

# Barnsley YP Drug Use Screening Tool



## SECTION 1 – YOUNG PERSONS DETAILS

Date of referral	
Is YP aware of referral	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does YP consent to referral	Yes <input type="checkbox"/> No <input type="checkbox"/>
Client Signature/ Verbal consent given to SMS Worker	
Name:	
Address:	
Postcode	
Can we send a letter home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Young Person phone Number(s)	
Consent to call YP?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email - no	
Date of Birth & Age:	
Gender:	
Substance(s) of Choice:	
Ethnicity:	
Religion:	
School / College attending:	
EHA Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes ask for a copy)	
CARE STATUS	

## SECTION 2 – GP'S DETAILS

GP –
GP's Address:

## SECTION 3 – OTHER AGENCIES INVOLVED

YOT	Yes <input type="checkbox"/> No <input type="checkbox"/>
Housing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Care	Yes <input type="checkbox"/> No <input type="checkbox"/>
CAMHS Previous	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Agency:	
Practitioner:	
Contact:	

## SECTION 4 – EXPECTATIONS

What are you expecting the service to do for you following this referral?

Preferred days / times / location of appointments

## SECTION 5 – PARTICULAR NEEDS

e.g. language/literacy needs, capacity, guardianship, mobility, wheel chair user, visual / hearing impairment, English not first language

## SECTION 6 – RISK / PROTECTIVE FACTORS

Please add any information that may indicate a risk to the client, dependents, staff or others, e.g. suicidal, violence, pregnancy, child protection, EHA, recent victim of crime, CSE risk etc

## SECTION 7 – OFFENDING BEHAVIOUR

Outline recent offending history

## SECTION 8 – REFERRER (IF APPLICABLE)

Referrer name:

Referrer contact details

Consent from referrer to store referrer details

Miscellaneous information

## Barnsley YP Drug Use Screening Tool

This form is a screening tool only: completing this form can help you decide whether an assessment from a specialist service is needed. The information is also designed to help any specialist service you may make a referral to.

Complete this form by ticking the most appropriate box. You may be unable to complete all of the questions but please answer as many as possible. This part of the form is not a requirement BUT does enable services to build a better picture of need to ensure the most appropriate response. If you are not able to complete this page of the form but still wish to refer, please turn over. We encourage people to complete this form together with the client / patient where possible.

Once you have completed the tool, please add up the points from each section to assist you in deciding which service(s) are most appropriate to refer to. This form cannot replace your own judgment or that of the person you are working with.

### Section 1 – Current Drug / Alcohol Use

Drug / Alcohol Use - Frequency	
0	No current drug / alcohol use
1	Occasional drug / alcohol use
2	Regular drug / alcohol use or bingeing
Injecting history	
0	Never injected
3	Previous history of injecting behaviour
5	Currently injecting
Drug Type (please circle all drugs used)	
0	No drug use
2	<b>Cannabis</b> /Ecstasy/Amphetamine/'NPS'/Cocaine/Alcohol/Mephedrone/Tobacco
5	Heroin/Methadone/Crack/other opiates/solvents/prescribed drugs/drug combinations
Drug/Alcohol Use - Intoxication	
0	No drug/alcohol use
1	Drug/alcohol use without loss of consciousness or aggression
2	Drug/alcohol use with loss of consciousness or aggression (please ring)
Contact with Drug Users	
0	No drug using friends
1	Has some who use drugs and some who don't
2	All friends use drugs
Familial Drug/Alcohol Use	
0	No known family drug/alcohol use
2	Known drug/alcohol use in close family
<b>DRUG/ALCOHOL USE TOTAL</b>	

### Section 2 – Social situation/behavior

Living Situation	
0	Stable and safe accommodation
2	Poor accommodation (e.g. hostel)
2	Looked after child
6	Homelessness / sofa surfing
Support	
0	Has appropriate relationships with more than one adult
1	One appropriate relationship with an adult
2	No appropriate relationships with adults or problematic relationships (i.e. DV)
Occupation	
= 0	In education / employment / training
1	Truants / risking exclusion from work
2	NEET / excluded
Criminal Involvement	
= 0	No criminal involvement
1	At risk of involvement in CJS
2	Involved in CJS or committing serious crimes
Sexual Behavior	
2	Inappropriate / unsafe sexual behaviour
= 6	Commercial sex / <b>abusive relationships</b>

Other Risk Factors		
2	Drug related debt	
6	Vulnerable to abuse by others	
4	Significant parental substance use	
4	Significant parental mental health issues	
6	Child protection involvement with children	
2	Gambling	
<b>SOCIAL SITUATION/BEHAVIOUR TOTAL</b>		

### Section 3 – General/Psychological Health

General Health		
0	Person reports no significant health problems	
1	Dental problems	
1	Sleep problems	
5	Severe sleep problems	
5	Gastric problems	
5	Chronic fatigue	
10	Abscesses and/or DVT	
10	Accidental overdose history	
10	Fits/seizures	
10	Extreme weight loss/gain	
10	Blackouts / memory problems	
10	Pregnant	
Psychological Health		
0	No psychological problems	
1	Low self esteem	
5	Eating disorder / change in eating pattern (loss / binges)	
5	Frequent bouts of unhappiness/depression	
5	Self harm	
5	Severe anxiety/panic attacks	
7	Aggressive behaviour (not substance related)	
10	Paranoia/hallucinations (not substance related)	
10	Suicide risk	
<b>GENERAL/PSYCH HEALTH TOTAL</b>		

### SCORING TABLE

Section 1 – Drug/alcohol use			
Lower risk	Medium risk	Higher risk	
Score 0-4	Score 5-6	Score 7+	
Section 2 – Social situation/behaviour			
Lower risk	Medium risk	Higher risk	
Score 0-1	Score 2-5	Score 6+	
Section 3 – General/psychological health			
Lower risk	Medium risk	Higher risk	
Score 0-4	Score 5-9	Score 10+	

### Miscellaneous information

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### For internal use only

Date received:
Form completed by:
Date allocated:
Allocated to:
YP contacted date: