

Substance
Misuse within
Residential
Care

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SUBSTANCE MISUSE WITHIN RESIDENTIAL CARE

1.0 Introduction

- 1.1 Warrington Borough Council is committed to providing a drug free environment within its children's homes. The issues surrounding the use of drugs are complex and there are no easy solutions to this problem. However, residential staff have a responsibility to promote the health and well-being of all children people in their care and this includes offering each child advice and support on the issue of drugs.
- 1.2 It is the aim of all staff to actively discourage the use of drugs by children. Any use of drugs within the homes or offences committed in relation to drugs will be taken seriously and will be dealt with proactively whilst maintaining a focus on the individual child's well-being.
- 1.3 If any child is on a drug rehabilitation programme and being supported with a substitute, these drugs must be treated as controlled drugs, and the medication policy followed as appropriate.

2.0 Aims of the Policy

- 2.1 The aims of this policy are:
- To have a consistent approach to drug issues in the homes for staff, visiting professionals, social workers, parents and children.
 - To develop a positive and supportive environment that promotes responsible decisions by children in relation to drug use.
 - To ensure that staff have an adequate understanding of health risks and legal issues associated with drug misuse.

- To ensure that drug and alcohol training opportunities are provided for staff as part of the induction process and on an ongoing basis.
- To ensure that staff and children are aware of available support services.
- To ensure that children are screened for drug issues and are subsequently referred for appropriate support.

3.0 Legal Context

3.1 The law is very clear with regard to drug misuse. [The Misuse of Drugs Act 1971](#) divides drugs into three classes solely for the purposes of sentencing. They are classified according to their toxic effect, extent of use and danger to society.

- **Class A** - Morphine, opium, heroin, cocaine, injectable amphetamines, LSD, magic mushrooms and ecstasy.
- **Class B** – Amphetamines, barbiturates, codeine, cannabis.
- **Class C** – Mandrax and temazepam, anabolic steroids, valium, ketamine, Ritalin, and GHB.
- **Synthetic Cannabinoids**- are human-made mind-altering chemicals that are either sprayed on dried, shredded plant material so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices. These products are also known as herbal or liquid incense. These chemicals are called *cannabinoids* because they are similar to chemicals found in the marijuana plant. Because of this similarity, synthetic cannabinoids are sometimes misleadingly called "synthetic marijuana" (or "fake weed"), and they are often marketed as safe, legal alternatives to that drug. In fact, they are not safe and may affect the brain much more powerfully than marijuana; their actual effects can be unpredictable and, in some cases, more dangerous or even life-threatening.

Common names for Cannabinoids- including K2, Spice, Joker, Black Mamba, Kush, and Kronic.

It is illegal to sell, buy or possess these chemicals.

3.2 With regard to **controlled drugs on the premises**, if someone occupies, owns or even manages premises and they allow any of the following they could be committing an offence:

- Unlawful production or attempted production of a controlled drug
- Unlawful supply or offering to supply a controlled drug
- Preparing opium for smoking, smoking opium.

3.3 With regard to **possession**, an offence is committed by someone if:

- They have the drug on their person.
- They have control of it, in their house or car, or in their locker at work etc.
- They have someone look after it for them.

3.4 If prosecuted for the offence of possession the onus would be on the accused to prove either:

- They took the drug from someone else to stop them committing or continuing to commit an offence and as soon as was reasonably practicable after, they destroyed it or it was handed over to the police.
- Having found the drug unattended i.e. in the street, as soon as was reasonably practicable afterwards they handed it to a police officer.

3.5 **Possession with intent to supply:** Someone is committing an offence if they decide to unlawfully give or sell that drug to someone else, whether they are in lawful or unlawful possession of the drug.

3.6 With regard to **supply**, an offence would be committed if someone gives, sells or even shares a controlled drug with someone else:

- Payment is not necessary as long as there is some gain or benefit – this could be the use of the drug itself.
- Supply includes distributing a drug e.g. pooling funds to purchase drugs then share them with others.

3.7 **Cultivation of cannabis:** It is not an offence to possess the seeds but if anyone pays attention to the plants, such as watering them, they are breaking the law. To commit this offence it needs to be known that the plant was cannabis.

4.0 **Approach When Working With Children**

4.1 When a child first comes to live in the home the Substance Misuse within Residential Care Policy should be explained to them in a way that they understand. Where drug use is an issue then any relevant information about support services should be made accessible for them and a referral to a support service made. Their care plan must address any issues identified.

PRACTICE GUIDANCE

An effective assessment of risk and need is fundamental to providing a safe and supportive care package to a child.

4.2 A comprehensive assessment of an individual's substance misuse depends on the development of a good and open relationship between staff members and the child. It may not be feasible to undertake a comprehensive assessment in the first few days of placement. The aim therefore should be to build up an awareness of the young person's substance use within the first few weeks. This will need to be documented and included in the child's case record.

4.3 It is the behaviour - not the person - that should be seen as unacceptable.

4.4 The negative influence that a drug user might have on other children in the home should be considered and strategies established to minimize the risk, such as education and counselling.

4.5 Each residential home where children are living on a permanent basis should have a staff team that are trained in all areas of substance misuse. The staff team should have extra training on substance misuse and receive updated information on a regular basis from Warrington's Drug and Alcohol team.

4.6 **Signs of Misuse:** Signs of misuse can be confused with other problems, which can be part of normal teenage development. Discuss with the child your concerns and find

out the extent of the problem. Explain the limits of confidentiality and establish if the child needs any help. Should the home have any concerns a referral should be made to Warrington's Drug and Alcohol team.

4.7 **Confidentiality:** The promise of absolute confidentiality cannot be given, especially when there is a risk to the safety of the child or other people. The child should be told, if possible, when information is shared. Information concerning risk to children must be passed immediately to the Registered Care Manager and an incident form completed.

5.0 **Awareness and Education**

5.1 Drug education forms part of the general health awareness of children and staff. Staff should use opportunities to talk informally to children about substance misuse and health issues. Raising awareness is aimed at giving children the understanding of pressures they may experience and the skills to cope with them.

5.2 Children should be supported in having:

- Knowledge – Health, social and legal issues must be considered, especially the risks, effects and consequences of drug use.
- Skills – These skills include accessing information, assertiveness, communication, decision-making, negotiating,
- and problem solving, and dealing with peer pressure.
- Care and Support – This ranges from the provision of accurate and consistent information to specialised therapy.
(NB: Specialist Drug and Alcohol Education and Prevention Services will deliver individual and group sessions in the residential setting as appropriate)
- Healthier Lifestyles – Children and young people must be encouraged to develop or maintain a healthy lifestyle.

6.0 Incident Management if Substances are found

- 6.1 If substances are found or confiscated within the home a Manager should be informed immediately. Staff members must take responsibility for ensuring their safe destruction or disposal following the guidance in this procedure.
- 6.2 If the substance is a prescribed medication in its original packaging, labelled, intact and belongs to a resident child it would be acceptable to return it. If the medicine is not in its original packaging and ownership cannot be identified it should be handed into a pharmacy for destruction.
- 6.3 If it is established that a child is using illegal substances or illegal substances are found on the premises then, following consultation with the Registered Care Manager, staff may contact the local police control room to arrange for the Neighbourhood Policing Team to attend the home to collect the substance. It will not be necessary to identify the child.
- 6.4 All paraphernalia/substances must be removed from the child. These must **NOT** be disposed of by staff. Do not handle the drug - use gloves and avoid contamination with skin. Place the substance in a bag - preferably one supplied by the police. Seal and sign the bag with another member of staff acting as witness. The staff member finding the substance must not pass it on to another staff member, but should personally oversee its collection by the police.
- 6.5 Drugs and drug related material must be stored securely in appropriate storage containers and then handed to the police for disposal without identifying the name of the child. No further police action will be taken.
- 6.6 Domestic cleaning gloves must be worn when disposing of discarded needles and syringes Ref. [Control of Infection](#) Policy. They must be disposed of in a sharps box.

6.7 It is important that all action taken is recorded in the:

- Room Search Book (if appropriate)
- Home's Daily Log
- Child's Daily Record
- Incident Record.
- Observation Log
- Significant event book

The Incident Record should include:

- The name of the person removing the material
- Description of the material
- The circumstances of the removal
- The time and date of the removal
- The time and date the material was placed in secure storage
- The signature of the person putting the article into storage, countersigned by a second member of staff
- The time and date of notification to the police and the message number notified by the police control room
- The time and date the material was removed by the police. The signature of the police officer removing the material must be obtained.

7.0 Emergency Procedure for an Unconscious Child

7.1 If a child is found unconscious they should be put into the recovery position and an ambulance called immediately.

7.2 A member of staff should remain with the unconscious child until the ambulance arrives.

7.3 Another member of staff should collect any evidence of substance use. If possible, part of the substance should be sent in the ambulance with the staff member accompanying the child as this may assist in the treatment.

- 7.4 Contact the child's parent(s) where possible.
- 7.5 Complete an Incident Report.
- 7.6 A Notification should be sent by the registered manager to Ofsted.

8.0 Procedures for a Conscious Child

- 8.1 Remove other children from the immediate area.
- 8.2 Keep the child calm. Do not chase or excite, as this could be dangerous if gasses, glue or aerosols have been used.
- 8.3 Summon an ambulance if the child health is thought to be at risk. If unsure contact **NHS Direct Tel: 111** for advice.
- 8.4 If it is not possible to calm the situation down, consideration needs to be given to calling the police.
- 8.5 A member of staff should collect any evidence of substance use and a portion should be sent with the child if they are taken for medical treatment. Otherwise the substance should be securely stored and the police notified for collection. Ref: [Section 6 Incident Management](#).
- 8.6 Contact parent(s) where possible and complete an Incident Report.

9.0 Searches

Ref. [Privacy and Confidentiality Policy](#)

- 9.1 Children living in the home have the right to privacy for themselves and their property. However if staff believe that dangerous or illegal substances are being stored in a child's room then the room must be searched. Whenever possible, the child should be present along with two members of staff. If the child is not present and the search cannot be postponed, then the child should be informed as soon as possible.

- 9.2 If a child is suspected of carrying drugs, staff can request that they turn out their pockets. Two members of staff must be present. Clothing is not to be removed.
- 9.3 Where the above situations arise in a Small Group Home it may be necessary to bring in a member of staff from another Small Group Home to ensure two members of staff are present when the search is undertaken.
- 9.4 If the child refuses to allow the search then staff should take advice from a Manager regarding whether the police should be called with a view to an official search taking place.
- 9.5 If a child is carrying out illegal activities within the home, for example, using drugs or supplying drug to others, then he/she must be asked to stop and the drugs confiscated.
- 9.6 If he/she refuses to hand the substance over then staff should take advice from a Manager regarding whether the Police should be called.

10.0 Drug Health and Safety Precautions

- 10.1 Discarded needles and syringes must be disposed of in a sharps box.
- 10.2 Staff must wear domestic cleaning gloves when handling discarded needles and syringes. Gloves must be disposed of after use. Ref: [Control of Infection](#) Policy.
- 10.3 If staff are concerned about contamination or injury, they should seek advice from NHS Direct (Tel 111) or from the Occupational Health Unit.
- 10.4 All staff working in children's homes are advised to have the Hepatitis B immunization.

11.0 Solvent Use

- 11.1 Staff should be aware of the potential dangers of children using solvents, for example, hairspray, glue, lighter fuels.

- 11.2 If a child has a history of using solvents, then the risk assessment should highlight the need to ensure no items are present in their bedroom that could cause harm.
- 11.3 The child should be advised about the dangers of solvent use and the effect this can have on their health. Advice should be sought from Health colleagues, for example the Nurse for Children in Care.
- 11.4 Should a child become unconscious from using solvents then procedures under [Section 8](#) should be followed. If substances are found in a child's bedroom these should be removed immediately and the child informed as soon as possible.

12.0 Children with an identified drug-dependency

- 12.1 A small number of children may have an identified dependency on substances, especially heroin. In such situations a detailed need and risk assessment must be undertaken to ascertain if the child can be accommodated in the home safely.
- 12.2 To ensure the safety of the child and others a range of issues will need to be considered:
- The substance used and the route of administration
 - The health of the child
 - Pattern of use, history of overdose and any other risk factors
 - How the use is funded and the risk that this entails
 - The child's willingness and capacity to manage their use and related behaviours.
- 12.3 A range of responses will need to be explored with the child and these could include:
- Encouragement to transfer to prescribed medication (methadone).
 - Support for the child to reduce or end their use.

If this is not possible then the child must be supported to practice safe management of their use including the use and provision of sharps boxes and access to needle exchange services.

12.4 If a decision is made to place a child with a history of dependent substance misuse in residential care, it is essential that careful planning for their needs are made in consultation with their social worker, drug services and the police and that any resulting plan is reviewed regularly.

13.0 Policy Relating to Substance Misuse and Residential Workers

13.1 Residential care workers must act responsibly and must be fully able to undertake their shift responsibilities.

13.2 If a residential care worker arrives on duty and colleagues believe that person to be under the influence of substances, the colleague must notify the manager or worker in charge.

13.3 If it is considered that the worker will be unable to provide the full service of care to the children, the manager can:

- Send the employee home
- Seek advice from Human Resources
- Initiate disciplinary action.

If it is suspected that the worker has reported for work under the influence of substances, they may be asked to undertake a drug test.

INFORMATION FOR CHILDREN ABOUT SUBSTANCE MISUSE WITHIN THE HOMES

“A drug is any substance which affects the way in which the body functions physically, emotionally or mentally and includes tobacco, alcohol, solvents, over the counter and prescribed medication, as well as illegal substances”.

SCODA 1997

Warrington Children’s Homes are committed to providing a healthy and safe home for all the children who live there. Therefore the use or storage of drugs in the homes will not be allowed.

Your safety will be considered to be at risk if you are using drugs and it will be necessary to share this information with other people to make sure you are kept safe and receive help. Staff will provide you with information about drugs and any help that you may need.

You have the right to privacy for yourself and your property. However if staff believe you are carrying drugs they will ask you to turn out your pockets. If they believe you have drugs in your room they will search your room. Two members of staff will carry out all searches. If you do not help with the searches then staff will consider contacting the Police who will then carry out the search.

WHERE TO GET HELP**Local Drug and Alcohol Services****National**

Talk to Frank (talktofrank.com)	0300 123 6600	NHS Direct	111
Drink line	0300 123 1110		
Childline	0800 1111		
National Drugs helpline	0300 330 0659		

Local

Warrington Youth Service 01925 442440 Pathways to Recovery Warrington 01925 415176 Footsteps for Families 01925 442440 or 244524	Warrington Stop Smoking Service 01925 843713
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