Substance Misuse Information
General Guidance for Practitioners

September 2009
Introduction

This document provides guidance on substance misuse issues for staff in the Brighton & Hove Children and Young People’s Trust (CYPT) and partner agencies who work with young people in both informal and formal education settings.

It sits alongside the existing local Drug & Alcohol Education Guidance for Schools (BHCC, 2002) and contains important information about early assessment, screening and referral pathways for vulnerable young people.

There are six sections:

1. Substance misuse training
2. Early assessment and screening
3. Targeted interventions
4. Referral to ru-ok?, the specialist treatment service
5. Legislative guidance
6. Appendices

You should ensure that you are familiar with the whole of this document.
Section 1
Substance misuse training

It is expected that all staff who work with young people are able to offer basic advice, information and guidance around drugs and alcohol, and are able to screen for substance misuse as required.

To assist in this, the following free training is available to all staff working within the CYPT (and partner agencies):

**Working with Young People & Substances (Core Level)**
Provides an introduction to drug and alcohol awareness and explores the reasons why young people use substances; the effects of common drugs; harm reduction; and screening and referral procedures within Brighton & Hove.

NB: This course is mandatory for all staff working with young people.

**Working with Young People & Substances (Enhanced Level)**
Builds upon learning from the Core Level and develops further skills with regard to preventative work and support of substance misusers.

**Young People & Alcohol**
Explores the physical, psychological, social, legal and emotional effects of alcohol, the risks alcohol can present to young people’s health, and how to provide brief alcohol advice and support to young people.

**Up for it? Taking Risks: Sex, Drugs, Alcohol & Young People**
Explores the links between substance misuse and sexual risk taking.

**Domestic Violence and Substance Misuse**
Enables participants to work effectively with clients who present with domestic violence and substance misuse issues.

For more information, or to register for a course, visit [www.brighton-hove.gov.uk/cypworkforce](http://www.brighton-hove.gov.uk/cypworkforce).
Section 2
Early assessment and screening

Early identification and assessment

*Every Child Matters: Change for Children – Young People and Drugs* (DfES, 2005) emphasises that all services working with young people should play a role in the early identification and assessment of substance misuse, and that this should be incorporated into the Common Assessment Framework (CAF).

Particular consideration needs to be given to the following ‘at risk’ groups of vulnerable young people:

- Children of problem drug users
- Persistent truants and excludees
- Looked after children
- Young people in contact with the criminal justice system
- Homeless young people
- Young people abused through prostitution
- Teenage parents
- NEET young people (those not in education, employment or training)

All agencies that work with these groups should therefore be able to screen for substance misuse, undertake interventions or refer on to specialist services as required.

Substance Misuse Screening

Substance Misuse screening is the assessment of a young person’s vulnerability to drugs, solvents or alcohol, and involves the use of the Brighton & Hove Substance Misuse Screening Tool. The aim of this tool is to help you to decide what to do next if you have concerns about a young person’s substance use. Screening should take place if a young person:

- Discloses using drugs or solvents / drinking alcohol during a CAF or other assessment
- Requests support with a substance related issue
- Is involved in substance related offending / nuisance or anti-social behaviour
  
  or

- There is evidence or suspicion of substance misuse
- There are identified substance misuse issues, including family substance misuse, that are impacting negatively on the young person’s safety or wellbeing
- The young person is over 13 and looked after. If so, the young person should be screened twice a year in line with the internal partnership agreements

The Substance Misuse Screening Tool comes in three age-specific versions: Under 13, 13-15 and 16+ (see Appendix 2). Electronic copies can be found on the Wave and Education Online, or you can request them by emailing ru-ok@brighton-hove.gov.uk.

To use the tool, choose the version relevant to the young person’s age, and follow the instructions written on it. Then undertake the intervention that the tool indicates. If you are unsure how to proceed, or you need any assistance in using the tool, please contact ru-ok? on 293966. NB: the tool can be used with or without the young person being present.

Good practice

Although it is good practice to involve parents / carers wherever possible, parental consent is not needed to undertake screening. However, all young people should be encouraged to discuss their substance use with their parents/carers.
It is essential that all staff who work with young people realise they have a role to play in providing targeted drug education or interventions; it is no longer the sole responsibility of substance misuse specialists to do this.

Targeted interventions can include:

- preventative work, through drugs education and harm reduction advice
- engaging and supporting young people in diversionary activities
- additional, direct work with the young person and/or their family

Targeted work can take the form of one-off, brief interventions or can occur over a number of sessions. It can take place in one-to-one or group settings.

Targeted interventions should:

- Challenge young people’s attitude towards, and knowledge about, the substance(s) of concern
- Enable young people to make informed decisions about substances, and how their substance use might impact upon their physical, mental and social well-being

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**Good practice**

All targeted interventions should be prepared properly. Make sure that what you are planning to deliver will be appropriate to age and skill levels. For advice or guidance on drugs and alcohol education, refer to the Healthy Schools Team > PSHE & Citizenship section of Education Online.
Substance Misuse campaigns
The CYPT run regular Substance Misuse campaigns, in which all relevant staff are expected to play a part. A Substance Misuse campaign is the coordinated promotion of key messages or attitudinal changes to young people about drug or alcohol use. Staff will be provided with one-to-one or group interventions which will challenge young people to consider the effects of using substances (including physical, emotional, social and legal consequences) and will offer harm reduction advice to those that continue to choose to use substances. Interventions will be accompanied by posters, leaflets or other branded materials / giveaways. Substance Misuse campaigns will normally coincide with particular periods of the calendar such as school holidays, festivals / public holidays (e.g. Christmas, New Years Eve) or national events (e.g. Alcohol Awareness Week).

Interventions to reduce substance misuse: NICE guidance
The National Institute for Health and Clinical Excellence (NICE) recommends specific interventions for substance misuse work:

Interventions to reduced substance misuse among vulnerable young people - http://guidance.nice.org.uk/PH4

Interventions in schools to prevent and alcohol use among children and young people - http://guidance.nice.org.uk/PH7
Section 4
Referral to ru-ok? - the specialist young people’s treatment service

You should make a referral to ru-ok? if:

- The Substance Misuse Screening Tool indicates a referral

Or you can answer yes to any of the following questions:

- Is the young person using heroin or cocaine / crack?
- Is the young person using solvents or volatile substances?
- Is the young person injecting drugs or alcohol?
- Is the young person’s substance use dependent or are they feeling unable to cope without drugs or alcohol?
- Is the young person’s substance use putting their education / employment / accommodation at risk?
- Is the young person regularly doing things that they regret after using substances?
- Is the young person involved in substance-related offending or using sex to pay for drugs or alcohol?
- Does the young person’s substance use raise significant safeguarding concerns?

To make a referral, complete the ru-ok? referral form (see Appendix 5) and fax to 293968. The young person should consent to the referral being made – if they do not consent then continue to engage them and contact ru-ok? for advice and guidance. Referrals should be accompanied by a CAF or similar comprehensive assessment.

Additional information for school-based staff:

You should also make a referral for any young person who is excluded from school for a substance misuse-related issue and requires a substance misuse intervention as part of their return to school plan. In such cases, the young person does not need to consent to the referral.

Self-referral or referral by parent/carer

Young people can self-refer to ru-ok? in person or by telephone.

Parents / carers can also make referrals, but the young person must consent to this.

What happens after a referral is made

The young person will be assigned a substance misuse worker, who will contact them to arrange an initial assessment at ru-ok?. At this assessment, the worker will:

- get background information from the young person
- provide the young person with information about service confidentiality (see ‘Ru-ok? information sharing policy’, page 15)
- establish the young person’s competency to consent to treatment (see Informed Consent, Appendix 6).

Once informed consent has been established, the worker will agree a care plan with the young person and other parties as appropriate (i.e. referring agency, parent/carer). The care plan will identify the changes that the young person wishes to make and what support they will need to achieve these.
Subsequent meetings will then be held either at ru-ok?, the young person’s school / college, or a safe, public place (e.g. a café). The young person can also bring along a friend, support worker or relative if they wish. The worker and young person will use these meetings to work through the care plan; this will incorporate specialist substance misuse interventions (see below).

Meetings will continue until the young person feels that their treatment has been completed. If the young person turns 19 whilst they are still in treatment they will have a supported transition into adult substance misuse services.

Specialist substance misuse treatment and interventions
Substance misuse treatment for young people has consistently been shown to be effective in reducing their substance misuse (NTA, 2009).

Ru-ok? provides the following specialist substance misuse interventions:

Psychosocial
These interventions use psychological, psychotherapeutic, counselling and counselling-based techniques to encourage behavioural and emotional change, the support of lifestyle adjustments and the enhancement of coping skills. They include motivational interviewing, relapse prevention and interventions designed to reduce or stop substance misuse, as well as interventions which address the negative impact of substance misuse on offending and attendance at education, employment or training.

Family
Interventions using psychosocial methods to support parents, carers and other family members to manage the impact of a young person’s substance misuse, and enable them to better support the young person in their family. This includes work with siblings, grandparents, foster carers, etc. and can be provided even if the young person misusing substances is not currently accessing specialist substance treatment.

Pharmacological
These interventions include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as prescribing of medications to prevent relapse.

Specialist harm reduction
• Access to appropriate testing and treatment for blood borne viruses
• Advice and information to prevent overdose, especially overdose associated with poly-substance use
• Protocols with accident and emergency services to ensure that measures to identify and prevent future overdose or substance misuse related accidental injuries are in place

Ru-ok? may also refer young people for specialist residential detoxification treatment, although this is very rarely necessary.
Section 5
Legislative Guidance

The following section is provided to offer guidance to CYPT staff around substance misuse legislation. School staff should also refer to Appendix 3 of the Drug and Alcohol Guidance for Schools (2002), which outlines procedures agreed with Sussex Police regarding suspected drug related incidents.

NB: Staff working for partner organisations should ensure that they are familiar with, and work within, their own organisation’s substance misuse policy.

Legal considerations
A young person is committing a criminal offence if they are in possession of a controlled drug (e.g. heroin, cocaine, cannabis, amphetamines, etc. - a full list can be found at http://www.homeoffice.gov.uk/documents/cdlist.pdf).

If a member of staff becomes aware that a young person is in possession of a controlled drug, they should make it clear that the young person is committing an offence that cannot be condoned and they should ask the young person to voluntarily surrender the substance. The law states that a member of staff may take temporary possession of an illegal substance for the purpose of preventing an offence from being committed or continued.

- In such cases, the member of staff must contact the police as soon as possible, who will advise either to destroy the substance, to hand it in to a police station, or to store it in a safe place until they are able to collect it.
- It is advisable that a second adult witness is present or informed throughout this process and that full details of the incident are recorded, including the police reference number.
- Staff should never attempt to analyse or taste unknown substances; neither should they attempt to take substances from young people by force, deception or theft.

- The law does not require that the young person’s name is divulged to the police

Section 8 of the Misuse of Drugs Act (regarding premises) was amended in 2001 to cover the use or administering of a controlled drug. This amendment makes it a criminal offence for people to knowingly allow premises they own, manage, or have responsibility for, to be used by any other person for:

- Administration or use of any controlled drugs that are unlawfully in that person’s possession;
- Supply of any controlled drugs;
- The production or cultivation of controlled drugs, such as growing cannabis.

Good practice

If you become aware of the use or supply of illicit drugs on your work premises, the law requires that you must take reasonable action to prevent this continuing. However, you should always take advice from your line manager or the relevant CYPT team before instigating any action (schools are especially encouraged to consult with the Healthy Schools Team).

If a young person presents at an agency’s venue as under the influence of either drugs or alcohol (or you suspect that they are under the influence) they should not usually be allowed onto the premises. This is because of health and safety considerations - i.e. they may put themselves at risk, or become a risk to other venue users or staff. However, the young person’s safety should always be taken into account, and it is good practice to:
• Assess the risk (to the young person, any other users of the venue and staff). If there are fears that the young person may be more at risk if not admitted to the venue, and that the risk level from them entering the venue is manageable, the young person should be admitted and taken to a quiet room, away from other venue users.

• Stay with the young person and monitor their behaviour. Complete a Substance Misuse Screening Tool with them if possible.

• If medical attention is not required, make sure that the young person gets home safely. This may mean contacting a parent/carer to come and collect the young person, or may involve staff accompanying the young person home.

• In a medical emergency, always dial 999 for an ambulance and send for a first-aider.

Substance misuse, safeguarding and information sharing

The Children Act 2004 places a duty on all agencies to make arrangements to safeguard and promote the welfare of children. Any member of staff working with young people needs to be aware that there may be safeguarding issues in relation to abuse or neglect. For those children who are suffering, or at risk of suffering, significant harm, joint working is essential to safeguard and promote their welfare.

Staff must consider whether a child or young person’s substance use is putting them, or others, at risk. Examples of substance misuse impacting on safeguarding issues are:

• A young person caring for another child while under the influence of substances

• Substance misuse problem among young people’s parents or carers

• Sexual or physical abuse related to substance misuse

• Self-harm or suicidal behaviour related to substance misuse

• High-risk substance misuse behaviour

• Injection by a third party

Good practice

Decisions about making a child protection referral and/or about breaching confidentially should always be made in consultation with a line manager and should never be the sole responsibility of one member of staff.

When deciding whether to share confidential information, use the Four Parameters (Drugscope / Home Office, 2003):

1. The age and maturity of the child and young person

• Is the identified substance use unusual for a person of this age?

• Does the young person have a mature understanding of the level and type of his/her substance use?

2. The degree of seriousness of drug misuse

• Is the substance misuse life threatening or seriously detrimental to health?

• Is the substance use leading to crime or exploitation by others?

3. Whether harm or risk is continuing or increasing

• Is the substance misuse becoming increasingly chaotic or dangerous?

4. General context in which drug taking is set

• Does the young person have complex problems that may put him/her at risk of suffering significant harm as a direct or indirect result of misusing substances?
Where a safeguarding referral is felt to be necessary, follow established safeguarding policy and procedures but also liaise with ru-ok? for specific support and advice around the substance use.

**Ru-ok? information sharing policy**
The ru-ok? young people’s service believes that confidentiality is central to the trust between the young person and the service, as this enables an open and honest relationship between the individual and the professional.

The service is committed to finding a balance between the young person’s right to confidentiality and the importance of information sharing, based on the information sharing code of practice within the CYPT.

**Substance misusing parents / carers / siblings**
Substance use by parents / carers / siblings may have a significant impact on a young person, and can throw up barriers to them achieving the five *Every Child Matters* outcomes as a result of them:

- Having a chaotic family life
- Becoming normalised to drug and alcohol use
- Being subjected to poor parenting skills
- Being at risk of neglect & abuse

Young people who experience family substance use may have additional needs in terms of:

- Their own vulnerability towards substance use
- Caring responsibilities within the home
- Needing additional harm reduction advice in managing the risks of family use

Substance use within the home is not automatically a safeguarding issue. However, awareness of it should trigger a process of information gathering to assess risk (within established information sharing protocols).

- Where there are concerns around parental use having a detrimental impact on a young person/child, you should consider the POCAR (Parents of Children at Risk) programme run by the adult substance misuse service in conjunction with CYPT Social Care teams.

**Good practice**
For more information around the needs of children of problematic drug users please see the recommendations within the Home Office’s *Hidden Harm report (2003)* and the DfES Government Response to *Hidden Harm* (2005).

Brighton & Hove City Council (BHCC), (2002) *Drug and Alcohol Education Guidance for Schools*, Brighton: BHCC.


This document has also been produced with reference to:

Kirklees Council (2008) *Substance Misuse Interventions for Young People in Kirklees*

Lambeth DAAT (2008) *Stand and Deliver - Good practice guidelines for the delivery of drug education in out of school settings*

Portsmouth City Council (2006) *Draft Substance Use and Offending Behaviour Policy for Children and Young People’s Residential Services in Portsmouth*


South Gloucestershire Council (2007) *Substance Use and Young People: Guidance for Practitioners in South Gloucestershire*

Torbay Council (2008) *Young People’s Substance Misuse Multi Agency Protocol (updated)*
Appendix 1
Terminology and definitions

Terms / abbreviations used in this document

Advice and Information Can be provided to young people in confidence irrespective of their age and without parental consent, provided that no treatment takes place and that no safeguarding concerns arise.

Assessment An assessment identifies the needs directly or indirectly associated with drug or alcohol use. The assessed needs will then determine the intervention to be provided.

CAF Common Assessment Framework

CYPT Children and Young People’s Trust

DfES Department for Education and Skills

IYSS Integrated Youth Support Services

NICE The National Institute for Health and Clinical Excellence

Substance misuse The use of alcohol, drugs, solvents and prescription medicines that is harmful or problematic for the individual or others.

Substances refers to all drugs including:

- Medicines – For example, Methadone, Valium, Librium, Ritalin
- Volatile substances – for examples aerosols, glues etc.
- Alcohol
- Tobacco
- Illegal drugs – For example, heroin, ecstasy, cocaine, crack, mushrooms, cannabis, LSD, amphetamine, ketamine, etc.

Treatment An intervention provided to remedy an identified problem or condition in relation to an individuals’ physical, behavioural, and psychological well-being.

YOS Youth Offending Service

Young People In this document, this term refers to those under 18 years of age (except when a young person is Looked After; a young person is under 21)

Definitions:

1.) Looked after children: Under the Children Act 1989 a child who is looked after is defined as a child who is subject of a care order or provided with accommodation by the local authority for a continuous period of more that 24 hours.

2.) A child in need is:

   a) A child who is unlikely to achieve or maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of services

   b) A child’s whose health or development is likely to be significantly impaired or further impaired without the provision of services

   c) A child with a disability.

3.) As defined by Every Child Matters: Change for Children – Young People and Drugs’ Vulnerable young people are defined as:

   - Children of problem drug users
   - Persistent truants and excludes
   - Looked after children
   - Young people in contact with the criminal justice system
   - Other groups of children and young people at risk including homeless young people, young people abused through prostitution, teenage mothers and young people not in education, employment or training.
### Young People Aged Under 13

**Brighton & Hove Substance Misuse Screening Tool**

The aim of this tool is to help you decide what to do next if you have concerns about a young person’s substance use.

- The tool can be used with or without the young person being present.
- Tick all relevant boxes in the table; note amounts used and age of first use where possible.
- Refer to the intervention indicated by the key below.
- Take any risk or protective factors into account (see over).

#### Frequency

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<tr>
<th>Substance</th>
<th>Age of first use</th>
<th>Amount used</th>
<th>In the last month</th>
<th>Weekly</th>
<th>Daily</th>
<th>A few friends use</th>
<th>Most friends use</th>
<th>Use alone</th>
<th>Injecting</th>
<th>Lethargy or irritability</th>
<th>Regular aggression</th>
<th>Memory loss</th>
<th>Paranoid ideas or abnormal thoughts</th>
<th>Loss of consciousness</th>
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**KEY**

- ☐ Provide young person with information - contact the Health Promotion Library 01273 523312
- ☐ Provide young person with a targeted intervention see agencies to contact over page

  - ☐ Drugs Education
  - ☐ Diversionary Activities
  - ☐ Additional Family Support
  - ☐ Stop Smoking Service

- ☐ If you have ticked a mix of light and dark boxes please call ru-ok? to discuss 01273 293966

- ☐ Complete a CAF / ru-ok? referral form, attach this tool and fax to 01273 293968

**NB:** young person must consent to this referral - if they do not consent, contact ru-ok? for guidance.
## Young People Aged 13 – 15

### Brighton & Hove Substance Misuse Screening Tool

The aim of this tool is to help you decide what to do next if you have concerns about a young person's substance use.

1. The tool can be used with or without the young person being present.
2. Tick all relevant boxes in the table; note amounts used and age of first use where possible.
3. Refer to the intervention indicated by the key below.
4. Take any risk or protective factors into account (see over).

<table>
<thead>
<tr>
<th>Substance</th>
<th>Frequency</th>
<th>Circumstances of use</th>
<th>Effects after use</th>
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<td>Age of first use</td>
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<td>Other</td>
<td>Please give substance name</td>
<td>contact ru-ok? for information or the Health Promotion Library for leaflets</td>
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</table>

**KEY**

- Provide young person with information - contact the Health Promotion Library 01273 523312
- Provide young person with a targeted intervention see agencies to contact over page
  - Drugs Education
  - Diversionary Activities
  - Additional Family Support
  - Stop Smoking Service
- If you have ticked a mix of light and dark boxes please call ru-ok? to discuss 01273 293966
- Complete a CAF / ru-ok? referral form, attach this tool and fax to 01273 293968

**NB:** young person must consent to this referral - if they do not consent, contact ru-ok? for guidance.
### Young People Aged 16-19

**Brighton & Hove Substance Misuse Screening Tool**

The aim of this tool is to help you decide what to do next if you have concerns about a young person’s substance use. The tool can be used with or without the young person being present.

- Tick all relevant boxes in the table; note amounts used and age of first use where possible.
- Refer to the intervention indicated by the key below.
- Take any risk or protective factors into account (see over).

<table>
<thead>
<tr>
<th>Substance</th>
<th>Frequency</th>
<th>Circumstances of use</th>
<th>Effects after use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age of first use</td>
<td>In the last month</td>
<td>Weekly</td>
</tr>
<tr>
<td>Cigarettes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannabis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ecstasy / MDMA (please circle)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mushrooms / LSD (please circle)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benzodiazepines (e.g. Valium)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solvents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amphetamines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine / Crack (please circle)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ketamine</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Please give substance name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KEY**

- Provide young person with information - contact the Health Promotion Library 01273 523312

- Provide young person with a targeted intervention - see agencies to contact over page
- Drug Education
- Diversionary Activities
- Additional Family Support
- Stop Smoking Service

- If you have ticked a mix of light and dark boxes - please call ru-ok? to discuss 01273 293966

- Complete a CAF / ru-ok? referral form, attach this tool and fax to 01273 293968

NB: young person must consent to this referral - if they do not consent, contact ru-ok? for guidance
Appendix 3
Behaviour Change Brief Interventions

Motivational Interviewing
Motivational interviewing is a client-centred, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

The main aspects of the practitioner’s MI ‘toolkit’ are:

• Reflective listening
• Affirming
• Open ended questions
• Eliciting self motivating statements (Identifying the pros and cons of change)
• Scaling questions
• Rolling with resistance
• Agenda setting chart.

For more information see www.motivationalinterview.org

Brief Solution Focused Therapy
Solution Focused Therapy involves working with the person, rather than the problem; to look for resources / skills rather than deficits; to explore possible and preferred futures / outcomes; to treat the client as the expert in solving the issues.

For more information see www.brieftherapy.org.uk.

Information-Motivation-Behaviour Skills Model (IMB)
The IMB model was developed in the 1970s to increase the effectiveness of health education, particularly in relation to sexual health. It is based on the Theory of Reasoned Action (TRA) formulated by Ajzen and Fishbein. The IMB approach acknowledges the potential importance of knowledge (e.g. personalised information about behaviour-relevant risks) and also encompasses theoretical analyses of motivation [see Bandura, A. (1997) Self-efficacy: The exercise of control, Freeman: New York].

The three key aspects are:

1. Providing Information for individuals to be better informed

2. Acknowledging the Motivation for the behaviour to motivate individuals to use their knowledge to change negative risk behaviours and maintain consistent, healthy practices; attitudes and beliefs brought about by emotional, personal and social factors. e.g. An adolescent may believe that if his peers are sexually active, he may be abnormal if he chooses to postpone sex.

3. Support Behavioural skills to help individuals acquire the relevant behavioural skills that will reduce the risk of negative outcomes and enhance sexual health. Behavioural skills consist of the following: the objective skills for performing the behaviour, e.g. knowing how to negotiate and the self-efficacy to do so, e.g. personal belief in one’s ability to successfully negotiate.

Cognitive Behavioural Therapy (CBT)
CBT is an approach used in a number of therapeutic interventions which seek to hold the client accountable for his or her actions and for the impact of those actions on themselves and others. It is based on the theory that thoughts, beliefs, and attitudes determine emotion and behaviour and, as such, it can be an effective intervention for many behavioural issues including bullying, social anxiety and obsessive-compulsive disorders. The two key elements of CBT are its ability to help change how the client thinks about a situation and how they react to it.
The CBT approach asks the client to examine his or her thought processes, which elicits reflection on emotions and feelings. This is achieved through the use of open questioning on the part of the facilitator and the encouragement of questioning by the client. CBT does not seek to tell clients how to feel or what to do but to create an opportunity for the client to explore situations from a number of perspectives and identify alternative or more rational thoughts, behaviours or reactions. It assumes that many aspects of a young person’s behaviour are ‘learned’ and therefore seeks to provide opportunities for the client to learn new ways of reacting where necessary.

CBT is not merely an opportunity for the client to offload, as it encourages the client to take responsibility for identifying new ways of behaving/reacting and to put the new learning into practice between sessions.

For more information see [http://www.nhs.uk/Conditions/Cognitive-behavioural-therapy](http://www.nhs.uk/Conditions/Cognitive-behavioural-therapy)

Resilient Therapy
Resilient Therapy aims to boost resilience in individuals and communities to inoculate against depression and other mental illness, whilst boosting self-confidence, achievement levels and productivity. It is about addressing and building upon protective factors, such as family context, peer groups / social support / aspiration building / participation.

For more information see [www.centreforconfidence.co.uk](http://www.centreforconfidence.co.uk)

Triple P Parenting Support
Triple P is a parent and family support programme developed in Australia with the aim of preventing emotional and behavioural problems in children and adolescents through the promotion of effective parenting skills. Core parenting skills underpinning the programme are:

- Observation skills
- Parent-child relationship enhancement skills
- Encouraging desirable behaviour teaching new skills and behaviours
- Teaching new skills and behaviours
- Managing misbehaviour
- Preventing problems in high-risk situations
- Self-regulation skills
- Mood management and coping skills
- Partner support and communication skills

For more information about Triple P go to [www.triplep.net](http://www.triplep.net) or contact the Parenting Team on 01273 294471.

Common Principles: Behaviour Change Brief Interventions
- Rapport Building
- Reflective listening /Open ended questions;
- Affirming / providing positive feedback
- Increasing self awareness / responsibility for behaviour
- Addressing motivations for behaviour / influencing factors
- Eliciting self motivating statements (Identifying the pros and cons of change); Scaling questions;
- Rolling with resistance
- Starting with where the young person is at (avoid agenda clash!)
- Harm minimization messages
- Practical & solution focused – realistic, achievable goals
- Skills development – e.g. assertiveness / negotiation
- Overall: YP as expert / Practitioner as facilitator to the process
ru-ok? Young Persons Substance Misuse Service
Ovest House, 58 West Street, Brighton, BN1 2RA.
Telephone: 01273 293966      Fax: 01273 293968

REFERRAL FORM with CAF

Please fill in referrer’s name and young person’s name and any personal details not on CAF

<table>
<thead>
<tr>
<th>Referrer’s name and address</th>
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</table>

<table>
<thead>
<tr>
<th>Contact number</th>
</tr>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Client consent for referral obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>(we will be unable to process referral without young person’s consent)</td>
</tr>
<tr>
<td>Date of referral</td>
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<tr>
<td>--------------------------------------</td>
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</tbody>
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YOUNG PERSON’S DETAILS

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<th>Contact number</th>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
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<table>
<thead>
<tr>
<th>Parent/Guardian Consent</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>GP Details</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

What is the best way to contact the young person to arrange our first appointment?

Would the young person prefer a male or female worker?

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>No Preference</th>
</tr>
</thead>
</table>
Please give details of the young person’s current and past substance use if not on CAF.

<table>
<thead>
<tr>
<th>SUBSTANCE USED</th>
<th>AMOUNT</th>
<th>METHOD OF USE</th>
<th>FREQUENCY</th>
<th>HOW RECENT WAS THE USE?</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Examples
- **Cannabis**
  - 3 Spliffs
  - Smoking
  - 3 times a day
  - Yesterday

- **Diazepam**
  - 30mgs
  - Oral
  - Daily
  - Today

DOES THE YOUNG PERSON HAVE ANY CONCERNS ABOUT SOMEBODY ELSE’S DRUG OR ALCOHOL USE? I.E. FAMILY MEMBERS OR FRIENDS.

- **YES**
- **NO**

DETAILS ___________________________________________ ___________________________________________ 

_________________________________________________ __________________________________________________

_________________________________________________ __________________________________________________

ADDITIONAL INFORMATION

WHAT ARE THE YOUNG PERSON’S CONCERNS AROUND SUBSTANCE USE AND WHAT DO THEY WANT TO CHANGE?

_________________________________________________ __________________________________________________

_________________________________________________ __________________________________________________

_________________________________________________ __________________________________________________

IS THERE ANYTHING ELSE THAT YOU THINK WE SHOULD KNOW?

_________________________________________________ __________________________________________________

_________________________________________________ __________________________________________________

SCREENING TOOL COMPLETED AND ATTACHED?  Yes   No
CAF COMPLETED AND ATTACHED?  Yes  No
Appendix 5
Informed Consent

- Before any treatment intervention can be delivered, informed consent to that intervention must be gained. Informed consent means that the young person giving the consent understands the reason for treatment, what might happen without it, the range of possible treatments, and the benefits, composition and any possible negative consequences. It should not be assumed that any or every treatment offered will be taken up – young people, like other service users, have a choice.

- Young people aged 16 or 17 years old can usually consent to their own treatment, unless they have severely diminished ability to understand the treatment, in which case the parental responsibility holder would be required to consent to their treatment until they reach 18. As some treatments for substance misuse can carry their own risks, workers will take active steps to ensure that even 16 or 17 year olds are competent to consent to their own treatment. In any case, active participation of parents and carers will be encouraged.

- Young people under 16 can only consent to their own treatment if they are assessed as being competent to consent under the Fraser guidelines (see below).

- Once a young person has been assessed as being competent to consent to their own treatment a care plan will be agreed with the young person and other parties as appropriate (i.e. referring agency, parent/carer). The young person will be asked to sign their care plan. The care plan will identify the changes that the young person wants to make and what support they need.

Fraser Guidelines (Mental Health Act 1983 Code of Practice 1999)

Young people under 16 have a right to confidential medical advice and treatment if the provider assesses that:

1. The young person understands the advice and has the maturity to understand what is involved;
2. The young person’s physical and/or mental health will suffer if they do not have treatment;
3. It is in the young person’s best interests to give such advice/treatment without parental consent;
4. The young person will continue to put themselves at risk of harm if they do not have advice/treatment;
5. The young person cannot be persuaded by the doctor/health professional to inform parental responsibility holder(s), nor allow the doctor to inform them.

If all these requirements are met, it is appropriate to provide a service to a person under the age of 16 years without parental consent.

This was clarified in England and Wales by the House of Lords in the case of Gillick vs West Norfolk and Wisbech AHA & DHSS in 1985.

The checklist below may help when considering Fraser competence

Whilst there is no legal decision that sets a minimum age at which children can be regarded as competent to consent to treatment, it is unlikely that many children under the age of 13 years would be deemed competent without the involvement of the parent.

Check-list for Fraser Competence

Consider the following factors when making an assessment of Fraser competence and document your decision making in the young person’s records.

- Age or power imbalances in the relationship
- Overt aggression of partner
- Coercion or bribery
- The misuse of substances as a disinhibitor
- Whether the child’s own behaviour, because of the misuse of substances, places him/her at risk so that he/she is unable to make an informed choice about any activity

- Whether any attempts to secure secrecy have been made by the sexual partner, beyond what would be considered usual in a teenage relationship
- Whether the sexual partner is known by one of the agencies (which presupposes that checks will be made with the police)
- Whether the child denies, minimises or accepts concerns; and
- Whether the methods used are consistent with grooming.

(The Bichard Enquiry Report, June 2004)
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you satisfied the young person understands the advice you are giving?</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>Have you done all you can to encourage the young person to inform his/her parents/guardians and that his/her best interests are served by offering advice or treatment without parental consent?</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>Are you satisfied that the young person is likely to put themselves at risk without treatment?</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>Are you satisfied that the young person’s physical or mental health are likely to suffer unless he or she receives advice or treatment?</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>Is it in the young person’s best interests to give advice or treatment?</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>Additional Issues To Be Considered And Discussed</td>
<td></td>
</tr>
<tr>
<td>Is the young person living with parents or others?</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>Are there any specific concerns or issues e.g. mental health, substance misuse, self harm?</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

Name _____________________________________        Signature ________________________________
Date ______________________________________

24  Substance Misuse Information
Appendix 6
Local Service Information

ru-ok? - 01273 293966 (Fax: 01273 293968)
2nd Floor, Ovest House, 58 West Street, BN1 2RA
ru-ok@brighton-hove.gov.uk.
www.areyouok.org.uk

Open: Mon-Thurs 9am-5pm, Fri 9am-4:30pm

Ru-ok? is the young person’s substance misuse service offering one to one work and treatment to young people (under the age of 19) with a drug or alcohol problem. They also offer support, advice and consultation to parents and carers of young people using substances and can give guidance, consultation and support to professionals who are working with young people around substance misuse issues.

Brighton Oasis Project - 01273 696970
22 Richmond Place, Brighton, BN2 9NA.

Brighton Oasis Project is a voluntary organisation which works with female substance misusers and their children and the carers of substance misusers, including young carers. They offer open access sessions for adult carers of Oasis clients, where staff will provide support, information and advice to anyone affected by a woman’s substance misuse problem. Oasis can refer people to organisations working directly with carers, including making a referral for a carer’s needs assessment if required.

Open Access sessions take place on Monday, Tuesday, Wednesday and Friday between 1:15pm and 3:00pm (no appointment necessary). To make an appointment call (01273) 604 246. A creche is available but must be booked in advanced: (01273) 697990.

For young people who are young carers of family members with substance misuse problems (whether they are male or female) Oasis can provide one to one therapy - call (01273) 696970 for more information.

PATCHED - 0800 085 4450
11 St Georges Place, Brighton, BN1 4GB

PATCHED offers support and services for the families, friends and carers of substance misusers or anyone in the local community experiencing the effects of someone else’s drug or alcohol problem. Confidential advice is offered 10am-10pm daily. Outside these hours there is a message service which will give alternative numbers or you can leave a message for someone to call you back.

Adult Substance Misuse Services (SMS) – 242172 / 242105
Vantage Point, New England St., Brighton, BN1 4GW

Adult Harm Reduction Service – 607575
11 St George’s Place, Brighton
1pm-5pm Monday-Friday (til 7pm Wednesday); 10am-1pm Saturday
National organisations

FRANK
Provides information and advice for young people (and their parents/carers) on drugs, health and the law
0800 77 66 00
www.talktofrank.com

ADDACTION
Provides advice to individuals and communities to manage the effects of drug and alcohol misuse
0207 251 5860
www.addaction.org.uk

NACOA
National association for Children of Alcoholics
0800 358 3456
http://www.nacoa.org.uk/

ADFAM
Works with and for families affected by drug and alcohol use.
0207 553 7640
www.adfam.org.uk

RE-SOLVE
The national charity that solely dedicated to the prevention of solvent and volatile substance abuse
01785 810762
www.re-solv.org

DRUGSCOPE
The UK's leading independent centre of information and expertise on drugs.
020 7520 7550
www.drugscope.org.uk
Translation? Tick this box and take to any council office.

This can also be made available in large print, Braille or on audio tape.