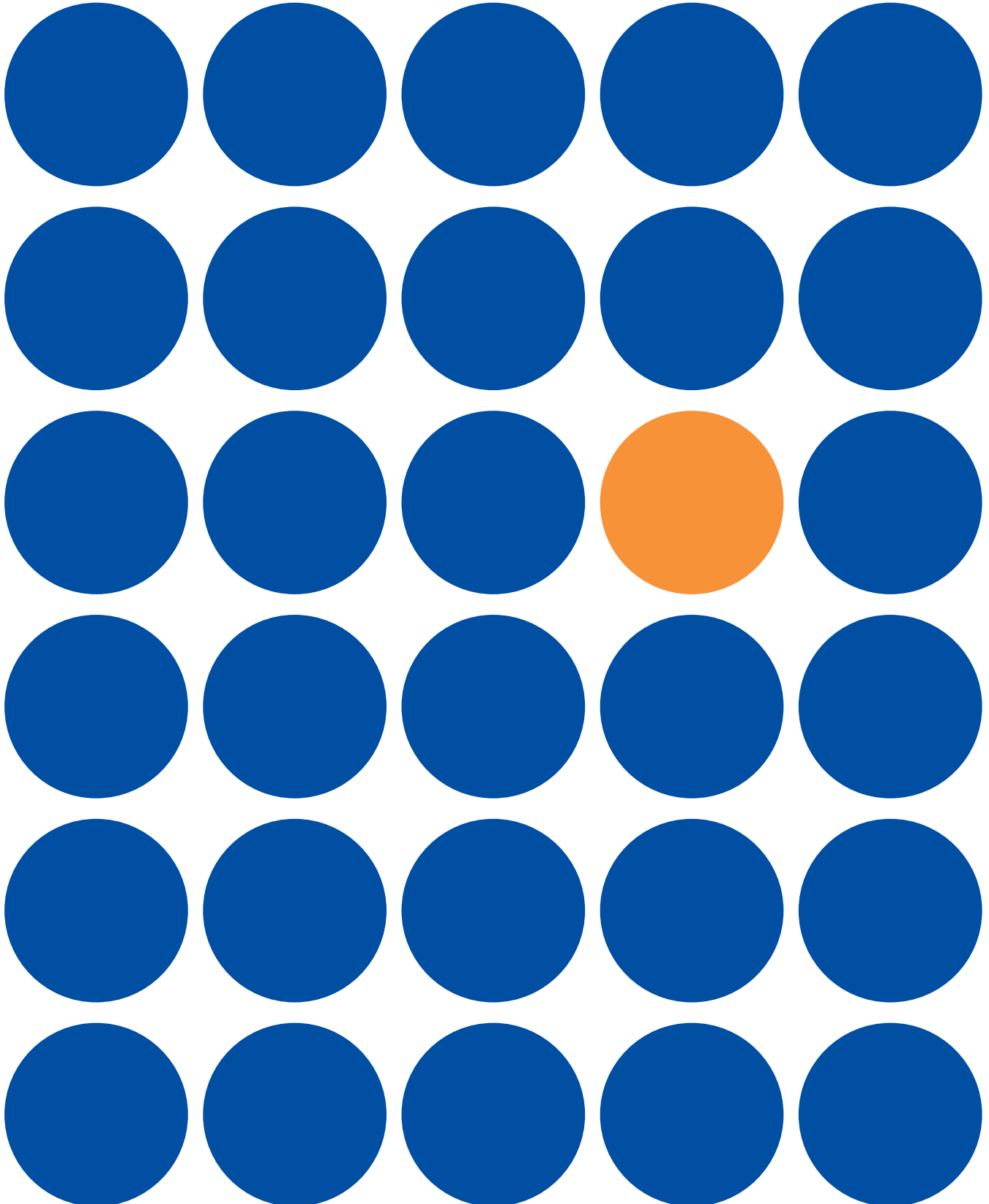


YOUNG PEOPLE'S
Drug & ALCOHOL Use Screening Tool (DUST)



ALTHOUGH many young people will try drugs & 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 & alcohol use' to 'drug & alcohol misuse', whilst some protective factors can reduce these risks. Unless you are a specialist drug & 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 & alcohol but you may need to know how to contact your nearest drugs & alcohol service for young people (see opposite page). This service will be able to provide appropriate information, leaflets and guidance.

DUST is designed for use with young people about whom there may be concerns regarding drug/alcohol use.

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

Defining the terms

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

Drug/alcohol misuse Use of a drug/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 /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 /alcohol misuse problems. Risk factors Increase the likelihood that drug /alcohol misuse will occur.

Protective Factors

- 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

- Sexually exploited
- Young offenders
- Looked after children
- Mental health problems
- School non-attenders
- Drug/alcohol misuse by parents
- Abuse within the family
- Homeless

Risk Factors

2 Social & Cultural Factors

- 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/alcohol

3 Interpersonal & Individual Risk Factors

- Physiological & psychological factors
- Family dysfunction
- Behavioural difficulties
- Academic problems
- Association with peers who use drugs/alcohol
- Early onset of drug or alcohol use

Public Health Suffolk aims to reduce drug and alcohol related harm to young people, their parents/carers and the community and promote recovery from substance misuse by implementing the 2013 Drug Strategy Annual Review: Delivering within a New Landscape and the National Alcohol Strategy 2012.

These aims are achieved by robust and accountable multi-agency commissioning of services, ensuring integration within wider children's services in Suffolk. Public Health Suffolk partner agencies and service providers ensure:

- **Universal Services:** Drug and Alcohol education for all young people as part of a holistic approach, delivered through the PSHE element of the school curriculum.
- **Early Intervention Services:** Targeted and prevention services for young people from vulnerable groups, support for parents and carers and training for professionals.
- **Specialist Treatment:** An accessible high quality range of treatment and support services for young people experiencing alcohol / drug misuse related problems.

Further information about the services Public Health Suffolk commission for professionals and parents & carers and where to report anecdotal evidence please go to www.healthysuffolk.org.uk.

DUST Training

If you require training on young people alcohol and drugs and how to refer to services contact NEPUFT on **01473 341763** or email nepuft.trainingenquiries@nhs.net

DUST form is available online at www.healthysuffolk.org.uk which also has information about how to get DUST training.

Turning Point provide targeted and specialist drug and alcohol interventions for young people across the whole of Suffolk. For further advice please contact them on **0300 123 0872** or suffolk@turning-point.co.uk

Health and Wellbeing
SUFFOLK

Public Health Suffolk

Endeavour House, 8 Russell Road, Ipswich, IP1 2BX

This form is a referral for assessment by a specialist service. The Young Persons' Drug and Alcohol 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 in further advice and guidance being offered to the referrer. All information on completed DUST 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 Safeguarding procedures).

This tool is designed for two main purposes:

- To help people who have to make decisions about how to respond to drug/alcohol use by a young person.
- To allow a professional team to create a caseload profile and audit the prevalence of drug /alcohol use within their case load.

The form is divided into sections designed to assess risk factors regarding:

- Drug/alcohol use
- General and Psychological health
- Social situation /behaviour

Instructions

- 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. **Please do not include past use in your scores.**
- Once you have completed each section, refer to the scoring table (top right).
- If the young person does not meet the threshold for referral but you still have concerns, please contact Turning Point for advice and information.

SECTION 1 Drug/alcohol use		
Drug Type		
2	Alcohol	
2	Amphetamine	
2	Cannabis	
4	Cocaine	
7	Crack	
4	Ecstasy	
7	Heroin	
4	Ketamine	
4	LSD	
4	Magic Mushrooms	
7	Solvents / Gas/ Aerosols	
2	Other(s) please list (include misuse of prescribed drugs). Score 2 each	
Drug/Alcohol Use - Frequency		
1	Occasional drug / alcohol use	
2	Regular drug / alcohol use	
Injecting		
0	Not injecting	
5	Currently / recently injecting	
Drug/Alcohol Use - Intoxication		
0	Drug/alcohol use without loss of consciousness or aggression	
2	Drug/alcohol use with loss of consciousness or aggression	
Contact with Other Drug/Alcohol Users		
0	No drug / alcohol using friends	
1	Some friends who use drugs /alcohol and some who don't	
2	All friends use drugs / alcohol	
Family Drug / Alcohol Use		
0	No known family drug / alcohol misuse	
2	Known drug /alcohol misuse among close family member(s) / carers	
5	Significantly affected by someone else's drug / alcohol misuse	

TOTAL SECTION 1:

SECTION 2 Social situation/behaviour	
Living Situation	
0	No problems with accommodation
1	Problems with accommodation, insecure or inadequate housing
2	Looked after by Local Authority
6	Homeless
Adult Support	
0	Has supportive relationships with more than one adult
1	Has supportive relationship with one adult
2	Has no supportive relationships with adults
2	Problematic relationships (e.g. domestic violence at home)
Occupation	
0	In education / employment / training
1	Truanted from school / at risk of school exclusion/drug or alcohol related absences from work
2	School excluded / unemployed
Criminal Involvement	
0	No criminal involvement
1	At risk of involvement in the Criminal Justice System
2	Involved in Criminal Justice System or committing more serious crimes
Sexual Behaviour	
0	Age appropriate/ safe sexual behaviour
2	Inappropriate / unsafe sexual behaviour
6	Commercial sex/abusive sexual relations
Other	
2	Drug related debt

TOTAL SECTION 2:

SECTION 2 General and Psychological health	
Drug Type	
0	Young person reports no significant health problems
1	Teeth problems
1	Stomach problems
1	Regular headaches
1	Difficulty sleeping
5	Chronic fatigue
5	Severe sleep problems
5	Self neglect
10	Extreme weight loss
10	Blackouts and / or memory loss
10	Pregnant
10	Fitting
10	Accidental / planned overdose
Psychological Health	
0	Young person reports no significant psychological problems
1	Low self esteem
1	Mild anxiety
1	Shyness
5	Eating disorder/marked change in eating pattern (e.g.loss of appetite/bingeing)
5	Frequent bouts of unhappiness/depression
5	Self harm
5	Severe anxiety / panic attacks
10	Suicide attempts
10	Severe paranoia
10	Hallucinations (when not under the influence of drugs/alcohol)

TOTAL SECTION 3:

This tool is for guidance. It is intended to assist with decision making about how to respond to drug/alcohol use by a young person. It does not remove the need for professional judgement which should take account of factors such as the age and maturity of the young person.

© Kent & Medway Drug Action Teams

SCORING TABLE

SECTION 1: Drug/alcohol use

Score 0-4	Score 5-6	Score 7+
Consider giving drugs information/advice.	Consider seeking advice from Young Persons' Drug Service (see below). <i>However please be aware that we cannot accept personal details without the young person's consent.</i>	Refer to Young Persons' Drug Service (see below).

SECTION 2: Social situation/ behaviour

A high score means that a young person is vulnerable to developing drug/alcohol misuse problems and should increase your level of concern.

Score 0-1	Score 2-5	Score 6+
LOW RISK	MEDIUM RISK Consider seeking advice from Young Persons' Drug Service	HIGH RISK Consider seeking advice from Young Persons' Drug Service or other relevant agency.

SECTION 3: General and Psychological health

A high score means that a young person is vulnerable to developing drug/alcohol misuse problems and should increase your level of concern.

Score 0-1	Score 2-5	Score 6+
LOW RISK	MEDIUM RISK Consider seeking advice from Young Persons' Drug Service.	HIGH RISK Consider seeking advice from Young Persons' Drug Service or other relevant agency.

Where to access confidential advice, consultancy and further information

Turning Point @ 4YP: 14 Lower Brook Street,
Tel: 0300 123 0872 Ipswich IP4 1AP
suffolk@turning-point.co.uk

For out of hours call the helpline 0300 123 0872 or visit www.turning-point.co.uk

Young Person

Does the young person consent to this referral? (If no, contact Young Persons' Service for advice) Yes No

Does the young person consent to the information on the screening tool being shared with the Young Persons' Service? Yes No

What does the young person want from the service?

Name & Address of Young Person Male Female

Postcode _____

Contact Number _____

Date of Birth _____ Age _____

Ethnicity (tick one)

White British White Asian Other Asian /Asian British
 White Irish Other Mixed Caribbean / Black British
 Other White Indian / Asian British African / Black British
 White / Black British Pakistani / Asian British Chinese / Other Ethnic
 White / Black African Bangladeshi /Asian British Not Stated

Does young person have a diagnosed medical condition and is on Medication Yes No
 If YES please give details

Have the young person's parents / Carers consented to this referral? Yes No

Name & Contact Number of Parent /Guardian

Young Person's Availability for Appointments

What is the best way to contact the young person? Text Letter Phone

Young Person's signature

Referrer

Date of Referral _____

Referrer's Name _____

Referrer's Agency _____

Have you received DUST training? Yes No

Address

Contact Number _____

Other Agencies involved

Agency	Name	Contact Number
GP	_____	_____
Address:	_____	
School	_____	_____
Address:	_____	
Social Services	_____	_____
Address:	_____	
CAMHS	_____	_____
Address:	_____	
YOS	_____	_____
Address:	_____	
Other - please state	_____	_____
Address:	_____	

Has a CAF been completed with young person Yes No
 If yes, please give details

Child protection concerns Yes No
 If yes, please give details (including lead agency and name of worker)

Would this young person pose any significant risk to staff or others? Yes No
 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.

What happens next?

On receipt of this form a worker will be allocated and will make contact with you.

Please return via post or email to:

Turning Point @ 4YP: 14 Lower Brook Street, Ipswich IP4 1AP **Email:** EAHUB.turningpointsuffolk@nhs.net

For further copies of the DUST form please contact Turning Point or see www.healthysuffolk.org.uk