



**TURNING  
POINT**  
inspired by possibility



**Drug  
Use  
Screening  
Tool**



Although 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 'substance use' to 'substance 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 substance misuse service for young people (see opposite page). The service will be able to provide appropriate information, leaflets and guidance.

DUST is designed for use with young people about whom there may be concerns regarding drug/alcohol use

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

### Protective Factors

- Positive Temperament
- Intellectual ability
- Supportive family environment
- Social support system
- Caring relationship with at least one adult
- In education employment/ training
- Positive Peer Group

### Turning Point Leicester Leicestershire & Rutland

Turning Point Young People's service aim to reduce drug and alcohol related harm for young people, the parents and/or carers and the community

Universal Services: Substance misuse awareness for professionals working with young people.

Specialist Treatment: An accessible high quality range of treatment and support services for young people experiencing substance misuse related problems

Young adult provision: As a service we recognise that young people (18-25) are in the transitional age, and therefore we will continue to work young adults until they reach their 25th birthday

For further information about Turning Point Young People's Service please visit [www.turning-point.co.uk](http://www.turning-point.co.uk)

Alternatively contact us directly:  
 Turning Point Young People's Service  
 165 Granby St  
 Leicester  
 LE1 6FE  
 0330 303 6000  
 E: [YPandYAservice@turning-point.co.uk](mailto:YPandYAservice@turning-point.co.uk)  
 W: [wellbeing.turning-point.co.uk/Leicestershire](http://wellbeing.turning-point.co.uk/Leicestershire)

### Defining the terms

Substance use – the consumption of drugs/alcohol by a young person. "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.

Substance misuse – Use of drugs or alcohol or combination of substance 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 substance misuse if they belong to a certain group 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 substance misuse problems

Risk factors – increase the likelihood that drug/alcohol misuse will occur

### Risk Factors

- 1. Belonging to a 'vulnerable' group**
  - Young sex workers
  - Young offenders
  - Looked after children
  - Mental health problems
  - School non-attenders
  - Substance misuse by parents
  - Abuse within the family
  - Homeless
  - Refugee/Asylum Seeker
  - Sex worker
  - Female Genital Mutilation
- 2. Social & Cultural Factors**
  - High levels of neighbourhood crime
  - High levels of poverty and decay
  - Easy drug availability
  - Areas where there is wide-spread social acceptance of drug use
  - Lack of perception of the risks from drugs
  - at risk of joining or in a gang
  - at risk of a forced marriage

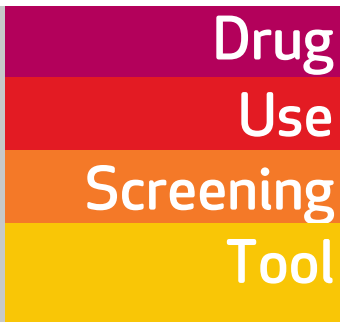
### 3. Interpersonal & Individual Risk Factors

- Physiological & psychological factors
- Family dysfunction
- Behavioural difficulties
- Academic problems
- Association with peers who use drugs
- Early onset of drug or alcohol use

### DUST training

If you require training to explore substance misuse, how to complete the DUST and how to refer to services please contact Turning Point Young People

DUST form is available online at [wellbeing.turning-point.co.uk/Leicestershire](http://wellbeing.turning-point.co.uk/Leicestershire) which also has information about how to access training.



**This tool is designed for two main purposes:**

- To help people who have to make decisions about how to respond to substance use by a young person.
- To allow a professional team to create a caseload profile and audit the prevalence of substance use within their case load.

**This form is divided into sections designed to assess risk factors regarding designed to:**

- Substance use
- Social situation/behaviour
- General and Psychological health

**Instructions**

Complete the form by ticking the most appropriate responses. If in doubt, do NOT tick.

- A scoring system is employed for each section. The scores should be added up and the total written below each section
- Once you have completed each section, refer to the scoring table (top right).

**Young Person's details for Caseload Profile only**

Name:	M/F	DoB:
Address		
Post Code:	Number:	
<b>Referrer Contact Details:</b>		
Name:	Org:	
Address:		
Post Code:	Number:	

**SECTION 1: Substance Use**

Score 0-4	Score 5-6	Score 7+
Consider giving substance misuse information/advise	Consider seeking advice from Turning Point	Refer to Turning Point

**SECTION 2: Social Situation/Behaviour**

A high score means that a young person is vulnerable to developing substance misuse issues and should increase your level of concern

Score 0-1	Score 2-5	Score 6+
LOW RISK	MEDIUM RISK Consider seeking advice from Turning Point	HIGH RISK Refer to Turning Point or other relevant agency

**SECTION 3: General & Psychological Health**

A high score means that a young person is vulnerable to developing substance misuse issues and should increase your level of concern

Score 0-4	Score 5-9	Score 10+
LOW RISK	MEDIUM RISK Consider seeking advice from Turning Point	HIGH RISK Refer to Turning Point or other relevant agency

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

Turning Point Young People's service: 0330 303 6000 or

[YPandYAservice@turning-point.co.uk](mailto:YPandYAservice@turning-point.co.uk)

For out of hours talk to FRANK 0800776600 or visit [www.talktofrank.com](http://www.talktofrank.com)

**Section 1  
Substance Misuse**

Drugs Type	
2	Alcohol
2	Amphetamine
2	Cannabis
4	Cocaine
4	Crack
4	Ecstasy
4	Heroin
4	LSD
4	Magic Mushrooms
4	Solvents/Gas/Aerosols
2	Other(s), please list (include misuse of prescribed drugs). Score 2 each.
Substance Use—Frequency	
1	Occasional drug/alcohol use
2	Regular drug/alcohol use
Injecting	
0	Not injecting
5	Currently/recently injecting
Substance Use—Intoxication	
0	Substance use without loss of consciousness or aggression
5	Substance use with loss of consciousness or aggression
Contact with Other Substance Users	
0	No drug/alcohol using friends
1	Some friends who use drugs/alcohol
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)/ carer(s)
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
1	Looked after by local authority
6	Homeless
Adult Support	
0	Has supportive relationship with more than one adult
1	Has supportive relationship with one adult
2	Has no supportive relationships with adults
Occupation	
0	In education/employment/training
1	Truanted from school/at risk of exclusion/drug or alcohol related absences
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

**TOTAL SECTION 2**

**Section 3  
General & Psychological Health**

General Health	
0	Young person reports no significant health problems
1	Dental problems
1	Stomach problems
1	Regular headaches
1	Difficulty sleeping
5	Chronic fatigue
5	Severe sleep problems
5	Self-neglect
10	Extreme weight loss
10	Blackouts and/or memory loss
10	Pregnant
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
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)

**TOTAL SECTION 3**

**Drug Use Screening Tool**

This 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 account of factors such as the age and maturity of the young person.



YOUNG PERSON

PRE SCREEN

HAVE YOU EVER BEEN OFFERED DRUGS OR ALCOHOL?

HAVE YOU RECENTLY OR IN THE PAST EVER TRIED DRUGS OR ALCOHOL?

ARE YOU CONCERED ABOUT ANYONE ELSE'S DRINKING OR DRUG USE?

IF THE ANSWER IS YES YOU SHOULD COMPLETE THE DUST SCREENING TOOL

ANSWER NO TO QUESTION 1-3, SCREENING IS NOT NECESSARY

BASIC ADVICE AND INFORMATION

DUST (DRUG USE SCREENING TOOL)

CASED CLOSED OR RESCREEN IN 3 MONTHS

SCREENING TAKES PLACE

SCORING SYSTEMS IDENTIFIES DRUG AND/OR ALCOHOL, WITH CONSENT COMPLETE REFERRAL FORM AND SEND TO LLR Turning Point Young Peoples Service - YPandYAservice@turning-point.co.uk.cjsm.net

REFERRAL RECEIVED BY TURNING POINT ALLOCATED RECOVERY WORKER TO CONTACT REFERER TO CONFIRM REFERRAL RECEIVED AND INITIAL CONTACT MADE WITH YOUNG PERSON

TURNING POINT RECOVERY WORKER TO CONTACT AND BOOK AN ASSESSMENT

ASSESSMENT COMPLETED

EARLY INTERVENTION SESSIONS

SPECIALIST TREATMENT SESSIONS

REVIEW OF INTERVENTION

TREATMENT COMPLETE

CONTINUE TREATMENT

REFER TO UNIVERSAL SERVICES OR BACK TO REFERER IF REQUIRED

TURNING POINT CASE TO BE CLOSED

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# Young People's Team Referral Form

This form is a referral for assessment by a specialist service. The Young People's Substance Misuse 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 Turning Point will be treated in accordance with their confidentiality policies - a copy of which is available on request (exceptions to confidentiality include following Child Protection procedures).

Please send complete form to:

Turning Point Young People  
 165 Granby St Leicester LE1 6FE  
 or email [YPandYAService@turning-point.co.uk.cjsm.net](mailto:YPandYAService@turning-point.co.uk.cjsm.net)

For further copies of the DUST form please contact  
 Turning Point Young People's Team

**0330 303 6000 or email the address above**

## Young Person

Does the young person consent to this referral?  Yes  No  
 If no, contact Young People's Service for advice.

Does the young person consent to the Information on the screening tool being shared with the Young People's Service?  Yes  No

Name and address of young person  Male  Female  
 .....

Postcode.....  
 Contact Tel No.....

Age.....Date of Birth.....

Ethnicity (Tick one)  
 White/White British  Black/Black British  Asian/Asian British  
 Mixed  Chinese  Other

Have the young person's parents/carers been informed of the referral for assessment?  Yes  No

Does a parent/carer consent to the young person attending an appointment if offered? (Consent essential for a referral to be made)  Yes  No is not

Parent/Carer Name & Contact Tel No.....  
 .....

## Young Person

Young Person's Expectations of Turning Point

Young Person's Availability for Appointments

## Other Agencies Involved

Name	Agency/GP	Address & Contact 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  
 .....  
 .....

## Reasons for Referral

Please add any additional background information that may be relevant to the assessment of this young person