



NEEDLE AND SYRINGE PROGRAMME POLICY FOR YOUNG PEOPLE IN SURREY

AUGUST 2018

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Guidance for Providers

In 2014, the National Institute for Care and Health Excellence (NICE) issued the Needle and Syringe Programmes Guidance (PH52)¹ which states that Local Authorities should:

Develop and implement a local, area-wide policy on providing needle and syringe programmes and related services to meet the needs of different groups of young people aged under 18 (including young people under 16) who inject drugs.

As Directors of Public Health, Children's Safeguarding Boards, commissioners and providers we should:

- Ensure that local services achieve the right balance between the imperative to provide young people with sterile injecting equipment and the duty to protect (safeguard) them and provide advice on harm reduction and other services.

This policy will take account:

- the young person's capacity to consent (Gillick competence)
 - the risks they face
 - the benefits of using services
 - the likelihood that they would inject anyway, even if sterile needles and syringes were not provided.
- Ensure the policy emphasises the need to provide young people with sterile injecting equipment. This should be provided as part of a broader package of care to meet their other health and social care needs, where possible. This is especially important for under-16s.
 - Ensure the policy is responsive to the needs of young people in the local area. The developers of the policy should take into account:
 - Provision of specialist young people's substance misuse services, including specialist provision of needle and syringe programmes for those under 18 (including young people under 16).

¹ <https://www.nice.org.uk/guidance/ph52>

- How to encourage young people to ask for advice and help from staff providing the services (as well as providing them with needles, syringes and injecting equipment).
 - How to assess service users:
 - their age
 - the degree or seriousness of their drug misuse
 - whether the harm or risk they face is continuing or increasing
 - the general context in which they are using drugs.
 - The skills, knowledge and awareness that staff need to provide services. This includes ensuring staff are trained to assess whether young people are competent to consent (Gillick competence)².
 - The potential for using pharmacies to provide young people with needles, syringes and [injecting equipment](#), if they also encourage the young person to make contact with specialist services.
 - That parental or carer involvement should generally be encouraged, with the consent of the young person. Where this is not possible (or appropriate), the policy should include strategies to address their needs.
 - The role of needle and syringe programmes as part of a range of services for young people that includes seamless transition from youth to adult services.
- Ensure needle and syringe programmes aimed at young people who inject drugs implement all the recommendations in this guidance, not just those for young people.
 - The Children's Safeguarding Board should approve the local policy.
 - Regularly review the policy.

² <https://www.bma.org.uk/advice/employment/ethics/consent>

Introduction

Providing needle and syringe provision to young people who are misusing substances is complex. Injecting can be a dangerous activity; every effort should be made to encourage all young injectors to engage into treatment as urgently as possible. The principles of harm reduction must not be lost when considering young drug misusers; however this must be balanced against other risk factors, safeguarding issues, capacity to consent to treatment and the difference in legal status.

Needle exchange interventions for a young person must be planned and delivered as part of a planned package of treatment to meet their other health and social care needs, where possible.

An assessment needs to take place which considers consent and confidentiality, referral to specialist services (including Young People's Substance Misuse Service and children's social care), risk factors and safeguarding factors.

Needle Exchange Services:

The provision of needles to under 18s should be carried out by local drug treatment services, preferably by Young People's Substance Misuse Services (YPSMS) who are trained to work specifically with young people and **not through Pharmacy Needle Exchange Schemes.**

- However, pharmacy providers should be given all the necessary information so that they are confident in referring under 18s to local young people's services.
- If in the event, a young person presents at pharmacy requesting clean works and the young person refuses the intervention of being referred to the YPSMS for advice and help, then the pharmacist must consider the guidelines and expectations of this policy when making a judgement as to providing injecting equipment to the young person. It is important to make an assessment of the right balance between the imperative to provide young people with sterile injecting equipment and the duty to protect (safeguard) them as well as provide advice on harm reduction and other services.
- Staff providing needles to under 18s will ideally be both experienced in working with young people with substance misuse problems and in needle exchange procedures and harm minimisation (see Appendix 2 for the necessary competencies).
- Where a young person's drug & alcohol worker does not have these skills, they should be supported by a worker from the adult service with experience of needle exchange.

Provision of Needles:

- Needle exchange for young people requires a high standard of monitoring, including thorough recording of all decision-making and information sharing.
- An inspection of injecting sites needs to take place before providing injecting paraphernalia; both to ensure that the young person is injecting and to assess if the technique is adequate or if any treatment is required. Consent is required to examine the young person's body. This inspection should take place in the presence of another worker of the same gender as the young person.
- Injection sites of intimate parts of the body (any sites that are only accessible by the removal of clothing) should be inspected by a doctor or registered nurse.
- Do not assume that the young person has a good knowledge of the risks of injecting. Ensure that the young person is given all the relevant information (see Appendix 4).

Limit the provision of needles and paraphernalia amounts for personal use (subject to assessment of regularity of use and next use of the exchange). Needle exchanges should occur on a frequent basis, i.e. several times a week if possible.

Consent and Confidentiality

Any treatment requires informed consent. For needle exchange providers, parental consent should be gained wherever possible. Where this is not possible, the young person will need to demonstrate their competence to consent to the treatment. The Fraser Guidelines can help with this process.

Children aged sixteen and over are usually presumed to be competent. Children younger than sixteen can, however, be deemed as competent providing that for a particular decision a young person:

- understands the problem and implications
- understands the risks and benefits of treatment
- understands the consequences if not treated
- understands the alternative options
- understands the implications on the family
- is able to retain (remember) the information
- is able to weigh the pros and cons
- is able to make and communicate a reasoned decision about what their wishes are

Risk Factors and Safeguarding

All healthcare professionals have a responsibility to safeguard children and young people as defined below:

1. Safeguarding children - the action we take to promote the welfare of children and protect them from harm - is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.
2. Safeguarding and promoting the welfare of children is defined in "Working Together to Safeguard Children"³ (2015) as:

³ <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

Young people presenting with risk factors would require a Surrey Multi-Agency Safeguarding Hub (MASH) referral⁴ alongside a referral to the Young Persons Substance Misuse Service⁵.

The Multi-Agency Safeguarding Hub (MASH) is the single point of contact for reporting safeguarding concerns about a child, young person or adult in Surrey. The MASH is based at Guildford Police Station and combines Children's Service social workers, Adult's Service social workers, and health and police staff.

Availability: 9am to 5pm, Monday to Friday

Phone: 0300 470 9100

Out of hours phone: 01483 517898 to speak to the [emergency duty team](#).

Email: emails are dealt with during normal office hours

- **For concerns for a child or young person:** csmash@surreycc.gov.uk

Risk factors that would require a MASH referral alongside referral to YPSMS could include:

- Parental substance misuse causing availability of drugs within the home or coercion to use drugs
- Using substances with an older adult who may be exploiting the young person for financial or sexual reasons
- Disclosure of sexual, physical or emotional abuse by an adult or carer
- Unstable accommodation or missing from home
- Young people aged under 16 who disclose regular iv drug use
- Any other concern that requires advice/information sharing

⁴ <https://www.surreycc.gov.uk/social-care-and-health/childrens-social-care/contact-childrens-services>

⁵ <https://s16880.pcdn.co/wp-content/uploads/2018/07/Screening-Tool.pdf>

All assessments should be carried out by an experienced Drug & Alcohol Worker, preferably one who is trained to work with young people.

Process for those aged 16-18 accessing the service

- Consent and confidentiality explained
- Encourage parental/carer involvement if not aware
- Appropriate harm reduction advice given
- YPSMS service explained and arrange an appointment the next working day plus give out leaflet information
- In extreme circumstances, in co-operation with and advice taken from YPSMS, minimal needles and equipment given until first appointment with the service which should be no later than the following day
- Any risk factors identified to be shared with the MASH and YPSMS

Process for those 13-16

- Consent and confidentiality explained, assess for Gillick competency. Confidentiality relating to parents/carers cannot be guaranteed; engagement into YPSMS essential
- Appropriate harm reduction advice given
- YPSMS service explained – contact YPSMS, worker to attend pharmacy same day if possible to complete a full assessment. If not, urgent appointment to be arranged for next working day
- In extreme circumstances, in co-operation with and advice taken from YPSMS, minimal needles and equipment given until first appointment with the service which should be no later than the following working day
- MASH referral to be made and discussion of risks with YPSMS

**** Any child presenting aged 13 or under should be encouraged to stay within the pharmacy and immediately be referred to MASH and YPSMS for someone to visit the pharmacy immediately.****

Assessment of the Young Person:

- Needles should not be handed out without a full assessment of the young person's needs.

- The assessment should be carried out by an experienced Drug & Alcohol Worker, preferably one who is trained to work with young people. Discussing who carries out the injecting is particularly important. If the young person is being injected by someone else, even if they are consenting, this can be viewed as assault, especially if the injector is an adult. The young person being injected should be considered to be 'suffering or at risk of suffering significant harm' and child protection procedures should be followed.
- The assessment must look to establish that not giving injecting equipment to the young person would be of greater risk to them than the risk posed by continued, or increased, injecting drug misuse.
- If there is an identified need for the provision of injecting equipment, it should be considered as just one component of the treatment plan. The plan should be holistic and aim to meet all of the identified needs.

Competency and Consent:

- Any treatment requires informed consent. For those offering needle exchange to young people, parental consent should be gained wherever possible. Where this is not possible, the young person will need to demonstrate their competence to consent to treatment.
- The Fraser guidelines should be used in this process, but the assessment should be thorough and a tick box approach should not be taken alone (see Appendix 3).
- Under 16s: Those under 16 cannot usually consent to their treatment in such circumstances. A parent (or legal guardian) will normally need to consent to treatment on their child's behalf. However, where a parent is not present, and the young person will not give consent to contact them, the competency of the young person can be assessed to consent on their behalf. Only practitioners who can demonstrate competence to work with young injecting drug users should assess competence to consent to needle exchange. Contact must be made to YPSMS for guidance.
- 16 and 17-year-olds: Those aged 16 and 17 years are usually considered able to consent to treatment, but comprehensive assessments should still be used for this age group to ensure the decision is individual. Safeguarding issues will still need to be considered and responded to, and it is still good practice to involve parents wherever possible.

Confidentiality:

- Needle Exchange services are conducted within a framework of confidentiality. Young people using the service should have the confidentiality policy explained to them before any assessment.
- Confidentiality should only be breached without consent when it is believed to be in the best interests of the young person.
- If a decision has been made to breach confidentiality, the young person should have this decision explained to them, wherever possible prior to the disclosure.
- See Appendix 6 for the four parameters to consider when establishing whether to disclose confidential information from a young person.

Training

Pharmacists:

Prior to providing the Needle and Syringe Programme service the contracted Pharmacist will be required to complete the CPPE e-learning module Substance Use and Misuse (2nd edition, May 2012) and CPPE Safeguarding Children and Vulnerable Adults 2017.

The Provider will ensure that pharmacists and staff meet the requirements of the Competency and Training Framework for Needle and Syringe Provision.

All Staff:

All staff providing NSP provision in other community and outreach settings must be trained to appropriate DANOS standards and have completed the appropriate Safeguarding Children and Vulnerable Adults training. This training must be reviewed and refreshed regularly. All providers must have a full understanding of Gillick Competency and Fraser Guidelines. (See Appendix 1, 3 & 5)

APPENDICES

Appendix 1

Safeguarding Policies

The Provider shall ensure that all staff are aware of, trained to a level appropriate to their role and abide by guidance and legislation on safeguarding (children and adults). The Provider shall ensure that staff are aware of and abide by:

- Surrey County Council's local protocols for the safeguarding of adults and children.

This should include understanding safeguarding referral procedures and referral pathways to social care.

Where a child protection issue arises, staff can find further information at:

csmash@surreycc.gov.uk

<http://surreyscb.procedures.org.uk/>

The Provider must ensure that all staff engaged in the Service hold a current DBS certificate if required (HM Government <https://www.gov.uk/government/collections/dbs-eligibility-guidance>)

Young People under 16

Practitioners also need to be aware of the specific responsibilities that they have for young people aged 13-15 and for those under the age of 13 (further information can be found in this policy).

The Provider should also have an awareness of the local Child Sexual Exploitation Strategy and procedures for reporting concerns, which can be found at:

<http://www.surreyscb.org.uk/wp-content/uploads/2016/05/SSCB-CSE-Strategy-2016-17.pdf>

<https://surrey.police.uk/advice/protect-yourself-and-others/child-protection/child-sexual-exploitation>

Appendix 2

Competencies

Staff working with under 18s should know and be able to demonstrate these skills:

- Communication and engagement skills with young people, especially with young people who may be 'hard to engage.'
- An awareness of local children's specialist services, including those with child protection responsibilities, and when and how to refer.
- Understanding when to inform parents and/or the local authority.
- Knowledge of the law relating to the principles of confidentiality and the need to disclose information in certain circumstances.
- Ability to contribute to the development of young people's drug services.
- An in-depth knowledge of child and adolescent development; understanding the implications of major events such as abuse, bereavement and other traumatic incidents in the lives of children and young people.
- The ability to conduct assessments based on the guidance Framework for Assessment of Children in Need and their Families (Department of Health et al. 2000)
- Understanding the issues of confidentiality and consent to treatment that involve the rights of children and the responsibilities of parents and professionals.
- Assessment skills - being able to assess the severity and risks of substance misuse, the complexity of a planned intervention and the competence of a young person to consent to treatment.
- Ability to manage and work within (SSCB procedures and Working together to Safeguard Children 2018) and to understand the relationship between substance misuse and the vulnerability of children and young people.
- To be able to demonstrate compliance with the relevant sections of the Drug and Alcohol National Occupational Standards (DANOS).

Needle exchange competencies would include:

- Establish whether service users are injecting, what substances and the frequency of injecting.
- Provide advice on safe or safer injecting techniques and sites.

- Provide relevant and timely advice on primary health care, safer sex and harm minimisation including prevention of overdose, promoting hepatitis B vaccination, viral testing and preventing initiation into injecting.
- Provide advice and resources for the safer disposal of injecting equipment.
- Dispense injecting equipment and condoms in line with the service user assessment.
- Implement needle exchange policies and procedures.
- Liaise and work with providers of pharmacy-based syringe schemes in line with policies and protocols, e.g. helping them respond to under 18-year-olds needs.
- Ensure adequate stocks of equipment.
- Monitor and evaluate needle exchange service provision.

Appendix 3

Checklist for Competence

Are you satisfied that the young person understands the advice you are giving? Comment:	Yes / No
Have you done all you can to encourage the young person to inform parents or guardians? Comment:	Yes / No
Have you determined that the young person's best interests are served by offering advice or treatment without parental consent? Comment:	Yes / No
Are you satisfied that the young person is likely to begin or continue injecting without the use of our needle exchange service? Comment:	Yes / No
Are you satisfied that the young person's physical or mental health is likely to suffer unless they receive advice or treatment? Comment:	Yes / No
Is it in the young person's best interest to give needle exchange advice or service? Comment:	Yes / No

<p>Is the young person living with parents or others?</p> <p>Comment:</p>	<p>Yes / No</p>
<p>Are there any specific concerns or issues (e.g. Mental health, self-harm, etc.)?</p> <p>Comment:</p>	<p>Yes / No</p>

Worker name..... Signature.....
Date.....

Client name..... Signature.....
Date.....

Appendix 4

Harm Reduction Advice

It is important to correct any harmful injecting and preparing techniques in order to reduce harm, as well as to discuss all the health risks associated with sharing equipment and the consequences of being infected with a blood-borne virus.

Mention the following information:

- Injury through unsafe injecting techniques.
- Specific drugs that are less safe for injecting (i.e. tablets).
- The heightened risk of overdose.
- Paying attention to personal safety (i.e. not injecting alone).
- Possible abuse, exploitation or injury that may occur in connection with (or as a result of) intoxication and/or dependency.
- Discuss not only what infections may be transmitted, but also how they may affect a young person's health. Provide information on the testing and vaccination options available.

Appendix 5

Fraser Guidelines (Mental Health Act 1983 Code of Practice, 1999)

Young people under 16 years of age have a right to confidential medical advice and treatment provided that:

- the young person understands the advice and has the maturity to understand what is involved;
- the doctor/health professional cannot persuade the young person to inform parents/carers with parental responsibility, nor allow the doctor to inform them;
- the young person's physical and/or mental health will suffer if they do not have treatment;
- it is in the young person's best interests to give such advice/treatment without parental consent;
- in the case of contraception or substance misuse, the young person will continue to put themselves at risk of harm if they do not have advice/treatment.

Please see appendix 3 for a competency checklist.

Appendix 6

Guidance regarding Disclosure

The following four parameters are a guide for practitioners and managers in establishing whether to disclose confidential information from a young person to social services, police or other relevant services.

1. The age and maturity of the child.

As a general rule, the younger the child, the more problematic it is to guarantee or maintain confidentiality. There is no age limit in law below which a child cannot enter into a confidential relationship, but given the problems of establishing competence to consent to treatment, it is difficult to envisage children being offered confidential treatment for drug misuse, without parental consent or parental involvement, much under the age of 13. Indeed, it is possible that a failure to inform parents that a young child is misusing drugs could lead to legal negligence action if the drug service or agency failed to take sufficient action to protect the child from harm as a result of that drug misuse. Therefore parental consent is encouraged with all children and when under 13 should only be breached in extreme and exceptional circumstances.

2. The degree of seriousness of drug misuse.

The more serious the drug (or substance) misuse, the more likely it is that disclosure of confidential information to other agencies (social services, police) will have to be considered. In deciding whether to disclose, the drug service must take into account: the patterns and levels of drug taking; the risks of morbidity; mortality; and other risks such as involvement in crime and other behaviour linked with the substance misuse. The supply source of the child's drugs may also be important, particularly if the child is 'at risk' of exploitation or coercion.

3. Whether harm or risk is continuing or increasing.

Harm from drug taking needs to be assessed with consideration of past, present and potential future behaviour. If there is a clear risk to the child arising from present behaviour or evidence of an escalation of risk such that the child is or is likely to, suffer significant harm, it is important that a service takes steps to ensure the future safety of the child.

4. Complex Needs.

If the child or young person has multiple problems, it is likely that other agencies or professionals will need to be involved to resolve these problems or reduce the child's vulnerability to risk of harm. Examples would be: a child who reveals abuse within their home or residential setting; the child who has fallen out with his or her parents and is homeless; the child who has absconded from care. In such cases, the child or young person needs to be encouraged to involve other agencies. The drug service will need to assess the child's circumstances and determine whether to disclose confidential information against the child's wishes.

Appendix 7

Risks associated with Image and Performance Enhancing Drugs (IPEDs)

The term IPEDS is used to describe substances that promote weight loss, change skin colour, build muscle and allow longer, harder training. The IPEDs most likely to be used by people accessing needle and syringe programmes are oral and injectable anabolic steroids and injectable ancillary drugs, typically taken alongside anabolic steroids (for example, human growth hormone, melanotan, insulin and others). The use of IPEDs is increasing in many parts of the country and particularly amongst young people.

IPED use and risks specific to younger people (Under 21s)

- Stunted growth – through the closure of the growth plates
- Abnormal physical and mental maturation
- Damage to the internal organs (liver, kidney, heart etc.) increases before full physical development

See IPED educational toolkit for Young People (11 – 16 years olds)⁶

The general risks include:

PHYSICAL HEALTH

Risks and complications to all IPED users regardless of gender and age include:

General:

- Reduced immune system response to infection
- Serious and life threatening liver damage - especially with toxic oral steroids
- Acne which is often severe
- Hair loss
- Fluid retention

⁶ <http://www.wales.nhs.uk/sitesplus/888/page/73004#YP>

Cardiovascular:

- Increase in bad cholesterol (LDL) and a decrease in good (HDL)
- Increased blood pressure
- Clogging of the arteries
- Scarring and damage to the heart
- Thickening and enlargement of the left ventricle (the pumping part of the heart)
- Users are at greater risk of heart attack and stroke

Risks and complications specifically related to injecting IPEDs

- Infected abscesses
- Sterile abscesses (granulomas)
- Scarring
- Bacterial infections
- Nerve damage
- Blood borne viruses – Hepatitis C, Hepatitis B and HIV - if injecting equipment, water or vials are shared

PSYCHOLOGICAL HEALTH

A range of psychological symptoms may be experienced as a consequence of the use of image and performance enhancing drugs which may include:

- Insomnia
- Mood swings
- Body dysmorphia
- Anxiety
- Depression
- Psychological Dependence

Risks specific to females:

- Birth defects

- Deepening of the voice
 - Enlarged clitoris
 - Male pattern hair growth
 - Menstrual Irregularities
 - Shrinking of breast tissue and size

Risks specific to men:

- Gynecomastia – the development of female breast tissue.
- Male pattern baldness
- Shrinking of the testicles
- Suppression of the HPTA
- Low sperm count
- Impaired fertility
- Enlarged prostate

Useful Local Contacts

Providers should ensure all staff are aware of the following contacts:

Team	Office Hours	Out of Hours
Child Protection Referrals and Concerns	Phone: 0300 470 9100 Email: emails are dealt with during normal office hours For concerns for a child or young person: csmash@surreycc.gov.uk	01483 517898 to speak to our emergency duty team .
Surrey Police	101 (non emergency number) If you are worried that someone you know may be being groomed or exploited, tell someone that you trust and consider talking to us about it. If you feel you can tell us about it, we will take action to bring offenders to justice and offer you support. You can call us on 101, but in an emergency always dial 999 . Alternatively, you can call the independent charity Crimestoppers anonymously on 0800 555 111.	
Young People's Substance Misuse Service (Catch 22)	01372 832905 General number 0800 622 6662 (24/7 emergency referral and crisis helpline) https://www.catch-22.org.uk/services/surrey-young-peoples-substance-misuse-service/ https://cdn.catch-22.org.uk/wp-content/uploads/2013/11/Surrey-Young-Peoples-Substance-Misuse-Service-Leaflet-for-Referrers.pdf https://cdn.catch-22.org.uk/wp-content/uploads/2013/11/Surrey-Young-Peoples-Substance-Misuse-Service-Leaflet-for-Young-People.pdf	
Adult Substance Misuse Service (i-access)	Telephone Number: 0300 222 5932 Fax Number: 01483 302617 Trust Crisis Line: 0300 456 83 42 SMS texting for people who are deaf or hard of hearing: 07717 989024	
Sexual Health Service: GUM Clinics Contact CNWL	web: www.sexualhealth.cnwl.nhs.uk phone: 020 3317 5252 (staffed Monday to Friday 9.00am until 5.00pm) email: sexualhealth.cnwl@nhs.net	
RASASC – Rape & Sexual Abuse Supporting and Helping Young People in Surrey and surrounding areas	01483 546400 0800 0288 022	

General facts regarding Young People and Substance Misuse

Public Health England's report based on young people accessing treatment services in 2016/17⁷ states that:

- The most common drug that young people need help with is cannabis.
- Alcohol is the next biggest problem substance with just under half the young people in treatment (49%) seeking help for its misuse during 2016/17.
- Two-thirds of the young people accessing specialist substance misuse services were male (66%), and half (50%) of all persons were aged 16 or over.
- Females in treatment were younger, with 28% aged under 15 compared to 22% of males.
- The majority of young people in specialist substance misuse services have a range of problems or vulnerabilities related to their substance use (such as having mental health problems, being 'looked after' or not being in education, employment or training) or wider factors that can impact on their substance use (such as offending, self-harming, experiencing sexual exploitation or domestic abuse). Of the 17 vulnerability items collected via the NDTMS, 80% of young people who have entered treatment in 2016-17 disclosed 2 or more vulnerabilities. Therefore, specialist services need to work effectively with a range of other agencies to ensure that all the needs of a young person are met.

The National IPED info Survey (2017) is a study exploring image and performance drug use in Wales, England and Scotland⁸. The study demonstrated that the onset of Image & Performance Enhancing Drug use was most common between the ages of 20 and 24 years old. However, the reported age of first IPED use ranged from 14 years to 53 years and varied slightly depending on the method of use. Almost three quarters of participants reported first using oral and injecting IPEDs (73%, 78% respectively) before the age of 30.

⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664945/Young-people-statistics-report-from-the-national-drug-treatment-monitoring-system-2016-2017.pdf

⁸ <http://www.wales.nhs.uk/sitesplus/documents/888/IPED%20report%202017.%20FINAL.pdf>

References, Sources, Further Reading

NICE (2014) PH52 Needle and Syringe Programmes

<https://www.nice.org.uk/guidance/ph52/chapter/1-Recommendations#recommendation-5-develop-a-policy-for-young-people-who-inject-drugs>

Public Health England (2014) Services for image and performance enhancing drug (IPED) users: turning evidence into practice

<https://www.gov.uk/government/publications/treating-substance-misuse-and-related-harm-turning-evidence-into-practice/services-for-image-and-performance-enhancing-drug-iped-users-turning-evidence-into-practice>

Public Health England (2017) Young People's Statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2016 to 31 March 2017

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664945/Young-people-statistics-report-from-the-national-drug-treatment-monitoring-system-2016-2017.pdf

Public Health Institute, Liverpool John Moores University (2017) Image and Performance Enhancing Drugs, 2016 National Survey Results

<http://www.wales.nhs.uk/sitesplus/documents/888/IPED%20report%202017.%20FINAL.pdf>

Surrey County Council – Healthy Surrey website

<https://www.healthysurrey.org.uk/>

Surrey County Council – Social Care and Health

<https://www.surreycc.gov.uk/social-care-and-health/childrens-social-care/contact-childrens-services>

Surrey Young People's Substance Misuse Service – Catch 22

<https://www.catch-22.org.uk/services/surrey-young-peoples-substance-misuse-service/>

Wheeler, R. (2006) [Gillick or Fraser? A plea for consistency over competence in children: Gillick and Fraser are not interchangeable](#). British Medical Journal, 332(7545): 807

Public Health, Surrey County Council, August 2018.