

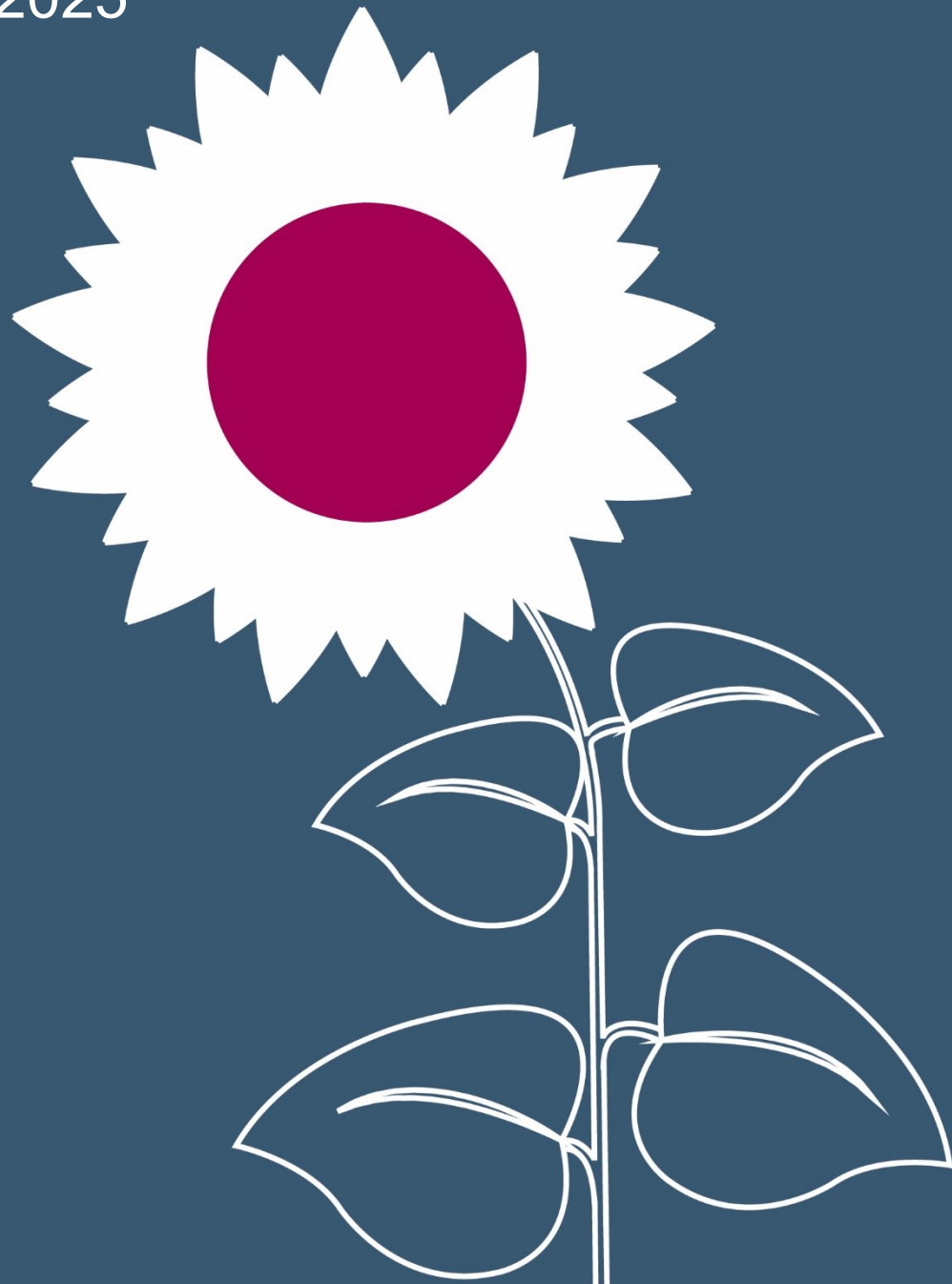


City of
Stoke-on-Trent

Substance Misuse Within Residential Care

Tri x 5_4_10 July 2024

Review July 2025



Information sheet

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| Service area | Children's Social Care |
| Date effective from | Dec 2013 |
| Responsible officer(s) | Strategic Manager Children in Care |
| Date of review(s) | March 2021 July 2022 September 2023 July 2024 |
| Status: • Mandatory (all named staff must adhere to guidance) • Optional (procedures and practice can vary between teams) | Mandatory |
| Target audience | All residential care staff and Registered Managers |
| Date of committee/SMT decision | |
| Related document(s) | |
| Superseded document(s) | September 2023 |
| File reference | 5_4_10 |

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1 Introduction

- 1.1 Stoke-on-Trent City Council is committed to providing a drug free environment within its children's homes. ([See Appendix 1 for definition of 'drug'](#)) The issues surrounding the use of drugs are complex and there are no easy solutions to this problem. However, residential carers have a responsibility to promote the health and well-being of all children 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 carers to actively discourage the use of drugs by children and young people. 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 or young person 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 Aims of the Policy

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

3 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. (The list gives some indication of some drugs/substances).
 - **Class A:** Morphine, opium, heroin, cocaine, LSD, magic mushrooms, ecstasy, methadone, methamphetamines (crystal meth).
 - **Class B:** Amphetamines, barbiturates, codeine, cannabis, Ritalin, synthetic cannabinoids, ketamine.

- **Class C:** Anabolic steroids, GHB, GBL, benzodiazepines (diazepam), piperazines (BZP).
- 3.2 With regard to **controlled drugs on the premises**, if someone occupies, owns or even manages premises and they allow or turn a blind eye to 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, 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 Approach when working with Young People

- 4.1 When a child first comes to live in the home the Substance Misuse Policy should be explained to them in a way that they understand. Where drug use is an issue its management will be part of a Risk Assessment available to the Young Person and be included in their Behaviour Management Plan and any relevant information about support services should be made accessible for them.
- 4.2 The behaviour, not the person, should be seen as unacceptable.
- 4.3 The negative influence that a drug user might have on other children in the home should be considered and strategies established to minimise the risk, such as education, counselling and therapeutic support services.
- 4.4 All carers should have some knowledge of drug/alcohol related issues. However additional training will be provided dependent on the needs of the young people in placement. This will be undertaken at the planning stage or when the need arises.
- 4.5 **Signs of Misuse:** Signs of misuse can be confused with other problems, which can be part of normal teenage development. Discuss with the young person your concerns and find out the extent of the problem. Explain the limits of confidentiality and establish if the young person needs any help. Records should be kept to identify any themes.
- 4.6 **Confidentiality:** The promise of absolute confidentiality cannot be given, especially when there is a risk to the safety of the child, young person 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 Manager and relevant documentation completed.

5 Awareness and Education

- 5.1 Drug education forms part of the general health awareness of children and young people and carers. Carers should use opportunities to talk informally to young people about substance misuse and health issues. Raising awareness is aimed at giving children and young people the understanding of pressures they may experience and the skills to cope with them.
- 5.2 Young people 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, problem solving, and dealing with peer pressure.

- Care and Support – This ranges from the provision of accurate and consistent information to specialised therapy.
- Healthier Lifestyles – All children and young people must be encouraged to develop or maintain a healthy lifestyle.

6 Incident Management if Substances are found

[Ref. Behaviour Management Policy where appropriate](#)

- 6.1 If substances are found within the home a Manager should be informed immediately.
- 6.2 If it is established that a young person is using illegal substances or illegal substances are found on the premises then following consultation with the Home Manager, carers may contact the Police, although it will not be necessary to identify the young person at that stage. Carers must first contact the local police control room to arrange for the Neighbourhood Policing Team to attend the home.
- 6.3 All paraphernalia/substances must be removed from the young person. These must **NOT** be disposed of by carers. 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 carer acting as witness where possible. Where lone working, the policy is to be followed and clear records kept while in contact with someone from the management team.
- 6.4 Drugs and drug related material must be stored securely in appropriate storage containers and then handed to the police for disposal.
- 6.5 Domestic cleaning gloves must be worn when disposing of discarded needles and syringes [Ref. Infection Control Policy](#). They must be disposed of in a sharp bin.
- 6.6 It is important that all action taken is recorded and kept in a confidential place. The 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 carer

- 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 Emergency Procedure for an Unconscious Child

- 7.1 If a child/young person is found unconscious they should be put into the recovery position and an ambulance called immediately.
- 7.2 A carer should remain with the unconscious child person until the ambulance arrives.
- 7.3 Another carer should collect any evidence of substance use. If possible part of the substance should be sent in the ambulance with the carer accompanying the child as this may assist in the treatment of the child.
- 7.4 Contact the child's parent(s) where possible and appropriate.
- 7.5 Complete an Incident Report and detailed record.

8 Procedures for a Conscious Child

- 8.1 Remove other children from the immediate area.
- 8.2 Keep the child/young person 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's health is thought to be at risk. If unsure contact **NHS Direct Tel: Urgent care 111** for advice or online health checker.
- 8.4 If it is not possible to calm the situation down, consideration needs to be given to calling the Police or other staff for support.
- 8.5 A carer 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 and detailed record.

9 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 carers believe that dangerous or illegal substances are being stored in a child's room then the room must be searched. Wherever possible, the child should be present along with 2 carers. 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, carers can request that they turn out their pockets. Two carers must be present. Clothing is not to be removed.
- 9.3 If the child refuses to allow the search then carers should take advice from a Manager regarding whether the Police should be called with a view to an official search taking place.
- 9.4 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.
- 9.5 If he/she refuses to hand the substance over then carers should take advice from a Manager regarding whether the Police should be called.

10 Drug Health and Safety Precautions

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

11 Solvent Use

- 11.1 Carers should be aware of the potential dangers of children using solvents, for example, hairspray, glue, lighter fuels, deodorants.
- 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 remove immediately and the child informed as soon as possible.

Appendix 1 Information for Children and Young People

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

Stoke-on-Trent Small Group Homes are committed to providing a healthy and safe home for all the children and young people who live there. Therefore the use or storage of drugs in the homes will not be allowed unless this is a prescribed alternative.

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. Carers 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 carers 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 carers will carry out all searches where possible. If you do not help with the searches then carers will consider contacting the Police who will then carry out the search.

Appendix 2 Where to get help

Local

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| Staffordshire Police | 101 or 999 in an emergency |
| T3 Young People's Drug and Alcohol Service | 01782 221090 |
| Drug and Alcohol Action Team | 01782 235708 |
| Druglink | 01782 425100 |
| Young People's Drug Project | 01782 234195 |

National

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|--|----------------------------|
| Talk to Frank www.talktofrank.com | 0300 123 6600 or txt 82111 |
| NHS Direct | 111 |
| Childline www.childline.org.uk | 0800 1111 |
| Alcohol concern www.alcoholconcern.org.uk | 0800 917 8282 |
| Quitline (smoking) www.quit.org.uk | 0207 539 1700 |