

NEW Pan Beds Children Who Misuse Substances

RELATED CHAPTERS

[Children of Parents who Misuse Substances](#)

[Working with Problematic use of Drugs or Alcohol within Families](#)

A child is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout this document.

1. Introduction

The purpose of this document is to assist workers across all agencies to identify cases where action is needed to safeguard and promote the welfare of children as a result of their alcohol and/or drug use.

Drugs and alcohol can often play a role in the lives of children, whether that be curiosity, experimentation, recreational or in some cases problematic use.

Not every child who uses drugs or alcohol develops problems, many children experiment with substances and not all experimentation leads to continued use or misuse. For some children and/or those where there are fewer protective factors, substance misuse can contribute to:

- Poor mental health and emotional wellbeing;
- Potential issues at school, college or work;
- Breakdown of family and peer relationships;
- Engaging in risky behaviours.

The term 'substance' is used to refer to psychotropic substances. This includes illegal drugs (including new psychoactive substances, previously commonly referred to as legal highs), alcohol, illicitly used prescription drugs and volatile substances (solvents and gases).

Substance misuse is defined as use of a substance, or combination of substances, that harms health or social functioning. Substance misuse has the potential to impact negatively on children's chances of reaching their full potential.

The purpose of this chapter is to safeguard and promote the welfare of children who misuse substances, by promoting partnership working, inter-agency collaboration and providing a framework for identification, assessment and care planning.

2. Drugs

Most drugs are highly addictive and are a serious risk to our health. Drugs use usually begins as an experiment or because of curiosity. Over time, a user may become dependent on the mental

or physical effects of the drug. This leads to the user becoming tolerant to the drug and so needing more of the substance to get the same effects. Without help, a person with an illicit drug addiction will often put their health and safety in danger.

Drugs are rarely sold in pure form and are often mixed with unknown substances, including glass and concrete, however they can be mixed with more life threatening substances like Fentanyl.

Classification of drugs

Drugs are put into three categories, depending on how dangerous they are and the impact they have on communities. It's important to note that drugs in all classes, are very dangerous and can be fatal.

The three categories are Class A, Class B and Class C:

Class A drugs are drugs that have the most harmful effects - these drugs include heroin, cocaine, ecstasy and LSD

Class B drugs include speed, cannabis, mephedrone and amphetamines

Class C drugs include ketamine, GHB, anabolic steroids and some tranquilizers

Drugs can increase accidental overdose or becoming addicted. They also have side-effects which include hallucinations, mental and emotional disorders, infections, sores, blood poisoning, and other illnesses.

3. Drugs and the Law

Under the Misuse of Drugs Act, it is an offence to:

- Unlawfully possess a controlled substance.
- Possess a controlled substance with intent to supply it.
- Supply or offer to supply a controlled drug.
- Allow a property to be used by people taking drugs.

4. Vulnerable Groups

Research demonstrates that some groups of children are more vulnerable to problematic substance misuse:

- Children involved in anti-social behaviour or the criminal justice system
- Children who are Looked After by the local authority;
- Children leaving local authority care;
- Children excluded from mainstream education or with frequent missing from education episodes;
- Children without secure accommodation;
- Children being sexually and/or criminally exploited;
- Children whose parents/siblings misuse substances and/or alcohol.

This is not to say that all these children will use substances or develop problems, but it makes it more important that they receive good education, information and advice about substances and substance use, as well as early support and specialist help where necessary.

5. Identifying Safeguarding Children Issues

Drug and/or alcohol use by a child does not on its own constitute significant harm. However, there may be circumstances where the child's drug and/or alcohol misuse raises safeguarding children concerns, for example:

- The substance use is unusual in view of the child's age – consider frequency, amounts, substance type and method of use;
- You feel the child's use becoming increasingly chaotic or risky;
- The substance use is/could lead to the child being involved with criminal behaviour – including radicalisation and gang involvement;
- You are concerned the child is being exploited or coerced in any way - including sexual exploitation - see [Safeguarding Children and Young People from Exploitation](#);
- An adult is involved in facilitating the use of substances or alcohol;
- The child is caring for another child while under the influence of substances;
- The parent or sibling is using drugs and/or misusing alcohol (refer to [Children of parents who misuse substances](#)).
- During contact with the child non-substance related safeguarding child concerns are identified.

In cases where safeguarding children concerns are identified due to substance misuse, it is recommended that advice be sought from the relevant Children's Services and a referral made is appropriate. See also [Referral, Investigation and Assessment](#).

6. Assessing Children who Misuse Substances

A child's substance misuse related needs should be included in the any assessment completed whether that is an Early Help or a Single Assessment. Where a potential substance misuse related need and/or where other unmet needs have been identified an assessment should be carried out. The Assessment may take place in universal and targeted settings and may be conducted by or in consultation with a substance misuse specialist.

Any practitioner who believes that a child may be suffering or likely to suffer Significant Harm must always and immediately share this with the relevant Children's Services.

A single assessment should be completed where:

- a child under the age of 15;
- A child over the age of 15 where there is a known or suspected substance use disorder
- a child has complex needs a Single Assessment will be completed.

The Single Assessment must be undertaken by a team of practitioners (e.g. substance misuse workers, social workers, CAMHS etc.)

7. Risk and Protective Factors

Substance use amongst children is determined by multiple inter-related factors and can be best understood via a risk, protection and resilience-focused approach. Not all children deemed to be at risk will use substances as a form of coping mechanism, and any substance use will not necessarily be at a problematic level. In addition, the existence of one or more strong protective factors does not guarantee protection from substance use. Where there are low risk factors and increased protective factors, the evidence suggests that fewer children will experience problems with substances.

Risk Factors

There are a wide range of risk factors associated with children using substances. Risk factors can be used to identify the targeting of interventions at high risk children.

At risk groups:

- Looked after;
- Excluded from school, or who truant on a regular basis;
- Involved with the youth justice system;
- Involved with safeguarding agencies for example On a CIN or CP Plan;
- Has a learning disability/difficulty or developmental disorder (e.g. ADHD) or any other mental disorder;
- Family member known to misuse substances.
- At risk situations, for example CHILD Sexual Exploitation or Child Criminal Exploitation:
- Being homeless;
- Involved in anti-social behaviours or crime;
- Involved in an accident or who repeatedly presents with a minor injury;
- Under the influence of a substance at school or other settings;
- When their behaviour raises concern about risk;
- Regular attendance at a genito-urinary medicine clinic or repeatedly seeks emergency contraception.

Protective Factors

Protective factors can increase a child's resilience to the development of substance misuse problems.

Strong family bonds;

- Experiences of strong parental monitoring with clear family rules;
- Family involvement in the lives of the children;
- Successful school experiences;
- Strong bonds with local community activities;
- A caring relationship with at least one adult.

Resilience is the result of a complex interplay of factors summarised by the following connected thinking styles and behaviours:

- The view that 'drugs are not for me';
- The view that drugs are incompatible with personal goals; and
- Having interpersonal skills and ability to resist.

8. Care Planning

All children assessed as requiring specialist substance misuse treatment should have a Care Plan relating to their substance misuse needs. The aim of the care plan is to provide clarity on the goals a child wishes to achieve, what will be done to work towards the goals and when the goals will be reviewed. The care plan will be developed by the substance misuse service, the child and where appropriate, the parent/s/carer/s. The care plan should be coordinated by a named person and the child given a copy of the care plan as appropriate to their age and understanding.

Where more than one agency is involved in meeting the needs of a child, all services providing interventions should be involved in an overall planning process coordinated by the lead professional in line with local processes; or by the relevant local Children's Services in line with statutory care or Pathway Planning processes. In these instances, it may be appropriate for a more detailed substance misuse care plan to feed into the overall care plan.

Prescribing

There are occasions when medication may be required to manage substance misuse. Usually this is only when a young person is physically addicted to opiates (heroin) or opioids (usually illicit: obtained from someone else -, internet). Medication to prevent alcohol cravings is not licensed for under 18's.

Assessment for opiate/opioid substitute therapy (OST) is completed by a professional with this competency. OST prescribing is not always appropriate. Long-term OST prescribing is rarely indicated. Typically, OST is provided for a short period only (4-8wks reducing dose to enable safe detoxification). Sometimes it is more appropriate to manage a short withdrawal process without OST, instead with supplementary withdrawal symptom medication (anti-nausea, anti-diarrhoea etc.). [P2R](#) can provide this assessment and treatment. If [ResoLUTiONs](#) are working with a child under 18 who is assessed as having a need for being prescribed for their drug and or alcohol use then they would consult with the Community Paediatrician and GP to decide the best treatment option. Therefore under 18's are not excluded from prescribing if there is an identified need and it has been assessed as the best option for them.

Transition: young people & adult services

There are agreed pathways to support transition when a young person is working with YP Substance Misuse Services at 18yrs old. In Bedford Borough and Central Bedfordshire, the transition is from Aquarius to P2R. In Luton Resolutions provide both YP and Adult substance misuse services. The process is typically a 3-way handover, with thoughts to instigate support via other community young people services (some young people services support up to 25yrs).

Often young people using substances have not engaged in YP Substance Misuse Services. At +18yrs, if their use becomes more established, their first experience of substance misuse treatment is from an adult service. Adult Substance Misuse Services in Bedfordshire have a young person pathway that typically provide a short piece of substance misuse treatment to establish how the substance misuse started/what the coping mechanism is being used for – and to refer on to young people mental health supports to continue to learn how to manage distress more appropriately

9. Help and Support

FRANK is a national online service giving easy to read advice about substances, substance misuse, drugs and the law, and how to access treatment

Aquarius supports young people from 5 to 18 years old, impacted by substance misuse whether this be parental or own use, they offer one-to-one support, family sessions and group work.

They deliver the person-centred service for young people across Bedford Borough who may be at risk of harm from:

- drug and/or alcohol misuse
- already experiencing problematic drug and/or alcohol misuse
- or being negatively impacted through living with someone else's misuse.

ResoLUTiONs – Luton - help people under 25 with things like: Drug and alcohol use; Health and wellbeing; Offending behaviour; Mental health; Family support; Mental health; Someone else's alcohol or drug use and Independent advocacy and visiting.

Path 2 Recovery is the Drug and Alcohol Treatment Service for Bedford Borough and Central Bedfordshire residents aged 18yrs+. P2R provides treatment for people affected by drug and alcohol misuse. P2R is a NHS service and works closely with mental health, social care, hospitals and charities. Use the email: elft.p2rsupportsystems@nhs.net to ask questions about drug/alcohol use, someone will come back to you within 2 working days

[P2R Central Bedfordshire](#)

[P2R Bedford Borough](#)

10. Further Information

[National Statistics Young people's substance misuse treatment statistics 2018 to 2019:](#) report Published 28 November 2019

[The Children's Society](#)

[What we know about young people in alcohol and drug treatment](#) Posted by Rosanna O'Connor - 12 January 2017 -