

Drug and Alcohol Screening Tool

ALTHOUGH many young people will try drugs and alcohol at some time, most do not progress beyond experimentation. However, research indicates that many factors can increase the risk of a young person moving from 'drug and alcohol use' to 'drug and alcohol misuse', whilst some protective factors can reduce these risks. Unless you are a specialist drug and alcohol worker it can be difficult to distinguish between use and misuse, and to accurately assess these risk factors. This tool should help.

To complete this form you do not need a comprehensive knowledge of drugs and alcohol but you may need to know how to contact your nearest drug and alcohol services for young people (see inside page). These services will be able to provide appropriate information, leaflets, guidance and support.

This tool is designed for use with young people aged under 19 years about whom there may be concerns regarding drug and/or alcohol use.

- It will not provide a comprehensive drug and alcohol misuse assessment
- It will indicate when specialist advice should be sought
- It will help identify risk factors.

Defining the terms

Drug The term 'drug' is used to refer to any psychotropic substance, including illegal substances, illicit prescription and volatile substances (e.g. solvents)

Drug and alcohol use The consumption of a drug and/or alcohol by a young person. When the term 'use' is contrasted with 'misuse', 'use' means the consumption of a drug and/or alcohol that does not cause any perceptible immediate harm – even though it may carry some risk of harm

Drug and alcohol misuse Use of a drug or alcohol or combination of drugs and alcohol, that harms health or social functioning – either dependent use (physical or psychological) or use that is part of a wider spectrum of problematic or harmful behaviour

Vulnerable group Young people are at increased risk of drug and alcohol misuse if they belong to certain groups and this risk increases if there is membership of more than one group

Protective factors Increase a young person's resilience to the development of drug and/or alcohol misuse problems

Risk factors Increase the likelihood that drug and/or alcohol misuse will occur

Protective Factors	Risk Factors		
<ul style="list-style-type: none">● Positive temperament● Intellectual ability● Supportive family environment● Social support system● Caring relationship with at least one adult● In education/employment/training	1 Belonging to a 'Vulnerable' Group <ul style="list-style-type: none">● Young sex workers● Young offenders● Looked after children● Mental health problems● School non-attenders● Drug and alcohol misuse by parents● Abuse within the family● Homeless	2 Social & Cultural Factors <ul style="list-style-type: none">● High levels of neighbourhood crime● High levels of poverty & decay● Easy drug availability● Areas where there is widespread social acceptance of drug use● Lack of perception of the risks from drugs	3 Interpersonal & Individual Risk Factors <ul style="list-style-type: none">● Physiological & psychological factors● Family dysfunction● Behavioural difficulties● Academic problems● Association with peers who use drugs● Early onset of drug and alcohol use

Every Child Matters - Change for Children

Reducing the misuse of drugs and/or alcohol amongst young people, especially those most vulnerable, is central to Stoke-on-Trent Safer City Partnership's drug and alcohol plans:

- Ensuring universal, quality drug and alcohol education and information is provided to all children and young people
- Ensuring targeted drug and alcohol early intervention, prevention, education, advice and support are provided to vulnerable young people
- Ensuring specialist drug and alcohol services are provided to young people with complex needs and their families

"Choosing not to take drugs is an aim within Every Child Matters Outcome – Be Healthy."

This tool is designed for three main purposes:

- To help people make decisions about how to respond to drug and/or alcohol use by a young person
- To help people make decisions about how to respond to a young person affected by drug and/or alcohol misusing parents or siblings
- To allow a professional team to create a caseload profile and audit the prevalence of drug and/or alcohol use within their caseload

Instructions

- Please complete a Common Assessment if you feel the young person has additional needs
- Complete the form by ticking the most appropriate responses. If in doubt, do **NOT** tick
- A scoring system is employed for each section. The scores should be added up and the total written below each section
- Once you have completed each section, refer to the scoring table (opposite)
- During the use of the screening tool – the practitioner may identify that a child is at risk of significant harm or has significant level of need that can only be met through the provision of statutory social care support

In such cases the practitioner has a duty to follow their organisational child protection procedures.

Young People's Service Referral Form

This form is a referral for assessment by a young people's drug and alcohol service. The service will use this information to determine an appropriate course of action. This may result in the young person being offered some form of intervention/treatment or further advice and guidance being offered to the referrer. All information on completed forms sent to drug and alcohol services will be treated in accordance with their confidentiality policies - a copy of which is available on request.
 (Exceptions to confidentiality include following Child Protection procedures).

Please return to:

T3 Stoke-on-Trent Young People's Drug and Alcohol Service
 46 Roundwell Street, Tunstall, Stoke-on-Trent, Stoke-on-Trent ST6 5AN
 Fax: 01782 221099 Secure e-mail: stoke.t3@cri.org.uk

or

Young People's Drug Project / Dreams
 Meir Community Education Centre, Pickford Place, Meir, Stoke-on-Trent. ST3 7DY
 Fax: 01782 234195 Secure e-mail: drugs.project@stoke.gcsx.gov.uk

Young Person																										
Does a young person have a common assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No (if unknown please contact 01782 231967) If no , please undertake a Pre-Assessment Checklist If yes , please give details (including lead agency and name of worker) _____ _____																										
Does the young person consent to this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, contact the relevant young people's service for advice)																										
Does the young person consent to the information on the screening tool being shared with the young people's drug and alcohol service? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
Name & address of young person <input type="checkbox"/> Male <input type="checkbox"/> Female _____ _____ Postcode _____ Contact Number _____ Date of Birth _____																										
Ethnicity (tick one) <table border="0"> <tr> <td>White</td> <td>Black/Black British</td> <td>Asian/Asian British</td> <td>Mixed</td> <td>Other Ethnic Group</td> </tr> <tr> <td>British <input type="checkbox"/></td> <td>Caribbean <input type="checkbox"/></td> <td>Indian <input type="checkbox"/></td> <td>White and Black Caribbean <input type="checkbox"/></td> <td>Chinese <input type="checkbox"/></td> </tr> <tr> <td>Irish <input type="checkbox"/></td> <td>African <input type="checkbox"/></td> <td>Pakistani <input type="checkbox"/></td> <td>White and Black African <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Other <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td>Bangladeshi <input type="checkbox"/></td> <td>White and Asian <input type="checkbox"/></td> <td>(please specify) _____</td> </tr> <tr> <td></td> <td></td> <td>Other <input type="checkbox"/></td> <td>Other Mixed <input type="checkbox"/></td> <td></td> </tr> </table>		White	Black/Black British	Asian/Asian British	Mixed	Other Ethnic Group	British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>	Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White and Asian <input type="checkbox"/>	(please specify) _____			Other <input type="checkbox"/>	Other Mixed <input type="checkbox"/>	
White	Black/Black British	Asian/Asian British	Mixed	Other Ethnic Group																						
British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>																						
Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Other <input type="checkbox"/>																						
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White and Asian <input type="checkbox"/>	(please specify) _____																						
		Other <input type="checkbox"/>	Other Mixed <input type="checkbox"/>																							
Have the young person's parents/carers been informed of the referral for assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>																										
Does a parent/carer consent to the young person attending an appointment if offered? (Consent is not essential for a referral to be made) Yes <input type="checkbox"/> No <input type="checkbox"/>																										
Name & contact number of parent/guardian _____ _____																										
Who does the young person live with? _____ _____																										
What does the young person want from this service? _____ _____ _____																										
Young person's availability for appointments _____ _____																										
What is the best way to contact the young person? <input type="checkbox"/> Text <input type="checkbox"/> Letter <input type="checkbox"/> Phone																										
Young person's signature _____																										

Other Agencies Involved		
Agency	Name	Address & Contact Number
GP		
School		
Social care		
CAMHS		
YOS		
Connexions		
Other – please state		
Child protection concerns Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please give details (including lead agency and name of worker) and action taken _____ _____		
Would this young person pose any significant risk to themselves, staff or others? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please give details _____ _____		

Reasons for Referral
Please add any additional background information that may be relevant to the assessment of this young person, (eg: Is the young person living with a drug using parent/carer/sibling?). _____ _____ _____

Referrer
Date of referral
Referrer's name
Referrer's agency
Address
Contact number
Have you received drug and alcohol screening tool training? Yes <input type="checkbox"/> No <input type="checkbox"/>

What happens next?
On receipt of referral an initial assessment will be offered to the young person (within seven working days).