

## Pan-Dorset Safeguarding Children Partnership



### Pan Dorset Protocol and Pathway (Draft v5 July 19)

#### Needle Exchange Services for Young People Who Inject Substances

1. Section One – Information for all readers
2. Section Two – Information for Specialist Needle Exchange and Specialist Young People’s Services
3. Section Three – Information for Community Pharmacies providing needle exchange services
4. Section Four - Appendices

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The source of this document will be found within the BCP DACT G Drive and the BCP DACT website. Hard copies are held by the BCP DACT.

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Available on the BCP DACT website.

**Governance**

This protocol and the equipment on offer will be reviewed annually by Commissioners and key stakeholders through the pan-Dorset Harm Reduction Steering Group.

Commissioned providers will review their organisational policies through their own governance mechanisms to ensure adherence to this procedure and all relevant recommendations within Public Health guidance PH52.

Effectiveness and changes to procedure and policy will be communicated through the quarterly pan-Dorset Drugs and Alcohol Standards and Quality Committee (SQC) meetings.

Competence to deliver Needle Exchange services will be monitored through the Standards and Quality Committee (SQC), Contract reviews and the Harm Reduction Steering group.

**References**

Addaction, Under 18's needle and Syringe Programme Policy 2018.

Cambridge DAAT, Protocol for delivering Needle Exchange to Under 18s across Cambridgeshire 2015.

Needle and Syringe Programme Policy for Young People in Surrey: August 2018.

NICE Public Health Guideline 52 – Needle and Syringe programmes: March 2014.

Pan Dorset Young People's BBV guidance 2019.

Pan Dorset Naloxone guidance 2019.

Public Health England, Widening the availability of naloxone: update February 2019.

Substance Misuse Treatment Framework (SMTF) Service Framework for Needles and Syringe programmes in Wales.

Turning Point - Suffolk, Needle Exchange for Young People under 18 years of age.

## **Section One – Information for all readers**

### **1. Introduction**

- 1.1 Needle exchange provision is a free and confidential service for people who inject drugs. It is designed to reduce the spread of blood borne viruses by providing sterile injecting equipment and by disposing of used equipment safely. Provision applies as much to young people as to adults and encompasses all substances being taken intravenously without medical consent including image and performance enhancing drugs.
- 1.2 NICE Public health guideline - Needle and syringe programmes (PH52) recommends developing and implementing a local, area-wide policy on providing needle and syringe programmes and related services to meet the needs of different groups of young people aged under 18 (including young people under 16) who inject drugs.
- 1.3 Commissioners have developed this protocol to:
  - Support professionals to get the appropriate support for young people who are injecting;  
and
  - Ensure commissioned Providers have operational policies on needle exchange services for young people that meet the quality standards of PH52.

### **2. Local service Provision**

- 2.1 There are three commissioned providers delivering specialist needle exchange services pan-Dorset. These providers also deliver specialist drug and alcohol support for young people up to the age of 25 where appropriate and are the single point of contact services for adults. The Providers are:
  - Bournemouth – Addaction (BEAT)
  - Christchurch/Dorset – (REACH)
  - Poole – EDAS (SMART)

Provider details and referral information can be found in Appendix A.

- 2.2 A number of community pharmacies are commissioned by Public Health Dorset on behalf of the local authorities to deliver basic needle exchange services across the area. A full list is available on the Public Health Dorset website <https://www.publichealthdorset.org.uk/>
- 2.3 Due to the configuration of services, it is recognised that young people pan-Dorset could initially access a specialist provision for injecting equipment and paraphernalia which is also available to adults. However, where appropriate and if the young person is willing, services can be flexible in the on-going delivery of needle exchange provision for a young

person e.g. agreement to further exchanges taking place with a trained worker from the young people's specialist provision.

- 2.4 Equipment supplied by the commissioner to community pharmacies and specialist needle exchanges is deemed appropriate to give to under 18s. Pharmacy equipment is provided in readymade packs and specialist needle exchange services offer a variety of equipment. Discussion with a young person about how, where and what they are injecting will help determine their equipment needs and amount required for personal use, given that frequent contact with services is to be encouraged.
- 2.5 NICE guidance advises 'the quantity of equipment provided should not be subject to a limit but, rather, should meet their needs'. Where a young person has approached a needle exchange for equipment; to maintain contact, minimise harm, and encourage access into young people's specialist services, staff should promote frequent visits i.e. several times a week if possible and preferably at local specialist needle exchange.
- 2.6 NICE guidance advises to 'not discourage people from taking equipment for others (secondary distribution), but rather, ask them to encourage those people to use the service themselves'. In the case of a young person, staff will need to use their professional judgment to establish any child protection concerns, for example if child criminal exploitation is taking place.

### **3. Assessment of need**

- 3.1 An assessment of need must look to achieve the right balance between the necessity to provide young people with sterile injecting equipment and the duty to protect (safeguard) them and provide advice on harm reduction and other services. It should take account of:
  - o the young person's capacity to consent (Gillick competence)
  - o the risks they face
  - o the benefits of using services
  - o the likelihood that they would inject anyway, even if sterile needles and syringes were not provided.
- Discuss who carried out the injecting – Is the young person being injected by someone else?

Even if they are consenting, this can be viewed as assault, especially if the injector is an adult. The young person being injected should be considered to be 'suffering or at risk of suffering significant harm'. Child protection procedures and the Child Exploitation Toolkit should be followed.
- Experienced drug and alcohol worker specific - If there is an identified need for the provision of injecting equipment, it should be considered as just one component of the treatment plan. The plan should be holistic and aim to meet all of the identified needs.

- 3.2 In addition to professional judgement, examples of reasons for when it would not be appropriate to deliver a needle exchange to under 18-year olds:
- Lacking in competency
  - Presenting intoxicated
  - **Under 13 years old**
  - Exchanging needles for someone else

#### **4 Confidentiality**

- 4.1 Needle Exchange services are conducted within a framework of confidentiality. Young people using the service should have the confidentiality policy explained to them before any assessment.
- 4.2 Confidentiality should only be breached without consent when it is believed to be in the best interests of the young person e.g. If the young person is under 13, or there is disclosure or evidence of physical, sexual or serious emotional abuse or neglect. Suicide is threatened or attempted. There is a disclosure or evidence of serious self-harm (including drug or alcohol misuse that may be life threatening).
- 4.3 If a decision has been made to breach confidentiality, the young person should have this decision explained to them, wherever possible prior to disclosure.
- 4.4 The four parameters to consider when establishing whether to disclose confidential information from a young person can be found in Appendix C.

#### **5. Risk factors and Safeguarding**

- 5.1 Any child aged 13 or under presenting within office working hours at a community pharmacy/specialist needle exchange should be encouraged to stay within the venue and immediately be referred to MASH and the young people's specialist team (see Appendix A.) for someone to visit the community pharmacy/specialist needle exchange immediately. If a young person presents outside office working hours, the emergency out of hours service should be contacted for advice and support. **No equipment is to be given to young people under the age of 13.**
- 5.2 All health and social care practitioners have a responsibility to safeguard children and young people. Young people presenting with risk factors require a Multi-Agency Safeguarding Hub (MASH) referral alongside a referral to a Young Persons Substance Misuse Service. If the worker is concerned the young person is being exploited the Child Exploitation Toolkit should be used. Access and guidelines can be found via the safeguarding children website - <https://pdscp.co.uk/working-with-children/child-exploitation/child-exploitation-toolkit/>
- 5.3 The Multi-Agency Safeguarding Hub (MASH) is the single point of contact for reporting safeguarding concerns about a child or young person locally. Below:

MASH contacts details:

BCP Council: Children's First Response Hub	01202 735046 <a href="mailto:childrensfirstresponse@bcpcouncil.gov.uk">childrensfirstresponse@bcpcouncil.gov.uk</a>
Dorset Council: Children's Advice and Duty Service (ChAD)	01305 228558 - This is a professionals-only number to discuss your concerns, you will no longer complete a referral form

In an emergency or out of hours:

BCP Council Out of Hours Service:	01202 738256 <a href="mailto:childrensOOHS@bcpcouncil.gov.uk">childrensOOHS@bcpcouncil.gov.uk</a>
Dorset Council Out of Hours Service:	01202 228558
Police Non-Emergency:	101
Police Emergency:	999

Interagency referral form: [https://pandorsetscb.proceduresonline.com/p\\_referrals.html](https://pandorsetscb.proceduresonline.com/p_referrals.html)

5.4 Risk factors that would require a referral to MASH for discussion and decision, alongside referral to the young people's specialist service could include:

- Parental substance misuse causing availability of drugs within the home or coercion to use drugs.
- Using substances with an older adult who may be exploiting the young person for financial or sexual reasons.
- Disclosure of sexual, physical or emotional abuse by an adult or carer.
- Child criminal exploitation.
- Unstable accommodation or missing from home.
- Young people aged under 16 who disclose regular iv drug use.
- Young person aged under 13 requesting needle exchange service.
- Any other concern that requires advice/information sharing.

**6. Care Pathways**

6.1 The pathways for care that incorporate the processes for young people under 18 documented within this procedure are listed in the following Appendices:

- D. At the specialist young people's drug and alcohol service.
- E. At a specialist needle exchange.
- F. At a community pharmacy needle exchange.
- G. At another service not, part of the needle exchange scheme (e.g. sexual health, other pharmacies, youth club etc)

## **Section Two – Information for Specialist Needle Exchange Providers and Specialist Young Peoples Services**

### **1. Needle Exchange for Young People**

- 1.1 Needle exchange for young people requires a high standard of monitoring, including thorough recording of all decision-making and information sharing. Recording will be on NEO for specialist needle exchanges (NEO is the commissioners authorised needle exchange database).
- 1.2 Carrying out a needle exchange service with a young person differs to the adult service. A key aim is to get the young person assessed by a specialist young people's worker and engaging with a specialist young people's treatment service. Whilst there is a need to provide young people with sterile injecting equipment, this should ideally be provided as part of a broader package of care to meet their other health and social care needs, where possible. This is especially important for under-16s.
- 1.3 The specialist young people's service must be flexible in their approach to encourage engagement with young people who are injecting e.g. through assertively outreaching a young person at a specialist needle exchange or responding immediately to a call from a community pharmacy or specialist needle exchange.
- 1.4 An understanding of injecting behaviour (e.g. where the young person is injecting and how), ideally needs to take place before providing injecting paraphernalia; both to ensure that the young person is injecting and to assess if the technique is adequate or if any medical treatment is required to the injecting site.
- 1.5 Consent will be required to examine an injecting site. If there is a need, this inspection should take place in the presence of another worker ideally of the same gender as the young person. Injection sites of intimate parts of the body (any sites that are only accessible by the removal of clothing) should only be inspected by a doctor or registered nurse. Young people should be encouraged to see their GP immediately and the worker should offer to make the appointment with / for the young person.
- 1.6 Do not assume that the young person has a good knowledge of the risks of injecting. Ensure that the young person is given harm reduction advice in order to reduce harm, e.g. correct any harmful injecting and preparing techniques as well as discussing all the health risks associated with sharing equipment and the consequences of being infected with a blood-borne virus.
- 1.7 Harm Reduction Advice topics should include:
  - Injury through unsafe injecting techniques.
  - Specific drugs that are less safe for injecting (i.e. tablets).
  - Overdose awareness and availability of naloxone through a specialist needle exchange.
  - Paying attention to personal safety (e.g. not injecting alone).

- Possible abuse, exploitation or injury that may occur in connection with (or because of) intoxication and/or dependency.
- Discuss not only what infections may be transmitted, but also how they may affect a young person's health. Provide information on the testing and vaccination options available.
- Offer of BBV testing on a regular basis.

## **2. Competency and Consent**

### **2.1 Competency:**

Only practitioners who can demonstrate competence to work with young injecting drug users should assess competence to consent to needle exchange (see point 7 Training).

2.1.1 *Under 13 years old:* No needle exchange service is to take place with a young person under the age of 13 without explicit consent from guardian/s and children's social care safeguarding services.

2.1.2 *13 to 16 years old:* Where a parent is not present, and the young person will not consent to contact them, the competency of the young person can be assessed to consent on their behalf.

2.1.3 *16 and 17 years olds:* Individuals within this cohort are usually considered able to consent to treatment, nonetheless a competency check, and assessment should still be used for this age group to ensure the decision is individual. Safeguarding issues will still need to be considered and responded to, and it is still good practice to involve parents wherever possible.

2.1.4 An example Checklist of Competence can be found in Appendix B. Practitioners should be able to answer YES to the questions to enable them to determine that they believe the young person is competent to make their own decisions about consenting to and taking part in the service, sharing information and receiving services without their parent's consent.

2.1.5 Practitioners must record the details of their decision making. This could be through NEO for specialist needle exchange staff and HALO for specialist young people's staff.

### **2.2 Consent:**

For needle exchange providers, parental consent should be gained wherever possible for young people aged 13 to 16. Where this is not possible, the young person will need to demonstrate their competence to consent to the treatment. The Fraser Guidelines can help with this process.

### **2.3 Fraser Guidelines (Mental Health Act 1983 Code of Practice, 1999):**

Young people under 16 years of age have a right to confidential medical advice and treatment provided that:



- the young person understands the advice and has the maturity to understand what is involved;
- the doctor/health professional cannot persuade the young person to inform parents/carers with parental responsibility, nor allow the doctor to inform them;
- the young person's physical and/or mental health will suffer if they do not have treatment;
- it is in the young person's best interests to give such advice/treatment without parental consent;
- in the case of contraception or substance misuse, the young person will continue to put themselves at risk of harm if they do not have advice/treatment

### **3. Process**

3.1 If the young person is already engaged with the locally commissioned young people's specialist drug and alcohol service, their keyworker will be expected to accompany him/her on the first occasion. After this the young people's specialist drug and alcohol service will provide a written care plan that outlines that further supplies can be dispensed by the specialist needle exchange service.

3.2 Where possible an assessment of need should be carried out by an experienced drug and alcohol worker, preferably trained to work with young people. However, it is recognised that this would not ordinarily be the case for specialist needle exchanges. Therefore, the process of what to do in exceptional circumstances must be followed (see bullet points below). Staff should encourage engagement with the young people's specialist service and have information to hand on how to access young people's specialist services.

#### 3.3 Process for those 13-16:

- Consent and confidentiality must be explained. Assess for Gillick competency.
- Appropriate harm reduction advice given.
- Young people's specialist substance misuse service explained, and information given – contact the worker to attend the specialist needle exchange immediately to talk with the young person. If this is not possible, arrange an appointment to take place the next working day.
- In exceptional circumstances, in co-operation with and advice taken from the young people's specialist service, equipment can be given until first appointment with the young people's specialist service which should be no later than the next working day.
- MASH referral to be made for discussion and decision by the specialist needle exchange and discussion of risks with the young people's specialist service.

#### 3.4 Process for those aged 16-18:

- Consent and confidentiality explained.
- Encourage parental/carer involvement if not aware.
- Appropriate harm reduction advice given.

- Young people's specialist substance misuse service explained, and information given - arrange an appointment for the next working day.
- In exceptional circumstances, in co-operation with and advice taken from the young people's specialist service, equipment can be given until first appointment with the young people's specialist service which should be no later than the next working day.
- Any risk factors identified by the community pharmacy/central needle exchange to be shared with the MASH and with the young people's specialist service.

#### **4. Providing information on overdose management and/or the use of naloxone**

4.1 Any drug treatment service considering providing a child or young person under 18 with training on overdose management or on the use of naloxone, or considering direct supply of naloxone, should follow the pan-Dorset guidance on the supply and delivery of naloxone.

#### **5. Blood Borne Viruses - Testing and vaccinations**

5.1 Procedures are in place locally around Hepatitis B vaccinations and dried blood spot testing for young people. Please refer to the 'Pan Dorset Guidance on Blood Borne Virus Pathways for Young People's Substance Misuse Services'.

#### **6. Transition in to adult services**

6.1 The transition in to adult services should be a seamless process. Please refer to local Transition guidance from young people's specialist services into the adult treatment system.

#### **7. Training**

7.1 All staff delivering needle exchange services must be appropriately trained as per their organisational operational guidance and the standards set by commissioning contracts.

7.2 All staff working with young people in commissioned drug and alcohol treatment services must complete as a minimum, a free online training session in order to assess young people's competence (Gillick and Fraser). It is recommended that staff refresh training annually. Recommended training:

<https://www.minded.org.uk/Component/Details/445277>

## **Section Three – Information for Community Pharmacies**

### **1. Process**

1.1 If the person presenting to the needle exchange appears to be under 18, the Provider shall:

- If the young person is already engaged with the locally commissioned young people's specialist drug and alcohol service, their keyworker will be expected to accompany him/her on the first occasion. After this the young people's specialist drug and alcohol service will provide a written care plan that outlines that further supplies can be dispensed by the pharmacy (if agreed by all parties).
- If the young person however is not yet engaged in treatment, the aim should be to encourage them to do so. In this scenario, pharmacists should consider the following recommendations:
  - Ask the person their age and try to get some personal information from them about their injecting behaviour: where they live, where they have previously got needles from etc.
  - Discuss referral to the local drug and alcohol young people's specialist service with the young person and facilitate that on the spot if possible. Give the young person contact details for the provider service. Contact that service to make them aware that you have just provided a young person with needles.
  - You must follow the Fraser guidelines around competency to inform your decision making. This may involve talking to the young person's parents/carers and/or a referral to Children's Social Care and / or Safeguarding.
  - If the young person presents at the pharmacy out of hours, then the pharmacist should consider making a supply (balancing Fraser guidelines and harm minimisation principles) and collect relevant information then inform the local drug and alcohol specialist young people's service provider at the earliest opportunity.
  - Record information as part of routine needle exchange recording.
  - If the young person presents at the service on a further occasion, consider strengthening the delivery of the message that they must contact the local drug and alcohol young people's specialist service.
  - Offer to call the drug and alcohol specialist young people's service and ask the young person to speak to a team member to arrange an appointment or arrange for the drug and alcohol worker to visit the pharmacy.

### **2. Training and Competency Requirements**

2.1 All staff delivering community pharmacy needle exchange services must be appropriately trained as per their organisational operational guidance and the standards set by commissioning contracts. Training is available locally through Public Health Dorset on a regular basis, this is advertised through PharmOutcomes and the LPC newsletter.

2.2 In order to develop competencies, the commissioner recommends the four eLearning modules on “Substance use and misuse” to demonstrate competence for registered staff delivering community pharmacy needle exchange. This can be downloaded from the Centre for Pharmacy Postgraduate Education (CPPE) website <https://www.cppe.ac.uk/programmes//substance1-e-01>  
Other sources of information and training may be equally appropriate.

## Provider details and referral information for young people

### BCP - Young Peoples Drug and Alcohol Services

- **Bournemouth:**  
**Addaction Young People and Families service** - One to one support to help young people from age 11 up to 25.  
Contact the service on: 01202 830173
- **Poole and Christchurch:**  
**YADAS** - (Young Adults Drug & Alcohol Service) for young people aged 10 to 24 who live in Poole and have drug and/or alcohol problems.  
Contact the helpline on: 01202 741414  
Contact via the contact page on the website: <https://www.edasuk.org/contact/>  
Contact via email: [ypreferrals@edasuk.org](mailto:ypreferrals@edasuk.org)  
(Christchurch residents can also follow the information given for Dorset below).

### Dorset - Young Peoples Drug and Alcohol Services

- **REACH:** – For young people aged 10 to 24 who live in Dorset and have drug and/or alcohol problems.  
Contact the helpline on: 0800 0434656 and select 'option 2'.

### BCP - Specialist Needle Exchanges

- **Bournemouth:**  
Trinity House, 161 Old Christchurch Road, Bournemouth, BH1 1JU  
Opening times 2pm-4pm Monday to Friday.  
Contact the service on: 01202 558855
- **Christchurch:**  
Christchurch Drug and Alcohol Service, 45 Bargates, Christchurch, BH23 1QD  
For opening times phone: 0800 0434656 / 01202 482 908
- **Poole**  
54A Ashley Road, Poole, BH14 9BN  
Mondays 10.00-16.00 | Tuesdays 10.00-19.00 | Wednesdays to Fridays 10.00-16.00  
Landline: 01202 735777 ext 309  
Mobile: 07738 884783  
E-mail: [nsp@edasuk.org](mailto:nsp@edasuk.org)

### Dorset - Specialist Needle Exchanges

- Weymouth Drug and Alcohol Service, The Lantern, 1 Queen Street, Weymouth, Dorset, DT4 7HZ  
For opening times phone: 0800 0434656 / 01305 571 270
- Gillingham Drug and Alcohol Service, Woodcock Court, Queens Street, Gillingham, SP8 4DZ.  
For opening times phone: 0800 0434656 / 01747 825 872

**Example - Checklist for Competence**

(Source: Needle and Syringe Programme Policy for Young People in Surrey: August 2018)

Are you satisfied that the young person understands the advice you are giving? <b>Comment:</b>	Yes / No
Have you done all you can to encourage the young person to inform parent/s or guardian? <b>Comment:</b>	Yes / No
Have you determined that the young person's best interests are served by offering advice or treatment without parental consent? <b>Comment:</b>	Yes / No
Are you satisfied that the young person is likely to begin or continue injecting without the use of needle exchange services? <b>Comment:</b>	Yes / No
Are you satisfied that the young person's physical or mental health is likely to suffer unless they receive advice or treatment? <b>Comment:</b>	Yes / No
Is it in the young person's best interest to give needle exchange advice or service? <b>Comment:</b>	Yes / No
Is the young person living with parents or others? <b>Comment:</b>	Yes / No
Are there any specific concerns or issues (e.g. mental health, self-harm etc)? <b>Comment:</b>	Yes / No

Date:

Worker name.....Signed.....

Date:

Service user name.....Signed.....

## **Guidance Regarding Disclosure**

(Source: Needle and Syringe Programme Policy for Young People in Surrey: August 2018)

The following four parameters are a guide for practitioners and managers in establishing whether to disclose confidential information from a young person to social services, police or other relevant services.

### **1. The age and maturity of the child.**

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 into a confidential relationship but given the problems of establishing competence to consent to treatment, it is difficult to envisage children being offered confidential treatment for drug misuse, without parental consent or parental involvement, much under the age of 13. Indeed, it is possible that a failure to inform parents that a young child is misusing drugs could lead to legal negligence action if the drug service or agency failed to take sufficient action to protect the child from harm as a result of that drug misuse. Therefore, parental consent is encouraged with all children and when under 13 should only be breached in extreme and exceptional circumstances.

### **2. 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 (social services, police) will have to be considered. In deciding whether to disclose, the drug service must take into account: the patterns and levels of drug taking; the risks of morbidity; mortality; and other risks such as involvement in crime and other behaviour linked with the substance misuse. The supply source of the child's drugs may also be important, particularly if the child is 'at risk' of exploitation or coercion.

### **3. Whether harm or risk is continuing or increasing.**

Harm from drug taking needs to be assessed with consideration of past, present and potential future behaviour. If there is a clear risk to the child arising from present behaviour or evidence of an escalation of risk such that the child is or is likely to, suffer significant harm, it is important that a service takes steps to ensure the future safety of the child.

### **4. Complex Needs.**

If the 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 child's vulnerability to risk of harm. Examples would be: a child who reveals abuse within their home or residential setting; the child who has fallen out with his or her parents and is homeless; the child who has absconded from care. In such cases, the child or young person needs to be encouraged to involve other agencies. The drug service will need to assess the child's circumstances and determine whether to disclose confidential information against the child's wishes.

**YOUNG PERSON (13 years +) PRESENTS AT A YOUNG PEOPLES (YP)  
SPECIALIST SUBSTANCE MISUSE SERVICE**

Staff at the young people's specialist service undertake the recommended training and annual refresher training.

Follow the Fraser guidelines around competency. Consider using a competency checklist to inform your decision making. This may involve talking to the young person's parents/carers and/or a referral to the Multi Agency Safeguarding Hub (MASH)

A full comprehensive assessment is undertaken.  
Needle Exchange is offered as a part of the plan of care if appropriate.  
Consider completing the Child Exploitation toolkit.

Needle exchange is delivered through the young people's service where appropriate, or in partnership with the specialist needle exchange.

Provide injecting equipment and harm reduction advice to the young person where there is evidence that withholding it would be a greater risk to the young person.

Naloxone should be considered where appropriate (see pan Dorset Naloxone guidance).

Testing for Blood Borne Viruses and Hepatitis B vaccinations should be offered where appropriate (see the locality guidance on testing young people for Blood Borne Viruses).

All information will be recorded on NDTMS as a harm reduction modality.

Workers will update case notes accordingly, including decision making and information sharing.

Young person's service remains engaged with the young person for as long as possible to reduce the harm.

Successful case closure – inform the referrer the case is now closed.

Unsuccessful case closure – inform the referrer the case is now closed. Refer/notify accordingly if there are any safeguarding concerns.



**YOUNG PERSON (13 years +) PRESENTS AT A SPECIALIST NEEDLE EXCHANGE.**

Staff delivering the needle exchange service undertake the recommended training and annual refresher training.

Ask the young person their age and establish further information to help assess the risks: - where they live, where they have previously got needles from, what drugs they use and how often, are they injecting themselves or allowing others to inject them and how they dispose of injecting equipment.

Follow the Fraser guidelines around competency. Consider using a competency checklist to inform your decision making. This may involve talking to the young person's parents/carers and/or a referral to the Multi Agency Safeguarding Hub (MASH)

Provide injecting equipment and harm reduction advice to the young person where there is evidence that withholding it would be a greater risk to the young person.

Naloxone should be considered where appropriate (see pan Dorset Naloxone guidance).

Testing for Blood Borne Viruses and Hepatitis B vaccinations should be offered where appropriate (see the locality guidance on testing young people for Blood Borne Viruses).

Do not deter the young person from attending the specialist needle exchange.

Try to keep the young person engaged.

Discuss referral to the specialist young people's service and action immediately.

Give the young person information about the young people's specialist service.

Contact the young people's specialist service to make them aware you have just provided the young person with needles. Give any information you have.

Record information as part of the routine needle exchange recording as well (e.g. using NEO). Include decision-making and information sharing.

If the young person presents again, consider strengthening the delivery of the message to contact the young people's specialist service. Offer to call the services and ask the young person to speak to a member of the young people's team to arrange an appointment. Facilitate an appointment with the young people's worker e.g. where appropriate, offer to go with the young person, arrange for the worker to attend the central needle exchange to see the young person.

**YOUNG PERSON (13 years +) PRESENTS AT A COMMUNITY PHARMACY NEEDLE EXCHANGE.**

Staff delivering the pharmacy needle exchange service undertake training as per contractual requirements.

Ask the young person their age and establish further information to help assess the risks: - where they live, where they have previously got needles from, what drugs they use and how often, are they injecting themselves or allowing others to inject them and how they dispose of injecting equipment.

Provide injecting equipment and harm reduction advice to the young person where there is evidence that withholding it would be a greater risk to the young person. Follow the Fraser guidelines around competency to inform your decision making. This may involve talking to the young person's parents/carers and/or a referral to the Multi Agency Safeguarding Hub.

Discuss referral to the specialist young people's service and action immediately.  
Give the young person information about the young people's specialist service.

Direct the young person to use the Specialist Needle Exchange next time.

Contact the young people's specialist service to make them aware you have just provided the young person with needles. Give any information you have.

If a young person presents at a community pharmacy when drug and alcohol services are closed the pharmacist should consider the transaction (balancing Fraser guidelines and harm minimisation principles), collecting relevant information about the young person and inform the specialist young peoples service or the central needle exchange at the earliest opportunity.

Information should be recorded as part of the routine needle exchange service recording method as agreed by commissioners. Include decision-making and information sharing.

If the young person presents again, consider strengthening the delivery of the message to contact the young people's specialist service. Offer to call the services and ask the young person to speak to a member of the young people's team to arrange and appointment. Arrange for the worker to visit the pharmacy to see the young person. Direct the young person to make contact with the Central Needle Exchange for specialist support.

**YOUNG PERSON (13 years +) PRESENTS AS AN INJECTING DRUG USER AT A SERVICE THAT DOES NOT DELIVER A NEEDLE EXCHANGE (e.g. youth services, social services).**

Ask the young person their age and establish further information to help assess the risks: - where they live, where they have previously got needles from, what drugs they use and how often, are they injecting themselves or allowing others to inject them and how they dispose of injecting equipment.

Follow the Fraser guidelines around competency to inform your decision making. This may involve talking to the young person's parents/carers and/or a referral to the Multi Agency Safeguarding Hub.

Discuss a referral to the specialist young people's service with the young person and action immediately.

Give the young person information about the young people's specialist service.

Offer support to access the young people specialist service for harm minimisation advice, this could include phoning the service while the young person is present, so they can speak directly.

Offer support to access the specialist needle exchange for clean equipment and harm minimisation advice, this could include phoning the service while the young person is present, so they can speak directly.

If the young person will not engage with the assessment or referral to the young people's specialist service, the worker **MUST** take further actions in line with safeguarding protocols.

Information should be recorded as part of the service recording  
Include decision-making and information sharing.

If the young person presents again, consider strengthening the delivery of the message to contact the young people's specialist service. Offer to call the services and ask the young person to speak to a member of the young people's team to arrange and appointment. Arrange for the worker to visit the service to see the young person.