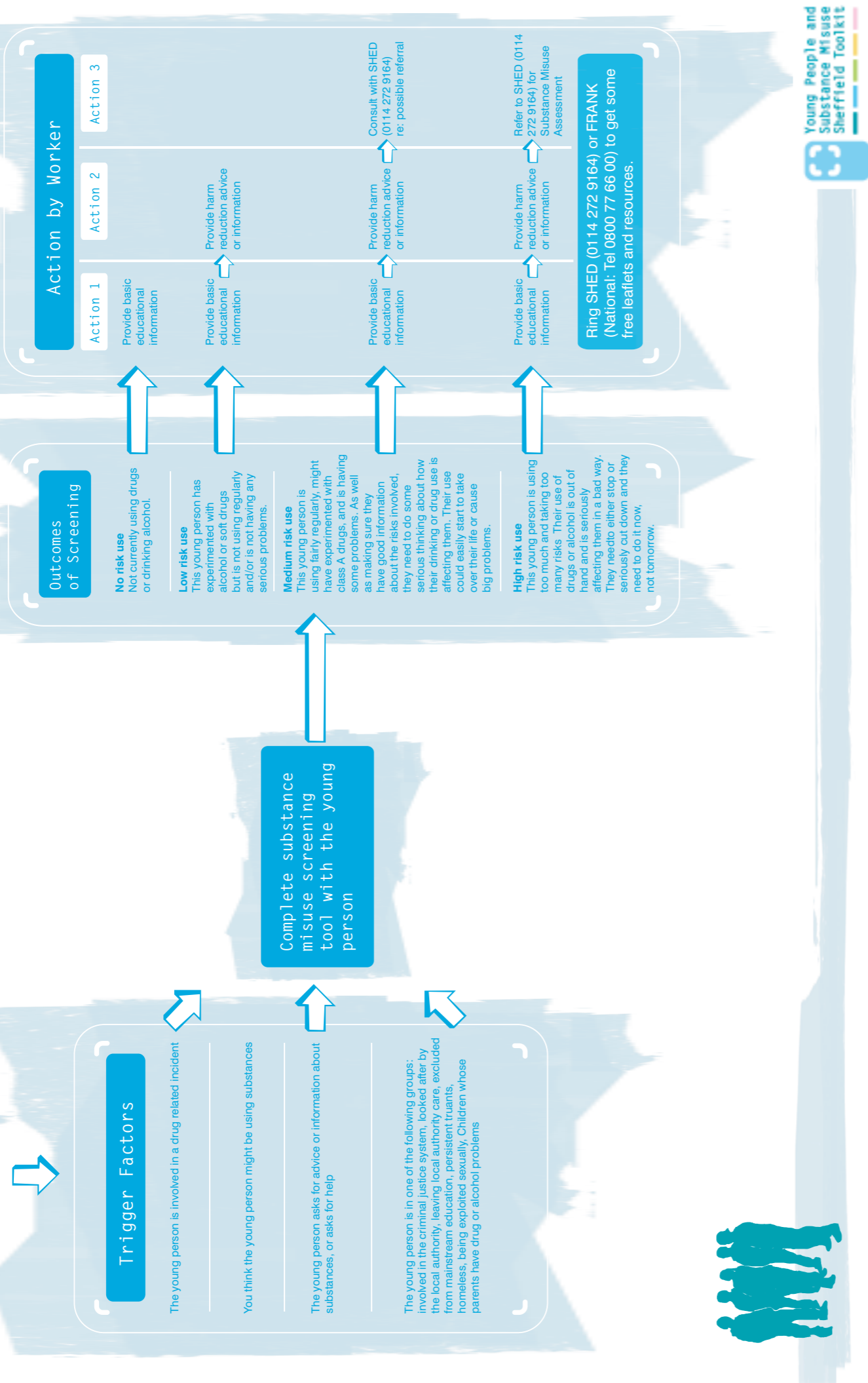


## Substance Misuse Screening and Referral Pathway



## Sheffield Young People's Substance Misuse Screening Tool



Many young people will try drugs at some time, but most do not progress beyond experimentation. However, research indicates that many factors can increase the risk of a young person moving from 'drug use' to 'drug misuse', whilst some protective factors can reduce these risks. Unless you are a specialist drug 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 but you may need to know how to contact the SHED Young People's Substance Misuse service (see below). This service will be able to provide appropriate information, leaflets and guidance.

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

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

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.

The tool is a questionnaire in 3 sections: Substance Use, Social and Behavioural Factors, Physical and Mental Health.

The questionnaire should be completed collaboratively with the young person. Each section uses a scoring system which is scored separately. Where there is doubt score the answers according to what seems the closest description. Add the scores and refer to the actions box for suggested next steps.

### Vulnerable Groups

- Young people involved in the criminal justice system
- Young people who are looked after by the local authority or care leavers
- Young people excluded from mainstream education, or persistent truants
- Young homeless
- Young people being exploited sexually
- Children whose parents have substance misuse problems.



## Section 1 : Substance Use

**Substances used** (score points for each substance used in the last year)

Alcohol			1
Cannabis			1
Amphetamine			2
Cocaine			3
Crack			4
Ecstasy			2
Heroin			4
LSD			2
Magic mushrooms			2
Solvents/gas/aerosols			3
others (eg. Benzos) score 2 each and list:			2

**Frequency of use of any substance** (one score only)

Haven't used for 6 months			0
Once or twice every few months			1
At least once a month			2
At least once a week			3
Daily			5
Many times a day every day			8

**Method of use** (score for all substances)

Smoking, swallowing, snorting			0
Injecting any substance			8

**Age** (score once only)

17-18			0
14-16			2
11-13			4
10 or under			7

**Total Section 1:**

**No Risk = 0 (end questionnaire here) Low Risk = 1-5**

**Medium Risk = 6-8 High Risk = 9+**

## Section 2 : Social and Behavioural Factors

**Score for how much you think the following things happen to you:**

Never (Score 0), Sometimes (Score 1), A lot, at least once a month (score 2)

	0	1	2
I feel irritable, angry or anxious when I don't use drugs or drink			
I take drugs or drink when I am bored, lonely or anxious			
I plan my day to make sure I can have a drink or use drugs			
I find I need to drink more, or use more to get the same high that I used to			
People get on my nerves by telling me that I should stop using or cut down			
I get so out of it that I can't remember things I might have done afterwards			
I drink alcohol or take drugs when I am on my own.			
I have been in trouble with the police, or at school, or at home, because of drinking or using drug			
I have had sex when off my face and felt bad about it afterwards			
I have committed a crime to get the money for drinking or drug use (including dealing)			

**Total Section 2:**

**No Risk = 0 Low Risk = 1-4 Medium Risk = 5-7 High Risk = 8+**

**Name of  
Young Person**

**Date of Birth**

**Worker Name**

**Agency**

**Agency Address**

**Tel**

**Date**

**This form contains confidential information that should not be shared without the consent of the young person it relates to.**

## Section 3 : Physical and Mental Health

**Does your drinking or drug use causes any of these for you?:**

Stomach problems			1
Regular headaches			1
Teeth problems			1
Difficulty sleeping			1
Low self esteem			1
Mild anxiety			1
Shyness			1
Chronic fatigue			5
Severe sleep problems			5
Self neglect			5
Eating disorder/ marked change in eating pattern (e.g. loss of appetite / bingeing)			5
Frequent times of unhappiness or depression			5
Self harm			5
Extreme weight loss			10
Blackouts and / or memory loss			10
Fitting			10
Accidental / planned overdose			10
Severe anxiety and panic attacks			10
Suicide attempts			10
Severe paranoia			10
Hallucinations (when not under the influence of drugs or alcohol)			10

**Total Section 3:**

**No Risk = 0 Low Risk = 1-4 Medium Risk = 5-9 High Risk = 10+**

**No Risk:** Not currently using drugs or drinking alcohol.

**Low Risk :** This young person has experimented with alcohol or soft drugs but is not using regularly and/or is not having any serious problems.

**Medium Risk:** This young person is using fairly regularly, might have experimented with class A drugs, and is having some problems. As well as making sure they have good information about the risks involved, they need to do some serious thinking about how their drinking or drug use is affecting them. Their use could easily start to take over their life or cause big problems.

**High Risk :** This young person is using too much and taking too many risks. Their use of drugs or alcohol is out of hand and is seriously affecting them in a bad way. They need to either stop or seriously cut down and they need to do it now, not tomorrow.