

# Young People's Basic Substance Awareness Course

## e- Learning Handbook

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# Identifying Substance Related Needs

## Introduction

Hampshire Drug and Alcohol Action Team (DAAT) has developed this e-learning opportunity to enable people working with children/young people, their parents and carers to increase knowledge and awareness of substance use and related issues. The e-learning course comprises of three modules allowing people to undertake study at their own pace. There are three separate modules, each with their own learning outcomes. Collectively they support individuals to explore attitudes and values, develop knowledge, increase awareness and identify and meet needs. The e-learning process consists of the following modules;

**MODULE 1: Knowledge of substances - how they are used and their effects.**

**MODULE 2: Substances and the Law.**

**MODULE 3: Identifying substance related needs.**

### **Who is the course for?**

These modules have been developed for front line staff working with young people in Hampshire from Children's Services, Education, Health, Community & Voluntary Sector, YOT, staff within social inclusion projects and foster carers.

Although the modules have been designed for staff working with children and young people, there will also be relevant learning for staff working with adults.

## **How to use the e-learning programme**

To complete each module participants will need to prepare for a variety of study approaches. Individual exercises require participants to source information and provide answers before proceeding to the next exercise.

### **Exercises for completion require a combination of the following;**

- Researching information from different websites (links provided)
- Certain exercises require participants to consult colleagues and young people so time should be built in for undertaking this work
- Sourcing agency policies relating to specific topics

### **To assist participants progress through each module participants should have access to;**

- Pen and paper to make notes
- The internet
- Policy documents
- Opportunities to consult with colleagues and young people

## **How the modules support continuous personal development and building portfolio evidence**

The learning modules have been constructed so that individuals can gather information and evidence to complete the exercises. On completion, printed answers and scores to module exercises should be submitted to the Drug & Alcohol Action Team and where necessary feedback will be provided. Completion of all modules will involve learners being awarded a certificate.

The evidence gathered for the modules can be used to demonstrate learning against the outcomes. The completed modules can be used to develop a portfolio of learning which could be used as evidence for NVQ's.

### **Key Web Links**

During your progression through these modules, you may require additional information. One source of this information may be the internet. Below are a number of sub heading and by clicking on each one, pop-up boxes will be displayed which have links to related websites. All of the websites can be used to obtain further information to aid your development and for future reference:

### **Definition of 'substance'**

The definition of 'substance' to be used in Hampshire, based on DAAT guidance, is as follows;

'Substance' is used to refer to any psychotropic substance (capable of affecting the mind – changing the way we feel, think and or behave) including alcohol, tobacco, drugs sold as 'legal highs', illegal drugs, illicit use of prescription drugs and volatile substances such as solvents (gases, lighter and other fuel) some plants and fungi (magic mushrooms); over-the-counter and prescribed medicines that are used for recreational rather than medical purposes.

## **Module 3 Identifying substance related needs**

### **Learning Aim:**

To increase knowledge and understanding of the terminology related to substance use, types of use, identifying risks and screening

### **Learning outcomes:**

By the end of the module participants will have:

- Read national definitions related to substance use and explored how to explain these terms in a child/young person centred way
- Described different types of substance use and associated problems
- Identified different problems associated with substance use
- Increased knowledge of the process of identifying substance related needs and referral criteria to services to meet unmet needs

## **Terms and Definitions**

In this first exercise you will be introduced to the key terms and definitions used. On the next page, there are a number of key words. If you move your mouse over any of these words a definition will appear.

A number of the definitions have been widely used since their development by the Health Advisory Service report 'Substance of young needs' (1996). Others have been described within the National Drugs Strategy and by DrugScope and the Children's Legal Centre. Some of the definitions have been written to draw attention to the fact that we should think and deal with young people's use in a different way to adults.

Adopting a child/young person centred approach is essential. The definitions are an attempt to get all children and young peoples' services to use and speak the same language when addressing substance use issues. On reading these terms you will notice that they are not easily transferable to using with children or young people.

## **Key Term Definitions**

### **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 or more units for a male and 6 or more for a female. For younger people the number of units should be much smaller. (DrugScope 2003).

### **Drug**

The term 'drug' is used to refer to any psychotropic (affecting the mind) substance, which includes illegal drugs, alcohol, illicit prescription drugs, volatile substances and tobacco (HAS 2001)

### **Drug Taking**

Drug taking is the consumption of any legal or illegal drug. (SCODA/Children's Legal Centre 1999).

### **Substance**

Young people's drug taking is often inextricably linked to the consumption of alcohol and tobacco. Therefore the term substance refers to both drugs (see above) and alcohol.

### **Substance Use**

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

## **Substance Misuse**

Substance taking which harms health or social functioning is described as substance misuse. It may cause dependency (physical or psychological) or drug taking which is part of a wider spectrum of problematic or harmful behaviour (HAS 1996). Substance misuse will require treatment.

## **Hazardous Drinking**

This is a pattern of heavy alcohol consumption which carries a high risk of future damage to the health of the drinker, but which has not yet resulted in significant physical or psychological harm. The Alcohol Needs Assessment Research Project (ANARP) (Department of Health et al, 2005) defines this as around 22–50 units per week for men, and 15–35 units per week for women.

## **Harmful Drinking**

This can be defined as heavy alcohol consumption already resulting in physical or mental harm to the user. ANARP defines this as >50 units per week for men and >35 units per week for women. This group does not include drinkers who have developed alcohol dependence

## **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). 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 require a full assessment and the treatment will be delivered within a plan, according to the agreed procedures for case management (SCODA/Children's Legal Centre 1999).

## **Tolerance**

This occurs when the body gets used to the repeated presence of a particular substance. As a result a person has to drink more to get drunk, smoke more to get 'stoned'. They have to use higher doses to obtain the desired effect. However tolerance can drop fairly quickly when the substance is not being used regularly and so there is a risk of overdose if the drug is used at the same amount. (Drummond 1991)

## **Craving**

This is a little understood phenomenon for what is commonly a complex, personal and often intensely unpleasant experience. A person's thoughts are preoccupied with thoughts about the substance and the pleasure that it can induce. Events, objects or places can trigger cravings. Clients need to be taught strategies to deal with these feelings which do pass with time. (Drummond 1991)

## **Overdose**

Use of any substance in such quantities that acute adverse, physical or mental effects occur. It can be deliberate or accidental; lethal or non-lethal (DrugScope 2004)



## **Your Terminology**

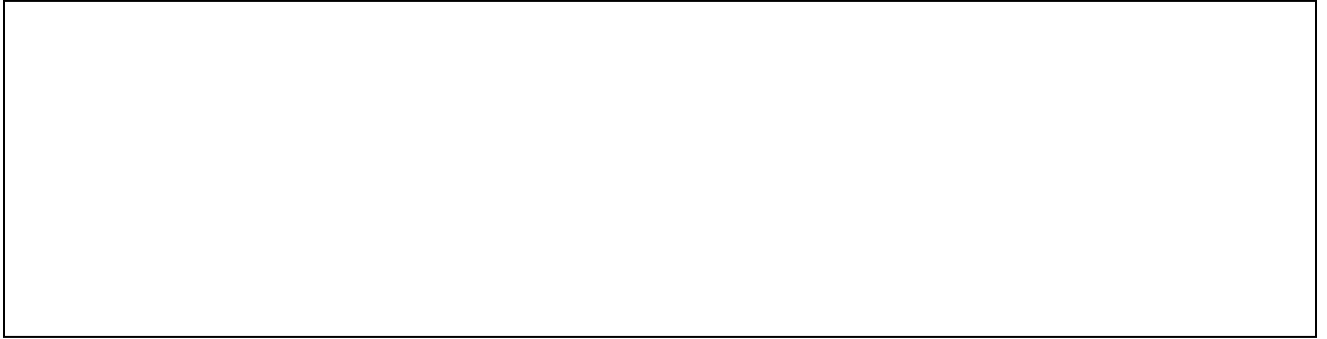
Your task is to re-write these definitions using key words, phrases or sentences. Think of a young person or group of young people that you work with. Firstly state their age/s, and also consider their development age, and any language or communication issues. Then write a few words on how you would explain these key terms. Write your thoughts and ideas into the boxes next to each term.

### **Tolerance**

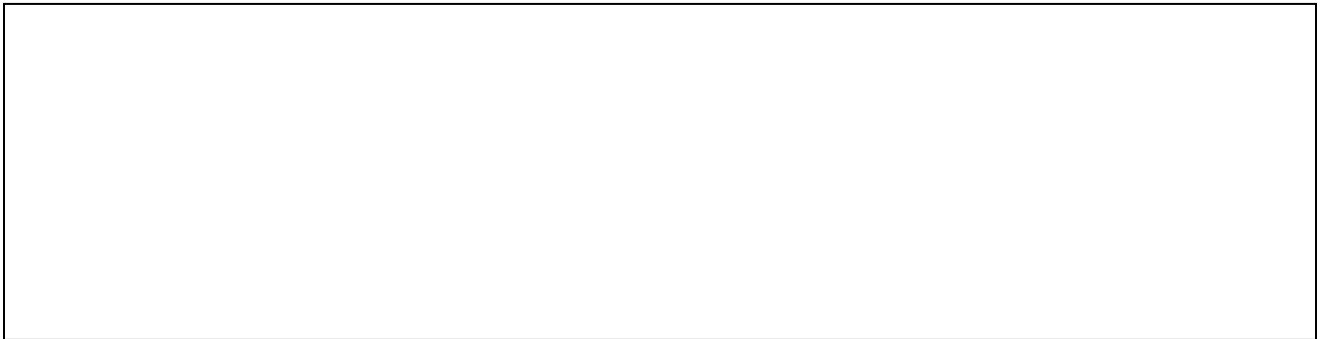
### **Craving**

### **Overdose**

## **Substance Use**



## **Substance Misuse**



## **Module 3 - Terminology**

You have completed Section 1 - Terminology.

You should now know the following:

- how different terminology is used by different groups of people

## Module 3 - Types of Substance Use

In this second exercise you will get to further explore the terms adults and young people may use to describe the pattern and/or frequency of substance use:

- **Experimental use**
- **Recreational use**
- **Regular use**
- **Dependent use**

Thinking about the terms ‘experimental’, ‘recreational’, ‘regular’, and ‘dependent’ consider the following:

1. What do these terms mean to you? Or look them up using the website addresses or use a dictionary.
2. Then ask other people including young people and note down their responses. Importantly as part of this, ask them to give examples by asking them to describe, how often they use a substance, how long use goes on for, how much is used etc?
3. Were your definitions the same or different to others?
4. Were young people’s definitions/interpretations the same or different to adult descriptions?

## Types of use - Summary

What the last exercise should highlight is that adults and young people may have similar and different interpretations of these definitions. Some of them may have been as follows;

- Experimental – once or trying things out in combination or using in different ways
- Recreational – substance use for pleasure - also implies substance has become part of a person's lifestyle (even though might be only occasionally)
- Regular – frequently or daily use
- Dependent – a compulsion to continue taking a substance in order to feel good or to avoid feeling bad

The most **important** thing is to when working with young people is to find out more detail of what is taken, how often, how much etc. Asking key questions/exploring more about patterns of use will help to reveal types of use and any associated risks.

## When can use become problematic?

It's important to recognise that although a young person's use may be recreational, experimental or regularly/daily use, it can still be associated with a higher level of risk. For example people who never or rarely take a substance could have an allergic/bad reaction to a small amount of a substance e.g. one ecstasy tab. If someone has stopped using all substances and is admitted to hospital and given pain relief, this could trigger a relapse.

This highlights the need to explore people's patterns of use and not make assumptions about their use.

Below are some further examples of where recreational, experimental or regularly/daily use can become problematic: (click on the terms to see more information about them)

## **Physical**

Allergic reaction, overdose, heart attack, sexually transmitted infections from unsafe sexual activity while using substances, tiredness, accidents (falling over)

## **Psychological**

Trigger mental health problems, low mood, memory loss

## **Social**

Family arguments, loss of friends, violence

## **Legal**

Drink/drug driving, coming into contact with criminal justice service, fines

## **Financial**

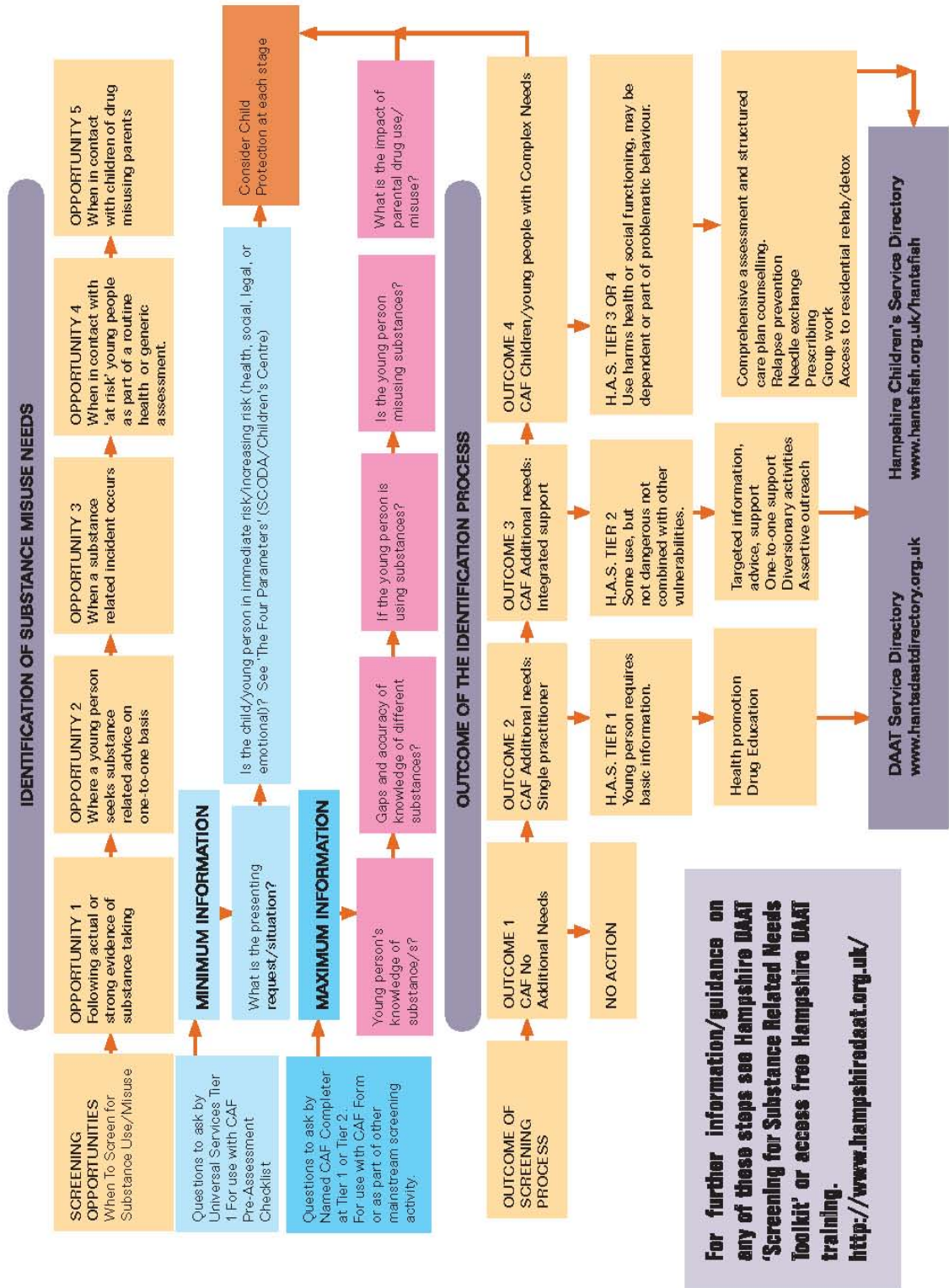
No money, work or schooling affected, loss of job

### **Identifying substance related needs - Module 3**

In the next section you will be introduced to the procedure for identifying young people's substance related needs

All children and young people's services are expected to identify any unmet needs within the Common Assessment Framework (CAF). Identifying needs relating to substance use should be incorporated into this process. Hampshire DAAT has developed guidance on how to identify needs within CAF  
<http://www3.hants.gov.uk/childrenservices/childrenandyoungpeople/drugsandalcohol.htm>

**Table 2**



## Identifying substance related needs

Completing this module should prepare you for identifying substance related needs. Obviously this will be dependent on your role, but as a minimum the Hampshire DAAT guidance requires people working with children/young people's to identify needs when one of the five screening opportunities presents.

1. Following actual or strong evidence of substance taking.
2. Where a young person seeks substance related advice on a one-to-one basis.
3. When a substance related incident occurs.
4. When in contact with 'at risk' young people as part of a routine health or generic assessment.
5. When in contact with children of drug misusing parents.

## Case Studies - Section 4

In this fourth section of this module - you will have the opportunity of reading a number of different case studies and identify different needs in relation to substance use.

### Case Studies - Introduction

Read through each of the following case studies and consider what the young person's needs may be.

To assist you, read through the following sections on Health, Education, Self Care and Emotional & Emotional Development. These four areas from DrugScope (2002) highlight how substance use can affect a young person and their life. Remember substance use may not at first be evident. Or substance use may be affecting the young person but the young person themselves may not see any connection between their use and their behaviour – thus may not present substance use as a need.

## HEALTH

Relates to CAF Form:

Section 1, Development of child, young person

- Health

Substance taking may affect a young person's health:

- Physical affects taking cocktails or unknown substances, the risk of over dose, development of tolerance and in some instances psychological dependence.
- Intoxication and regular substance use may precipitate mental health difficulties, such as depression, paranoia, or psychosis, or it may be a form of self medication in response to untreated mental health difficulties.
- Poor diet, substances may suppress appetite resulting in weight loss or increase appetite for sugary, processed food that is easily digested.

- Risk behaviour through disinhibition, income generation, or life style.
- Injecting; infections or injury from poor technique (e.g. abscesses); risk of infection (Hepatitis or HIV), if sharing injecting equipment; increased risk of overdose.
- Personal safety, vulnerability to abuse; involvement in drug supply, reduced awareness of or ability to respond to dangerous situations.
- Unsafe sex (STIs pregnancy) involvement in sex industry

## **EDUCATION**

Relates to CAF Form:

Section 1, Development of child, young person

- Learning.

Substance taking or misuse may affect a child/young person's education:

- Substance education may have been missed.
- Poor or inconsistent attendance.
- Special needs not assessed or addressed.
- Inappropriate or difficult behaviour; while under the influence or coming down from substances; involvement in substance taking peer group.
- Cognitive ability and concentration may be temporarily impaired due to substance effects or lack of sleep.
- Temporary or permanent exclusion; social exclusion.
- Legal difficulties related to substance taking or supply on school premises

## **SELF CARE SKILLS**

Relates to CAF Form:

Section 1, Development of child, young person

- Self care skills and independence

Substance taking may affect a young person's self care skills:

- physical care and hygiene may be neglected.
- problem solving and social skills may be impaired.
- ability/confidence in social interaction without taking substances may be affected.
- ability to sustain; or interest in, in engaging with agencies e.g. education, work, benefits).
- prioritizing; substance taking in preference to; basic needs (e.g. food and accommodation) budgeting, dealing with bills or other activities.
- ability to develop or re-engage with a positive social support network.
- maintaining contact with local authority carers after leaving care.

## EMOTIONAL & BEHAVIOURAL DEVELOPMENT

Relates to CAF Form:

Section 1, Development of child, young person

- Emotional & social development
- Behavioural development

Substance taking may affect a young person's emotional and behavioural development:

- Unacceptable, aggressive or passive behaviour linked to taking stimulants or depressants, or substance taking lifestyle.
- Substance taking as a cause or way of coping with emotional difficulties in the absence of alternative skills or strategies.
- Effects of withdrawal or intoxication on behaviour; self-harm, disinhibition, depression, anxiety.
- Failure to achieve maturational milestones; positive self image, empathy.
- Impulsive or inconsistent behaviour; disregard for rules/norms; self-interest.
- Anti-social behaviour, attitudes and peer group involvement leading to social exclusion.
- Inconsistent or damaging relationships; isolation from positive influences (family, carers, friends, culture); age-inappropriate, risk of exploitation/abuse.

## Case Study 1

Sam is 17. He is at college and goes drinking regularly with friends most evenings. He smokes 20 cigarettes a day. He goes to see the college Nurse as he has developed abdominal pains, which he says happens every time he has a curry. Now list what needs have arisen from the case studies based on the information given; Sam needs, please describe;

## Case Study 2

Georgia is 14 and is worried about her weight. She has been going out with her friends at the weekend and she has started using 'speed' which she has learnt stops her from feeling hungry. She has also started to drink a bit at the weekend but, because she goes out without eating, she has been drunk on several occasions and can't remember getting home. She says she feels exhausted most of the time. Now list what needs have arisen from the case studies based on the information given; Georgia needs, please describe;

### **Case Study 3**

Carli is 12 and has started sniffing glue on her own. She used to spend her time at the local swimming club as she excelled at swimming, but when the family moved to their new home she couldn't go to training anymore. Although she goes to the same school it is much further away, and she sees her friends much less. She started sniffing glue after one of her brothers' friends showed her what to do. Now list what needs have arisen from the case studies based on the information given; Carli needs, please describe;

## Case Study 4

Jack is 16 and is smoking cannabis most days and drinking heavily at weekends. He was permanently excluded from school at 14, and has not taken any qualifications. He has had problems finding a job and didn't want to go back to education following spending six months in custody.

His worker at the Youth Offending Team is concerned about his alcohol intake as he is regularly drunk on Friday and Saturday nights which is leading to other problems in his life. Whilst drunk he is often violent and confrontational. He is easily bored so smokes cannabis to fill his week days. Jack has a girlfriend but they are increasingly arguing about his drinking. Jack feels his life is becoming pointless. He says he is feeling depressed, low most of the time.

Jack's parents feel they cannot control him. They have never really tackled his cannabis use because they smoke occasionally and don't think it does any harm. However they are not happy about his drinking and violence which is causing more and more family problems.

Now list what needs have arisen from the case studies based on the information given; Jack needs, please describe;

## **Meeting needs and referral criteria**

For the next part of this exercise, revisit each of the case studies and identify if your service can meet any of the needs stated. If yes, describe how

**Sam**

**Georgia**

**Carli**

**Jack**



## **Specialist Young People's Drug Treatment Referral Criteria**

If you felt your service could not meet some or all of the needs, it may be appropriate to refer the young person to Hampshire Young People's Drug Treatment Service for support.

Here is a list of the **Young People's Drug Treatment Service referral criteria:**

### **Specialist Substance Misuse Service - Tier 3 Referral Criteria**

**Services should consider referral to the Hampshire Young People's Substance Misuse Service for children and young person under 19, who meets one or more of the following:**

- A. There is a need for comprehensive assessment of substance misuse to ensure there is a co-ordinated and integrated package of care, which could include a range of services.
- B. Young people under 13 years of age and taking substances not usual for age or developmental age (except tobacco).
- C. Young person regularly presents as incoherent following use of substances (stoned, drunk, incoherent, slurred speech, uncoordinated at more than formal meeting or on more than 2 occasions in other circumstances e.g. parks, youth clubs).
- D. Young person has developed a physical or psychological tolerance to a substance
- E. i.e. stopping use would result in withdrawal symptoms.
- F. Young person perceives substance use affecting their daily life and requests specialist support e.g. use is causing physical, psychological, social functioning or legal problems.
- G. Young person has difficulty controlling use and has a compulsion to continue using
- H. Young person is in contact with the criminal justice system as a result of substance use.

- I. Substance use is dangerous, i.e. likely to lead to overdose (young person repeatedly putting self at risk; health, mental health; safety), child protection issues, is a danger to themselves or others, not responding to harm reduction work etc.
- J. Any heroin, crack, cocaine, amphetamine or volatile substance use on a daily basis.
- K. Any substance use taken in quantities or frequencies that increase risk to self or other e.g. weekend bingeing, mixing etc.
- L. Dependent cannabis use.
- M. Poly substance use e.g. daily cannabis use and alcohol, or opiates and alcohol, cocaine and alcohol.
- N. Pregnant young women and using substances.
- O. Substances are being injected.
- P. Young person is only receiving needle and syringes from a pharmacist
- Q. Young person requests safer injecting advice.
- R. Substance use is causing or contributing to acute health problems (physical complications, persistent health problems, loss of weight, problems need medical treatment.
- S. Substance use is contributing to acute mental health problems- young people expresses changes in mood they need assessed and/or request wanting help manage better, anxiety, panic attacks, increasing sense of hopelessness, feelings they can only manage with substance use, substance induced psychosis, increases in paranoia.
- T. Young person requires advice, information, on pre and post test counselling on Hepatitis B and C and HIV.

## Specialist Substance Misuse Service - Tier 3 Referral Criteria

### What Needs, Which Service?

It is important to recognize that some substance use becomes fairly common at late adolescence, mainly cannabis or alcohol use. Any substance use outside this should be looked at as a potential problem. However cannabis and alcohol use **should not** be dismissed, as some young people will develop problems with these substances (DrugScope, 2003).

Where your service cannot meet needs of the young people from the previous exercise, consider which services could meet these needs in your locality. To find relevant services in your locality that can provide support look up young people's services on:  
<http://www.hantsdaatdirectory.org.uk> and [www.hantsfish.org.uk](http://www.hantsfish.org.uk)

Please note that if you were to make a formal referral to another service, you need consent from the young person or parent/carer.

## **Module Completed**

You have now completed this module - Identifying Substance Related Needs.

Having completed this module, you should now understand the following key learning points:

- **There is a need to educate and clarify terms and definitions related to substance with children and young people in a child-centred way**
- **Young people's services should clarify language and terms used to minimise assumptions**
- **Experimental and recreational use carry risks like regular and dependent use.**
- **In discussing patterns of use with young people it is essential to identify what is being used, the frequency, quantities and circumstances surrounding use rather than relying on terms such as recreational use.**
- **Screening for substance use needs should form part of the Common Assessment Framework**
- **Identifying substance related needs should be considered in line with the tier 2 and tier 3 referral criteria for substance use services**
- **Consent is needed for onward referral**

## **Well Done!**

Thank you for completing Module 1 of the Young People's Basic Substance Awareness Course. You should now have an understanding of the importance of substance knowledge -

We hope that you have enjoyed this module and that it has achieved its aims. We would appreciate it if you would spend a few minutes to provide us with some feedback to help us improve our services:

Please send your answers (pages 11 & 12 and 23 – 28) along with your name, job title and address to the address below and we will forward you a certificate:

Hampshire DAAT, Capitol House, 12-13 Bridge Street, Winchester, SO23 OHL