recognise that all substance misuse by young people carries the potential for harm.

- c) **Substance Misuse:** "Substance misuse which harms health or social functioning or that is part of a wider spectrum of problematic or harmful behaviour" (Drugscope, 2002, HAS, 1996).

The terms "substance misuse" and "problematic misuse" are interchangeable. They indicate that a young person's use of a substance is beginning to have a marked and negative impact on aspects of their physical or social functioning.

Patterns of use

The four main categories noted below provide a baseline from which staff from different agencies can make initial assessments as to the form of substance misuse a young person is engaged in.

- d) **Experimental:** This is short-term substance misuse, which is usually, but not exclusively, a group activity and can be brought about by peer influence. Young people can often be ill informed about the substances they are taking. Their use is more likely to be guided by what is available to them than what is their "drug of choice". This is why many younger adolescents will use volatile substances. Experimental use can be dangerous because of this lack of knowledge and experience, for example, "binge" use of alcohol and other substances with little understanding or awareness of the consequences. The environment (e.g. inhaling flammable vapours and smoking) can also present dangers, as can the person/s she or he is with.
- e) **Recreational:** This substance usage has taken place over a longer period of time, and may again be a group activity. Recreational substance misuse consists of a higher degree of control by the user over the frequency, location, quantity and type of substance used. Whilst any form of substance misuse carries risks, the degree of control exercised by the user makes recreational use of substances one of the least harmful forms of use.
- f) **Dependency:** Dependent drug misuse is an established pattern of use characterised by a compulsion, physical or psychological, to continue to use a particular drug. In the case of physical dependence cessation of drug use leads to a broad range of unpleasant physical symptoms. This is commonly called "withdrawal". These symptoms will pass in time, but for many users their severity will be intolerable. In such cases withdrawal needs to be managed under the guidance of a health care

professional who may decide there is a need to prescribe medication (such as methadone) that moderate these symptoms.

- g) **Psychological dependence** relates to a compulsion to continue to use substances in order to achieve desirable states of consciousness or avoid unpleasant and troubling feelings. Countering psychological dependence may require relatively intensive counselling and behaviour modification techniques.

The above categories are not fixed. Users can move between the different categories for different reasons, and may also exhibit "chaotic" use, which essentially has no clear pattern. This may be characterised by periods of "bingeing" or severe intoxication followed by periods of withdrawal or abstinence.

- h) **Poly-Drug Use** – This refers to a pattern of use that involves a number of different substances. This can be risky because of the complex interactions that can occur between different substances.

Specific Substance Information:

Substances are generally grouped in the following way: **depressants, opiates, stimulants and/or hallucinogens.**

Depressants include: alcohol, barbiturates, minor tranquillisers, solvents and gasses.

Opiates include: opiates such as heroin, morphine, codeine and synthetic opioids (e.g. methadone).

Stimulants include: cocaine (powder and crack), amphetamines, anabolic steroids, ecstasy (this can also have a hallucinogenic impact) nicotine and nitrates (e.g. amyl nitrate), tobacco, caffeine and khat.

Hallucinogens include: LSD, cannabis, magic mushrooms and PCP ("angel dust"). Ketamine is considered by some people as hallucinogen, and by others as an anaesthetic.

Substances can be taken orally (swallowed), intravenously (injected) or inhaled (smoked or sniffed). Many of the substances listed above can be taken via a variety of methods.

The effect of whatever substance a young person is using will depend not only on the substance, but how they are feeling (and what their expectations are), whom they are with and where they are. This is often referred to as the set (as in mindset) and setting (as in environment).

APPENDIX 3

Resources for Young People Misusing Substances

DART (Drug and Alcohol Response Team)

This is a multi agency initiative available for vulnerable young people up to the age of 19 years, with substance misuse problems. It consists of workers and agencies already engaged in providing services to these young people. As well as offering information, advice and services to young people it can support those working with young people around substance misuse issues. The agencies listed below all belong to the DART network:

New Directions Team (96 New Walk, 0116 222 9559)

The New Directions Team works with young people under the age of 19 years to reduce risks from drug and alcohol use. They can provide information, advice and support to any young person concerned about their own substance misuse.

They provide information and advice, assessment of need, ongoing support, Auricular (ear) acupuncture, referral to specialist workers for assistance with housing and employment issues. The team can work on an appointment or drop-in basis and can see young people away from the New Walk premises if the young person prefers. They have specialist workers working with young people from African and African Caribbean communities and also South Asian communities.

Following assessment they can make referrals to the NHS Community Alcohol and Drug teams (when detoxification or prescribing is appropriate). The team also offers needle exchange (subject to specialist guidance for this age group).

The team has a specific carers/parents support worker who undertakes both individual and group work.

NHS Community Drug Team – Young Persons Team (Paget House, West Street, 0116 2256400 – please note referral routes)

Provides specialist support for young people in need of detoxification and/or prescribing. A needle exchange service is available which is again subject to specialist guidance. Also provides support for young people who have mental health problems and are using substances. Referral is made via GP or New Directions or via Ann Bouazzaten, Substance Misuse Officer. The Community Drug Team also has a specific worker for pregnant women in conjunction with the specialist services offered at Leicester Royal Infirmary.

Rainer Leicestershire: Cutloose Project (12 Upperton Road, Leicester, LE3 0BG Tel: 0116 2541420; email: rainerleicester@btconnect.com)

Provides a mentoring service for up to one year for young people in Leicester and Leicestershire, aged between 13 and 18 years, who are affected by substance misuse.

Rainer Leicestershire is part of Rainer, a national charity, working with under-supported young people. They work particularly with young people who are Looked After; Care Leaver; homeless; involved in offending behaviour, excluded from school or affected by parental substance misuse. Referrals can be direct.

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