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First steps in identifying young people's substance related needs

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**YOUTH
JUSTICE
BOARD**

DH Department
of Health

Tackling drugs



“Schools have a responsibility in alcohol issues, but this depends on individual cases. One event of a hangover should be left unless there is an obvious underlying problem. Several instances, however, should be dealt with, involving parents.”

“Secondary school pupils were less likely to identify a teacher they would want to talk to and were more reluctant to talk to their parents and carers. They said they want their parents and teachers to know what help is available for children and young people so they can get support when they don’t want to speak to their teacher or parent. They also said that schools should clearly display information about local services and national helplines.”

“Most of the primary school children named at least one teacher or school staff member that they could talk to if they had concerns about drugs and most children said they would like to talk to their parents/carers.”

“A number of young people did mention that there needed to be more emphasis on providing support to young people who needed it. One young person said that there was too much importance given to prevention and not enough support available.”

First steps in identifying young people's substance related needs

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National Organisations

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1. Introduction

1.1 Who is this guidance written for?

This guidance is aimed at professionals who work in statutory or voluntary health, social care, education and the criminal justice system, providing a service to children and young people. This includes: those working in schools and pupil referral units with specific drug and alcohol responsibilities, social workers, education welfare officers, care home workers, youth workers, Connexion's personal advisers, youth offending team staff, generic counsellors, accident and emergency staff, child and adolescent mental health workers, foster carers, residential care workers, voluntary agency staff and staff at one stop shops.

The aim of the guidance is to:

- highlight the responsibilities of all professionals working with young people in relation to identifying substance related needs
- provide a framework for identifying substance related needs within existing assessment procedures
- ensure young people's drug, alcohol and solvent needs are identified and acted upon with the aim of reducing vulnerability to developing substance misuse problems

1.2 Developments in children's service planning.

Substance use or misuse does not exist in isolation but will be part of a wider range of problems that can affect young people. The key to improving substance services for children and young people is more integration between service providers so young people's needs can be met in a co-ordinated way. This is not a new concept, many professionals already work very closely with one another and many partnership structures already exist, for example the National Healthy School Standard, the Sure Start programme, the Connexions service and New Deal for Communities.

1.3 Cross-Cutting Reviews

To provide better public services, the Government has sought to address issues that cut across departmental boundaries, devising solutions based on the needs of those using the services. Better joint working at the centre of government can directly enhance co-ordination at a local level, by eliminating unnecessary bureaucracy and barriers between agencies. Seven cross-cutting reviews have been examined in depth as part of the 2002 Spending Review.

One of these reviews looked at children at risk of social exclusion. The Children at Risk Review examined how local partnerships delivered children's services and highlighted good practice and barriers to better co-ordination.

The review found that despite extensive investment in services for children, most services were not having the desired impact on the most disadvantaged children.

Key issues that need addressing included:

- insufficient local ownership of the needs of children at risk by key agencies
- the lack of strategic vision for ensuring children receive appropriate care across a range of different services

1.4 How will this involve you?

The funding of drug initiatives is a prime example of barriers to co-ordination. Much funding has been used to improve drug education in schools and drug treatment for young people in recent years. However, those most in need of education and early intervention are often not being reached. In many cases young people are not being identified with drug and alcohol problems until these problems are well established.

Additional funding has, and is, being made available to improve strategic co-ordination, develop sustainable services and fill gaps in service needs. Providing sustainable drug services requires drug and alcohol to become a mainstream issue. Whilst there will still be a need for specialist treatment services most young people with drug and alcohol problems are identified, and many are supported, by mainstream services.

For full Glossary see Annex C

Drugs, alcohol and substances

In this document, the term 'substance' is used to refer to any psychotropic substance, including illegal drugs, illicit use of prescription drugs and volatile substances, but excluding tobacco.

Drug Education

Current educational terminology tends to use the term 'drug education' to cover all substances.

Substance

Young people's drug taking is often inextricably linked with the consumption of alcohol. Therefore, in this document, the term 'substance' refers to both drugs and alcohol.

Drug Problem

The Health Advisory Service (HAS) report (1996) states *'one-off and experimental use of drugs and alcohol cannot in itself be seen as indicative of having caused actual harm or being related to any personal disorder'*.

In other words, the fact that a young person has taken a substance should not lead to the automatic conclusion that there is a problem or condition to be treated.

However, it is essential to recognise that all substance taking by young people carries potential harm.

Drug Interventions

These will vary depending on the substance taken by a young person but can extend from providing relevant information to participation in prevention or treatment programme, the latter usually following referral to a specialist agency or worker.

1.5 National substance misuse guidance

The Government's national drugs strategy for England 'Tackling Drugs to Build a Better Britain'(1998) and the recent 'Updated Drug Strategy' (2002) has a vision to create a healthy and confident society, increasingly free from the harm caused by the misuse of drugs. One of the key elements is to help young people resist drug misuse in order to achieve their full potential in society. A number of key initiatives have been implemented which include a focus on young people and substance misuse, including:

- expanding the provision and quality of drug education
- clamping down on dealers who prey on young people
- expanding prevention programmes (so that by March 2004 all young offenders and pupils attending Pupil referral Units participate)
- improving services for parents and carers
- expanding the provision of substance misuse treatment within the youth justice system
- helping local authorities support young people with drug problems

1.5.1 Young People's Substance Misuse Plan

Since April 2001 the Young People's Substance Misuse Plan (YPSMP) has provided the foundation of joined up local approaches to developing children's drug services within the wider framework of children's planning. This has meant that children's services and Drug Action Teams have to work more closely together to ensure robust and coherent programmes are developed. These are then performance managed at local and national level by their parent department and held to account through joint planning structures.

The Young People's Substance Misuse Plan sets local operational outputs to be achieved by 2004. These can only be achieved if all services featured within the 4 tiered structure work co-operatively. (See page 6)

Local Operational Outputs by 2004

ALL primary and secondary schools will provide substance misuse education (and by 2006 will reduce the quality of teaching rated as poor to 0%).

ALL young people identified locally as being at risk of becoming drug users, including pupils in Pupil Referral Units, young offenders and children looked after will receive targeted prevention programmes

ALL young people identified as having a substance misuse problem will receive integrated programmes of treatment and care

ALL Local Education Authorities, Primary Care Trusts, Youth Offending Teams, Social Services Departments and Connexions Services will jointly commission and co-ordinate the provision of substance misuse prevention and treatment services for vulnerable young people.

Information and awareness campaigns will have achieved measurable increases in the % of young people aware of the risks of substance misuse and how to get information.

1.5.2 Data for Young People's Substance Misuse Plan (YPSMP)

A national young people's dataset establishes a proforma of necessary data to provide information to central Government about the substance related needs of young people in their area. A local needs assessment for young people in each Drug Action Team (DAT) area forms the basis of these plans and all future arrangements.

DATs are required to collect information in relation to the following groups (information on the first four groups is now available in most areas):

- school excludees
- children in need not in local authority care
- children in need in local authority care
- young offenders
- young homeless
- children involved in prostitution
- young women
- stimulant users
- young people with disabilities
- young people in rural areas

For each vulnerable group the following is required:

- number of those receiving targeted drug and alcohol education
- number of those assessed as requiring intervention/care in relation to substance misuse
- number of those receiving intervention/ care in relation to substance misuse
- unmet needs (i.e. those who are not receiving interventions they need)

This information is collected annually by DATs and requires co-operation from local children's services to be able to do this.

Children's services are at the 'frontline' of meeting the substance use needs of young people and can identify any gaps in local service provision and influence the commissioning and planning process to ensure these are filled.

The increasing emphasis on setting targets, monitoring and joint working all push forward the need for effectively collecting local information. The appropriateness and responsiveness of all local drug services will depend on how up to date DATs and other local planning and commissioning groups are in their understanding of the local drug related needs and services.

1.5.3 Commissioning Young People's Services.

The 1996 Health Advisory Service report 'The Substance of Young Needs' put forward a four-tier approach designed to improve the planning, co-ordination and delivery of substance misuse services for children and young people. The model was reviewed and updated in 2001. The key to effective service provision within this structure is early identification of substance use, and integrated services across tiers. The four tier infrastructure model was based on the model used by Child and Adolescent Mental Health Services (CAMHS).

Tier 1

The purpose of generic and primary services within this structure is to ensure universal access and continuity of advice and care to all young people. Tier 1 services are mainstream services for young people concerned with education improvement and maintenance of health, educational attainment, identification of risks or child protection issues. They will also provide advice and information about substances as part of a general health improvement agenda and screen those with vulnerability or difficulties in relation to substances.

Tier 2

Youth orientated services offered by practitioners with some drug and alcohol experience and youth specialist knowledge, should be working at this level. The aim and purpose of this tier is to be concerned with reduction of risk and vulnerabilities, of reintegration and maintenance of young people in mainstream services.

Tier 3

Young people's specialist drug services and other specialised services that work with complex cases requiring multi-disciplinary team based work, should be working at this level. The aim of Tier 3 services is to deal with complex and often multiple needs of the child or young person, and not just with the particular substance problems. Tier 3 services also work towards reintegrating and including the child into their family, community, school or place of work.

Tier 4

Tier 4 services provide very specialist medical forms of intervention for young drug misusers with complex care needs. It is recognised that for a very small number of people, there is a need for intensive interventions, which could include; short term substitute prescribing, detoxification and treatment or respite care away from home. Care away from home might be offered in a number of different ways such as residential units, enhanced fostering and supported hostels.

All professionals working with young people are involved within the tiered model. All have a contribution to make in order to meet the requirements of the YPSMP and achieving the local operational targets set by government. The readers of this document are likely to be working with the universal population of children, or children who already have some identified vulnerability. For example in a school the professional is viewed as tier 1 provider for all children, Tier 2 service providers are more likely to be working with specific groups such as children in need or young offenders.

1.5.4 Vulnerability to Substance Misuse.

The HAS (1996) report listed a range of factors which could be identified as risk and protective factors in relation to substance misuse.

Risk factors:

- physiological factors (such as physical disabilities)
- family factors (such as family conflict)

- psychological and behavioural factors (such as early and persistent behavioural problems)
- economic factors (such as neighbourhood deprivation)

Protective factors:

- a positive temperament and intellectual abilities
- supportive family environment
- a caring relationship with at least one adult
- external systems of support that encourage positive values.

These vulnerability and protective factors to substance misuse will not be unfamiliar to children's service providers and are common to other areas of children's lives.

Many young people will not require substance misuse treatment by specialists, some will. However, all young people should receive substance misuse education, and for those who are disaffected from school, special efforts will have to be made to ensure this happens. Additionally many young people will use substances at one time or another, and may need a short prevention or counselling intervention to ensure they are fully aware of the risks, and to help them overcome any minor difficulties they may be having related to their substance misuse.

1.5.5 National Drug and Alcohol Occupational Standards

Skills for Health, the health care national training organisation has been set up to make sure everyone working in health services gets every chance to learn, become competent and develop their career. The drugs and alcohol project has developed Drug and Alcohol National Occupational Standards (DANOS) for those working in the drugs and alcohol. The standards have been published and have been endorsed by other National Training Organisations and the National Treatment Agency for substance misuse.

They are aimed at those working with and commissioning services for adult drug users. Further work is being developed to look at how these standards can be extended and applied to those working across the entire drug and alcohol sector. This would include those working with young people, those working in the community and those working in the criminal justice sector.

Individuals providing drug and alcohol advice, information and treatment will in future need to meet these occupational standards, applicable to their task and professional group. Training needs analysis should be undertaken on a local level against the DANOS in order to strategically plan training and implementation of this guidance. Professional training and qualifications provided in relation to substance use or misuse will be compatible to DANOS for example the Connexions PA Diploma will conform to DANOS. For further information on support and training, contact your local Drug Action Team Co-ordinator.

2. Identification of substance related needs

2.1 What should the identification of substance related needs establish?

Identifying substance related needs or screening as it is sometimes known does sound daunting but the key to this process is to keep it simple. The question often asked, but which is unsatisfactory, is 'Do you use drugs?' In order to get a better understanding of a young person's needs around substances, more open ended questions need to be asked. The conversation with the young person has to provide enough information for a worker to be able to judge:

- a young person's knowledge of drugs, alcohol and solvents
- if the young person takes drugs, alcohol or solvents
- if the young person misuses drugs, alcohol or solvents
- if the young person is in immediate danger
- if substance use is part of complex troubling behaviour
- unusual behaviour for that age group in relation to their substance use

The aim of the identification process is not to police a young person's drug use but to support the young person's substance related needs, this maybe for information or more detailed work. Identification of substance related needs should not stigmatise or ostracise a young person.

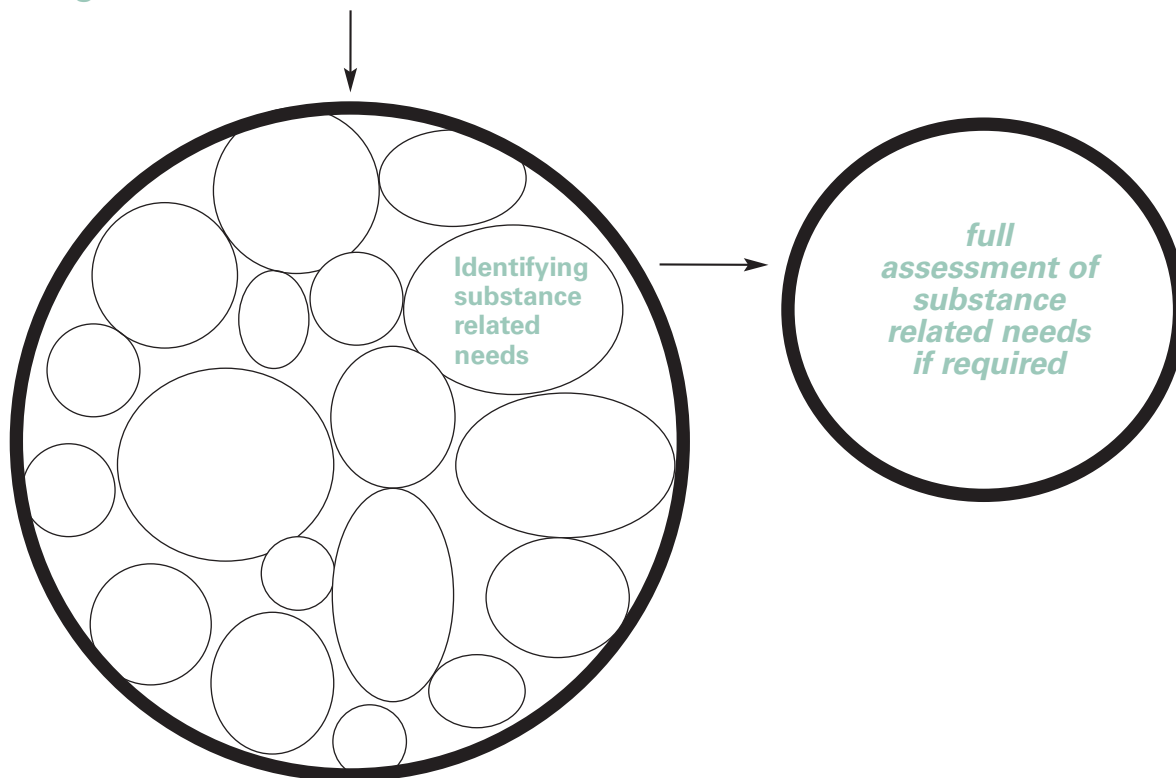
2.2 The process of identifying substance related needs is not an assessment

The purpose of assessment is to identify the whole range of needs of a young person. These may be directly or indirectly associated with drugs, solvent and/or alcohol misuse but they may not be. The identified needs will, in turn determine what type of intervention should be provided. An assessment must include problems, strengths, and identification of goals and personal plans as a first step. Many professionals working with young people undertake full assessments but omit needs in relation to drug and alcohol use. Such assessments could be enhanced by adding the identification of drug and alcohol needs as below.

The identification process should determine if there are any substance related needs and any immediate problems. Children and young people identified with immediate substance related problems must be referred on to a specialist drug and alcohol service for a full assessment.

Specialist drug and alcohol treatment providers can undertake comprehensive assessments of drug and alcohol use and misuse and determine appropriate interventions to meet these needs. However, they may not fully assess all aspects of a young person's life or be able to determine all appropriate interventions, e.g. how to meet needs in relation to family problems. Drug and alcohol treatment providers can provide the most valuable information and support to young people with substance misuse-related needs who are in touch and being supported by other services. Similarly drug and alcohol practitioners should draw on expertise from others sectors to ensure that a comprehensive assessment of a young person's need is undertaken and appropriate planned interventions are made.

Young Person's Holistic Needs Assessment



2.3 Why the identification of a young person's substance related needs is crucial

All professionals working with young people should be able to respond to drug and alcohol taking constructively and according to good practice. Identifying drug, alcohol and solvent related needs is crucial to meeting gaps in a young person's substance knowledge and identifying those children and young people who may be experiencing problems or engaging in risky activity due to their substance use.

Practitioners who work with young people are already skilled in engaging positively with them. Often a conversation with a young person will elicit more information about a young person's substance knowledge and understanding than a formal form filling exercise. The identification of substance related needs should not be so daunting an exercise that a young person would be wary of asking for information or support in relation to drugs, alcohol or solvents. Free access to publicly available information should always be possible, even when a young person refuses to discuss their drug and alcohol situation.

Identification of substance related needs may also assist in the identification of those vulnerable young people who are currently not recognised as young people with substance related problems. If more information is known, future planning of drug education, prevention and treatment services can be tailored to meet their needs and reduce the harmful affects of drug, alcohol and solvent taking.

2.4 When should the identification of substance related needs occur?

There are a number of situations when professionals in tier 1 and 2 services should identify for substance related needs.

- Following actual, or suspicion of, drug, alcohol or solvent taking
- Where a young person seeks drug, alcohol and solvents related advice and information from a member of staff on a one to one basis
- When a drug or alcohol related incident occurs
- When young people vulnerable to substance misuse come into contact with your service (see 1.5.2)

2.5 How the identification of substance related needs should be conducted

DrugScope recommends that all non-drug and alcohol specialist child and youth service providers should incorporate the process for identifying substance related needs as part of their own comprehensive assessment. This may be done by agreeing local criteria or adopting a specific tool. For both of these local cross agencies collaboration and agreement is required.

Roles and responsibilities will vary according to the role of each practitioner within their organisation. Some identification conversations about drug use might be more informal than others. To make these conversations more effective, it is vital that both young people and practitioners have a clear understanding of confidentiality, information sharing and other procedures.

2.6 Outcomes of the identification process

Following identification of substance related needs; a number of different options are available depending on the information discovered. These include:

- no further action
- provision of drug and alcohol education in a universal setting
- targeted information and advice, including harm reduction if appropriate
- referral to meet a tier 2 need for example an intervention such as counselling
- referral to social services if there is a child protection concern

Staff should be clear when and how to refer a case to a relevant young people's service. Referral protocols and procedures are essential to help agencies work together to meet the needs of any young people they meet in a planned way.

Professionals also need to be aware of when it is appropriate to refer a case on to local social services because of a child protection concern. All staff need to be aware that an inappropriate referral could label or stigmatise a young person. With regards to confidentiality, young people should only be referred to another service with their consent, unless there is a child protection concern.

2.7 Professional competence

Some of the judgements outlined above will be difficult to make without competence in substance related issues. Competence will affect the ability to identify substance use, as a practitioner will not be able to judge when a young person lacks knowledge, or is undertaking risky behaviour. This document assumes that

professionals will gain the competence to be able to engage in the identification of substance related needs. Where practitioners feel they will need training they should contact their Drug Action Team or School Drug Advisor to determine locally available support and training opportunities. (see also 1.5.5)

2.8 Involving Parents and Carers

All young people should also be encouraged to discuss their substance use with their parents and carers. Those who refuse to inform their parent or carer may, with help, do so at a later stage. Parents and carers have a valuable role in supporting the young person. Not all parents will be able to support their child, their initial reaction may be worry and/or anger and they may not feel they know enough about drugs and alcohol themselves. Services need to consider the support and education needs of parents and carers with regards to substance use.

With regards to substance interventions for children and young people, services can provide advice and information about drugs and alcohol to children and young people without the consent of a parent. They are under no obligation to inform parents or social services that children have sought this information.

2.9 Consent to treatment

This section outlines how to gain consent to treatment including counselling. This information is also given in Department of Health (2001) *Seeking consent: working with children*.

- Consent is not required for advice and information relating to substances and their use, as this is not treatment.
- Consent is required for treatment, which includes counselling or other psychological intervention, physical interventions including the provision of medication.
- Young People over the age of 18 are by law, regarded as competent to consent to their treatment.
- Young people between 16 – 18 years are generally regarded as competent to consent to their treatment.
- Children under 16 are generally regarded as lacking competence to consent to medical treatment (Fraser Guidelines, Mental Health Act 1983, Code of Practice 1999).
- Treatment should not proceed without informed consent from either parent/legal guardian of the young person (Fraser Guidelines, Mental Health Act 1983, Code of Practice 1999).
- Parental responsibility in some cases may lie with the local authority designated in a care order in respect of the child (but not when a child is being looked after under section 20 of the Children Act) or when the local authority holds an emergency protection order in respect of the child.
- Where a young person is under 16, and requests treatment without parental consent, assessment of competency to consent must be undertaken.
- Whether a young person is competent or not, this does not necessitate the content of a session with a young person being disclosed.
- All policies and procedures should incorporate legal responsibilities, as failure to gain consent to treatment in law constitutes assault.
- Withdrawal of consent by a young person or parent/legal guardian can be given at any time and in such cases treatment should be stopped.

A parent who gives consent to their child or young person having treatment needs to be fully aware of the treatment details, in order to give their informed consent. However they are not entitled to know the specific content of confidential elements. In order to give informed consent to counselling a parent should be told what model will be employed, how long it is expected to last, and other similar details. This does not, however, entitle them to know what the child said during the counselling sessions, unless the child explicitly consents to this information being shared.

Fraser Guidelines (Mental Health Act 1983 Code of Practice 1999)

Young people under 16 have a right to confidential medical advice and treatment if the provider assesses that the young person:

- understands the advice and has the maturity to understand what is involved
- their physical and/or mental health will suffer if they do not have treatment
- it is in their best interest to give such advice/treatment without parental consent
- will continue to put themselves at risk of harm if they do not have advice/treatment
- cannot be persuaded by the doctor/health professional to inform parental responsibility holder(s), nor allow the doctor to inform them.

2.10 Confidentiality

The consequences of identification or assessment of substance needs should be clearly explained to the young person. This should include information about what you as a practitioner can provide, and about any agency you may be referring them on to. Confidentiality should be explained prior to the identification or assessment conversation.

If a child or young person is to be encouraged to approach a service for help and advice in relation to substance related needs, it is essential that they are able to do this knowing that their confidences will not automatically be passed on to their parents or school without their knowledge or permission. School based professionals should establish the limits of their confidentiality in line with the school policy and inform the young person of this. In some cases this may limit the areas that can be discussed with a child or young person without the school being informed. It would not normally prevent the young person being told about general sources of advice or information operating outside the school setting that may be available in the locality.

Services should be clear that they cannot offer absolute guarantees of confidentiality, as disclosure may be necessary to protect children from 'significant harm'.

Over time the child or young person will start to build on the trust that has been established. They may start to disclose information not previously known to anyone, it is therefore recommended that services reiterate the confidentiality policy regularly throughout the duration of the relationship and check the young person's understanding of this.

Inter-agency collaboration is required to assess and respond to the needs of all vulnerable children and young people. Partnership working is a fundamental principle and is encompassed in the Children's Act 1989 and Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children (1999). Developing links between services helps develop coherent packages of care focusing on the needs of the child. For this to happen professionals need to take responsibility for ensuring that the needs of the child are met (the 'case worker') with others agreeing clearly defined contributions to the child's care.

Information which would normally be recorded about a child should include relevant information on their drug and alcohol needs. However, it is good practice to do this in agreement with the young person. The young person should also be told what happens to this information, who will see it and how they can get access to it in the future.

Confidential information should not be used against the child. Where, for instance, the child reveals to a schools counsellor or a drug service that they have infringed the rules of a school or youth club or organisation they are involved with, this information should not be passed on. This may pose problems for the professional who does not have an independent identity from the institution or organisation. Professionals must ensure that the confidentiality of the young person is safeguarded and is not compromised by their dual role. However, confidentiality may in some instances need to be breached. Professionals may need to share information with parents and colleagues, to create a co-ordinated, holistic package of care to meet the best interests of young clients. Professionals must be willing to exchange relevant information should only be shared on 'need to know' basis. It is good practice to inform the young person prior to any confidentiality breach and if possible gain their consent to do so.

Confidentiality should not be breached for example to report a crime, where it is in the best interest of the child to ensure needs are met to stop further crimes being committed.

Child A was being used to deal drugs on their parent's behalf. The child had started to use drugs as a consequence. Confidentiality should be breached to social services to ensure the child is protected from exploitation by their parents, and its drug treatment needs are met. However, reporting the incident to a YOT or police merely to prosecute the child for drug dealing would be counter productive.

2.11 Where there is a child protection concern

The four parameters can be used to determine whether confidential information given by a young person should be disclosed to social services or the police because of concerns that a child may be 'suffering, or at risk of suffering, significant harm' as a direct result of their substance using behaviour.

The Four Parameters (Standing Conference on Drug Abuse & The Children's Legal Centre)

The age and maturity of the child and young person.

As a general rule, the younger the child, the more problematic it is to guarantee or maintain confidentiality. There is no age limit in law below which a child cannot enter a confidential relationship, but given the problem of establishing competence, and therefore capacity, to consent, it is difficult to envisage children being offered confidential treatment for drug misuse without parental consent or parental involvement, under the age of 13. Indeed, it is possible that a failure to inform parents that a child is misusing drugs could lead to a possible negligence action if the drug service or agency failed to take sufficient action to protect the child from harm as result of that drug misuse.

The degree of seriousness of drug misuse

The more serious the drug (or substance) misuse, the more likely it is that disclosure of confidential information to other agencies will have to be considered. In deciding whether or not to disclose, the service must take into account, the level of substance use and the risks involved. The supply source of the young person's drugs may also be important particularly if the young person in question is open to exploitation.

Whether harm or risk is continuing or increasing

Harm from substance use needs to be considered in relation to past, present and potential future behaviour. If there is a clear risk to the child or young person arising from present behaviour or evidence of escalated risk to an unacceptable level, it is important that a service takes steps to ensure the future safety of the child or young person.

General context in which drug taking is set.

Where a child or young person has multiple problems, it is likely that other agencies or professionals will need to be involved to resolve these problems or reduce the vulnerability and risk to the child or young person.

3. Making Decisions

The following model demonstrates responses to help slow or stop the process of a young person developing a substance misuse problem. Where we describe multiple activities below, practitioners should engage or provide access to all listed activities.

Responding to substance needs

No substance use

What to do – provide information on substance(s)

Purpose – to ensure young people understand the risks of taking substances so that they can make informed decisions.

Substance use – no current social or behavioural problems and no high-risk behaviour

What to do – provide information on substance(s)

Purpose – to ensure young people understand the risks of taking substances so they can make informed decisions

What to do – provide information on substance(s) and information on the safest way to take substances being used.

Purpose – to ensure young people can make informed choices about their substance use, to reduce likelihood of drug/alcohol related harm and to help prevent an escalation of substance use.

Substance misuse – social or behavioural problems which are substance related OR high-risk drug taking.

What to do – provide information on substance(s)

Purpose – to ensure young people understand the risks of taking substances in such a way that they can make informed decisions

What to do – provide information on substance(s) and information on the safest way to take substances being used.

Purpose – to ensure young people can make informed choices about their substance use, to reduce likelihood of drug/alcohol related harm and to help prevent an escalation of substance use.

What to do – provide, or arrange for referral to, services, which can provide interventions at tiers 2- 4 based upon a full assessment of need. Or refer to a Tier 2 case worker able to manage this process and ensure substance misuse services form an integrated part of wider support based on need.

Purpose – reduce/stop substance misuse, and to reduce/stop associated drug and alcohol related harm.

It is also important to recognise and try and enhance the protective factors in relation to substance misuse (see page 7).

3.1 Making referrals.

Caution:

Some substance use becomes fairly common at late adolescence, mainly cannabis or alcohol use. Any drug use outside this should be looked at as a potential problem. Cannabis and alcohol use should not be dismissed, as some young people will develop problems with these substances.

Remember:

Always look at substance use in the context of other things you know about the young person. Are they generally getting along fine, or are they troubled and having problems? This may well be a clear indicator as to whether their drug taking will be a passing phase or significant part of a young person's life.

All young people should receive accurate information and guidance about substances.

When a practitioner identifies substance taking, it is important not to under or over react. All professionals working with young people should be competent to engage in the identification of substance use or misuse. The following case studies illustrate a range of scenarios you may encounter, and possible solutions.

Case Study 1: Carl

A youth worker is chatting to Carl, a 15 year old boy. Carl hasn't been attending the youth club recently. During a conversation the young person discloses that there have been some family problems, which has meant that he has been worried and hasn't felt like going out.

The youth worker continues the conversation in an informal manner and begins to explain that there are young people's services that can offer counselling to him, which would be confidential. The youth worker explains how confidentiality works and how he and other services may be able to help.

The young person seems unsure about counselling and reveals that those kind of services would probably inform his parents if they found out he smokes cannabis now and then. The youth worker states that that isn't necessarily so and again explains the situations when confidentiality might be breached and that he, the youth worker, is under the same obligations.

Carl becomes more relaxed and continues to talk about his family life and cannabis use. It is evident from their conversation that the young person is pretty clued up about cannabis and its effects and his frequency and quantity of use, smoking a small quantity once or twice a month. This does not suggest to the youth worker any immediate harm or risk; however, he is concerned about Carl's home situation.

The youth worker suggests that the young person would benefit from counselling, to talk about problems at home and that he would be willing to accompany him to the service. The youth worker also adds to Carl's knowledge of cannabis with factual information about potential harm and the legal situation.

Case study 2: Sunita

Sunita, a 14 year old girl, has been sent to see the school nurse by her teacher. Recently her attendance at school has been poor as is her interest in school work.

In age-appropriate language, the extent of confidentiality is explained, as is the involvement of parents or carers. The young girl is happy to talk about her school attendance and other problems but does not want her mum to be involved. As part of her assessment of Sunita's situation, the nurse through conversation begins identifying for substance related needs.

Sunita discloses that she has recently tried heroin with some older boys from her estate. Sunita doesn't feel that her drug use is a big problem, she has only tried it a couple of times and other people do it anyway. The nurse feels that her knowledge of heroin is very limited and the situation could quickly escalate, as Sunita has few concerns and the heroin use also seems closely tied up with her relationship with older boys.

The school nurse explains how she can help and provides Sunita with information in relation to heroin use. She explains her grave concerns for Sunita's well-being and how the young people's drug treatment services in the area can help her. The girl is assured that although a record of what has been said and the outcome will be recorded on her file at school, this will in no way hinder put in jeopardy her place at school.

The school nurse, in agreement with Sunita after some initial reluctance, arranges a meeting with her mother. The nurse explains that although her parents will initially be shocked and upset, Sunita really needs their help and support, both now and in relation to working with the drug treatment service.

After the parental meeting the next day, a referral is made to a young person's specialist drug service because of Sunita's young age and the substance involved. The school nurse continues to meet with Sunita to check on her progress.

Case study 3: Jasmine

During a regular meeting with her social worker Jasmine, a 14 year old girl, asks for further information about ecstasy. Jasmine is looked after in a residential children's home.

After chatting about the boundaries of confidentiality, the social worker starts to identify Jasmine's substance related needs. The process identifies that Jasmine has not ever used drugs or alcohol but has recently seen articles in newspapers and items on the news about ecstasy and is confused by the inconsistent messages.

Jasmine's social worker talks to her about the possible effects of ecstasy and encourages her to look at several drugs websites designed for young people. Although the outcome of the identification process was advice and information, a record was kept of the conversation with the young person's knowledge and consent. Jasmine left the meeting feeling reassured and confident that her social worker would support her if she wanted to know anything else about drugs.

4. Implementation: local examples

This chapter reflects local work to implement an identification process for substance related needs in children's services across a Drug Action Team area. In both local examples, the identification of substance related needs is referred to as 'screening'.

The implementation process is at different stages in each of the two areas we have chosen. The areas have been chosen to demonstrate different approaches, we do not consider any one area to be preferable to another but feel that much can be learnt from these examples when attempting to implement this guidance locally. The first example has developed a specific tool for services to use; the second example has opted for an integrated approach, adapting the Identification process to co-exist with other existing assessment processes.

4.1 Somerset - Substance Use Screening Tool (SUST)

How the tool was developed

The tool has been developed to complement the assessment procedure used by Somerset's tier 3 and 4 service. It was commissioned by the DAT in 2001 as part of the development work to produce the DAT young people's substance misuse plan including the needs assessment. An external consultant undertook the work on behalf of the DAT, working with all the members of the DAT Young People's Group.

The group was made up of representatives from: Connexions, a young people's tier 3 service, education department, health promotion, child and adolescent mental health services, social services department for children and families, Youth Offending Team, County Youth Service and the DAT Co-ordinator.

What is SUST aiming to establish?

SUST aims to establish five things concerning a young person's substance use/misuse.

- level of use – is it above what is considered 'recreational' use for a person of that age and reflecting local trends
- level of knowledge of substances
- level of harm/risk associated with use (including child protection concerns)
- whether referral or joint working is required
- what advice and information work needs to be carried out at tier 2

Principles governing SUST

SUST should be:

- integrated into core screening or assessment/review procedures (where appropriate)
- holistic in approach and consider how a young person's use is affecting all aspects of their life
- young person centred by involving the young person in the process and agreement of outcomes as far as possible
- lawful, staff must be aware of any legal responsibilities they may have in relation to this work

Somerset DAT believes that the effectiveness of SUST will largely be dependent on the degree to which the young person understands and owns the process.

The Screening Tool

The SUST tool is completed by the young person themselves. A worker will assist if the young person requires help. The tool covers the following areas:

- Substance use - what substances are being used, the frequency and quantity used and why they use them.
- Knowledge – identifying their level of knowledge with regard to the dangers and effects of substances and if they require any further information on any substances.
- Risk/harm involved in use – a set of questions that seek to place their use into context, seeking information on how they use, with whom and how that affects their life and in particular their attitudes.
- Sharing information consent form - young people also have the opportunity to say what information can be passed and to whom. The form clearly states that nothing in the form will be changed without their knowledge or agreement.
- Action plan – for the worker to complete, the plan highlights whether the young person will be referred to a tier 3 service for a comprehensive assessment, what if any advice and information the young person has received from the tier 2 service. Additional support the young person needs in relation to housing, sexual health, education, offending etc. Additional needs will be identified by trigger questions through conversation.

Who will use SUST?

Tier 1 services will be using SUST, but the tool is primarily aimed at professionals working in tier 2 services.

Training for professionals

Recognising the need to increase the skills and knowledge base among this group, a programme of substance use/misuse awareness training is available. This will include:

- substance use/misuse awareness training
- training specifically designed to enable effective use of SUST.

Some staff will have already accessed substance use/misuse awareness training that has been delivered within their agency or externally. Before using SUST with young people, staff will need a:

- reasonable knowledge of a range of substances
- appreciation of the different contexts within which young people use/misuse substances
- clarity about legal responsibilities
- knowledge of local sources of support and help
- clarity of roles and responsibilities in relation to this issue
- engaging with the young person to discuss sensitive issues
- integrating SUST within practice
- assessing levels of risk and motivation to change
- delivering 'low threshold' harm reduction advice and information

Referral to tier 3 service

The training for professionals includes all aspect of how to refer and to whom to refer. All tier 1 and 2 professionals attend the training prior to using SUST, practitioners from the tier 3 service also attend the

training sessions, to help unpick any issues that are considered problematic or to address any issues that tier 1 and 2 staff have in responding to substance use and misuse. Post training, the young people's tier 3 service continues to provide a support and consultancy role to tier 1 and 2 professionals.

When should SUST be carried out and with whom?

SUST will be introduced in the following circumstances:

- as a result of a request for help concerning substance use/misuse
- in response to a substance use/misuse incident

In addition, vulnerable young people will need to be actively targeted and the following key questions will be integrated into the agency's formal or informal assessment/review procedures:

- Do you (or does anyone) have concerns that the young person's substance use may be causing problems of any sort?
- Do you feel that the young person's life style/circumstances is/are likely to mean that they are more vulnerable to substance misuse?

What information needs to be recorded and why?

Agencies working with young people at a tier 2 level are required to record the numbers of young people who have used SUST, and the outcomes of screening for substance related needs.

This data will be sent to the DAT to help future service planning and to monitor national government drugs strategy targets.

All of the service providers of tier 2 agencies have a responsibility to record the following details:

- numbers of young people offered SUST
- numbers of young people completing SUST
- numbers of young people refusing to complete SUST
- numbers of young people engaged in tier 2 advice and information about drugs
- numbers of young people referred to tier 3 service
- numbers of young people refusing referral to tier 3 service

All of the above information needs to specify age, gender, and ethnicity.

In addition agencies are also required to record any specific needs of the following groups of young people: young women, gay, lesbian and bisexual young people, young homeless, young people with disabilities and children of substance using parents. This information is collected for the DAT and to address the gaps in the local needs assessment.

Implementation of SUST

The SUST tool was implemented in April 2002. The following young people's services have all been involved in the implementation of SUST, Connexions, youth offending teams, social services, statutory youth service, child and adolescent mental health service and primary care services. Although all of the services were involved from the beginning of the process, they have implemented SUST to different timescales over the last 6 months.

Individual agencies are responsible for ensuring SUST is implemented and that arrangements for monitoring the necessary data are in place. The tool is accompanied with guidance notes that clarify cross service agreed definition and policy issues.

Responsibility for reviewing SUST will be with the Somerset Drugs Action Team members. It will be reviewed annually and if significant changes are needed then the document will need to be approved by the Somerset Area Child Protection Committee and the DAT for re-approval.

Evaluation

Young people were consulted over the design, and content of the tool. Evaluation is to take place in 2003/4. This will include the experiences of young people engaging with different services, which will help improve the standards and delivery of SUST.

4.2 Gloucestershire Drug and Alcohol Action Team (DAAT)

Gloucestershire (DAAT) contracted a consultancy service to undertake a series of related pieces of work

- develop screening and referral protocols for tier 1 and 2 services
- develop assessment protocols for tier 3 services
- develop a training pack to implement the above

This report will focus on the development of the screening and referral protocols. However, it is relevant to note this was part of an integrated approach.

The screening and referral protocols were developed following consultation with local services. The following services signed up to the screening and referral protocols, child and adolescent mental health services, Connexions, community paediatrics, GDAS (voluntary sector), local education authority, social services, youth offending team and the young people's substance misuse service. It is anticipated that other services will pledge their support in the future, in order for Gloucestershire to move towards a seamless service for children and young people in relation to drugs and alcohol services.

The screening protocol

The screening protocol outlines and introduces screening for substance related needs in relation to existing assessment processes used locally. Where a formal assessment process does not exist, the screening process can be used to elicit information through informal means including, observation and discussion. The screening and referral process also provides clarity on information sharing and confidentiality, and the extent and responsibility of tier 1 and 2 when providing advice and/or information.

Screening should be conducted when:

- a young person requests advice and/or information for self or others on drugs and alcohol
- there is a substance related incident
- when young people vulnerable to substance misuse come into contact with services

Screening should provide information on:

- young people's knowledge of drugs, alcohol and solvents.
- gaps and accuracy of knowledge of drugs, alcohol and solvents
- if the young person is using drugs, alcohol or solvents
- if the young person is misusing drugs, alcohol or solvents
- if there are any immediate risks related to substance use (health, social, legal, or emotional)
- if substance use is part of complex troubling behaviour

Where a young person is taking substances the screening should elicit information on the following in order to identify education, and intervention needs:

- the substance used
- the amount used
- the frequency of use
- how the drug was used
- dangers associated with use

In addition the person undertaking the screening should consider whether there are any child protection issues both in relation to substance use, misuse or any other presenting factors.

Referral protocol

Interagency referral protocols were established to ensure that children and young people could access services they needed as easily as possible. They addressed the sharing of information and established criteria determining which behaviours warranted tier 2 or 3 intervention. This was important to ensure that children and young people receive uniform responses by all agencies. It also helped to prevent inappropriate, low risk, referrals to tiers 2 and 3 thereby reducing the services available to those children and young people who really needed them.

Training

As part of the implementation process a training pack will be developed by the consultant undertaking the work, with trainers currently working with services across the 4 tiers. The pack aims to address underpinning knowledge and implementation issues of the screening and referral protocol.

Staff across all tiers should be inducted and trained in using protocols, policies and procedures related to substance use. These include:

- confidentiality
- information sharing
- dealing with substance related incidents
- joint working arrangements
- referral procedures
- consent to treatment

What information needs to be recorded and why?

Those services that have adopted the protocol will provide data to the DAAT on a quarterly basis to be fed into the Young People's Substance Misuse Plan. This will include, numbers of children and young people screened, data on age, gender, ethnicity, first three digits of their post code, substances used, outcomes of screening and which services children/young people were referred to.

Evaluation of screening protocols

When screening has been completed the young person should be asked to comment on:

- what has been useful/not useful re: the screening process
- if their substance related needs have been identified during the screening process

All protocols will be reviewed and updated annually by the implementation group in collaboration with other services.

5. Interventions

As a result of identifying substance related needs, there are a number of different interventions tier 1 and 2 services can provide.

All tiers can provide the following general substance related needs based interventions.

5.1. Accurate drug and alcohol information and advice

Professionals in tier 1 services should provide age-appropriate information and advice on drugs and alcohol. General 'drug' education is normally provided in schools as part of the PSHE and Citizenship framework. However the only statutory requirement for drug education in school is through the Science curriculum. Most young people will receive school based drug education. However, not all young people are in school, young people out of mainstream education may not have received any form of drug education. They should be provided with opportunities to gain drug education outside of a school setting, for example at Pupil Referral Units if excluded from school or other forms of alternative provision.

A range of information should be made available; this should be age-appropriate, targeted at children, young people, parents and carers and be available in different languages and formats depending on the audience. Consideration should be given to the needs of young people with literacy problems where leaflets may not address their concerns. Any information provided must be available in an accessible format.

If a young person requests drug related advice and/or information, this should not be taken to mean that they are using drugs or are at risk from any personal drug-related activity. The Identification process will help determine if any further interventions are required. Providing a low threshold service is a difficult yet valuable task; early intervention can tackle drug related needs in a number of ways, focusing on young people before they begin using drugs.

5.2 Support for parents and carers, information, advice

Parents and carers have a very important role in supporting the young person. Many people are misinformed about substances, are confused by mixed messages in the media or have the knowledge but do not know how to deal with a substance related incident involving someone in their family. Parents and carers may require basic substance information, information on different interventions and how best they can support their child. Services need to consider how parents and carers can be supported so they can help their child in addressing their substance use. This could be through drug education or parent self help groups.

Tier 2 level interventions

Tier 2 service providers should be able to deliver all of the tier 1 interventions. In addition they should have the competence to do more complex interventions.

5.3 Outreach work

Outreach offers individual advice, support and risk reduction interventions; outreach may also offer peer education to encourage low-risk behaviour; and access to mainstream services. Outreach work aims to contact hard to reach young people by working in their communities. Youth outreach work is a useful

mechanism to ensure all young people have access to services that they may need. Young people living in rural areas often do not have a choice of services or easy access to them. Reaching vulnerable young people is also often a problem for fixed address services.

5.4 Counselling

Counselling is the use of a relationship to provide someone with the opportunity to work towards living in a more satisfying and resourceful way. Many young people's services or/and family based services provide counselling. Youth orientated services already providing counselling should be able to work on substance related issues although counsellors may need to increase their knowledge.

5.5 Drug related prevention programmes

Prevention programmes can include a multitude of initiatives ranging from school events or community events/festivals that focus on drugs or wider health issues, theatre in education programmes, drug education via sports and other activities, and national and local harm prevention campaigns. Interventions may be required to target those thought to be vulnerable to missing school-based drug education.

Tier 3/4 level interventions.

Young people who misuse substances may require access to a range of drug and alcohol interventions, some of which can only be provided from specialist treatment services. It is important that those responsible for the care of looked-after young people are aware of local services and referral routes. Substance treatment interventions should only be provided with the consent of the parental responsibility holder, or the young person.

5.6 Complementary therapy

Some specialist services employ complementary therapies to help with substance misuse. Common therapies employed are auricular (ear) acupuncture, herbal teas and shiatsu massage. These should only be provided by qualified therapists and with the consent of the young person.

5.7 Prescribing

Some young people who are physically dependent on drugs or alcohol may require a prescription of medication to help them address their dependence. This is most likely to be a reducing dose to help the young person become drug and alcohol free, often known as detoxification. However, prior to detoxification some young people will need a period of stabilisation on medication to adjust their lifestyle and think about the impact that becoming drug free will have on their whole life. Each individual's prescribing regime should be decided by the young people's drug and alcohol specialist team in conjunction with a medical practitioner.

5.8 Highly intensive services

A small proportion of young people who misuse substances may require a highly intensive support and treatment package to address their substance misuse. This may include specialist accommodation such as specialist foster carers, in-patient hospital treatment and (rarely) residential drug treatment programmes. Continuity of care is essential between the community substance misuse team, the current accommodation provider and other services the young person is accessing. Without continued support on completion of

treatment the young person may make short-term gains only to relapse quickly on return to the original environment. Relapses can have a very serious affect on health, particularly when renewed heroin use, which can be fatal.

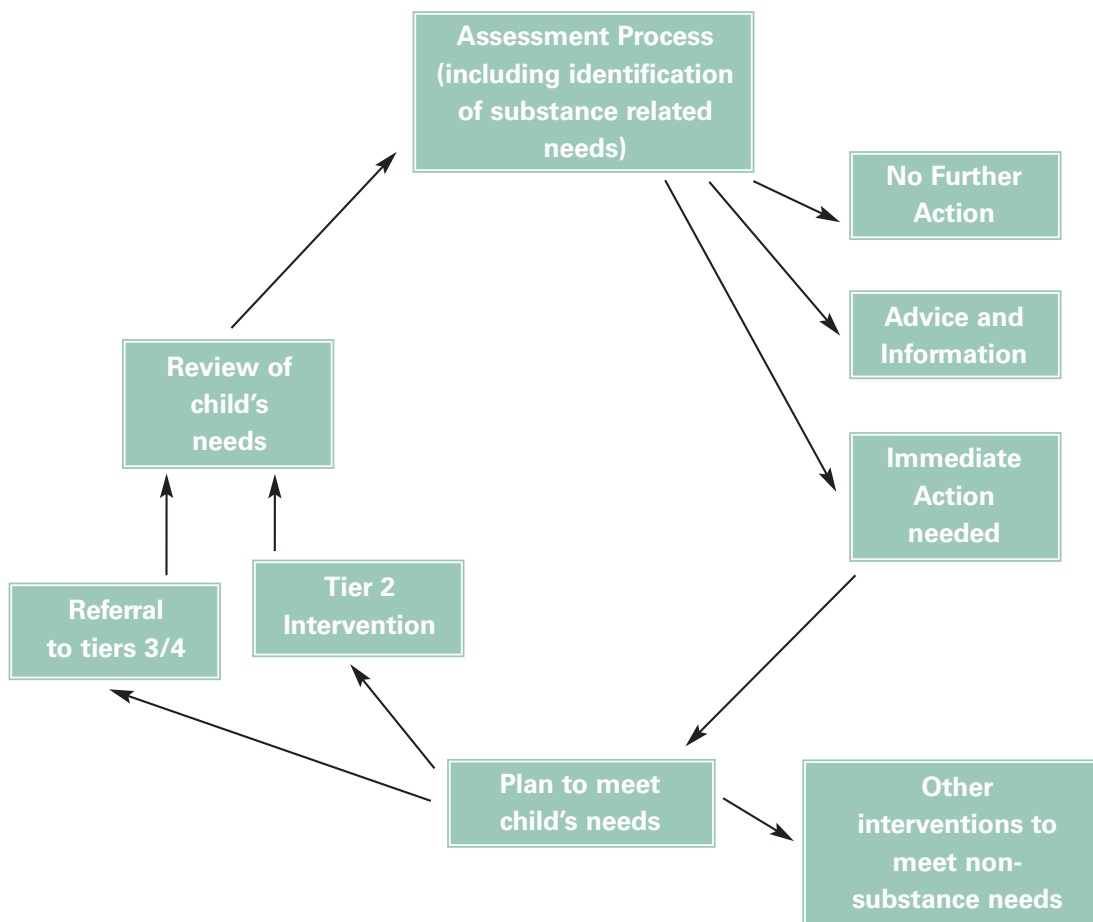
It is preferable that the young person stays in their community and maintains social and professional relationships. A referral should only be made to a distant residential rehabilitation unit where local services cannot meet the needs of the young person, and in agreement with specialist drug and alcohol services. It is imperative that clear arrangements are made for the young person to return to the local community and this should include provision for consistent drug and alcohol treatment and/or relapse prevention.

5.9 Planning and case management of interventions.

Any interventions provided beyond advice and information must be form part of the other young people's programmes, such as care planning, health plans and or sentencing by a juvenile court. The assessment process flowchart demonstrates how professionals as a result of Identification for substance related needs should refer to different tiers.

5.10 Substance related interventions within support networks

The following diagram seeks to highlight how interventions for substance related needs should be planned and co-ordinated with other existing planning mechanisms.



Annex A

National assessment tools/guidance

DrugScope looked at examples of national assessment tools and monitoring forms currently in use. The purpose of this was to determine how substance related needs were identified and recorded within these tools and how practitioners using national assessment tools and monitoring forms can use the identification process to enhance their assessment information needs.

A workshop was also held at a national conference organised by the Home Office and DrugScope in 2001. Professionals working with young people were asked for their views and feedback in relation to all the examples discussed.

We looked at the following national guidance:

- Asset Form, Youth Justice Board (YJB)
- The Connexions Framework for Assessment, Planning, Implementation and Review (APIR)
- Framework for the Assessment of Children in Need and Their Families Core Assessment Record, Social Services

Each national tool or monitoring form was examined to determine the strengths and weaknesses in relation to identifying substance related needs. Each tool or monitoring form was assessed against the six aims for drug and alcohol identification (see below), to determine if the current process met the requirements of identifying substance related needs, and if it did not meet them, how current arrangements could be enhanced or supplemented.

The purpose of identifying substance related needs is to identify:

- the young persons knowledge of drugs, alcohol and solvents
- if the young person uses drugs, alcohol and solvents
- if the young person misuses drugs, alcohol and solvents
- if the young person is in immediate danger
- if substance use is part of complex, or troubling behaviour
- unusual behaviour for that age group in relation to their substance use

Before describing the individual tool or monitoring form, it should be noted that practitioners using any of these instruments could explore drug and alcohol educational needs. These may well have not been met in a school setting due to the child's specific needs, learning difficulties and / or irregular attendance at school.

ASSET

This tool identifies the factors, including substance related needs, which are linked to offending and helps Youth Offending Team (YOT) practitioners in planning intervention programmes to meet identified needs.

Practitioners using ASSET will also need additional information on the frequency and quantity of the substance used and clear criteria about when and how to gain further interventions.

However, the Youth Justice Board has developed a two stage mental health and substance misuse screening tool which will be attached to ASSET. The tool will identify the frequency and quantity of the substances being used and support appropriate referrals to services. This screening tool will be launched in April 2003. All YOT's have access to a named drugs worker whose key role is to assess the substance related needs of young people and support their access to appropriate services.

Connexions Framework for Assessment, Planning, Implementation and Review (APIR)

The guidance aims to help personal advisers ensure young people receive the support necessary to participate and progress successfully in learning. Knowledge, attitudes and history of drug and alcohol use are covered.

Personal advisers should understand the limits of their professional competence and when young people should be referred on to specialist services. School based personal advisers work to the confidentiality policy of the school.

Social services recording tool

The Framework for the Assessment of Children in Need and their Families.

Core Assessment Record provides social workers with a framework for systematically recording the findings of the assessment of the child's needs.

Substance related needs are placed within the context of the young person's life rather than having a set of stand-alone questions.

Practitioners using the social services tool will need further advice or training on determining the difference between use and misuse, identifying possible risks and the level of knowledge or education needs with respect to drugs and alcohol.

Annex B - Useful websites and helplines

Alcohol Concern

Alcohol Concern is the national agency on alcohol misuse. They work to reduce the incidence and costs of alcohol-related harm and to increase the range and quality of services available to people with alcohol-related problems. The site contains information about the work of Alcohol Concern, copies of our press releases, factsheets and other publications as well as news about what is happening in the alcohol field and links to useful websites. Tel: 0207 928 7377 www.alcoholconcern.org.uk

CASCADE

Is a drug information service for young people run by young people. It is designed so that there is something for everyone no matter what age you are. You may be just interested, a drug user, a worried parent, a friend of a user or have professional interests. www.cascade.u-net.com

Connexions

Connexions is a radical new approach to guiding and supporting young people through their teenage years, so that they make the best possible transition to adulthood and working life. It is a service for 13-19 year olds, and within this there is a sharp focus on those who need it most. It is designed to end the fragmentation of services for young people and brings together a wide range of existing agencies, including Drug Action Teams. A network of personal advisors, drawn from a range of backgrounds and bringing together staff working in many partners agencies, are taking responsibility for helping young people with complex needs. www.connexions.gov.uk

Drug Education Forum

The Drug Education Forum (DEF) works to ensure the provision of effective drug education for all and young people across all aspects of their lives. The Forum brings together a range of national organisations from health, education, police and voluntary sectors that deliver or support the delivery of drug education. Through the Forum, members work together to carry out work in the areas of policy and advocacy, gathering and information dissemination and practice development. An important and central theme of the Forum's work is to ensure that children and young people have opportunities to participate in drug education policy and practice development. www.drugeducation.org.uk

Drug Education and Prevention Information Service (DEPIS) – formerly LOCATE

Managed by DrugScope and funded by the Department of Health

An online (web-based) resource for those working with children and young people and their parents. The website includes: Drug education and prevention projects and activities including school and community settings, project evaluation abstracts and reports, and a database of independently reviewed resources including teaching packages, books, leaflets, videos and CD-ROMs available in the UK. The project has a special focus on developing good practice through evaluation. Evaluations will be published on the site to provide support to others planning and conducting evaluation work. www.doh.gov.uk/drugs/depis

Drugs Misuse Information

The drugs misuse information website, www.doh.gov.uk/drugs, is operated by the Department of Health as a resource for a wide range of professionals and managers to help in the delivery of drug prevention and treatment services. Some of the information will also be of interest to parents, young people and students.

DrugScope

DrugScope is the UK's leading drugs charity and centre of expertise on drugs. We provide balanced and up-to-date drug information to professionals and the public, conduct research and develop policies on drugs and drug-related issues, promote humane and effective ways of responding to drugs and drug use, encourage informed debate and provide a voice for over 1000 member bodies working on the ground. Tel: 0207 928 1211 www.drugscope.org.uk

Educari

The website gives guidance on drug education for children and young people with learning difficulties. It is a comprehensive site and includes information on government, local and school policies, managing incidents, and relevant teaching. www.educari.com/SNADE

Mind, Body & Soul

Mind, Body & Soul is a new website which aims to give young people aged 14-16, the lowdown on health in a fun and interesting way. Mind, Body & Soul is not designed to tell you how to live your life, but will give you accurate and up-to-date information about health so that you can make your own choices. It also contains information for teachers and parents. www.mindbodysoul.gov.uk

National Drugs Helpline - Tel: 0800 77 66 00

The National Drugs Helpline gives information and advice to anyone in the UK concerned about drugs. This includes drug users, their families, friends and people who work with them. www.ndh.org.uk

National Treatment Agency

The NTA is a Special Health Authority, established by the government in 2001 to increase the availability, capacity and effectiveness of drug treatment in England. The NTA seek to drive up the quality of drug treatment in three ways: by improving the quality of commissioning with guidance and support, by promoting practice which is evidence based and integrated into a system of co-ordinated drug treatment and care and by working closely with local providers to improve the quality and effectiveness of treatment available to their communities. The site provides details of useful contacts, links and downloadable copies of NTA publications. www.nta.nhs.uk

Re-solv

A national charity solely dedicated to the prevention of solvent and volatile substance abuse (VSA). Re-solve provide a freephone helpline, factsheets, resources for schools and parents, information for young people and a free on-line training course. www.re-solv.org

Solvent Misuse Network and Dissemination Project (SMNDP)

The SMNDP works with people representing a range of professions. It is a unique collection of individuals and organisations working together to raise awareness of solvent and volatile substances abuse and to improve and disseminate good practice on this issue. As part of the Drug Education Forum, the SMNDP works to complement and support a national strategic policy and practice for the provision of effective drug education. www.ncb.org.uk/projects

Skills for Health

Skills for Health has been set up to make sure everyone working in health services gets every chance to learn, become competent and develop their career. This link takes you directly to their Drugs and Alcohol project which is concerned with the development of National Occupational Standards (NOS) for those working in the drugs and alcohol field. The page contains two briefings on progress to date, the full-text of a report analysing the need for NOS in the drugs field and a functional map describing the functions of all those working in the drug and alcohol sectors in the UK. www.skillsforhealth.org.uk/projects/drugs_alcohol

Tackling Drugs to Build a Better Britain

Cross-government website to support the National Drugs Strategy and the work of Drug Action Teams. It is a one-stop shop for DATs and interested individuals to find out about the government's ten-year strategy www.drugs.gov.uk

Wired for Health

The website aims to provide accurate and engaging information on health issues, initiatives and national health policies for teachers and learners in the UK. Basic information on drugs and their use is followed by a section on the teaching requirements of the National Curriculum as they relate to drugs education. A selection of links to drug education websites are also provided.

www.wiredforhealth.gov.uk/teaching/subs/intro

Useful Scottish websites and helplines

'Drug Information in Scotland can be found on the Drug Misuse in Scotland website at www.drugmisuse.isdscotland.org

Drinkline - Tel: 0800 917 8282

Drinkline is a UK helpline providing free and confidential information and advice to anyone concerned about sensible drinking, including people with alcohol problems, their families, friends and carers. The line does not provide individual medical advice, counselling or treatment but holds information on local agencies.

Know the Score Information Line - Tel: 0800 587 5879

As well as providing information, advice and materials to callers, the KTS Information Line also acts as a contact point for Scottish organisations who wish to obtain copies of items such as the cannabis guide and parents' guide.

Know the Score Website

The KTS Website provides a portal to the websites of Scotland's leading drugs agencies, as well as providing information on current Executive activities and announcements. www.knowthescore.info

Annex C - Glossary

Children, adolescents and young people

The term 'children' refers to all those individuals who are under the age of 18, in accordance with the Children Act 1989 and the UN Convention on the Rights of the Child (1989). There are, however, certain sections and statements in this document where 'young people' or 'children' are defined as those under the age of 16, and these will be clearly specified as such in law?

Local authorities, acting under certain provisions in the Children Act 1989, use the term 'young person' to refer to those up to the age of 21. Substance use should be considered for all young people, but those older than 18 may require a different approach to those described in this document, which should take account of their adult status.

Drugs, alcohol and substances

In this document, the term 'substance' is used to refer to any psychotropic substance, including illegal drugs, illicit use of prescription drugs and volatile substances, but excluding tobacco.

Young people's drug taking is often inextricably linked with the consumption of alcohol. Therefore, in this document, the term 'substance' refers to both drugs and alcohol.

The Health Advisory Service (HAS) report (1996) states *'one-off and experimental use of drugs and alcohol cannot in itself be seen as indicative of having caused actual harm or being related to any personal disorder'*.

In other words, the fact that a young person has taken a substance should not lead to the automatic conclusion that there is a problem or condition to be treated. However, it is essential to recognise that all substance taking by young people carries potential harm.

For the purposes of this document it is necessary to distinguish between the conditions in which different interventions are most appropriate to address substance taking by a young person. Distinctions may only be drawn in each individual case following identification of the young person's substance related needs.

Substance misuse

Substance taking which harms health or social functioning is described as 'substance misuse'. Substance misuse may be dependency (physical or psychological) or substance taking that is part of a wider spectrum of problematic or harmful behaviour (HAS, 1996). Substance misuse (as defined here) will require appropriate treatment.

Substance use

Substance use is the taking of a substance, which requires a lower level intervention than treatment. Harm may still occur through substance use, whether through intoxication, legal action against the user or health problems, even though these may not be immediately apparent. Substance use will require the appropriate provision of interventions such as education, advice and information, and prevention work to reduce the potential for harm.

Binge drinking

Binge drinking has no set definitions but refers to the drinking of relatively large amounts of alcohol in any one session. Large in the context differs with each person but would include drinking to get drunk (or less inhibited) or drinking significantly over recommended sensible levels (for those over 18 years this is sometimes suggested as being a binge with 8-10 units or more for a male and 6-7 units or more for a female). For younger people the number of units could be much smaller. (Department of Health)

Drug Action Teams (DAT)

Made up of senior representatives from the police, probation and prison services, education, social services, the connexions service, local authority housing and health authorities. They are locally responsible for implementing the national drugs strategy, in the light of local needs and must develop plans annually to tackle drugs. In some districts, the DAT may also incorporate alcohol within its remit (Drug and Alcohol Action Teams: DAAT).

Harm reduction

Is a term that covers activities and services that acknowledge the continued drug misuse of individuals, but seek to minimise the harm that such behaviour causes (Tackling Drugs to Build a Better Britain, 1998).

Intervention

We use the term 'intervention' to refer to the taking of any particular planned course of action (with a young person and/or their family) by a professional, a team of professionals, and/or a specific type of service.

The range of interventions and services needed to cover the substance-related needs of all young people and their families is broadly:

Key working

'Key working' is used to refer to regular and care planned meetings between a young person and an allocated professional. During these meetings various issues can be addressed including: substance taking, family life, emotional problems, and the co-ordination and progress of interventions. Key work should be facilitated by the use of counselling skills.

In the context of a drug service, particularly in the voluntary sector, the key worker may not have a statutory role to oversee or co-ordinate interventions from a range of agencies with the young person. It is important that this is clearly understood by the young person, their family and any other professionals involved.

Low threshold interventions

This refers to providing a contact point for young people, which provides a minimal level of support and would not be included within a young person's care plan. The purpose of such interventions is to gain the trust of a young person and to provide education and advice. Under no circumstances should this proceed to the provision of treatment, for example counselling or needle exchange, without first completing an assessment and consent being gained.

Treatment

'Treatment' is defined as an intervention, which is intended to remedy an identified problem or condition in relation to an individual's physical, behavioural, and psychological well-being. Treating a young person for substance misuse will start with a full assessment, and the treatment will be delivered within a care plan according to agreed procedures for case management. Treatment options may include: a course of counselling; a wide variety of interventions offered through the medical and mental health professions; or a combination of any of these.

6. References

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