

Section 3: Physical and Mental Health

Does your drinking or drug use cause 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	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/panic attacks	10
Suicide attempts	10
Severe Paranoia	10
Hallucinations (when not under the influence of drugs or alcohol)	10

Total Section 3:

0 no risk 1-4 low risk 5-9 medium risk 10+ High Risk

Discussion with young person

The questionnaire has shown that:

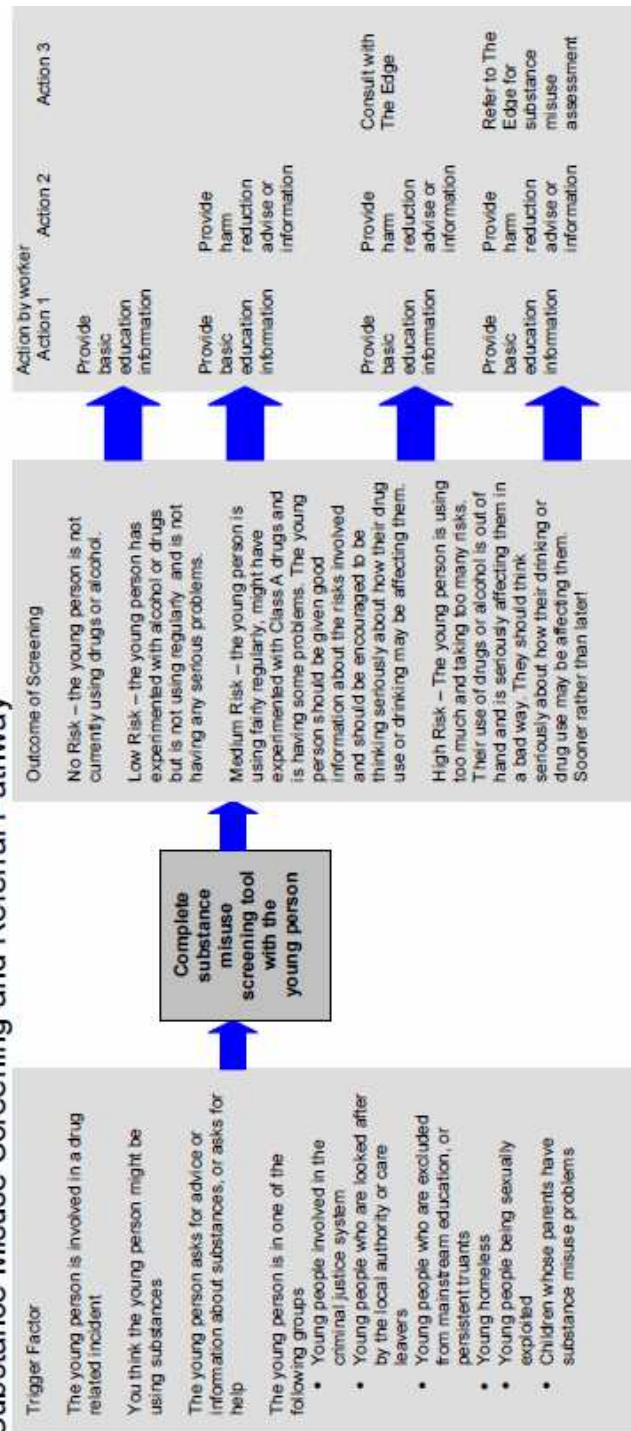
No Risk – You are currently not using drugs or alcohol

Low Risk – You have experimented with drugs and alcohol but you are not using regularly and are not having any serious problems.

Medium Risk – You are using fairly regularly, might have experimented with Class A drugs and are having some problems. You should have good information about the risks and should be thinking seriously how your drug use or drinking may be affecting you. Your use could start to take over your life or cause big problems.

High Risk – You are using too much and taking too many risks. Your use of drugs or alcohol is out of hand and is seriously affecting you in a bad way. You should think seriously about how your drinking or drug use may be affecting you. Sooner rather than later!

Substance Misuse Screening and Referral Pathway



THE EDGE Young People's Initial Screening Tool for Substance Use/Misuse

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' and to accurately assess these risk factors, you can use this screening tool which 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 Edge. This service will be able to provide appropriate information, leaflets and guidance.

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

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

The initial screening 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 into account factors such as age and maturity of the young person.

If during the process of completing this form you think that a young person is at risk of significant harm, then you must follow your own agency's child protections

The Edge

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The initial screening 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 who are excluded from mainstream education, or persistent truants
- Young homeless
- Young people being sexually exploited
- Children whose parents have substance misuse problems

Name of young person: _____
Date of Birth: ____/____/____
Main Drug of Choice _____
Name of Worker: _____
Agency: _____
Agency Address: _____

Contact number: _____

Section 1 : Substance Use

Substance used (score points for each substance used in the last month)

Alcohol		1
Cannabis		1
Speed		2
Cocaine		3
MDMA/Ecstasy		2
Heroin		4
LSD		3
Solvents/gas/aerosols		3
Mephedrone		3
Ketamine		3
Others (score 2 each and list)		2

Frequency of use of main substance

Once or twice every few months		0
At least once a month		1
Once a week		2
2-6 days per week		3
Daily		5
Many times a day every day		6

Method of use

Smoking		1
Swallowing		2
Snorting		2
Injecting		8

Age

Under 10		7
10-13		5
14-15		2
16-17		1
18+		0

Total Section 1:

1-5 Low Risk 6-9 Medium Risk 10+ High Risk

Section 2 : Social and Behavioural Factors

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

	0 Never	1 Sometimes	2 Often
I feel irritable, angry or anxious when I don't use drugs or alcohol			
I use drugs or alcohol when I am bored or lonely			
I plan my day to make sure I can have drugs or alcohol			
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 my drinking or using drugs			
I have had sex when off my face and felt bad about it afterwards			
I have committed crime to get money for alcohol or drug use (including dealing)			

Total Section 2:

0 No Risk 1-4 Low Risk 5-7 Medium Risk 9+ High Risk

Notes:
