

DATE:

This tool is designed for two main purposes:

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

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

- Substance use
- Social situation/behaviour
- General and Psychological health

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
- Once you have completed each section, refer to the scoring table (top right).

Young Person's details

Name:	Gender Identification
	M F
Address	Non Binary
	DoB:
	Phone number
Postcode	

SECTION 1: Substance Use

Score 0-4	Score 5-6	Score 7+
Consider giving substance misuse information/advice	Consider seeking advice from Turning Point	Refer to Turning Point

SECTION 2: Social Situation/Behaviour

A high score means that a young person is vulnerable to developing substance misuse issues and should increase your level of concern

Score 0-1	Score 2-5	Score 6+
LOW RISK	MEDIUM RISK Consider seeking advice from Turning Point	HIGH RISK Refer to Turning Point or other relevant agency

SECTION 3: General & Psychological Health

A high score means that a young person is vulnerable to developing substance misuse issues and should increase your level of concern

Score 0-4	Score 5-9	Score 10+
LOW RISK	MEDIUM RISK Consider seeking advice from Turning Point	HIGH RISK Refer to Turning Point or other relevant agency

Where to access confidential advice, consultancy and further information

Turning Point Young People's service: 0330 303 6000 or

YPandYAservice@turning-point.co.uk

For out of hours talk to FRANK 0800776600 or visit www.talktofrank.com

Section 1 Substance Misuse

Drugs Type

2	Alcohol
2	Amphetamine
2	Cannabis
4	Cocaine
4	Crack
4	Ecstasy
4	Heroin
4	LSD
4	Magic Mushrooms
4	Solvents/Gas/Aerosols
2	Other(s), please list (include misuse of prescribed drugs). Score 2 each.

Substance Use—Frequency

1	Occasional drug/alcohol use
2	Regular drug/alcohol use

Injecting

0	Not injecting
5	Currently/recently injecting

Substance Use—Intoxication

0	Substance use without loss of consciousness or aggression
5	Substance use with loss of consciousness or aggression

Contact with Other Substance Users

0	No drug/alcohol using friends
1	Some friends who use drugs/alcohol
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)/ carer(s)
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
1	Looked after by local authority
6	Homeless
6	Missing (from home, school or care home)

Adult Support

0	Has supportive relationship with more than one adult
1	Has supportive relationship with one adult
2	Has no supportive relationships with adults

Occupation

0	In education/employment/training
1	Truanted from school/at risk of exclusion/drug or alcohol related absences
2	School excluded/unemployed
3	Persistently late to school

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

TOTAL SECTION 2

Section 3 General & Psychological Health

General Health

0	Young person reports no significant health problems
1	Dental 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

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
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)

TOTAL SECTION 3

Drug Use Screening Tool

This tool is for guidance. It is intended to assist with decision making about how to respond to substance 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.

Young People's Team Referral Form

This form is a referral for assessment by a specialist service. The Young People's Substance Misuse 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 Turning Point 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 send complete form to:

LLR Young People & Young Adult Team
165 Granby St, Leicester, LE1 6FE
or email YPandYAservice@turningpoint.co.uk

For further copies of the DUST form please contact
Turning Point Young People's Team

Telephone: 0330 303 6000

Young Person

Does the young person consent to this referral? Yes No
If no, contact 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 Service? Yes No

Name and address of young person Male Female

Postcode

Contact Tel No

Age Date of Birth

Ethnicity (Tick one)

White/White British Black/Black British Asian/Asian British
 Mixed Chinese Other

Have the young person's parents/carers been
informed of the referral for assessment? Yes No

Does a parent/carer consent to the young person
attending an appointment if offered? (Consent
not essential for a referral to be made) Yes No

Parent/Carer Name & Contact Tel No

Young Person

Young Person's Expectations of attending Turning Point

Referrer Contact Details

Name

Email

Organisation

Other Agencies Involved

Name	Agency/GP	Address & Contact No
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Child Protection Concerns	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details		

Reasons for Referral

Please give as much detail as possible for your reason for referring and
any additional background that would help us help the Young Person.