Comments from Our Members

In addition to the questions for this consultation, which we have answered below, our GP members have additional comments on the draft framework, which they wanted to be included.

The consultation document suggests that children who use drugs and alcohol are likely to be vulnerable children, who may find themselves dealing with youth justice services and struggling academically. While this is true, it is not exclusively the case. Our members note that many children, particularly young teenagers, are using alcohol in a way that will cause not any social problems or interfere with their academic performance but may have an long term effect on their health.

Our GP members would like to see a database of local services they can signpost to, which could address the social and health repercussions of substance misuse in children.

The members also raised that for children and young teenagers, access to the internet and social media may pay a large part in creating patterns of substance misuse. This could be as seemingly innocent as alcohol advertising on personal devices not set up with appropriate age restrictions to the potential for abuse, grooming and persuasion by malicious third parties they may encounter online. Therefore, children’s social education must be holistic and encompass online safety, substance misuse and sex education as all can be linked and used to abuse children.

The types of substances and the motivation behind such use were also raised by our members, who have seen several young people present with problems regard the use of testosterone and steroids. Steroid use has long been part of drug education in schools, however due to social media and more extreme body types seen on television shows watched by young people (such as Love Island,) it seems to be becoming normalised that young males (and some females) will use these substances, while considering themselves healthy, which is not the case.

Our GP members feel that better links between community services, schools and healthcare providers are necessary to tackle all problems faced by young people. They also raised the link between drug use and sex work, which while County lines gangs are mentioned in the document, the use of sexual abuse and engaging children in sex work as means of coercion is not mentioned.
Finally, our members note that while parents may be concerned about their children’s substance misuse, there are many families where a culture of heavy drinking is normalised and acceptable. In such families children and young adults are encouraged to engage in this behaviour and actively prevent them from cutting down or becoming sober. Therefore it is important that GPs, are able to signpost to community services which can support children outside the family.

**Question 1:** This draft Substance Misuse Treatment Framework (SMTF) is designed to inform and assist health, social care and criminal justice planners and providers to design and deliver high quality, sustainable and equitable prevention and treatment services for children and young people, specifically for those at risk of, or experiencing substance misuse issues. Would you agree the draft SMTF does this?

Partly

**Question 1a:** If you have answered partly or no could you please tell us what additional information is needed?

Although the framework contains a great deal of useful information about substance misuse in Children, the College does not believe the document assists GPs, during a 10-minute consultation with patients and that more support is needed, such a thorough training programme for safeguarding leads, which is currently not in place.

For the information in this framework to be helpful to GPs, it would need to be distilled into training session or webinars.

**Question 2:** Do you agree the recommendations, as they are proposed in Section 1, are fit for purpose and achievable?

No

**Question 2a:** If you have answered partly or no could you please tell us what additional key areas or changes you would wish to see?

The only recommendation, which would be applicable to GPs, is number regarding the creation of a unified assessment tool. Given the difficulty in creating a system which unifies patient records across primary and secondary care, a tool which could be used by all professional encountering young people seems unrealistic. The College is concerned that any such system would exclude GP records, which would create a further barrier for a GP to provide whole person care to young people, particularly those who are vulnerable and at risk of substance misuse or abuse.
Question 3: Do you see any service delivery challenges in delivering any of the recommendations?

Yes

Question 3a: If you have answered partly or yes could you please tell us what additional challenges you would anticipate?

As previously stated, the only recommendation, which is applicable to GPs in recommendation 2 and these challenges have been provided above.

Question 4: In your view, does the proposed SMTF link well with other relevant policy and service areas?

No

Question 4a: If you have answered partly or no can you tell us what feel is missing and what you recommend, we add?

The College does not feel that the format and content of the framework is serviceable for GPs, given current GP workloads and the limited consultation time they have available. From a policy perspective the document is insightful however it will to be distilled into ‘bitesize’ pieces to have a practical benefit for clinicians. We have also provided examples of further concerns regarding substance misuse from our members above.