



Chesterfield Royal Hospital Emergency Department Guideline:

When a child/young person presents under the influence of alcohol &/or drugs

1. Introduction/rationale

- 1.1 This guideline is for the emergency department staff treating children and young people under the influence of alcohol and other substances (including New Psychoactive Substances) who reside in Chesterfield and Derbyshire County.
- 1.2 The purpose of this guideline is to provide a framework to help emergency medicine health care professionals identify concerns about those intoxicated children/ young people at risk, undertake a standard assessment, and ensure an appropriate response. This response may include referral for a full single/multiagency needs risk assessment or an opportunity to provide health promotion/ harm reduction, advice and information.
- 1.3 Professionals working with, or in contact with, children or young people &/or their families have a duty of care to ensure that the child's or young person's needs in regard of protection and their health/emotional well-being are considered with them in the context of their individual circumstances.
- 1.4 **Appendix 1** provides a process flowchart for the management of children and young people presenting to children's emergency departments under the influence of alcohol &/or substances.

2. Background/context

- 2.1 Adolescence is a period of significant physical, cognitive and social change, in which young people begin to develop a growing sense of our individual identity. It is now well established that increasing numbers of young people are engaging in a range of risk behaviours including the misuse of alcohol drugs and other substances before reaching the age of 16 years. The reasons behind this behaviour vary considerably. For some young people this will be experimentation or in response to peer pressure, but for others it may occur as a result of significant issues affecting their life

circumstances and well-being. Several national reports and recommendations from significant case reviews have highlighted the serious impact of alcohol/drug misuse on the health and welfare of children and young people. This applies to:

- Problem alcohol and/or drug misuse by children and young people under 16 years of age (or up to 18 years of age if looked after and accommodated by the local authority).
 - Children and young people affected by parental alcohol and or drug misuse.
- 2.2 Emergency Departments are at the front line for young people who suffer the consequences of drinking too much alcohol and/or taking illegal substances and new psychoactive substances (also known as 'legal highs'). Emergency departments provide support and treatment to thousands of young people each year. Studies have found the importance of a teachable moment for opportunistic intervention in emergency departments (Williams at all, 2004 via public help).
- 2.3 In Derbyshire, there continues to be an increase in the number of children and young people attending the Emergency Department with drug and alcohol misuse.

3. Principles and Procedures

- 3.1 **Any child of 12 years or under presenting under the influence of alcohol and/or drugs** should automatically be referred to children's social care. The procedures followed are set out in the existing child protection guidelines.
- 3.2 **For children and young people aged 13 years and over, where there are concerning additional features &/or risk is increased as a result of impact or vulnerability issues** (see [DDSCP Threshold document and appendix 1 flowchart](#)), a referral to children's social care should be made. The referrer should follow up a telephone referral in writing via the [Derbyshire Starting Point referral form](#).

Within one working day of a referral being received, a Local Authority Service Manager will make a decision about whether the referral criteria are met and the type of response that is required.

- 3.3 Wherever possible prior to discharge, the Emergency Department health professionals will support the young person to complete the **drugs, alcohol and New Psychoactive Substances (NPS) screening tool (Appendix 2)**.

This considered in conjunction with the process flowchart (**Appendix 1**) (over and above any clinical information collected to ensure adequate management/ follow-up of the case) will support decision making about the need for referral to the young person's substance misuse service prior to discharge.

The referral, **with consent of the young person**, should be made on the CGL website www.changegrowlive.org

- 3.4 Other onward referral to other agencies, such as CAMHS when there is self-harm/suicidal behaviour, can be made using the **relevant** referral method.

- 3.5 The child or young person should **not** be discharged until the Emergency Medicine Physician is fully satisfied that the child or young person is medically fit for discharge, the parents/ guardian are involved, and immediate risk assessment has been completed and social work services and/or the police contacted if indicated. Any child or young person who remains medically unwell and/or there is no responsible adult available for them to be discharged into the care of should be admitted to the ward.

The Paediatric Liaison Nurse must be notified about all children presenting under the influence of alcohol and/or drugs attending the Emergency Department. If the outcome of the referral to Children's Social Care is a recommendation for an early help assessment, the Paediatric liaison nurse will assist in taking this forward.

- 3.6 On occasions where it is necessary to admit a child or young person to hospital as a direct consequence of intoxication or substance misuse or through illness/injury caused as a result of intoxication/substance misuse, ward staff should also follow the above procedures. They should ensure in cases where the drugs, alcohol and New Psychoactive Substances (NPS) screening tool hasn't yet been completed, that steps are taken to support the young person to do so. This in conjunction with the process flowchart will support staff in their decision making about the young person's welfare and support needs.
- 3.7 Wherever possible, all staff should provide and discuss appropriate health promotion/harm reduction advice together with the issue of information/education leaflets, as a minimum standard of good practice.

4. Sharing of information

- 4.1 Emergency medicine health professionals should proactively inform the young person about how information will be shared and seek their consent. The approach to sharing information should be explained openly and honestly. Where this is done, young people will be aware how their information may be shared, experience shows that most will give consent.
- 4.2 When a child/young person presents under the influence of alcohol/drugs, they will always be assessed as **not competent to consent**. When a young person under the age of sixteen does not willingly give consent, a person with parental responsibility should be asked to consent on their behalf (unless there is a specific risk of harm to a child/young person and/or sharing information with parents would place the child at greater risk). Where there is difference of opinion the professional/ practitioner should always act in the best interests of the child even where this means overriding refusal to consent.
- 4.3 Sharing information is vital for early help to ensure that children and young people with low-level and emerging needs get the services they require. It is also essential to protect children and young people from suffering harm from abuse or neglect and to prevent them from offending.
- 4.4 In all situations, the overriding consideration as to whether to share information should be the safety and welfare of the child. If a practitioner/professional is concerned that the young person

may potentially be at risk of future harm then relevant information should be shared with appropriate agencies to enable a single multiagency risk assessment.

4.5 The information shared, the reasons for it, and with whom it was shared should be recorded.

4.6 If the patient absconds from the department, the police should be contacted as well as the parents or guardian.

5. Roles and responsibilities

All emergency medicine health professionals

- To utilise the process flowchart (**Appendix 1**) and implement actions as identified.
- To record **all** relevant information on the data system.
- To ensure all assessments detail any referrals made and their outcome including EHA, S17, S47, young person's consent for a referral to the Young Persons Substance Misuse Treatment Service and whether a referral was made.

Paediatric Liaison Nurse

- To have an oversight of the process flowchart (**Appendix 1**).
- To review all assessments and any referrals made and;
 - To consider if any further action is needed including referral to Children's Social Care and/or liaison with community health services i.e. the young person's substance misuse treatment service if a young person scores 3+ and refuses to give their consent for a referral to Young people's Substance Misuse Services; and
 - To follow up any referrals made and to liaise as appropriate.

Children's Social Care

- To respond and work effectively with emergency medicine health professionals to ensure children and young people are safeguarded from the risk of harm and neglect.

Young Persons Substance Misuse Services

- To provide the Emergency Department with appropriate resources that give information and advice around alcohol/drugs in addition to the contact details of all the relevant local support services.

- To respond to all referrals from the Emergency Department, where consent from the young person has been provided and the referral form has been signed by a doctor/nurse.
- To attend staff briefings when necessary to discuss any relevant information regarding the process.

6. Links to existing policies

Procedures of particular note are existing organisation safeguarding children policies in emergency departments and Derby and Derbyshire Safeguarding Children procedures, particularly 1.2 "[Making a Referral to Social Care](#)" and the [Thresholds](#)" document. 5.2. This protocol will be reviewed in one year to assess how it is being embedded into clinical practice. Also the Chesterfield Royal Hospital Safeguarding Children and Young People Policy (2016)

7. Monitoring of Compliance

Emergency Department Data and referrals to the Young person's Treatment Service will be monitored on a quarterly basis over the first year of this protocol.

8. Detail of any partners/stakeholders involved either in the document or EIRA

- Chesterfield Royal Hospital's Emergency Department
- Young Person's Substance Misuse Treatment Services
- Derby People Directorate; early help and children's safeguarding
- Public Health Directorate

9. Glossary

Young person - the term young person is used to describe those under 18 years old unless specified as different within the protocol.

10. References

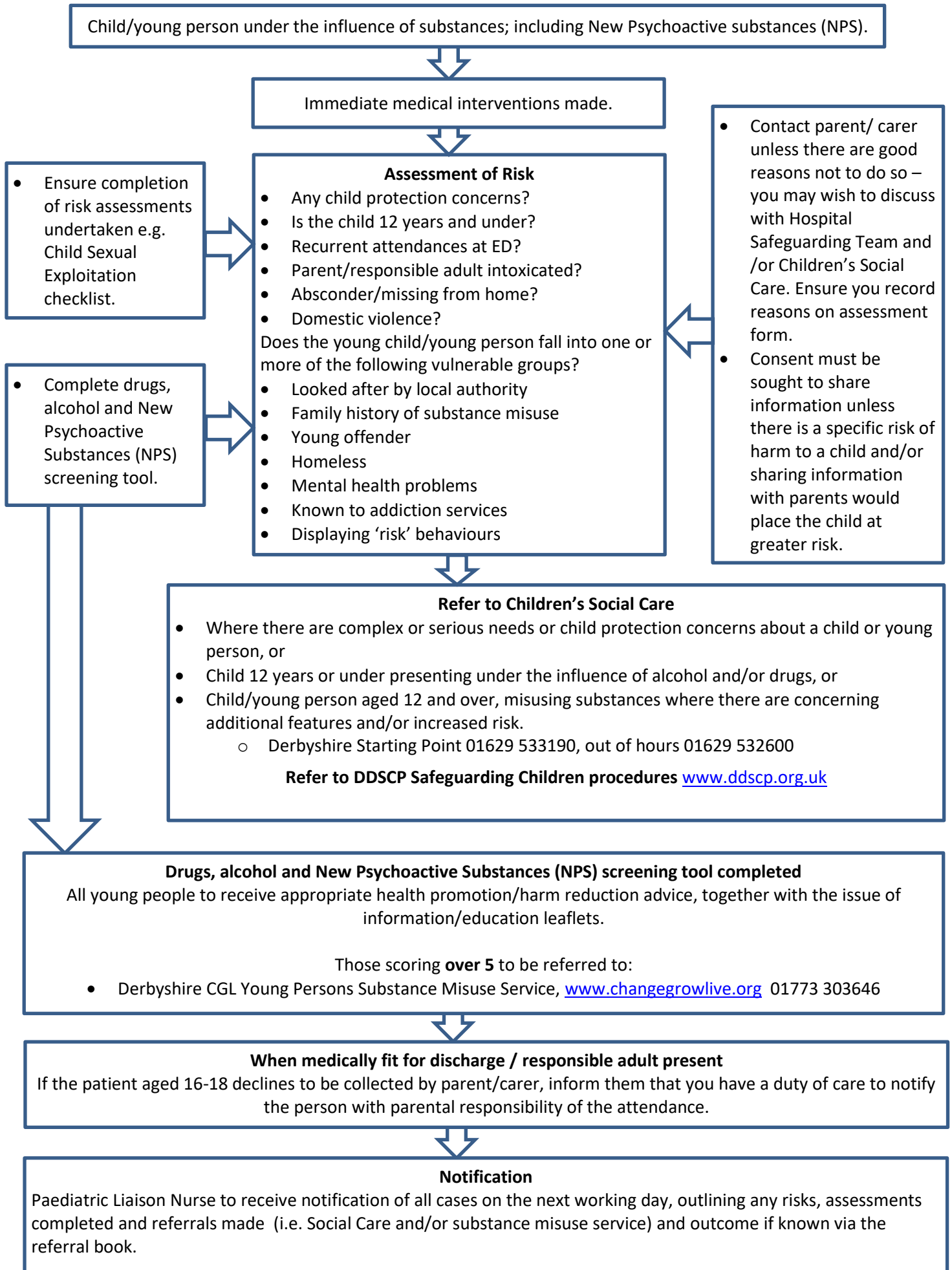
- (i) Derby & Derbyshire Safeguarding Children procedures
- (ii) DDSCP Thresholds document
- (iii) DDSCP Information sharing agreement and guidance for practitioners
- (iv) NHS Derby City Child Protection Guidelines for NHS staff working in Accident and Emergency Departments

- (v) Williams, S., A., Patton, R., Crawford, M.J., Touquet, R. (2004) The half-life of the 'teachable moment' for alcohol misusing patients in the emergency department within the Public Health Hospital Alcohol Pathway.
- (vi) Chesterfield Royal Hospital Safeguarding Children and Young People Policy (2016)

Version Control

Version	Author/s	Signed off by	Date	Review Date
1.	Authors: Hannah Birchall, Paediatric Sister and Dr Lucy Jones, Consultant in Emergency Medicine, CRH	DSCB Policy and Procedures Group	November 2017	November 2022
2.	Review Hannah Birchall Paediatric Sister	DDSCP Policy & Procedures Sub Group	August 2021	August 2023

Appendix 1: Process flowchart for young people attending ED under the influence of alcohol and/or drugs (including New Psychoactive Substances)



#Screening



Drugs, alcohol & NPS

Under 19?

Live in Derbyshire

Substance means; any drug not prescribed by a doctor, including: alcohol; cannabis; cocaine; ecstasy; crack; LSD; amphetamines; ketamine; solvents (glue/gas/aerosols); heroin; poppers; tranquillisers/anti-depressants; steroids; performance enhancers; mephedrone (mcat); Novel Psychoactive Substances

Do you use any drugs, alcohol or misuse prescription medicines?

regularly	occasionally	rarely	never
5	3	1	0

Do you use any white powders or pills (mcat, ketamine, cocaine, NPS, MDMA, ecstasy, etc)?

5	3	1	0
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Do you smoke any substance other than cigarettes (e.g. cannabis, synthetics)?

5	3	1	0
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Do you use more than one substance at a time, including alcohol?

7	4	2	0
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Do you spend more than you can afford on drugs & alcohol?

5	3	1	0
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Do you use substances when you are alone?

5	3	1	0
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Do you ever later regret any decisions or actions whilst under the influence, including memory loss/black outs?

5	3	1	0
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Have you had unplanned & / or unprotected sex due to being under the influence?

7	4	2	0
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How often do you use because you are unhappy, because it helps you to cope or to block things out?

7	4	2	0
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Does using substances affect your ability to cope with education, training or work?

5	3	1	0
---	---	---	---

Does your substance use ever lead you into crime, antisocial behaviour or violence?

7	4	2	0
---	---	---	---

Do your friends or family worry about you using?

5	3	1	0
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Do you ever use steroids or image enhancing drugs, either orally or injecting?

Yes

No

Once completed, please turn over for more info...

score:



Score and next steps:



0-5: It's always good to keep your knowledge up to date and be aware of the risks associated with substance use. Visit www.talktofrank.com.

6-15: This score suggests you are likely to be experimenting with substances. Are you making an informed choice by understanding the risks, effects, dangers and consequences? Could you explain all of these to a friend? If not, get in touch with CGL or Breakout and we can fill in any gaps and try and make sure you don't take risks you might later regret.

15+: This score suggests that you could be having or are likely to have difficulties in relation to substances. Be honest and ask yourself are substances impacting on you and causing you problems? What would a parent/carer or friend who cares about you think or say? A referral to CGL or Breakout could help you make some positive changes and limit the impact that substances have on your life. Give us a call, or ask someone to make a referral to CGL or Breakout.

Using any substance including alcohol can cause you problems

Injecting any substance can make you dependent, increases the risk of overdose and risk of viruses like HIV and Hepatitis C.

Mixing substances is dangerous and can make you feel unwell or cause you to overdose.

Using substances when you are **alone** can mean that you are becoming dependent and the risks may increase – if anything goes wrong who would know?

Using substances when you are **unhappy** may seem helpful but it can make matters worse.

If substance use is **affecting** any area of your life, you need to think carefully about whether this is the life you want? Would you be better off **stopping or cutting** down your substance use?

REMEMBER

1. You don't know what's in your drugs (especially if it's powders or pills)!
2. If something is legal, it still doesn't mean it's safe!
3. If something goes wrong, call an ambulance



✉ Derbyshire CGL, Unit 1,
Derwent Street, Belper, DE55 7DQ

☎ 01773 303646



✉ Breakout – Derby City Young
Persons Substance Misuse
Treatment Service

☎ 01332 641661

You can also contact FRANK (national helpline): Freephone: 0800 776600 or