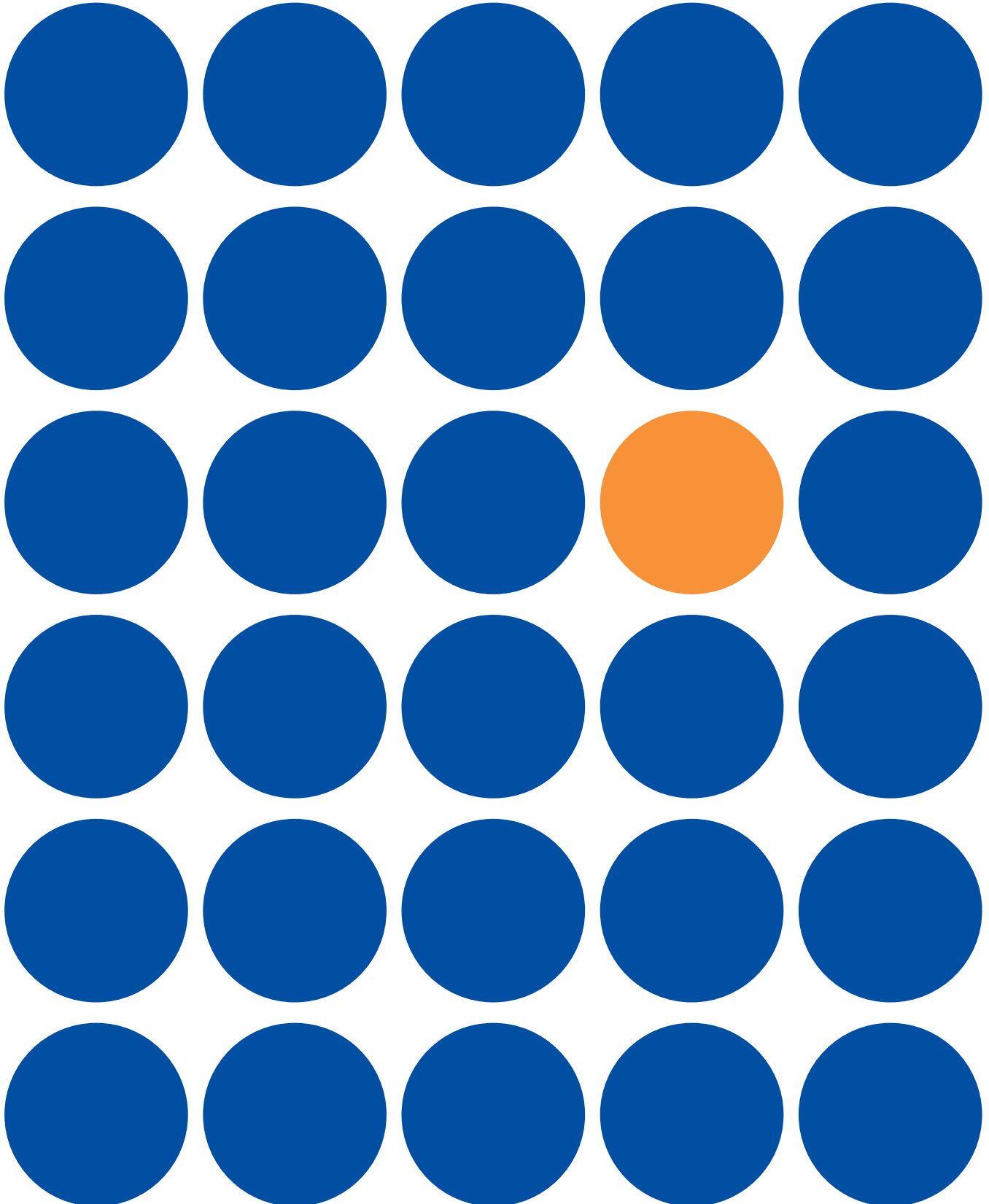


YOUNG PEOPLE'S  
**Drug & Alcohol Use Screening Tool (DUST)**



**A**LTHOUGH 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 a toolkit to help practitioners start a conversation with young people about their drug and/or alcohol use and to access support from the Turning Point youth service:

- 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

## Risk Factors

### 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

### 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

## Further Information and Training

Public Health Suffolk commission Turning Point to provide specialist drug and alcohol treatment services for young people and adults. Further information about Public Health services can be found at [www.healthysuffolk.org.uk](http://www.healthysuffolk.org.uk). Contact **0300 123 0872** or search 'Turning Point Suffolk Wellbeing Cloud' online to access further information about Turning Point services, including information about what to do if you are worried about someone, or to self-refer.

Public Health Suffolk also commission **FREE** training courses for professionals to increase their knowledge and respond to drug and alcohol use more confidently. Details about the courses available, including one specifically tailored around Young People, Families and Drug use; can be found at [www.healthysuffolk.org.uk/drugandalcoholtraining](http://www.healthysuffolk.org.uk/drugandalcoholtraining)

## DUST Training

Visit [www.healthysuffolk.org.uk/DUST](http://www.healthysuffolk.org.uk/DUST) to access online resources to help you complete the DUST including an editable electronic version of the form, a video guide and further information for professionals.

**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 and in line with GDPR - a copy of which is available on request. (Exceptions to confidentiality include following Safeguarding procedures).

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

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

### Instructions

- Complete the form by ticking the most appropriate responses.
- 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.

### SCORING TABLE

#### SECTION 1: Drug/alcohol use

Score 0-4	Score 5-6	Score 7+
Consider giving drugs information/advice.	Consider seeking advice from Turning Point Youth Service (see below). <i>However please be aware that we cannot accept personal details without the young person's consent.</i>	Refer to Turning Point Youth 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+
<b>LOW RISK</b> Consider community support	<b>MEDIUM RISK</b> Consider seeking advice from Turning Point Youth Service	<b>HIGH RISK</b> Consider seeking advice from Turning Point Youth 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+
<b>LOW RISK</b> Consider community support	<b>MEDIUM RISK</b> Consider seeking advice from Turning Point Youth Service.	<b>HIGH RISK</b> Consider seeking advice from Turning Point Youth Service or other relevant agency.

### Where to access confidential advice, consultancy and further information

**Turning Point:** Sanderson House, 17-19 Museum Street  
**Tel: 0300 123 0872** Ipswich IP1 1HE  
 suffolk@turning-point.co.uk

#### SECTION 1 Drug/alcohol use

Drug Type	
2	Alcohol
2	Cannabis
6	Cocaine/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
2	Drug/alcohol use with 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
5	Gang involvement
5	Evidence of / at risk of County Lines exploitation

**TOTAL SECTION 2:**

#### SECTION 3 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	Self neglect
10	Extreme weight loss
10	Blackouts
10	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

### Young Person

Does the young person consent to this referral and their information being shared with the Turning Point youth service?  Yes  No

Young Person's signature

Name & Address of Young Person  Male  Female

Postcode

Contact Number

Date of Birth Age

Ethnicity (tick one)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> White British         | <input type="checkbox"/> White Asian                | <input type="checkbox"/> Other Asian /Asian British |
| <input type="checkbox"/> White Irish           | <input type="checkbox"/> Other Mixed                | <input type="checkbox"/> Caribbean / Black British  |
| <input type="checkbox"/> Other White           | <input type="checkbox"/> Indian / Asian British     | <input type="checkbox"/> African / Black British    |
| <input type="checkbox"/> White / Black British | <input type="checkbox"/> Pakistani / Asian British  | <input type="checkbox"/> Chinese / Other Ethnic     |
| <input type="checkbox"/> White / Black African | <input type="checkbox"/> Bangladeshi /Asian British | <input type="checkbox"/> Not Stated                 |

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

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

Young Person's Availability for Appointments

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

### Referrer

Date of Referral

Referrer's Name

Referrer's Agency

Address

Contact Number

### Additional Information

Please add all additional information relevant to this assessment. Include useful background information, risk factors, and the young person's expectations from this referral.

Please provide details of all other agencies involved with the young person including contact details where possible

### 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:** Sanderson House, 17-19 Museum Street, Ipswich IP1 1HE **Secure email:** ECHUB.turningpointsuffolk@nhs.net

**For further copies of the DUST form please contact Turning Point or see [www.healthysuffolk.org.uk/DUST](http://www.healthysuffolk.org.uk/DUST)**