

# Brighton & Hove Substance Misuse Assessment Tool

Please tick all relevant boxes and then refer to the intervention indicated. Where two colours are represented in one box, please tick the appropriate colour according to the young person's circumstances by taking into consideration risk factors identified (see over the page). If you have any queries or need support deciding the level of intervention / referral, please contact ru-ok YPSMS.

SUBSTANCE	Age of first use	FREQUENCY			CIRCUMSTANCES OF USE				EFFECTS AFTER USE				
		In the last month	Weekly	Daily	A few friends use	Most friends use	Use alone	Injecting	Lethargy or irritability	Regular aggression	Memory loss	Paranoid ideas or abnormal thoughts	Loss of consciousness
Cigarettes													
Alcohol													
Mephadrone (meow)													
Cannabis													
Ecstasy													
Mushrooms / LSD													
Benzodiazepines													
Solvents													
Amphetamines													
Cocaine / Crack <small>(please circle)</small>													
Ketamine													
Heroin													
Other		Please give substance use:			contact ru-ok YPSMS for information or the Health Promotion Library for leaflets								

**ru-ok YPSMS**  
**West Wing**  
**1 Regency Road**  
**Brighton BN1 2RU**  
**T: 01273 293966**  
**F: 01273 296170**  
**E: ru-ok@brighton-hove.gov.uk**  
**W: www.ruokservice.co.uk**

Provide young person with information - contact the Health Promotion Library for resources / leaflets

Provide young person with information - see agencies to contact over the page  
 Targeted Drugs Education     Diversionary Activities     Additional Family Support     Smoking Cessation

If you have ticked a mix of light and dark boxes please call ru-ok YPSMS to discuss with duty worker

provide young person with information, after gaining consent from the young person complete referral form & send to ru-ok YPSMS with this form

# Young People Aged Under 13

Organisation

Client Name

Date Completed

## Risk Factors and Protective Factors

- ★ The identification of possible risk factors may be used as a screening review tool, encouraging practitioners to reflect on their current knowledge about the circumstances of a potentially vulnerable child or young person. It can also be used by teams of people within the same service to facilitate the sharing of their collective knowledge and / or concerns
- ★ It will be particularly important to monitor any increase in the number of potential risk factors in the child or young person's life
- ★ It is important to note individual risk factors do not necessarily indicate the need for referral. However a combination should alert the practitioner to seek further information and to set a review date.

### RISK FACTORS (please tick)

Non school attendance	<input type="checkbox"/>	Chaotic drug use	<input type="checkbox"/>
Absconding from school	<input type="checkbox"/>	Not coming home	<input type="checkbox"/>
Excluded from school	<input type="checkbox"/>	Drug using parents / carers	<input type="checkbox"/>
Mixing with other users	<input type="checkbox"/>	Mental health concerns	<input type="checkbox"/>
Mixing with inappropriate age group	<input type="checkbox"/>	Health risks	<input type="checkbox"/>
Threat of homelessness	<input type="checkbox"/>	Sharing equipment / injecting	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	Offending	<input type="checkbox"/>
Being vulnerable under influence	<input type="checkbox"/>	Sexual Exploitation / sex worker	<input type="checkbox"/>
Behaviour issues	<input type="checkbox"/>	Possible risk of self harm	<input type="checkbox"/>
Risk of violence	<input type="checkbox"/>	Risk of exploitation	<input type="checkbox"/>
Risk of imminent injury due to substance use	<input type="checkbox"/>	Family conflict / neglect	<input type="checkbox"/>
Recent loss of bereavement	<input type="checkbox"/>	Separation from family or home	<input type="checkbox"/>
Disruptions to family life	<input type="checkbox"/>	Repeated A&E / Primary care contact due to drugs / alcohol	<input type="checkbox"/>
In care of identified as 'child in need' by social services	<input type="checkbox"/>	Experienced abuse (physical sexual, emotional)	<input type="checkbox"/>

### PROTECTIVE FACTORS (please tick)

Attending school, college or employment	<input type="checkbox"/>	Involved in recreational activities	<input type="checkbox"/>
Living with non drug using parents / carers	<input type="checkbox"/>	Good personal hygiene	<input type="checkbox"/>
Supportive family environment or significant adults	<input type="checkbox"/>	Good communication skills	<input type="checkbox"/>

## Contacts

Kim Breaks Senior Youth Worker T: 295267 M: 07813 668679  
Tracie James Youth Worker T: 293510 M: 07813 805875

## Resources and information leaflets

01273 523312

The Health Promotion Library  
[www.brightonandhovepct.nhs.uk/hplibrary](http://www.brightonandhovepct.nhs.uk/hplibrary)

## Family Support

01273 293545

The Family Information Service provides for children, young people and families in Brighton & Hove  
[www.brighton-hove.gov.uk/fis](http://www.brighton-hove.gov.uk/fis)

## Support Giving up Smoking

Smoking Cessation

01273 267397

## Useful

[www.ruokservice.co.uk](http://www.ruokservice.co.uk)

## Websites:

[www.talktofrank.co.uk](http://www.talktofrank.co.uk)

[www.thinkdrinkdrugs.co.uk](http://www.thinkdrinkdrugs.co.uk)

[www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk)

## Training for Professionals;

<http://www.wave.brighton-hove.gov.uk/supportingyou/learning>