



National Public Health  
Service for Wales

Gwasanaeth Iechyd Cyhoeddus  
Cenedlaethol Cymru

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28 April 2004

Roger Chaffey  
Clerk – Social Justice and Regeneration Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

Dear Mr Chaffey

**Re: Social Justice and Regeneration Committee Review in the Field of  
Substance Misuse**

I am writing to you on behalf of Dr Sharon Hopkins, Regional Director and Lead for Child Protection, National Public Health Service.

Please find enclosed the collated submission of the Child Protection Service, NPHS in respect to the above review.

Yours sincerely

Janet Williams  
**Designated Nurse - Child Protection (North Wales)**  
**Nyrs Benodedig Amddiffyn Plant**

Enc.

Copies: Designated Professionals, CPS/NPHS  
Dr Sharon Hopkins, Child Protection Lead, CPS/NPHS  
Rowena Myles, Team Leader, CPS/NPHS



**National Public Health  
Service for Wales**

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**Social Justice Regeneration Committee Substance Misuse  
Review**

**Submission from the Child Protection Service, National Public  
Health Service**

## Prevention

### Education

The school nursing service working in partnership with the 'Healthy Schools' initiatives provide health promotion and education. Through the Welsh Network of Healthy School Schemes support is given to schools to develop policies and procedures for substance misuse, incorporating coherent progressive programmes within Personal and Social Education and ensuring links with other agencies and programmes such as the Police School Liaison programme. Specialist practitioners working with children and young people Looked After and with Young Offenders also make a very valuable contribution to this work.

### Influencing factors

Substance misuse is closely linked to poverty (Hogan, 1998; Dore and Doris, 1998; Murphy and Rosenbaum, 1999; Mahoney and Murphy, 1999). To what extent drug misuse creates poverty or inversely is an influencing factor is difficult to establish and professionals and skilled workers are more likely than poor, unskilled workers to have taken drugs at some point (Social Trends, 1991). Hogan, 1998, identified where as amphetamine use was seen in all groups of society, opiate and cocaine use was more likely to be found in families living in poverty. Heroin, methadone and benzodiazepine use has been frequently linked with deprived social groups (SCODA/LGDF, 1997; Lloyd 1998). More frequent and dangerous methods of use are associated with unemployment and unskilled workers (Social Trends, 1991). Drug misuse, which leads to poverty, can increase financial debts and housing problems (Dore and Doris, 1998).

Childhood experience appears influential, dysfunctional family background is seen more frequently in adults who misuse drugs (Buchanan, 1996; Dore and Doris, 1998).

Mental health problems are sometimes associated with drug misuse (Tanney and Lowenstein, 1997; Lloyd, 1998; Mountenay, 1998). Stone, 1998, in a study of 20 cases of substance misuse found that approximately half had a mental illness or a learning disability. In some cases it is thought that mental ill health is triggered by drug use. Green and Ritter, 2000, have tentatively associated early marijuana use with increased depression in adulthood. Klee, 1998, found irritability and aggression in parents using or withdrawing from drugs and drug induced psychosis is linked in particular with amphetamine use (Seivewright, 2000).

Drug misuse when combined with mental illness has been linked with relationship difficulties and in some cases with domestic abuse (Buchanan, 1996; Tanney and Lowenstein, 1997).

## Treatment

Services that provide treatment related to substance misuse in pregnancy should have protocols which address social need and the welfare of the unborn child as well as medical need. Adult services should also ask all clients if they have children in their care and work closely with appropriate agencies to ensure the safety and welfare of these children. All staff should be familiar with, and have access to the All Wales Child Protection Procedures.

Staff employed in these services should have child protection awareness training and have been vetted as suitable to work in a setting that brings them into regular contact with children, families, and vulnerable adults. We advise that CRB checks be completed at enhanced level for all staff working in these settings and that safe recruitment policies are in place.

## Groups affected by substance misuse

### Children

Parental problem drug use can and often does compromise children's health and development at every stage from conception onwards and it is estimated that 200,000 – 300,000 children in England and Wales live with a parent with a serious drug problem (Hidden Harm, 2003). According to Cleaver et al, 1999 "children are most vulnerable when parental mental illness or problem alcohol and drug use co-exists with domestic violence". Details of the impact of parental problem drug use on children can be found in 'Children's Needs Parenting Capacity, the impact of parental mental illness, problem alcohol and drug use and domestic violence on children's development' (H Cleaver, I Unell, J Aldgate, 1999) and in chapter 2 of Hidden Harm, 'Responding to the needs of children of problem drug users', (The report of an inquiry by the Advisory Council on the misuse of drugs, 2003). Chapter 4 of this document provides information on specialist drug agencies, maternity units and social work services and offers examples of good practice.

There is evidence that drug misuse is a characteristic in some families where child abuse and neglect is found. In 'Learning How to Make Children Safer: An Analysis for the Welsh Assembly Government of Serious Child Abuse Cases in Wales' (NafW 2002) 8 out of 10 families studied showed characteristics of drug and or alcohol abuse.

Primary care services provide valuable tier 1 services, e.g. general practitioners and their staff, community paediatricians and nursing staff and in particular, the health visiting service and the school health service. School nurses are well placed to support children and young people who are the young carers to parents with health problems including substance misuse. They also have a valuable role in educating young people in the health risks of substance and alcohol use. Primary care staff require skills and knowledge to be able to identify problems early and make

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| Version: 2       | Date: 28/04/04 | Status: Final |
| Lead: J Williams | Page: 3 of 6   |               |

appropriate referrals to secondary services and training needs to be adequately resourced.

Many local authorities across Wales, working in partnership with Local Health Boards and NHS Trusts have specialist health posts for children looked after by the local authority and also specialist health posts working in youth offending teams. The specialist practitioners offer a valuable service in health promotion, assessment of need, provision of tier 1 intervention and making appropriate referrals. We would like to see these professionals available to all children and young people living in Wales.

Where provision of services in respect of substance misuse is via a service level agreement with voluntary or independent organisations the LHB as the commissioner needs to ensure that the provider is:

- fully aware of their duty to safeguard children;
- ensures that assessments and treatments are carried out in a way which identify dependent children and their needs;
- fully aware of the need to share information in this respect with partner agencies;
- fully aware of the need to comply with all legislation and regulatory a guidance in respect of children in need and in need of protection;
- that their staff receive training in child protection;
- that their recruitment policies ensure that their staff are appropriately vetted.

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