



**CHUMS**

**Mental Health and  
Emotional Wellbeing  
Service for Children  
and Young People**

Underage Substance Misuse Policy

Implementation Date: December 2013

Reviewed: January 2026

Review due: January 2029



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## **Background**

For the purposes of this policy substance misuse refers to all drugs, including illegal and legal drugs, tobacco, alcohol and volatile substances. Drugs and alcohol use in children and young people is associated with health risks, including on healthy physical development. Drugs and alcohol can be physically and/or psychologically addictive and can result in increased vulnerability for children and young people. Due to an awareness of the law relating to under-age alcohol and drug misuse, stigma, and fear of consequences, children and young people may be reluctant to disclose their use of alcohol or substances to a professional. This issue requires sensitive handling with the aims to support a child/young person be fully honest, support them make safe and healthy choices, protect them from harm, and facilitate an exploration of any issues which may be causing them to use alcohol/drugs.

### *Alcohol*

Alcohol can be harmful to children and young people, with health risks associated with its use and increased risk of alcohol-related injuries, involvement in violence, and risky social behaviours.

In the UK, it is illegal to sell alcohol to under-18s, or to buy alcohol for the purpose of giving or selling it to under 18s. It is illegal for Under 18s to drink alcohol in a licensed premise, excepting for 16 and 17 year olds accompanied by an adult who may drink (but not buy) beer, wine or cider with a meal.

It is illegal to give alcohol to a child under 5 years.

5-17 year olds may drink alcohol at home or other private premises. However, the NHS guidance states advises that under 15 year olds should not drink alcohol, and if they do, should not exceed recommended weekly limits (14 units of alcohol).

### *Substance Misuse*

Illegal drugs are organised into 3 classes- A, B or C. The class of drug used guides the maximum penalty for an offence involving the drug. Drugs which are controlled under the Misuse of Drugs Act are illegal to have, produce, give away or sell. Taking illegal drugs has many risks including potential health risks and having no control as to how the drugs are produced so you may not be aware of what you are consuming or how much.

### *Legal Highs*

These are substances which mimic the effects of illegal drugs but are not covered by current Misuse of Drugs laws. In May 2016, New Psychoactive Substances (NPS) –

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'legal highs' - were criminalised under the Psychoactive Substances Act. This bans the production, supply and sale of legal highs for human consumption.

It is important to remember that even if a drug is legal, it does not necessarily mean it is safe for a child or young person to consume.

### *County Lines*

County Lines is a form of exploitation where illegal drugs are transported from one area to another across local authority boundaries by vulnerable people under coercion by gangs. Where children or young people are used for this purpose, this constitutes a form of child abuse and child exploitation and must be responded to as a child protection issue.

### *Hidden Harm*

Hidden Harm refers to children or young people, unknown to services, who are being negatively affected by their parents' substance misuse. Not all parents who use substances experience difficulties with parenting capacity. However, it is a cause for concern if a parent's substance misuse affects their capacity to supervise their child appropriately; provide them with appropriate emotional and physical care; facilitate their access to medical care or education, or if it exposes the child or young person to risky or illegal activity. Any concerns of this nature should be responded to as a child protection issue.

### *Confidentiality and Information Sharing*

In working with young people, it must always be made clear to them that absolute confidentiality cannot be guaranteed, and that there will be some circumstances where the needs of the young person can only be safeguarded by sharing information with others. Information shared by a child or young person will be made available only to those who have a need to know. Every effort should be made to obtain the child/young person's consent before passing on personal information.

Information shared by a child or young person will be treated as confidential, unless there are concerns that maintaining confidentiality is not in the best interest of the child/young person, or in the best interests of the public. If information is shared indicating a party is engaging in illegal activity, for example a shop selling alcohol to children (under the age of 18 years), this would need to be considered through the lens of acting in the best interests of the public. Reporting this activity may be in agreement and collaboration with the young person/family/CHUMS safeguarding team.

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Sharing confidential information without consent will normally be justified in the public interest:

- When there is evidence that the child is suffering or is at risk of suffering significant harm; or
- Where there is reasonable cause to believe that a child may be suffering or at risk of significant harm; or
- To prevent significant harm arising to children and young people or serious harm to adults, including through the prevention, detection and prosecution of serious crime

It is imperative that any cause for concern should be documented in a timely fashion.

CHUMS has a duty of confidentiality to young people and is not legally obliged to inform parents of a young person's substance misuse. In a situation where a young person's substance misuse has been disclosed by themselves or others, the worker must assess the impact on the young person of informing the parents of their child's alleged use, and be very clear of the potential results of a disclosure. All cases where a child or young person's wellbeing is a concern should be discussed with the Safeguarding Lead.

*What do I do if a young person under the age of 16 discloses they are misusing substances?*

CHUMS practitioners routinely set boundaries at the start of any piece of work, stating quite clearly that confidentiality will be maintained unless they believe the young person or someone they know is 'at risk of harm'.

Concern will also be with regards to the age of the young person, there is an increased element of harm if the young person is under the age of 14.

However, each case must be decided on its own merits. In making the decision the practitioner must weigh up what might happen if the information is shared against what might happen if it is not, and to make a decision based on a reasonable judgment.

Practitioners are advised to review the CHUMS Guidance document on engaging with service users who are known to be actively using non-prescribed drugs or alcohol (Appendix B).

### **Onward Referral**

If established that a young person is regularly misusing a harmful substance, referral on to an appropriate agency should be considered and discussed with the young person. Discussion should also take place with the Safeguarding Lead.

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**Appendix A**

Aquarius - covers Central Beds and Bedford Borough – support for those aged 5-18 who misuse drugs or alcohol or are affected by someone else's use.

22 Grove Place, Bedford, MK40 3JJ – 01234 344911

ResoLUTiONs – covers Luton – support for young people up to the age of 19 who are misusing drugs (or up to the age of 25 for those who are considered to be vulnerable)

14-16 Chapel Street, Luton - 0800 054 6603

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## **Appendix B**

### **Guidance for Clinical Staff on Engaging with Service Users Actively Using Non-Prescribed Drugs or Alcohol**

This guidance aims to support clinical staff when considering the needs of service users known to be actively using non-prescribed drugs or alcohol. It is underpinned by two key principles: ensuring the **safety of service users** and maintaining the **efficacy of the support / intervention** provided.

First, it is important to acknowledge the complexity of this issue. A wide range of factors may influence how best to respond to each individual's unique circumstances. Second, staff must consider the diversity of client populations supported by CHUMS, particularly the varying age ranges. Guidance may differ significantly when working with children or young people compared to adults. Additional factors such as religious beliefs and cultural background may also be relevant and should be taken into account.

To inform an appropriate response, we recommend gathering the following information:

- The age of the client.
- The type of substance being used, including its legal status and potential impact on health and development.
- The frequency and duration of substance use.
- Information about where and how the substances are being obtained, which may raise concerns related to exploitation, antisocial or criminal behaviour, financial abuse, or other forms of harm.
- The purpose of the drug or alcohol use, e.g. whether recreational or as a form of self-medication.
- Any current or previous engagement with drug and alcohol services or other support services.
- Whether family members, friends, or trusted adults are aware of the substance use.

As with any behaviour that causes concern, practitioners should attempt to obtain the client's consent to share information with family members or other professionals to ensure their safety and wellbeing.

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When a service user is known to be using drugs or alcohol, practitioners **must** have a case-by-case discussion with the service manager and/or clinical supervisor to determine appropriate next steps. These may include signposting the individual to relevant services, offering support, or making referrals to other agencies as needed. Practitioners should refer to the CHUMS Underage Substance Misuse Policy if relevant.

### **Specific Guidance by Age Group**

#### **Children:**

Any disclosure of non-prescribed drug use by a child must be treated as a safeguarding concern, and the appropriate child protection processes must be followed immediately.

#### **Young People:**

Responses should be tailored on a case-by-case basis, taking into account developmental stages and behaviours. A robust risk assessment and formulation should be undertaken, incorporating safeguarding considerations. Practitioners should adopt a non-judgmental but curious approach, seeking to understand the context and circumstances surrounding the substance use.

#### **Adults:**

After gathering relevant information, staff should assess whether the individual's level of drug or alcohol use presents a manageable risk. It is not always necessary for the client to engage with other services (e.g., addiction or mental health support) before starting intervention; however, drug use should ideally not exceed three times per week, depending on the type and severity of usage. A reduction in use during the intervention is encouraged, if possible and safe.

Practitioners should provide advice and guidance on drug use and inform the individual about available support services. Discussions should include the potential for referrals, with client consent, to additional professionals if necessary. A collaborative treatment plan should be developed, taking into consideration that engagement with support may initially increase distress. Therefore, staff must assess whether this is the right time for intervention and what support systems are in place to manage potential risks.

Clients must agree not to use drugs or alcohol within 24 hours of a session. If a client arrives having used substances, the session should not proceed.

### **When Our Support May Not Be Appropriate**

The intervention may not be suitable in the following circumstances:

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- The substance use is meeting a biological or physiological addiction.
- Engagement in our intervention may increase risk without adequate support.
- Urgent intervention from other services, such as mental health support, is required for risk management.

**When Additional Support Should Be Sought**

Further support should be considered when:

- The individual's substance use is their only coping mechanism.
- There is an increase in usage or a shift to more harmful substances.

Drug or alcohol use may be linked to grooming, exploitation, abuse, or other safeguarding concerns—under these circumstances, the appropriate safeguarding policy must be followed.

Service users should be encouraged and supported to engage with health services to ensure that their physical health is reviewed and information should be shared with their GP, with consent or as part of any safeguarding actions.

**Care Planning and Ongoing Monitoring**

If risks are deemed manageable, and a treatment plan of support is agreed, the practitioner should continue to monitor the service user's wellbeing and risk throughout the intervention. Regular review within clinical supervision should take place.

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**Governance Committee Authorisation**

Signature \* *Denise Hogman*

Name Print: Dee Hogman

Position/Role: Head of Quality/Chair of Governance Committee

Date: January 2026

Date of Review: January 2029

Policy discussed and ratified at the Clinical & Information Governance meeting held on 29/01/2026. Quorum was reached and specialist consultation was provided prior to the meeting by Polly Baddeley, Associate Clinical Director. As Chair, I state this process has taken place to ensure safe and robust working practices.

\*Authorised signatory must be the chair (or deputising chair) of Governance Committee