

Development
and evaluation of the
Drug Use Screening
Tool (DUST)
for young people

Kent&Medway

DRUG ACTION TEAM

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Executive Summary

This Department of Health-funded project describes the development and evaluation of a check list type screening tool with a combined referral form for young people who use drugs. The tool is intended for use by practitioners who are not substance misuse specialists. The need for such a tool had previously been identified in an earlier project funded through DrugScope. The tool was developed by an inter-agency group as part of the Kent and Medway Drug Action Team's Under-18s strategy.

Different configurations of the forms were tried throughout the evaluation but the final tools comprise:

- an A4 checklist that can be used for collating key information to assist with decision-making concerning action to take with regard to drug use by a young person;
- a referral form to the local young persons' services on the reverse of the A4 checklist; and,
- a credit card sized version of the checklist.

The evaluation methodology involved a phase of more qualitative consultation that largely focused on senior management and a second phase of wider evaluation using a self-completion questionnaire that primarily targeted practitioners. After each phase the project team made revisions to the tools. The final version was then printed and has been distributed for use among Tier 1 and Tier 2 practitioners.

The timing and the time-scale for the data collection meant that only four of the 14 Senior Managers provided feedback (see learning points). However, questionnaire data were collected from 78 practitioners. Key findings are reported below:

- Over four fifths (82%) of the practitioners felt the tools would be helpful and liked their simplicity and clarity. A small number had reservations about their 'brightness';
- Almost three quarters (71%) felt the level of complexity was 'about right';
- Over four fifths (82%) thought they would use the A4 version, the credit card version or both;
- Relatively few people perceived the tools as something that was unwelcome or were being imposed by managers;
- Slightly lower levels (two thirds) thought the tools may be useful for profiling their case load though only half felt this should be done by entering the information in a database;

- A third of the sample were concerned that the tools might open up questions that they were then unable to deal with;
- Most people felt that the scoring system and suggested actions made sense, however a number of detailed comments were made within open-ended feedback collected on the questionnaires. These have resulted in a number of detail changes in the final version;
- There was some concern that the tool did not attend sufficiently to young people's use of alcohol;
- There was widespread concern that the capacity of specialist services would not be adequate to the need.

Only one occupational group - Youth Crime Reduction Officers (YCROs) - did not see the tool as useful and generally did not expect to use it. Almost all YCROs (8/9) felt that the tool would open up questions that they would be unable to deal with.

Competencies concerning substance misuse are more variable within Youth Offending Teams - which included some practitioners who are highly proficient in responding to substance misuse problems. Whilst some YOT staff had concerns that the tools would open up questions they couldn't deal with, qualitative comment from others suggested that the tool was not sufficiently sophisticated for their needs.

Learning points

- 1 A project commissioning process that compresses time-scales and renegotiates their implementation into the 'year-end' jeopardises the quality of projects and may consequently give poor value for money. Project proposers who have intellectual and professional investment in projects may agree to dramatically renegotiated terms despite having reservations about their capacity to deliver the project.
- 2 The existence of a multi-agency Drug Reference Group that focuses specifically on the delivery of drug services for under 18s can facilitate joined up working at senior management level across the range of agencies and services working with young people who may use drugs.
- 3 Locally it seems unlikely that Youth Crime Reduction Officers will currently use the DUST tools within their work. Their responses within the evaluation raise questions about the role and competencies of YCROs; who seem unlikely to engage with young people on a one-to-one level concerning their drug use. The reasons for this are

uncertain but warrant further local (and perhaps wider) examination to ensure that the role and any training needs of YCROs and the expectations that may reasonably be made of them are clearly understood.

4 YOT workers may need and use the tools more variably than most other groups of practitioners; according to their skills and experience. Expectations of its use in the field ought to reflect this and should particularly avoid being over-prescriptive about its use among this group of practitioners.

5 There is a risk that some practitioners may misunderstand the tools as offering some complete and independent solution to the challenge of how to respond when a young person is misusing substances or is at risk of doing so. They can not do this. Guidance on the tools' use should clearly emphasise a) the crucial role of the quality of the relationship between the practitioner and the young

person within screening and assessment and, b) the 'process' nature of screening and assessment, which means that although the tools can be completed with reference to what is known at a given time; this may change.

What Next

Subsequent work should aim to use opportunities to properly involve young people in any evaluation of the DUST tools. In Kent and Medway, this implies a broader task to generate structures and mechanisms that can effectively involve young people more generally in developments concerning substance use and misuse.

Further evaluation should assess the extent of adoption of the DUST tools by the various intended end-users, their perceived utility and the quality of the decision-making by practitioners in connection with young people's substance use and misuse.

During the course of the evaluation the project team was contacted by staff from a DPAS-funded project being conducted by Lifeline Projects. The project is entitled Risk and response: identifying useful practice in defining and intervening with high risk groups of young people. This project aims 'To distinguish and disseminate principles of useful practice in identifying and addressing the needs of high risk target groups of young people in relation to reducing the harm of drug use.' Within this project the DUST tools have been identified as candidates for wider dissemination. At the time of writing discussions are taking place concerning ways in which they can be evaluated in the field across services in areas within North West England.

Background

This report provides a description of the development of a screening tool for young people's drug use and its evaluation. Drug use by young people has escalated markedly throughout the 1990s. For example, about half the population try at least one drug - predominantly cannabis - by the time they are 24, with 29% reporting drug use in the past year and 18% within the past month (Sharp et al. 2001). For practitioners working with young people this means that encountering drug use has become correspondingly more likely.

In order to be able to intervene effectively it is vital to be able to identify circumstances and patterns of drug use, which make it more likely that drug problems will arise. Distinguishing when it may be best to offer advice and information, just monitor the situation or undertake a range of more specialised interventions is important if people are to respond effectively and in a way that both benefits the young person and makes best use of resources.

It is now usual to distinguish drug 'use' and drug 'misuse'. Drug use has been defined as:

"the consumption of a drug by a young person. When the term 'use' is contrasted with 'misuse', 'use' means the consumption of a drug that does not cause any perceptible immediate harm - even though it may carry some risk of harm".

By contrast drug 'misuse' is defined as:

"use of a drug or combination of substances, that harms health or social functioning ñ either dependent use (physical or psychological) or use that is part of a wider spectrum of problematic or harmful behaviour"

Standing Conference on Drug Abuse/Children's Legal Centre (1999)
A range of factors that either increase the risk of developing drug misuse or, conversely, protect young people from developing problems are already well understood. Additionally, there are certain 'vulnerable groups' of young people who generally have more risk factors and may have fewer protective factors, meaning that are more likely to misuse drugs and experience problems (SCODA, Children's Legal Centre 1999).

Identifying drug use and assessing the associated risk factors is a crucial step in determining whether a young person is vulnerable to substance misuse problems and what form of intervention, if any, may be of benefit. Within the former Kent and Medway Drug Action Team area, a project to examine systems for the screening and assessment of young people's drug use had been undertaken (Hunt et al. 2000). This identified the desirability of promoting a coherent approach across the range of services working with young people, based on a common language and confirmed some of the core

competencies required by practitioners. It further recommended the development and promotion of standardised 'checklists' and guides that could be used to assist with the screening and assessment of young people's drug taking by practitioners.

Whilst the project was underway a review by the *Health Advisory Service - The Substance of Young Needs* (2001) - reaffirmed the importance of early identification of young people's drug problems and the timely provision of appropriate support. The aims of this work therefore fit well with current priorities.

The project

The project was funded by the Department of Health in order to develop and evaluate a screening checklist for use by practitioners working with young people. Locally, this also contributes towards a longer term goal of having an integrated, screening and assessment scheme across Kent and Medway. The project will eventually link the checklist developed as part of this work with separate developments to the existing Kent and Medway Effectiveness Monitoring Project (KMEMP) that systematically monitors treatment outcomes across local drug services.

A second part of the project (not the subject of this evaluation) will involve the development of a simple database to allow data from the screening tool to be collated so that services can audit drug use amongst their clients. This will also create the capacity for links to be traced between young people and those who subsequently present to adult treatment services in order to better understand the effects of intervention and the trajectories that young drug users follow.

The locality

Kent and Medway Drug Action Team spans the areas served by Medway Council and Kent County Council. During the period of the evaluation the Drug Action Team was separated to provide teams that correspond with each of the two local authority areas (Medway Drug Action Team and Kent Drug Action Team). This document refers to the Kent and Medway Drug Action Team in a number of places as this is the organisation which originated this work.

The areas are different in organisation and character. Medway is a unitary authority covering the conurbation of Chatham, Rochester and Gillingham and its environs. Kent is a one of the home counties with Maidstone as its county town. It contains a number of other towns spanning from the Thames Gateway area (Dartford and Gravesend) to the East

Kent coast (Margate, Ramsgate, Folkestone and Dover) and taking in Canterbury and Ashford. Additionally it contains a number of smaller towns and villages across a large rural area and has an extensive coastline.

Kent and Medway has two SRB-funded Young Persons' Service Co-ordinator posts: one in each area. Their role is to manage local young person's services and to provide a liaison and co-ordination point for young people's drug services.

The Kent and Medway Drug Action Team has an Under 18s Drug Reference Group which produced the local young person's drug strategy - *Young People and Drugs in Kent: A Shared Purpose*. This project was developed with the support of the group.

Developing and evaluating the screening tool

The project involved a core team who drafted the Drug Use Screening Tool (DUST) and oversaw its piloting and development during phase 1 and phase 2 of the evaluation:

- John Jolly - Kent and Medway DAT Co-ordinator
- Karen Sharp - Young Persons Drug Service Co-ordinator (East Kent)
- Debbie Coleman - Young Persons Drug Service Co-ordinator (West Kent)
- Liz Burnett - Young Persons Drug Service Co-ordinator (West Kent) appointed to Debbie Coleman's post midway through the project
- Wendy Marsh - Effectiveness Monitoring Database Manager, East Kent Health Authority
- Roger Bedford - Graphic designer
- Neil Hunt - Lecturer in Addictive Behaviour, University of Kent

The screening tool is based on work that was initially developed by the East Kent Young Persons Drug Service. It has three sections concerning drug use, social situation and health with a range of simple scaled items in each that can be scored to give an indication of risk/need. These were developed to draw closely on published guidance concerning risk and protective factors for young people (Health Advisory service 1996).

The tool developed from the original work comprised four separate components:

- A two-page, A4 document that provides definitions of terms, summarises key information regarding risk/protective factors and vulnerable groups and outlines aspects of the local drug strategy for Kent and Medway, along with the checklist and scoring system itself and contact details for local young persons' drug services;
- A one page version of the tool which lacked the definitions and explanations and simply contained the checklist;
- A referral form; and,
- A credit card-sized version of the checklist and scoring system with contact details for the young persons' drug services.

Phase 1 of the evaluation provided a draft of each of the components to a targeted sample of service managers from across Kent and Medway. Semi-structured qualitative data was sought regarding its:

- format and appearance;
- scoring system; and,
- likely utility.

Local services targeted in each local authority area (Kent and Medway) included 14 representatives from each sector concerned with the provision of services to young people:

- Youth Offending Teams
- Youth and Community
- Looked after children
- Education
- 16+ team (care leavers)
- Child Protection
- Behaviour Support

Two specialist advisers were also approached and provided detailed comment: Jill Britton (Policy Officer, Young Persons Good Practice Unit - DrugScope) and Jane Ward (Independent Drugs Trainer).

The project group then met and used the feedback from phase 1 to make revisions to the materials before proceeding with phase 2 - the practitioner consultation.

A number of detailed changes were made to the content after phase 1, in line with the comments received. The referral form was integrated within the 2 page, A4 version on the reverse of the checklist. The materials evaluated during phase 2 of the evaluation were therefore:

- A two-page, A4 document that
 - a) provides definitions of terms, summarises key information regarding risk/protective factors and vulnerable groups and outlines aspects of the local drug strategy for Kent and Medway, along with;
 - b) the checklist and scoring system itself and contact details for local young persons' drug services which incorporates a referral form on the reverse.
- A credit card-sized version of the checklist and scoring system with contact details for the young persons' drug services.

Phase 2 collected evaluation data using self-completion questionnaires (See appendix A) from a sample of people from a range of services working with young people. These included specialists and others with a more generic role with respect to drug misuse. The questionnaire was distributed via the service managers from phase 1, by the project group members (through a range of meetings with specialist and generic practitioners with whom contact routinely occurred) and, by a targeted mailing to people identified through the Drug Action Team. Respondents incorporated many of the expected end-users for the tools. Specialist services for two

'vulnerable groups' that are generally discussed within the literature - young sex workers and the young homeless ñ do not exist within Kent and Medway and were therefore not included in the study. See table below for sample composition.

	Number	Percent
Health	11	14.1
Education	4	5.1
Youth and Community	10	12.8
Youth Crime Reduction Officers	10	12.8
Youth Offending Teams	7	9.0
Adult Drug Treatment services	7	9.0
16+ Teams (Care Leavers)	4	5.1
Social Services	7	9.0
Young Persons Drug Services	3	3.8
Other	5	6.4
Unstated	10	12.8
Total	78	100.0

The feedback from phase 2 was similarly used to inform further refinements by the project group in order to make final revisions to the tools for dissemination to practitioners across Kent and Medway. Beyond phase 2 of the evaluation there is an implementation phase that falls outside of the scope of this evaluation. The changes that were made as a result of phase 2 were incorporated within the final version of the tools, which is being disseminated for use by practitioners across Kent and Medway. The version of the DUST Drug Use Screening Tools that is being disseminated is appended as appendix B.

Table 1
Workers who completed
'phase 2' questionnaires

Engaging the stakeholders

Broadly, the project addressed three tiers of stakeholder who are relevant to a project of this sort: senior management, middle management and practitioners. Additionally, it can be argued that young people themselves are stakeholders. However, within this project we have only attended to the process of engaging the 'professional' stakeholders.

The decision not to engage young people in the work can rightly be seen as a limitation of the project. Nevertheless, within the time and resources that were available for the project and with the opportunities that existed locally it was not obvious how a valid process of involving young people could be undertaken. We did not wish to undertake this in a tokenistic way that would only have served as 'window dressing' or for presentational purposes.

Locally, no obvious forum concerning young drug users exists for such a task and the time constraints within which the project had to work did not allow one to be created. This highlights a general issue for Kent and Medway Drug Action Teams regarding the way that the voice of young people can be included within such developments across services for young drug users. It also points to an area for further evaluation of these tools in subsequent work. It will be of value to examine questions concerning the way in which young people experience such tools when they are used and how they are perceived by young drug users.

Senior Management

At the most senior level of management there was no difficulty in engaging stakeholders as all organisations generally had appropriate representation within each of the relevant organisations on the DAT Under 18s Reference Group, which effectively initiated the bid. In this sense they owned the project and were able to assist by identifying appropriate middle management/team leaders to include within the evaluation.

Middle Management/Team Leaders

The middle management group that we sought to include could generally be characterised as being at the 'team leader' level, which remains close to practice issues but also has a greater appreciation of the organisational context within which the tools would be used. These were the main target group within phase 1 of the evaluation in which we sought an overview of the general utility, content and appearance of the tools and tried to identify a sample of practitioners who would assist with the second phase of the evaluation. Only four of the fourteen identified staff provided responses to the phase 1 evaluation. The timing of this phase of the work, which coincided with the end of the financial year and the short time-scale, which required a very rapid response, seem certain to have contributed to the failure to obtain the desired involvement from this group and are discussed with the section on 'The process - learning points' below.

Practitioners

Despite the low participation rate within phase 1, a relatively wide range of responses were obtained within phase 2 - the practitioner sample. Although, the project attempted to engage practitioners via middle management during the largely unsuccessful phase 1 of the study, the project team also had routine contact with a wide range of practitioners in a range of different forums such as local practice liaison groups. All project team members carried copies of the evaluation questionnaires and copies of the tools, which they provided opportunistically to practitioners working with young people who were potential end-users of the tools.

In addition, Drug Action Team distribution lists were scoured to identify potential respondents. This generated a list of 80 practitioners and practitioner/managers who were also sent the phase 2 questionnaire along with a set of the screening tools and a stamped addressed envelope. The identified participants for phase 1 of the study were also sent similar evaluation sets with a request that they distribute them within their teams. In total this generated completed questionnaires from 78 respondents: the majority of whom were potential users of the tools.

Questionnaire findings - What did practitioners think of the DUST tools?

The questionnaire begins by asking for an overall, global impression of the tools. 67/78 respondents provided answers to this question. Of the people who provided an answer more than four fifths (82%) felt it was helpful with 28% of respondents regarding it as 'very helpful'. 10% thought it was 'not very helpful' and 7.5% considered it 'unhelpful'.

There was a marked pattern in the responses to this question with the results strongly influenced by the perception by Youth Crime Reduction Officers (YCROs) that the tools were not helpful (see table 2 below). 7/12 of all respondents who thought the tools were not helpful came from this group of practitioners. Qualitative comments from YCROs suggest that discussing individual drug use with young people was generally perceived to be outside of their role and competency and probably explain this result.

With the relatively small numbers that occur within each group of practitioners it is necessary to be cautious about the conclusions drawn. Nevertheless, the only other group with more than one practitioner who considered the tools 'unhelpful' is Youth Offending Team (YOT) staff. In this case the qualitative comments suggest that some YOT workers feel that they already possess the ability to assess young people's drug use to a level that

exceeds that within the DUST screening tool and that, if anything, they would prefer a more elaborate tool.

Complexity of the tools

Regarding the overall simplicity or complexity of the tools, 71% of respondents (n=72) felt this was 'just about right'. With 18% feeling it should be simpler and 10% feeling it should be more detailed. Again 5/13 people who felt it should be simpler were YCROs suggesting that they generally engage with individual young people about their drug use at a relatively superficial level. The fact that the minority of people who felt that the level of complexity was not right were distributed between those who wanted something simpler and something more elaborate suggests that the tool has achieved a reasonable compromise across the needs of a diverse group of practitioners.

Which would you be most likely to use?

In response to the question about which, if any, of the tools people were most likely to use, a majority (82%, n=74) thought they would use either the credit card version, the A4 version or both. Similar proportions (32%) expected to use mainly the A4

Table 2
Overall impression
**type of worker*
Crosstabulation

		T Y P E O F W O R K E R											Total
		Unstated	Health	Education	Y&C	YCRO	YOT	Drug Treatment	Other	16+	Social Services	YP Drug Service	
Overall impression	v helpful	1	4	1	3		1	1	3	2	2	1	19
	helpful	5	3	3	6	2	4	6	2	2	1	2	36
	not v helpful	1			1	5							7
	unhelpful					2	2				1		5
	Total	7	7	4	10	9	7	7	5	4	4	3	67

	T Y P E O F W O R K E R											
	Unstated	Health	Education	Y&C	YCRO	YOT	Drug Treatment	Other	16+	Social Services	YP Drug Service	Total
I am concerned that this is something else being imposed by managers that will not help me as a practitioner												
strongly disagree		3	1	2			1	1	1			9
disagree	7	7	3	5	3	5	5	3	3	5	3	49
agree	3	1		2	6	1				2		15
strongly agree					1	1						2
Total	10	11	4	9	10	7	6	4	4	7	3	75

Table 3
I am concerned that this is something else being imposed by managers that will not help me as a practitioner

*type of worker
Crosstabulation

version of the tool or both. A smaller proportion (18%) expected to use only the credit card sized version. Again, YCROs seemed least likely to use the tools with 4/10 respondents answering 'neither'.

Clarity, utility and perception of the tools

Table 5 shows responses to a range of attitude items that assessed various aspects of the tools' design, their likely utility and clarity and practitioners' perceptions of their introduction.

The vast majority of the sample - four fifths - felt that the tools were clear and that it was self-evident how they should be used. This suggests that their adoption may be relatively easy because of a degree of intuitiveness about their use.

Relatively few people felt that this was a further, unwelcome form to complete within the increasingly evaluative and monitored culture of public sector service provision. The fact that three quarters of the sample judged that this would help with their decision-making suggests that these are seen as something that is of direct benefit to practitioners rather than for the benefit of managers' information requirements. This is consistent with disagreement by three quarters of the sample that the tools were seen as something being imposed by managers. YCROs were the only occupational group who appeared to perceive the tools as something being imposed on them by management (table 3).

Slightly lower levels of staff (two thirds) also felt that the tool would be helpful for profiling their case-load though only about half of all practitioners welcomed the idea of entering the results into a database.

Table 4
I am concerned that this will open up questions that I can't deal with

*type of worker
Crosstabulation

	T Y P E O F W O R K E R											
	Unstated	Health	Education	Y&C	YCRO	YOT	Drug Treatment	Other	16+	Social Services	YP Drug Service	Total
I am concerned that this will open up questions that I can't deal with												
strongly disagree	2	1	1				4			1	1	10
disagree	3	9	3	7	1	4	2	4	4	3	1	41
agree	5	1		2	4	2	1			3	1	19
strongly agree				1	4	1		1				7
Total	10	11	4	10	9	7	7	5	4	7	3	77

More than two thirds of the sample felt that the tools would also help highlight training or service development needs.

A third of the sample were concerned that the tool would open up questions that they were then unable to deal with. This is consistent with what is already known locally about local training needs amongst generic practitioners where a range of deficits have already been identified (Hunt et al. 2000) and underlines the ongoing need to develop practitioners' knowledge and skills. However, responses here were particularly skewed by the fact that eight of the nine YCROs were concerned that they would be unable to deal with the questions that use of the tool might raise (table 4).

Most people felt that the scoring system made sense and although the majority of respondents felt that the actions suggested by the scoring were appropriate, a significant minority found this confusing. Respondents made a number of useful qualitative comments that have enabled improvements to be made to the version that will now be distributed for general use by practitioners across Kent and Medway (Appendix B).

There was quite widespread concern that adequate support from specialist services will not be available in connection with the issues raised through use of the tools. At the time of the evaluation there was quite a marked discrepancy between the number of specialist practitioners in West and East Kent and this response may reflect some genuine problems with service capacity. However, it may also be that awareness of services is poor for some generic practitioners and this may indicate a need to better inform them of the nature and extent of existing young person's services.

Table 5

	Strongly disagree	Disagree	Agree	Strongly agree
The appearance and layout of the A4 screening tool and referral form is clear	0	9.2	72.4	18.4
Just from reading it I can see how I should use the A4 screening tool and referral form	0	10.4	72.7	16.9
The appearance and layout of the credit card-sized form is clear	0	8.7	76.8	14.5
It is clear to me how I should use the credit card-sized form	0	10.6	71.2	18.2
I already have too many forms to fill in and this will just add to them without helping me	12.2	70.3	13.5	4.1
My decision-making would be helped by using the screening tool	8.1	16.2	66.2	9.5
I would find the tool useful for producing a profile of substance use across all the young people with whom I work	1.3	30.7	56.0	12.0
This will not be helpful to my decision-making as a practitioner	13.7	69.9	11.0	5.5
The scoring system make sense to me	7.9	23.7	60.5	7.9
I am concerned that this will open up questions that I can't deal with	13.0	53.2	24.7	9.1
The suggested actions indicated by the scores seem realistic	9.1	26.0	61.0	3.9
I am worried that proper support will not be available from the young persons' service if I start asking these questions	12.0	41.3	41.3	5.3
The scoring system is confusing	11.8	72.4	14.5	1.3
I would like to be able to enter the results into a simple database to profile my caseload.	1.4	42.3	53.5	2.8
Using this to provide an overview of my caseload would help identify training and/or service development needs.	0	29.2	65.3	5.6
I am concerned that this is something else being imposed by managers that will not help me as a practitioner	12.0	65.3	20.0	2.7

Key points from the qualitative responses

All respondents were asked to comment on:

- The one thing they most liked about the screening tools;
- The one thing they most disliked about the screening tools; and,
- To make any other comments they thought would be useful.

A large number of comments were made and these have been included as appendices at the back of the report (appendix C). In general, the 'key points' that we attended to were those issues that had practical implications for the content of the tools when they were revised for general use. However, the reader can look at the comments in full in order to get a more comprehensive picture of the breadth (and in some cases the obscurity!) of the responses provided.

1 Overall, people very much liked the tools' simplicity and clarity and generally appeared to welcome them.

This was a reassuring response and appeared to confirm that the tools were broadly appropriate and relevant to the target practitioners and have good prospects for being adopted locally.

2 A small minority disliked its brightness, partly on aesthetic grounds and partly because of the risk that it could attract attention to a young person and their worker and may inadvertently identify and stigmatise them as a drug user.

This problem was judged likely to be small and easily resolved by using the tools in a folder on those occasions where this might occur

3 There was concern about the triggering of referrals too easily because of the scoring system. Section one caused particular concern. There were

also comments about pregnancy as a trigger issue and some concern about the questions regarding sexuality. Regarding sexuality, some concerns were partly because of the 'sensitive' nature of the questions and some practitioners evidently felt that they would be unable to ask about sexual behaviour. Additionally, there were some concerns about the validity of the hierarchy relating to sexual risk.

This scoring system and categories were extensively reviewed and amended in the light of these comments.

4 There should be somewhere to tick the boxes

This amendment was made.

5 Several people were concerned about the idea of completing the form with a young person; some also raising questions about the truthfulness of the responses that might be given.

No amendments were made to the tools as a result of these comments but they highlight issues that should be taken into account during the dissemination of the tools and with regard to any staff training in their use.

6 There was some comment that more emphasis on alcohol would be desirable.

Alcohol is referred to, but the terms of reference for the project and the constraints on space did not allow the emphasis on alcohol to be further increased.

7 It was asked whether the town of Tunbridge Wells could be given specific mention as a town within the West Kent area.

This amendment was made.

8 Some people felt it was necessary to spell out who and what the young person's services are.

These services are evolving rapidly and it was not considered appropriate to define them too closely because this information would rapidly become obsolete. However, the central contact details are expected to remain constant which will mean that people will readily receive up-to-date information about services if they use this.

9 The referral form duplicates some information that is on the A4 version of the form.

Duplications were largely removed.

10 The police definitely did not see themselves as people who would use this form for referrals and expressed concern that this would open up questions that would be difficult to deal with.

This was not felt to have implications for the form's design but suggests that it is unlikely to be used by this group of practitioners.

The process - learning points

Project funding and contracting process

A variation of the project proposal had been in existence since early in April 2000 (when Kent and Medway Drug Action Team originally received encouragement to submit it to DPAS). This proposal to DPAS did not result in funding. The proposal was then submitted in October 2000 with a proposed implementation period of 6 months to the Department of Health. In November 2000 provisional notification that the bid had been successful was received with guidance that the project could not commence until the contracting was completed and formal notification given. In January 2001 confirmation was received that the project could commence. However, although the original proposal was for a project of 6 months duration the requirement was for the data collection to be completed by the end of the financial year - March 2001). This meant that the project team had to choose between compressing the work into a far shorter period than was originally planned or abandoning the project.

Because of the strong local commitment to seeing the tools developed and distributed and the prior investment of time and effort in producing and promoting the bid the contract was reluctantly accepted, despite the existence of reservations within the team about the deliverability of the project within the abbreviated time-scale.

Following a meeting of the project team, phase 1 was commenced within a fortnight of the confirmation of the project's funding. The phase 1 draft of the materials and the accompanying questionnaire were sent to each of the fourteen members of the targeted sample of managers/team leaders. After a fortnight no responses had been received and a further set of materials were sent. Each respondent was telephoned at this time to explain the urgency of dealing with the evaluation and non responders were all telephoned a minimum of twice more. Many managers were rarely available by phone and it was evident that much of their time was pre-occupied by other pressing, 'year-end' activities - including dealing with other projects funded at short notice through 'slippage' money and year-end

underspending. Several people were also taking holidays in order to avoid forfeiting holiday that was not taken and were unavailable for large blocks of time. The planned process of informing and engaging this tier of management and developing them as 'product champions' for the tools largely failed to take place because of the time pressures on the project and the requirement at that time to complete the fieldwork by the end of the financial year.

Despite this problem, the process of evaluating the tools in phase 2 appeared to go tolerably well - at least in terms of being able to collect data from a substantial sample (n=78) of practitioners. However, it is uncertain how the lack of input at stage 1 may have affected the quality of the revisions for stage 2. Furthermore, it seems likely that the planned process of cultivating support for the use of the tools by an important tier of 'change agents' - middle management has been unsuccessful. The impact this has on the eventual adoption of the tools is uncertain and is outside the scope of this evaluation. However, it is hard to imagine that it has had anything but a deleterious effect.

Similarly, the compressed time-scale also means that the opportunities for analysing and reflecting on the comments at phase 2 were reduced and may mean that the learning from the project evaluation has not been used to its full potential in the production of the final draft, which has now been printed and is being disseminated to local practitioners.

Despite these concerns, the evaluation results nevertheless suggest that the tools that have been produced have a high level of face validity and acceptability to practitioners. The concern within the project team is that, despite this, they could have been even better.

Learning point - *A project commissioning process that compresses time-scales and renegotiates their implementation into the 'year-end' jeopardises the quality of projects and may consequently give poor value for money. Project proposers who have intellectual and professional investment in projects may agree to drastically renegotiated terms despite having reservations about their capacity to deliver the project.*

Engaging senior management

As has been described, engaging senior management in the project from all key organisations and obtaining their endorsement of the project proved relatively straightforward. The structures that already existed within Kent and Medway - notably the Under 18s Drug Reference Group (U18DRG) - meant that it was possible for the project to be discussed rapidly and easily by all key players and developed in a way that was consistent with the local strategic plan.

Learning point - *the existence of a multi-agency Drug Reference Group that focuses specifically on the delivery of drug services for under 18s can facilitate joined up working*

at senior management level across the range of agencies and services working with young people who may use drugs.

Youth Crime Reduction Officers

The marked patterning in the practitioner evaluations indicates that YCROs seem, uniquely amongst the practitioners within the evaluation, to be a group who are unlikely to use these tools and - despite having a role that encompasses drug use by young people - may rarely engage with individual young people about their drug use in a way that is as detailed as is required by the DUST tools. Their concern that the tools might elicit questions that they are unable to deal with is noteworthy. Possible explanations might include problems arising from 'role conflict' they may experience between their enforcement and intervention roles or may, more simply, arise from a need for basic training concerning drug use by young people.

Learning point - *locally it seems unlikely that Youth Crime Reduction Officers will currently use the DUST tools within their work. Their responses within the evaluation raise questions about the role and competencies of YCROs; who seem unlikely to engage with young people on a one-to-one level concerning their drug use. The reasons for this are uncertain but warrant further local (and perhaps wider) examination to ensure that the role and any training needs of YCROs and the expectations that may reasonably be made of them are clearly understood.*

Youth Offending Team staff

From the sample of YOT staff who participated in the evaluation the response to the tools was mixed and seems likely to reflect the varied competencies that exist amongst this group of practitioners. Although YOT staff are not necessarily acknowledged as having a specialist role with regards to substance use, young offenders are a 'vulnerable group' for substance misuse problems, which are correspondingly common among them. Some YOT workers will have developed specialised skills in this area, which mean that a tool such as DUST may be of little use to them as a device for informing action, because their assessment skills will already be well-developed and they will commonly be offering interventions concerning substance use rather than referring clients on for other specialist intervention. Conversely some YOT workers seemed to welcome the tools and regard them as helpful. Data on the skills and experience of respondents is unavailable but this may have been particularly among YOT staff whose skills are less developed in this area.

Learning point - *YOT workers may need and use the tools more variably than most other groups of practitioners; according to their skills and experience. Expectations of its use in the field ought to reflect this and should particularly avoid being over-prescriptive about its use among this group of practitioners.*

Training and guidance on the use of the tools

The DUST tools were developed as a simple adjunct to interactions occurring between practitioners and young people concerning substance use, to support practitioners in identifying aspects of the nature and severity of problems in order to understand whether some form of specialised intervention may be required. Among the qualitative comments that were made about the tools, there was a strand of comments about the tools' ability to elicit truthful responses and some indications that they were being viewed as having some independent and intrinsic ability to generate screening or assessment information.

Learning point - *there is a risk that some practitioners may misunderstand the tools as offering some complete and independent solution to the challenge of how to respond when a young person is misusing substances or is at risk of doing so. They can not do this. Guidance on the tools' use should clearly emphasise a) the crucial role of the quality of the relationship between the practitioner and the young person within screening and assessment and, b) the 'process' nature of screening and assessment, which means that although the tools can be completed with reference to what is known at a given time; this may change.*

What next?

Involving young people

An acknowledged limitation of this evaluation has been the failure to engage young people in the general process, to seek their views on screening, to ascertain their priorities and concerns and to understand their perception and preferences regarding the use of the tools within the contexts for which they are intended.

Subsequent work should aim to use opportunities to properly involve young people in any evaluation of the DUST tools. In Kent and Medway, this implies a broader task to generate structures and mechanisms that can effectively involve young people more generally in developments concerning substance use and misuse.

Assessing the value of the DUST tools 'in the field'

This evaluation has, necessarily, been limited to the development phase of the tools and cannot shed light on how the tools are actually received by practitioners in the field or adopted for everyday use. Understanding this will be a priority in further work to evaluate the contribution that such tools can make to screening practice by 'generic' practitioners and the way they can support such practitioners' decision-making.

Further evaluation should assess the extent of adoption of the DUST tools by the various intended end-users, their perceived utility and the quality of the decision-making by practitioners in connection with young people's substance use and misuse.²

References

Clare Sharp, Paul Baker, Chris Goulden, Malcolm Ramsay and Arun Sondhi (2001) Drug misuse declared in 2000: key results from the British Crime Survey. London, Home Office.

Health Advisory Service (1996) Children and young people: substance misuse services (the substance of young needs). London: HMSO.

Hunt, N, Stillwell G, Jolly J, Doherty J (2000) A demonstration project of an integrated, multi-agency approach to the assessment of young people's drug use across Kent and Medway, Report for SCODA/Department of Health, London

Standing Conference on Drug Abuse & Children's Legal Centre (1999) Young People and Drugs: policy guidance for drug interventions. London: Standing Conference on Drug Abuse.

²During the course of the evaluation the project team was contacted by staff from a DPAS-funded project being conducted by Lifeline Projects. The project is entitled Risk and response: identifying useful practice in defining and intervening with high risk groups of young people. This project aims 'To distinguish and disseminate principles of useful practice in identifying and addressing the needs of high risk target groups of young people in relation to reducing the harm of drug use.' Within this project the DUST tools have been identified as candidates for wider dissemination. At the time of writing discussions are taking place concerning ways in which they can be evaluated in the field across services in areas within North West England.

Appendix A DUST evaluation questionnaire for phase 2 DUST - evaluation of a screening tool for young people's drug and alcohol problems

DUST - evaluation of a screening tool for young people's drug and alcohol problems

Please take a couple of minutes to provide us with your impressions of the 'DUST' screening tools. They are intended for use by people who are trying to decide how to respond to substance use by a young person.

My overall impression is that this is something that is:

Very Helpful Helpful Not very helpful Unhelpful

	Strongly disagree	Disagree	Agree	Strongly agree
The appearance and layout of the A4 screening tool and referral form is clear				
Just from reading it I can see how I should use the A4 screening tool and referral form				
The appearance and layout of the credit card-sized form is clear				
It is clear to me how I should use the credit card-sized form				
I already have too many forms to fill in and this will just add to them without helping me				
My decision-making would be helped by using the screening tool				
I would find the tool useful for producing a profile of substance use across all the young people with whom I work				
This will not be helpful to my decision-making as a practitioner				
The scoring system make sense to me				
I am concerned that this will open up questions that I can't deal with				
The suggested actions indicated by the scores seem realistic				
I am worried that proper support will not be available from the young persons' service if I start asking these questions				
The scoring system is confusing				
I would like to be able to enter the results into a simple database to profile my caseload.				
Using this to provide an overview of my caseload would help identify training and/or service development needs.				
I am concerned that this is something else being imposed by managers that will not help me as a practitioner				

Overall, the whole thing:

needs to be made simpler should be more detailed is just about right
(please tick one box only)

I would be most likely to use:

The A4 form The credit card sized form Both Neither
(please tick one box only)

The one thing I most like about the DUST screening tools is...

The one thing I most dislike about the DUST screening tools is...

Please use this space to make any other comments you think would be useful

I agree to help further with the evaluation of the DUST screening tools by completing a further questionnaire or short interview.

Yes No

Please complete these details so that we do not ask you for this information again. They are important to help us understand how different groups of practitioners feel about the tools.

We will only recontact you directly if you tick the yes box above.

Name Date

Employer Job title

Work address

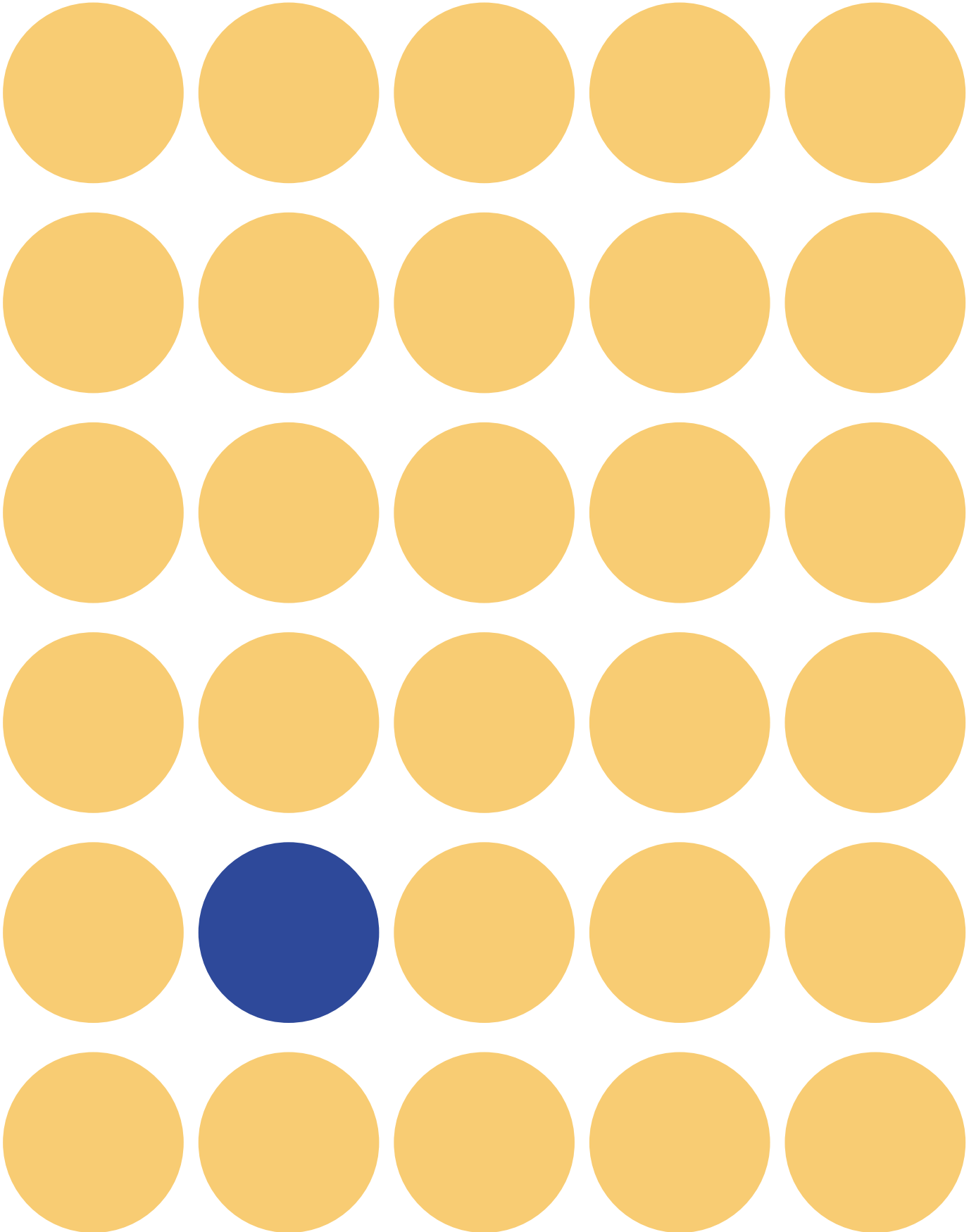
.....

..... Phone number

Many thanks for your assistance

Neil Hunt
 Kent Institute of Medicine and Health Sciences, University of Kent at Canterbury
 Tel: 01227 824090 email: N.Hunt@ukc.ac.uk

Drug Use Screening Tool (DUST)



Although many young people will try drugs 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 use' to 'drug misuse'; whilst some protective factors can reduce these risks. Unless you are a specialist drug 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 but you may need to know how to contact your nearest drugs service for young people (see opposite). This 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 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.

Defining the terms

Drug The term 'drug' is used to refer to any psychotropic substance, including illegal substances, illicit prescription drugs and volatile substances.

Substance Young people's drug use is often linked together with alcohol use. Drugs and alcohol together are collectively termed 'substances'.

Drug use The consumption of a drug by a young person. When the term 'use' is contrasted with 'misuse', 'use' means the consumption of a drug that does not cause any perceptible immediate harm - even though it may carry some risk of harm.

Drug misuse Use of a drug or combination of substances, 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 misuse if they belong to certain groups, 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 misuse problems.

Risk factors Increase the likelihood that drug misuse will occur

Protective Factors

- Positive temperament
- Intellectual ability
- Supportive family environment
- Social support system
- Caring relationship with at least one adult
- In school / employment

Risk Factors

1 Belonging to a 'vulnerable' group

- Young sex workers
- Young offenders
- Looked after children
- Mentally ill
- School non-attenders
- Substance 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 risks from drugs

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

The Under 18's Drug Strategy in Kent

Services are delivered using the Health Advisory Service four tier model;

- 1 Drug Education & Information
- 2 Drug related prevention & targeted education, advice & general counselling services
- 3 Young people's specialist drug services & other specialised services that work with complex needs
- 4 Very specialised and intensive forms of treatment

Within Kent there are six themes to this strategy;

- 1 Providing quality drug education and supporting parents, carers and staff
- 2 Positive local responses to experimental drug use
- 3 Community interventions for vulnerable groups
- 4 Treatment services
- 5 Identifying needs and good practice
- 6 Ensuring best value through a multi-agency approach

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.

© Kent & Medway Drug Action Teams

Drug Use Screening Tool (DUST)



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.

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

- Drug use
- Social situation
- General health

Instructions

- Complete the form by ticking the most appropriate response. If in doubt do **not** tick
- A scoring system is employed for each section.
- Once you have completed each section, add up the points and refer to the scoring table.

Name _____

Address _____

Postcode _____

Date of Birth _____

Male Female

Initials _____

Agency Completing Form _____

Section 1 Substance use

Substance Use - frequency

0	No drug / alcohol use
1	Occasional drug / alcohol use
2	Regular drug / alcohol use

Injecting

0	Not injecting
5	Currently injecting

Drug type

0	No drug use
2	Cannabis / Ecstasy / Amphetamine / LSD / Cocaine Powder / Alcohol
5	Heroin / Methadone other opiates, Crack Cocaine, Glue / Gas / volatile substances or any drug combinations (including illicit drugs with alcohol)

Substance use - intoxication

0	No substance use
1	Substance use without loss of consciousness or aggression
2	Substance use with loss of consciousness or aggression

Contact with drug users

0	No drug using friends
1	Has some friends who use drugs and some who don't
2	All friends use drugs

Family drug / alcohol use

0	No known family drug / alcohol misuse
2	Known drug / alcohol misuse among other close family member(s)

Section 3 General and Psychological health

General Health

5	Pregnant
0	Young person reports no significant health problems
1	Teeth problems
1	Occasional stomach problems
1	Headaches
1	Sleep problems
5	Accidental overdoses
5	Chronic fatigue
5	Severe sleep problems
10	Extreme weight loss
10	Blackouts and / or memory loss

Scoring Table

Section 1 Substance use

Score 0-4	Score 5-6	Score 7+
Consider giving drugs information / advice	Consider seeking advice from young persons drug service (see below).	Refer to young persons drugs service (see below).

Section 2 Social situation / behaviour

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

Score 0-1	Score 2-5	Score 6+
Low risk	Medium risk	High risk

Section 3 General and Psychological health

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

Score 0-4	Score 5-9	Score 10+
Low risk	Medium risk	High risk

Where to access confidential help and further information

EAST KENT	01227 454740	WEST KENT	01634 827951
Ashford, Canterbury, Dover, Shepway, Thanet		Dartford, Gravesham, Maidstone, Medway, Sevenoaks, Swale, Tonbridge and Malling, Tunbridge Wells	

Score **Section 1:** _____

Score **Section 2:** _____

Score **Section 3:** _____

Section 2 Social situation / behaviour

Living Situation

0	No problems with accommodation
1	Problems with accommodation
2	Homeless

Social support system

0	Has supportive relationships with more than one adult
1	Has supportive relationship with one adult
2	Has no supportive relationships with adults

Occupation

0	In full time education / employment
1	Truanting from school / drug or alcohol related absences from work
2	Excluded / unemployed

Criminal involvement

0	No criminal involvement
1	Minor criminal involvement (e.g. shoplifting / vandalism)
2	Involved in Criminal Justice System or committing more serious crimes

Sexual behaviour

0	Age appropriate safe sexual behaviour
2	Inappropriate / unsafe sexual behaviour
5	Commercial sex or abusive sexual relations

Psychological Health

0	No 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	Paranoia
10	Hallucinations

Young Persons Service Referral Form

West Kent

Dartford, Gravesham, Maidstone, Medway, Sevenoaks, Swale, Tonbridge and Malling, Tunbridge Wells

Please return to:

Young Persons Service (Referrals), 17-19 New Road, Chatham, Kent. ME4 4QJ
Tel: 01634 827951 Fax: 01634 819870

East Kent

Ashford, Canterbury, Dover, Shepway, Thanet

Please return to:

KCA Canterbury, 41 Wincheap, Canterbury, Kent. CT1 3RX
Tel: 01227 454740 Fax: 01227 786710

This form is for a referral for assessment. The Young Persons' service will use this information to help decide and advise what is the appropriate action. This may result in the young person being offered some form of intervention/treatment or further advice and guidance being offered to the referrer. All completed DUST forms sent to Drug and Alcohol Services will comply with their confidentiality policies. (Exceptions to confidentiality follow Child Protection procedures).

Section 1: Referrer	
Date of referral	
Referrer's name	
Referrer's Agency	
Address	
Contact Number	

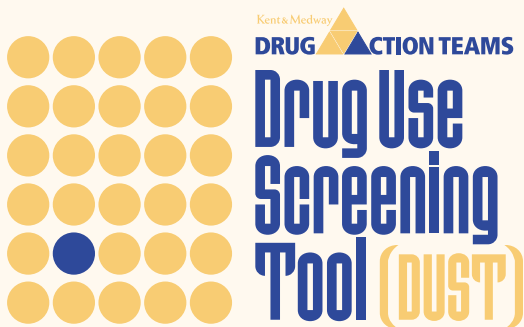
Section 2: Young Person	
Has the young person been informed of the referral for assessment?	Yes No <i>Delete non-applicable</i>
Does the young person consent to seeing the Young Persons' Service if an appointment is offered?	Yes No <i>Delete non-applicable</i>
Name & Address of young person Incl. Postcode	
Contact Number	
Date of Birth	
Have the young person's parents/carers been informed of the referral for assessment?	Yes No <i>Delete non-applicable</i>
Does a parent/carer consent to the young person seeing the Young Persons' Service if an appointment is offered?	Yes No <i>Delete non-applicable</i>
Name & Contact number of parent/guardian	
Young Persons Expectations	

Section 3: Other Agencies involved		
Name	Agency	Address & Contact Number
	GP	
Child protection concerns		
	Yes No	<i>Delete non-applicable</i>

Section 4: Reasons for referral
Please add any additional background information that may be relevant to the assessment

Official use only:
Date
Receiver
File

This convenient credit card size version was produced which folded into six pages. The actual size was 330 x 85 mm, but due to space it is reproduced here at 87% full size.



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 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.

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

- Drug use
- Social situation
- General health

Instructions

- Complete the form by ticking the most appropriate response. If in doubt do **not** tick
- A scoring system is employed for each section.
- Once you have completed each section, add up the points and refer to the scoring table.

Scoring Table

Section 1		
Score 0-4	Score 5-6	Score 7+
Consider giving drugs information/advice	Consider seeking advice from young persons drug service (see below).	Refer to young persons drugs service (see below).
Section 2 A high score means that a young person is vulnerable to developing substance misuse problems and should increase your level of concern.		
Score 0-1	Score 2-5	Score 6+
Low risk	Medium risk	High risk
Section 3 A high score means that a young person is vulnerable to developing substance misuse problems and should increase your level of concern.		
Score 0-4	Score 5-9	Score 10+
Low risk	Medium risk	High risk

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Ashford, Canterbury, Dover, Shepway, Thanet	
WEST KENT	01634 827951
Dartford, Gravesham, Maidstone, Medway, Sevenoaks, Swale, Tonbridge and Malling, Tunbridge Wells	

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Useful Telephone numbers

National Drugs Helpline 0800 77 66 00 Free • confidential • 24 hours a day	Release 0207 729 9904 National, Legal Drug Service Mon - Fri • 10 am - 6 pm
ADFAM National 0207 928 8900 The UK Charity for Families and Friends of Drug Users Mon - Fri • 10 am - 5 pm Tue • 10 am - 7 pm	Parents Against Drug Abuse 0345 023 867 Free • confidential • 24 hours a day

Kent Initiative on Drugs: www.drugsuk.org
Information for young people

Drug Use Screening Tool (DUST)

Section 1 Substance use

Substance Use - frequency	
0	No drug / alcohol use
1	Occasional drug / alcohol use
2	Regular drug / alcohol use

Injecting	
0	Not injecting
5	Currently injecting

Drug Type	
0	No drug use
2	Cannabis, Ecstasy, Amphetamine, LSD, Cocaine powder / Alcohol
5	Heroin / Methadone other opiates, Crack Cocaine, Glue / Gas / volatile substances or any drug combinations (including illicit drugs with alcohol)

Substance use - intoxication	
0	No substance use
1	Substance use without loss of consciousness, or aggression
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Contact with drug users	
0	No drug using friends
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Family drug / alcohol use	
0	No known family drug / alcohol misuse
2	Known drug / alcohol misuse among other close family member(s)

Section 2 Social situation / behaviour

Living Situation	
0	No problems with accommodation
1	Problems with accommodation
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Social support system	
0	Has supportive relationships with more than one adult
1	Has supportive relationship with one adult
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Occupation	
0	In full time education / employment
1	Truancy from school / drug or alcohol related absences from work
2	Excluded / unemployed

Criminal involvement	
0	No criminal involvement
1	Minor criminal involvement (e.g. shoplifting, vandalism)
2	Involved in Criminal Justice System or committing more serious crimes

Sexual behaviour	
0	Age appropriate safe sexual behaviour
2	Inappropriate / unsafe sexual behaviour
5	Commercial sex or abusive sexual relations

Section 3 General and Psychological Health

General Health	
5	Pregnant

0	Young person reports no significant health problems
1	Teeth problems
1	Occasional stomach problems
1	Headaches
1	Sleep problems
5	Accidental overdoses
5	Chronic fatigue
5	Severe sleep problems
10	Extreme weight loss
10	Blackouts and / or memory loss

Psychological Health	
0	No 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	Paranoia
10	Hallucinations

What people liked about it

- its simplicity
- that as a project working with and empowering yp to use peer education it can be used to find out education needs as well as the need for specialist treatment for young people
- Contact tel no's linked to - much clearer idea of who to contact. Info on front cover is useful too
- Its clarity
- Protective and risk factors. Description of U18 strategy gives me an idea of what services the client can expect
- Credit card sized form very applicable for detached youth work
- Simple layout and jargon free
- Helps to focus on relevant issues for good assessment
- Clarity. Useful breakdown of areas. Like the coring
- ease of use - simplicity
- Risk factors presented in clear section
- It enables the professional to define the severity of the problem
- That it gives a benchmark of when to refer or seek advice
- Very useful instant assessment enabling myself an informed view of whether I should refer
- It gives an overview of where each YP is with regard to their drug/alcohol use. It would be useful to use this form for all the YP I work with in order to evidence any trends within the group of YP I work with
- It would be useful for us as professionals to use a guideline when considering YP's drug use and attitudes
- Should give an idea whether a YP has a problem whether they admit it or not
- It finally gives me something to work with
- It allows for open conversation with young people about their drug use but can also inhibit YP from being truthful
- Give guidance for referral or future work
- increases objectivity of assessment
- clear flow/process to complete
- Well designed and clear form & similar credit card form (nice idea)
- The credit card form but this does not have referral details
- The fact that it intended for usage by all agencies
- Helps people document concerns for young people. Likely to encourage referrals to YP drug service
- It is well presented and appears easy to use
- As a YP drug and alcohol worker this referral form would be useful if I received it
- It is relatively simple and straight forward - possible too simple
- I don't
- colourful
- -
- It could be useful for the right job
- The credit card sized form is a good practical idea
- none
- Its intent
- Credit card slip for reference i.e. section 3
- -
- It is a tool to explore drug habits attitudes etc and this is helpful to learn about young people
- -
- -
- Credit card style is useful and small to carry around as a guide
- Gives pointers for my benefit to keep in mind (the credit card slip)
- not for police
- useful to identify yp's level of involvement with drugs
- ease of reading/completion
- Quick and simple to complete
- Presentation
- Enables pertinent questions to explore. A good support and guide to work with young people. Design of front good.
- simple and straightforward in its application
- Sec 1
- ease of use - simplicity
- Focus practitioner on areas that need to be discussed with YP
- The clients with the more serious drug problem can be more easily identified
- easy to understand
- useable
- simple to complete - not too long. Thank you!
- -
- -
- -
- Questions are clear. Clear guide of what to do and what to do with the information
- It is clear
- Straight forward checklist to work through
- -
- appears to be a useful screening tool
- Allays anxieties for practitioners as all are using similar model
- it is proactive and asks the right questions
- -
- A range of factors are taken into account i.e. a holistic approach
- the simplicity of it
- It will help identify where a young person is going wrong so that they can be re-directed
- its simplicity
- It is a good way of identifying the level of drug use so that appropriate referrals can be made (if scoring done better)
- sections 1,2,+3 provide a structure for screening that would assist generic workers
- -
- The scoring informs you when specialist referral advice must be actively sought
- For non-drug specialists it would be useful because it is very clear, easy to use and succinct
- It treats the young person as a whole person looking at aspects of their wellbeing as well as drug use

What people disliked about it

- that by finding out a yp needs to be referred to a specialist service, the availability is not there for treatment help and advice
- -
- Not sure
- -
- -
- n/a
- rather small size of the print
- -
- orange - so bright - obvious if others are around what it is (detached youth worker)
- colour/small font
- Some of the questions are not defined e.g.???/reg use or age appropriate behaviour
- Highlighting drug use using this tool I feel would be effective but this will increase referrals and may lead to the need for prioritising or waiting list through lack of workers
- It groups several items together that are quite different (unprotected sex/selling sex. This could shade the score and affect view of client and treatment
- You would have to adjust to the situation of the YP before attempting to complete this form with the YP. This could hinder a YP from receiving support
- Some concern that inexperienced staff may not be confident/able to obtain/use relevant info
- Without client's consent it will be hard to judge another's level of addiction e.g. for regular use or occasional hard to differentiate and how would the 'judge' know how regular/occasional they use alcohol/drugs
- DUST may mean referrals - will the service be able to cope (especially with advice consultations) ?
- Purely from SSD point, there are more factors associated with yp other than just drug use and assessing the yp needs. Needs to be holistic and family factors/environment/dysfunction needs to be taken into consideration
- Part-time youth workers will have difficulty completing these form along with all new form being produced by KCC
- another assessment form to be completed
- it isn't obvious who the target is: teachers, parents, others working with young people?
- Scoring is over simplified. No account taken for lying. Actions are triggered by too low thresholds
- Under section 1, I as a professional person need to refer to a specialist drug service?
- -
- Would not think it appropriate to complete form with yp. Bit too formal - complete later by worker after gathering information
- The weighting for certain sections would mean that referrals to specialist drug workers would apply to a vast proportion of young people. Section 1 would be problematic
- I'm unsure that the scoring is accurate. E.g. in section 1 a score of 5 may result (broken down on SCQ) Yet the YP may not necessarily need to be referred to a specialist worker. Info and advice on drugs/alc may be more appropriate
- It misses the multi-agency holistic approach. Not clear what the YP service's concern about the confidentiality
- Blue and orange print v difficult to read. It duplicates other forms so is unnecessary
- not the type of form appropriate for a police officer to ask
- -
- -
- The scoring system used for 'drug type' (section 1) which endorses and probably extends the myth of 'soft' and 'hard' drugs
- I would not use this
- Too service led. Confidentiality issues.
- The issues on form being addressed i.e. sexual behaviour
- Where is this going to lead?
- This is a research tool that has very limited application for a police officer
- Direct questioning regarding sexual activity. Is it necessary for drug involvement?
- This I have reservations about due to the nature of my job(disclosure etc) Major issues
- if there are several young people who score high can the treatment provider cope with this
- asking questions that if opened up I may not be in a position to deal and if offences are disclosed.
- the scoring - who decides on the answers - the yp or use. Why is ecstasy considered less serious than heroin gas et. Police are not trained as assessors
- layout - type face too small and too much on page
- advice detail too impersonal - may not attract use by those scoring 'seek advice'
- -
- -
- The main referring agency for young people at risk should be social services and education. A concern over the usage of section 2 and this form being used for wrong reasons, and action not being immediate but going to DAT first
- the front cover - very 60s retro
- -
- Too simplistic
- Identifying yp who then require referral - or perhaps are in a 'grey area' i.e. recreational users
- Some clients who have drug problems with their minimal drug use could be disregarded
- -
- scoring 5 for pregnancy is an immediate referral to a drug service- not clear why
- Perhaps needs boxes to scoring system to give clearer picture and help with adding up score
- -
- -
- -
- Quite a lot of text on inside cover of A4 which could be off-putting. Maybe harder to fill out credit card model without a little more info
- Scoring is not appropriate
- No space for other. OK to have checklist but need space to record 'other' as a way of seeing how drug misuse is evolving
- -

- does not make clear this is not an assessment
- -
- unsure as has not been used with children therefore not tested
- -
- Scores can quickly arrive at 5+ and I feel that referral to specialist drug service may be inappropriate + that advice may be the necessary tool in some cases
- the colour scheme
- it's more paperwork but if it is going to help them, so be it
- -
- I could not locate the 'instructions' and it took time finding it. Maybe these could be made more obvious
- there is a lot of text
- -
- -
- The minor repetition of having to write agency name in two places and client details i.e. name, address and tel no - it all adds up timewise
- The scoring. The middle score 3-4 seek advice from specialist drug service. there may be gaps in service provision and therefore unable to do this around the county - not sure about the colours blue/orange

Other comments

- -
- it is difficult to know if the yp is being completely truthful in filling in this form, particularly if seated with and adult. Additional comment from manager Jill Wiles - We felt alcohol could be included more but worry about lack of resources to deal with
- -
- -
- Although this would be a lot of extra paperwork I would find it useful while doing core assessment. Useful for risk asses, to add to client files for overview of drug use some of the living situation social support systems may be difficult to assess. A 'don't know' box
- -
- Section 1 - drug type - alcohol on own not mentioned. Boxes - need for don't know box otherwise leave blank or guess
- Maybe Tunbridge Wells should be mentioned on the referral form as part of West Kent
- Terms will be defined differently by different professions - may therefore need training to use these forms correctly
- Consultation service would be useful
- The referral form could be different as we have a quite strict confidentiality policy i.e. no consent to referral = no referral. Also what about anonymous clients i.e. phone referrals from SS, YOT, solicitors
- -
- -
- I'm not too sure whether scores will be realistic, yet some sort of profile could be made from this, To give info to someone who doesn't give consent they may not think they have a problem and won't listen to advice - What could be done here?
- 90% of my clients would probably be low priority. But I would still welcome advice and help working with them!
- availability of staff to discuss YP with
- The reality is that practitioners have forms coming out of their ears at present. This will be seen as another form no matter how important it is. This form is of little use if a client is unwilling to participate. This leaves us making a value judgement.
- some guidance re occasional/regular use. Some space for additional relevant info
- I think this tool is admirable, but guess that children misusing drugs are those least likely to cooperate with completing. Therefore those using it would need to be very careful about presentation - not about getting children in trouble etc.
- Seems like a form for the sake of admin. Not detailed enough for the range of individuals I meet. Scoring system is weakest point/ This should be seen as part of assessment tools. This takes no account of tendency of users to lie well about their use and
- Section 1 suggests referral too readily. Duplication of name and address, agency completing form and DOB on referral form. Does client require a GP to be referred?
- -
- Possibly useful for non-specialist worker. Handy to help clarify thoughts, may decrease anxiety for some staff. Does not indicate YP motivations or perceptions of problems. Would be helpful for treatment agencies.
- A large proportion of the YP I work with would score 5+. An automatic referral would not seem feasible or appropriate see section 1. Is a referral to a specialist drug service merely a processing exercise? The voluntary services involved will only deal with
- All the main points & areas of concern are covered in this. However, I think the scoring needs to be made more accurate
- Does need clarity about confidentiality and what the response will be to a referral. Clarify the mental health and illness statements. Has this been sent to school health services?
- EK and WK service contacts - what are these places? Who will I be contacting? What can they offer? Who are they staffed by?
- questions on this form are already asked on the YJB asset form
- -
- -
- As a police officer it would not be of any real use to me - I am not in a position to assess people's drug misuse
- drug type' grouping unacceptable. I am not an assessor. There is already an excellent referral programme to KCA in my area
- -
- Seems too easy to reach 5 on scoring
- Scoring levels
- -
- I feel this is not a form for police use and would be uncomfortable dealing with
- -
- very useful - only drawback that immediately struck me is that young people in certain situations might be pigeon holed
- -
- -

- -
- Look at the scoring system for both YP and professions and provider services. A statement & contact emergency coordination. Issue of tick boxes being ticked, sent off and no follow up. Statement of 'maybe'. This does not seem to be a safety mechanism
- Needs more time to evaluate
- concern regarding resources referral waiting lists not enough yp drug counsellors
- The information collected is only as accurate as the information provided by/collected from the client. The client may not be able to be accurate. The client may not want to engage with a professional they do not know and may not want to reveal their drug use
- Are/will the appropriate agencies be able to cope with potential demand identified. Other agencies involved section - will this give the permission then to liaise with other agencies about individuals?
- this will be a good aid if it could be incorporated or replace existing paperwork to avoid duplication
- would help is age range was clear on the form
- Includes alcohol, which is justified, but it does not then follow through on this as a theme in all the questions - so if alcohol misuse was the main issue this would not serve that process
- Make contact phone numbers stand out more. Give a wider selection of contact points?
- I will take this back to the YOT team for comments as we have had very little time in the session to look and comment
- Maybe an explanation of the procedure from deciding to use this form to referral and beyond to encourage its use as a positive exercise
- I feel the scores and outcomes are not appropriate. I feel that on this system I would be referring a great deal of YP to specialist services which would be stigmatising
- -
- -
- -
- -
- I am not sure how honest pupils would be to these questions in an education setting. If drug use/misuse was an issue for a pupil would they be willing to admit it? Can this be used with the pupil?
- -
- Young people often experience stomach problems, headaches and sleep problems which may be misread in terms of the scores. Repetition of scoring information. It is the same for each section and is unnecessary detail
- its good to try new things, let's hope that this works
- The scoring system may need improving; a person who occasionally (once a month) smokes cannabis (with friends of similar habit) scores 5. Although this indicates referral to specialist service no immediate action and information is more suitable.
- given that I manage a specialist service I am not really the target audience for DUST hence the above rating
- The tool would probably be most useful to non-drug specialist workers who are not already assessing these factors+ /or do not have specialist drug knowledge. Our written assessment covers all these areas and it would therefore be repetition

