

Medicines and Young People Seeking Asylum: Rapid Read for Staff

Why this matters

Many young people seeking asylum may have experienced conflict, violence, and exploitation. This may be by adults or their peers. Once in the UK they may use medicines (ie, strong painkillers) to help sleep/calm/block painful memories. Some young people carry high levels of trauma and may have limited trust in adults / services. They may feel shame, fear of judgment, especially if it conflicts with their religious and/or cultural beliefs and norms.

Talking about medicines – a trauma-informed approach

Remind young people of safety and choice: “You’re in control of how much you share. We can go at your pace.”

Explain confidentiality and its limits (safeguarding and consent).

Use interpreters and check understanding.

Cultural humility: learning and asking about cultural differences, be curious, do not assume, seek advice.

Validate coping and advocate safer options: “It makes sense you looked for a way to feel better. Let’s think about safer options.”

Language matters -use: “young person”, “medicine use”, “safer use”, “reduce harm”, “support”, “coping” **Avoid:** “substance misuse”, “abuse”, “addict”, “non-compliant”, “clean/dirty”.

Signs and Symptoms

Possible effects of Use (not a diagnosis)

Sleepiness/drowsiness, slowed responses, pin-point pupils, nausea, itching, constipation (with ongoing use). Changes in mood or routine (withdrawn or secretive).

Possible effects of withdrawal

Agitation or drowsiness, loss of appetite, weight loss, constipation. NB: Opioid withdrawal often includes anxiety, restlessness, aches, sweats, runny nose, nausea, and diarrhoea.

Changes in eating, weight, or bowel habits should be checked by a clinician.

Why might young people use medicines?

A belief that medicines like Tapentadol, tramadol will improve sleep better, stop “dark thoughts,” or help with mental health. Managing distress (anxiety, trauma, intrusive memories).

Sleep (trying to “switch off”).

Peer advice (“friends say it helps”).

Cultural expectation (medicine seen as a normal fix for issues).

Faith conflict (feeling torn, use may conflict with beliefs).

Barriers to conversation

Feeling unsafe, fear of deportation if disclosure could affect immigration.

Shame and stigma (especially if conflicts with faith/beliefs).

Mistrust of authority figures (police, social care, health, housing).

Reactive referrals after crisis (e.g., found in possession), rather than early intervention.

Confusion about UK systems and laws.

Ongoing exploitation with exposure to drugs and forced dependence.

Unaware of how or who to get support from.

Practical safety: Advice you can give

Avoid mixing medicines with alcohol or sedatives

Start low, go slow (if they are already using).

Never use alone, have someone who can call for help.

Do not share or take others’ medicines.

Be wary of online or unknown pills.

Encourage GP review and support from local young people’s alcohol and drug services. Think safeguarding at each contact.

If stopping or reducing, ask about a safe plan and medical support.

Know overdose signs: very slow or stopped breathing, can’t be woken—**call 999 immediately.**

How are medicines accessed

Through peer recommendations, online purchases including illicit sources, or from the street, often unaware of the risks of counterfeit drugs or the legal implications of possessing controlled medicines without a prescription. In some countries, these medicines are more easily available and commonly used for various issues, making UK restrictions confusing.

Resources:

- See Local Safeguarding Children Partnership’s Policies and Procedures including Child Exploitation Risk Assessment Form CERAf
- <https://www.talktofrank.com/drugs-a-z>
- <https://www.gov.uk/government/publications/assist-lite-screening-tool-how-to-use>
- [Substance+Use+and+Language++a+Guide+for+Organisations.pdf](#)

What you can do- If you have concerns, raise it gently with them. Offer to book a GP appointment or referral to young people’s alcohol and drug service (with consent). Ensure quality interpreting and support with transport. Share simple written info in the preferred language if possible.