

# Brief Alcohol and Drugs Screening Tools 2 (B.A.D.S.T. 2)



# screening tools



Each part of the BADST-2 is in itself a brief intervention, you are not completing this tool because it is a requirement, the tool is to be used when something has given you cause for concern in one of the three areas. (Alcohol, Drugs or Gambling). The tool is provided to enable you to structure a discussion around a difficult subject, find out more, and provide appropriate levels of reinforcement, advice or support, including brief interventions or referral to medical providers or specialist services. You will need the person's consent for each individual set of questions, you will also need consent to share the results as part of any referrals that follow.

## Contents

**page 1:** BADST-2 combines three short screening tools on one page, these are:

- ❖ AUDIT-C 3 questions that screen for alcohol related issues.
- ❖ DUDIT 3 questions which screen for drug use related issues.
- ❖ PGSI mini-screen 3 questions that screen for gambling related issues.

**page 2:** Instructions on how to score each section and what to do according to the score.

- **If the brief screening on page 1 does not make you aware of any issues, then you do not need to go any further – that's your screening done**
- If it does highlight any issues, then follow the guidance on page 2
- The following pages provide more detailed screening and assessment tools to use if suggested by a score on page one

**page 3:** AUDIT-C short version, a quick reference guide to units of alcohol, scoring guide and instructions on actions to take.

**page 5:** The Drug Use Screening Tool (DUST), identifies substances used, twelve screening questions, scoring guide and instructions on actions to take.

**page 9:** Problem Gambling Severity Index (PGSI) screening tools, scoring guide and instructions on actions to take.

**page 11:** Tools for Change, Building Motivation and Setting SMART Goals

**Appendix 1:** DECCA referral form

## Printing Guide

The most eco-friendly way to use this tool is on a touch screen device with a stylus pen, however the most user-friendly way will be with a pen on paper; so when printing paper versions to use, please consider what you are concerned about and **only print pages that you may use**.

- In each section of this tool, only certain pages need to be printed, the other pages are for instruction only. Therefore:
  - p1 – CRAST
  - p3 – AUDIT
  - p6-8 – DUST
  - p10 – PGSI
- are the only pages you may need to print in the tool, they do not need to be printed in colour, **please print in B&W and only print what you need**.

The referral form for DECCA is included as **appendix 1**, only print if needed.

Name: ..... Worker: ..... Date: \_\_\_/\_\_\_/\_\_\_

Ask the screening questions only if you have concerns in that area, then refer to page 2.

**AUDIT: Alcohol use in the past 6 months**

1. How often do you have a drink containing alcohol?

Never	Monthly or less	Weekly	2-3 times a week	Daily
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

2. How many units of alcohol do you drink typically when you are drinking?

1-2	3-4	5-6	7-9	10+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

3. Have you had 6 or more units ( f ), or 8 or more ( m ), on a single occasion?

Never	Occasionally	Monthly	Weekly	Daily
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

AUDIT Score: **DUDIT: Problem drug use in the past 6 months**

1. How often are you heavily under the influence of drugs?

Never 0   Occasionally 1   Monthly 2   Weekly 3   Daily 4

2. How often have you felt that you needed drugs to feel well or better?

Never 0   Occasionally 1   Monthly 2   Weekly 3   Daily 4

3. Have you not done something you should have done because of using drugs?

Never 0   Occasionally 1   Monthly 2   Weekly 3   Daily 4DUDIT Score: **PGSI: Gambling in the last 12 months**

never = zero; sometimes = one; most of the time = two; almost always = three

1. Have you bet more than you could really afford to lose?

2. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

3. Have you felt guilty about the way you gamble or what happens when you gamble?

PGSI Score:



The BADST-2 is three screening tool for alcohol use, problem drug use and gambling in the past six to twelve months.

## AUDIT: Alcohol Use in the past 6 months

*The Alcohol Use Disorders Identification Tool (AUDIT) was developed by the World Health Organisation (WHO) and has been used in a variety of health and social care settings.*

A score of **less than 5** indicates lower risk drinking, an opportunity to raise awareness and give positive reinforcement. **Scores of 5+** require further assessment with full AUDIT for Alcohol (p3). This is also available as an online test [WHO/ Europe | Alcohol use - Take the AUDIT test now](https://www.who.int/euro�/Alcohol_use_-_Take_the_AUDIT_test_now)

## DUDIT: Problem drug use in the past 6 months

*The 3 screening questions are adapted from The Drug Use Disorders Identification Test (DUDIT) manual. Bergman, A.H., et al. 2003,*

A score of **less than 5** indicates lower risk drug use, an opportunity to give brief harm reduction advice and positive reinforcement. **Scores of 5+** require further assessment with the full DUST for substance use (p9).

## PGSI : Gambling in the last 12 months

- 0 Non-problem gambler - Gamblers who gamble with no negative consequences
- 1 Low-risk gambler - Gamblers who experience a low level of problems with few or no identified negative consequences
- 2-3 Moderate-risk - Gamblers who experience a moderate level of problems leading to some negative consequences
- 4+ Problem gambler - Gambling with negative consequences and a possible loss of control

Download information leaflets at: <https://www.ourguideto.co.uk/decca-big-guide-to>

**DECCA Awareness Club:** [www.ourguideto.co.uk/decca-awareness-club/](https://www.ourguideto.co.uk/decca-awareness-club/)



# Alcohol Use Disorders Screening Tool (AUDIT)



Name: ..... Worker: ..... Date: \_\_\_/\_\_\_/\_\_\_

The Alcohol Use Disorders Identification Tool (AUDIT) was developed by the World Health Organisation (WHO) and modified for use in the UK and has been used in a variety of health and social care settings. [Alcohol use screening tests - GOV.UK \(www.gov.uk\)](https://www.gov.uk/alcohol-use-screening-tests)

AUDIT-C Questions	Scoring					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					<b>Total score:</b>	

A score of **less than 5** indicates lower risk drinking (see overleaf).

**Scores of 5+** require the following 7 questions to be completed:

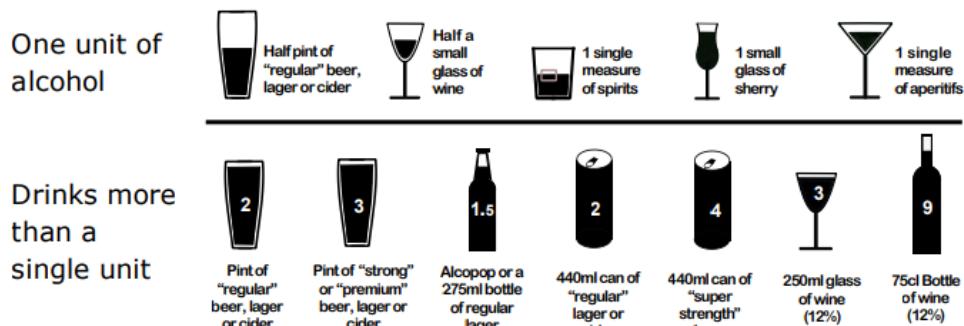
For AUDIT translations in 40 languages:

[AUDIT translations \(auditscreen.org\)](https://www.auditscreen.org)

AUDIT Questions	Scoring					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, in the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, in the last year	
					<b>Total score:</b>	

**SCORING:** ADD the 2 scores together to identify necessary action

**AUDIT C** \_\_\_ + **AUDIT** \_\_\_ = \_\_\_



<https://alcoholchange.org.uk/alcohol-facts/interactive-tools/check-your-drinking/alcohol-units>

## AUDIT score intervention guide

AUDIT Score	Risk Category	Desired Action
0-4	Lower Risk	Positive reinforcement of low risk drinking guidelines
5-9	Increasing Risk	Brief intervention, reinforce low risk guidelines and explore strategies for cutting down
10-14	Higher Risk	Extended Brief Intervention and / or referring to local services for Brief Treatment.
15+	High Risk and Possible Dependence	Refer to specialist treatment services, if refused give safer drinking tips & use brief motivational interventions to promote treatment.

**0-4 Simple Brief Advice:** An opportunity to educate people about low risk drinking levels and the risks of excessive alcohol use. **NB: It is never safe to drink alcohol at all during pregnancy.**

**5-9 Brief Intervention to Reduce Use:** Person-centered discussion that uses motivational enhancement concepts to raise an individual's awareness of their substance use and enhance their motivation to change behaviour. Brief interventions are typically 5-15 minutes and should occur in the same session as the initial screening. Repeated sessions are more effective than a one-time intervention. The recommended behaviour change is to cut back to low risk drinking levels unless there are other medical reasons to abstain (liver damage, pregnancy, medication, etc.).

**10-14 Brief Intervention to Reduce or Abstain (Brief Treatment if available) & Follow-up:** People with numerous or serious negative consequences from their alcohol use, or people who likely have an alcohol use disorder who cannot or are not interested in obtaining specialised treatment, should receive more numerous and intensive Brief Interventions with follow up. The recommended behaviour change is to cut back to low risk drinking levels or abstain from use. Brief treatment is 1 to 5 sessions, each 15-60 minutes. Refer for brief treatment if available (see below), if brief treatment is not available, secure follow-up in 2-4 weeks.

**15+ Brief Intervention to Accept Referral:** The focus of the brief intervention is to enhance motivation for the person to accept a referral into treatment. If accepted, the provider should use a proactive process to facilitate access to specialty substance use disorder treatment for assessment and, if warranted, treatment. The aim is for the person to reduce use and accept the referral.

**Refer to DECCA in Sandwell (appendix 1)** who offer brief treatment, groupwork, and one-to-one support to reduce drinking, as well as interventions to manage health problems caused by drinking.

There are now free apps that some people may find useful for monitoring their alcohol consumption such as: [Drink Free Days](#) and [Dry January](#)

**ALTHOUGH** many young people will try drugs and 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 'drug & alcohol use' to 'drug & alcohol 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 drugs & alcohol service for young people (see opposite page). 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 / alcohol use.**

- It is not a comprehensive drug/alcohol use assessment.
- It will indicate when specialist advice should be sought.
- It will help identify risk factors.

## Defining the terms

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

**Drug/ alcohol misuse** Use of a drug / alcohol or combination of drugs and alcohol, 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 / alcohol misuse if they belong to certain groups 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 drug / alcohol misuse problems.

**Risk factors** Increase the likelihood that drug / alcohol misuse will occur.

Protective Factors	Risk Factors						
<ul style="list-style-type: none"> <li>● Positive temperament</li> <li>● Intellectual ability</li> <li>● Supportive family environment</li> <li>● Social support system</li> <li>● Caring relationship with at least one adult</li> <li>● In education / employment / training</li> </ul>	<table border="0"> <tr> <td><b>Belonging to a 'vulnerable' group</b></td> <td><b>Social &amp; Cultural Factors</b></td> <td><b>Interpersonal &amp; Individual Risk Factors</b></td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>● Young sex workers</li> <li>● Young offenders</li> <li>● Looked after children</li> <li>● Mental health problems</li> <li>● School non-attenders</li> <li>● Drug / alcohol misuse by parents</li> <li>● Abuse within the family</li> <li>● Homeless</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>● High levels of neighbourhood crime</li> <li>● High levels of poverty &amp; decay</li> <li>● Easy drug availability</li> <li>● Areas where there is widespread social acceptance of drug use</li> <li>● Lack of perception of the risks from drugs / alcohol</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>● Physiological &amp; psychological factors</li> <li>● Family dysfunction</li> <li>● Behavioural difficulties</li> <li>● Academic problems</li> <li>● Association with peers who use drugs / alcohol</li> <li>● Early onset of drug or alcohol use.</li> </ul> </td> </tr> </table>	<b>Belonging to a 'vulnerable' group</b>	<b>Social &amp; Cultural Factors</b>	<b>Interpersonal &amp; Individual Risk Factors</b>	<ul style="list-style-type: none"> <li>● Young sex workers</li> <li>● Young offenders</li> <li>● Looked after children</li> <li>● Mental health problems</li> <li>● School non-attenders</li> <li>● Drug / alcohol misuse by parents</li> <li>● Abuse within the family</li> <li>● Homeless</li> </ul>	<ul style="list-style-type: none"> <li>● High levels of neighbourhood crime</li> <li>● High levels of poverty &amp; decay</li> <li>● Easy drug availability</li> <li>● Areas where there is widespread social acceptance of drug use</li> <li>● Lack of perception of the risks from drugs / alcohol</li> </ul>	<ul style="list-style-type: none"> <li>● Physiological &amp; psychological factors</li> <li>● Family dysfunction</li> <li>● Behavioural difficulties</li> <li>● Academic problems</li> <li>● Association with peers who use drugs / alcohol</li> <li>● Early onset of drug or alcohol use.</li> </ul>
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This form is a screening tool to indicate whether an assessment by a specialist service is needed. The Young Persons' Drug and Alcohol 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 DECCA will be treated in accordance with their confidentiality policies - a copy of which is available on request. (Exceptions to confidentiality include following Safeguarding procedures).

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

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

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

- Drug and alcohol 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.

**Please do not include past use in your scores.**

- Once you have completed each section, refer to the scoring table.
- If the young person does not meet the threshold for referral but you still have concerns, please contact DECCA for advice and information.

## DUST Section 1: Drug and Alcohol Use

Drug Type	SCORE	USED IN LAST 3 MONTHS	PAST USE
Alcohol (booze)	2		
Amphetamine (speed, base, whiz, billy)	3		
Cannabis (marijuana, weed, skunk, dabs, shatter, oil)	2		
Cocaine (coke, charlie)	4		
Crack (rock, white)	7		
Ecstasy / MDMA / 2CB (pills, mandy)	4		
GHB	4		
Heroin (smack, scag, gear)	7		
IPED's (image and performance enhancing drugs) steroids, slimming tablets, tanning drugs	2		
Ketamine (ket, K, special-k)	4		
LSD (acid, trips, tabs)	4		
Magic Mushrooms (shrooms, mushies, caps)	4		
Nitrous Oxide (laughing gas)	2		
Novel Psycho-active Substances, NSP's (spice, M-cat, mamba)	4		
Psychoactive Compounds (salvia, DMT, ayahuasca)	3		
Solvents / Gas / Aerosols (glue, thinners, nail polish)	7		
Tobacco (cigarettes, baccie, fags)	1		
Other(s) please list (include misuse of over the counter or prescribed drugs). Score 2 each:	2		

### Drug/ Alcohol Use - Frequency

Occasionally using drugs / alcohol	1		
Regular drug/ alcohol use	2		

### Injecting

Not injecting	0		
Currently / recently injecting	5		

### Drug/ Alcohol Use - Intoxication

Drug / Alcohol use without loss of consciousness or aggression	0		
Drug / Alcohol use with loss of consciousness or aggression	5		

### Contact with Other Drug/ Alcohol users

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

Total section 1 score:

Section 1	0-4	5-6	7+
Drug / Alcohol Use	Give brief drug and alcohol information & advice (IBA)	Refer to DECCA Young People's Substance Misuse Service for more detailed drug and alcohol information & advice (EIBA)	Refer to DECCA Young People's Substance Misuse Service for further assessment and specialist drug and alcohol support.

## DUST Section 2: Social Situation / Behaviour

### Family Drug / Alcohol Use

No known family drug / alcohol misuse	0	
Known parental or close family member drug / alcohol misuse carer(s).	2	
Significantly affected by someone else's drug / alcohol misuse	5	

### Living Situation

No problems with accommodation	0	
Problems with accommodation, insecure or inadequate housing	1	
Looked after by Local Authority	2	
Homeless	6	

### Adult Support

Has supportive relationships with more than one adult	0	
Has supportive relationship with one adult	1	
Has no supportive relationship with adults	2	
Problematic Relationships (e.g. domestic violence at home)	2	

### Education, Employment and Training

In education / employment / training	0	
Truanting from school / risk of school exclusion / drug/alcohol related absences from school or work	1	
School excluded / unemployed	2	

### Criminal Involvement

No criminal involvement	0	
At risk of involvement in the Criminal Justice System	1	
Involved in Criminal Justice System or committing more serious crimes	2	

### Sexual Behaviour

Age appropriate / safe sexual behaviour	0	
Inappropriate behaviour / unsafe sexual behaviour	2	
Child Sexual Exploitation / child abuse/ abusive sexual relations	6	

### Financial

No problems with debt	0	
Drug related debt	6	

Total section 2 score

Section2 Social Situation / Behaviour	0-1 - Low	2-5 Medium	6+ High
	Low risk	Provide brief drug and alcohol information & advice and seek further guidance / support from DECCA.	Refer to DECCA for more detailed drug and alcohol information & advice. Consider a referral to Sandwell Children's Trust.
Section3 General & Psychological Health	0-4 Low	5-9 Medium	10+ High
	Low risk	Provide brief drug and alcohol information & advice and seek further guidance / support from DECCA.	Refer to DECCA for more detailed drug and alcohol information & advice. Consider a referral to G.P. or CAMHS.

DUST Section 3:  
 General and Psychological Health

**General Health**

No significant health problems reported	0	
Teeth problems	1	
Stomach problems	1	
Regular headaches	1	
Difficulty sleeping	1	
Chronic fatigue	5	
Severe sleep problems	5	
Self-neglect	5	
Extreme weight loss	10	
Blackouts and / or memory loss	10	
Pregnant	10	
Fitting	10	
Accidental / planned overdose	10	

**Psychological Health**

No significant psychological problems	0	
Low self-esteem	1	
Mild anxiety	1	
Shyness	1	
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	5	
Suicide attempts	10	
Severe paranoia	10	
Hallucinations (when not under the influence of substances)	10	

Total section 3 score

**Young Person's Details**

Name:		Age:	
Mobile #:		Sex:	

**Worker's Details**

Name:		Position:	
Mobile #:		Organisation:	

**Next Steps:**

- No Action
- Repeat & Review in \_\_ months
- Brief Intervention & Awareness
- Referral to DECCA
- Safeguarding

Y.P. signature: ....

Date: .... / .... / ....

Worker's signature: ....

## The short-form Problem Gambling Severity Index

Name: ..... Worker: ..... Date: \_\_/\_\_/\_\_

This instrument is formed of three questions from the PGSI, which are scored on a 4-point scale from never to almost always. It is asked to all participants of a survey who have gambled at least once in the last 12 months.

### PGSI: In the last 12 months...

**never** = zero; **sometimes** = one; **most of the time** = two; **almost always** = three

1. Have you bet more than you could really afford to lose?
2. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
3. Have you felt guilty about the way you gamble or what happens when you gamble?

PGSI Score:

### Scoring instructions

- 0 Non-problem gambler - Gamblers who gamble with no negative consequences.
- 1 Low-risk gambler - Gamblers who experience a low level of problems with few or no identified negative consequences.
- 2-3 Moderate-risk - Gamblers who experience a moderate level of problems leading to some negative consequences.
- 4+ Problem gambler - Gambling with negative consequences and a possible loss of control.

*The short-form Problem Gambling Severity Index (PGSI mini-screen) was developed for the Commission from the full 9-item PGSI by Dr. Rachel Volberg, 2012.*

<https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens>

### Online Self-assessment tool

#### Self-assessment tool - GamCare

If you are not sure how much gambling has become a problem for you, you can take an online assessment to find out how much of an impact gambling is having in your life.

The assessment will give you a series of statements and ask you to select how much the statement applies to your gambling behaviour on a scale of 1 – 10.

At the end of the test you will be presented with a breakdown of how gambling is affecting your life and will give you personalised recommendations for your next steps.



# Problem Gambling Screening Inventory

Name: ..... Worker: ..... Date: \_\_/\_\_/\_\_

Used in the Health Survey for England, Scottish Health Survey, and the Welsh Problem gambling Survey. The PGSI consists of nine items and each item is assessed on a four-point scale: never, sometimes, most of the time, almost always. Responses to each item are given the following scores:

<i>Thinking about the last twelve months...</i> <b>never = 0; sometimes = 1; most of the time = 2; almost always = 3</b>	<b>Score</b>
Have you bet more than you could really afford to lose?	
Have you needed to gamble with larger amounts of money to get the same feeling of excitement?	
When you gambled, did you go back another day to try to win back the money you lost?	
Have you borrowed money or sold anything to get money to gamble?	
Have you felt that you might have a problem with gambling?	
Has gambling caused you any health problems, including stress or anxiety?	
Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	
Has your gambling caused any financial problems for you or your household?	
Have you felt guilty about the way you gamble or what happens when you gamble?	

**Total:**

## Scoring instructions

<b>0</b>	Non-problem gambler - Gamblers who gamble with no negative consequences.
<b>1-2</b>	Low-risk gambler - Gamblers who experience a low level of problems with few or no identified negative consequences.
<b>3-7</b>	Moderate-risk - Gamblers who experience a moderate level of problems leading to some negative consequences. Give encouragement to explore online resources and a brief intervention to reduce or abstain from gambling.
<b>8+</b>	Problem gambler - Gambling with negative consequences and a possible loss of control. Brief intervention to reduce and accept referral to a specialist service.

<https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens>

When scores to each item are summed, a total score ranging from 0 to 27 is possible. A PGSI score of eight or more represents a problem gambler. This is the threshold determined by the developers of the PGSI .

## Help with gambling problems

In the West Midlands the organisation commissioned by GamCare is Aquarius who provide support for people 16 years and over affected by gambling, either their own or that of a family member or friend, through 1-2-1 or group support sessions.

People can self-refer to this service or be referred by a professional. To find out more or refer call: **0300 456 4293** or email: [gambling@aquarius.org.uk](mailto:gambling@aquarius.org.uk)

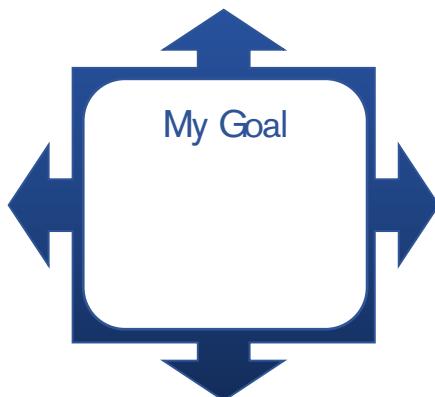


Specific Actions - 3 small SMART steps

- 1.
- 2.
- 3.

By When?

Strengths I have or need



Helpful people & useful thoughts

How will I know this has happened, what will be different?

Possible problems and solutions

## Preparing for an Appointment

Who is it with?

Where is it exactly?

When is it, at what time?

How will you get there?

How will you remember?

Who could go with you?

What do you want to ask?

## Appendix 1: DECCA Referral Form



Please complete this form in full, if this does not occur we may need to return the referral so further information can be added. The information supplied is for use of the DECCA Team and its contents are kept confidential. This document is retained at DECCA.

Email referrals as a WORD DOC to:

**Decca\_Team@sandwellchildrenstrust.org** or call 0121 569 2201 / 07500 785889

### Young Persons Details:

First Name(s)		Surname	
Date of Birth		Age	
Ethnicity		Sex	M / F
Address: Contact number(s) Optional			
<u>How</u> does the young person want to be contacted?	<u>Any disabilities, special educational needs or special requirements?</u>		
<u>Where</u> does the young person want to be seen?			
What school/employment do they attend?			

### GP Details (essential when making a referral)

Is the Young Person involved with early help services or children's social care? Yes / No

If YES, contact the worker to make them aware of this referral.

Contact details for worker:

Details of the early help intervention or what plan they are on:

In order to support them, DECCA will need to keep details of any young person referred to their service, on their secure electronic system. You will need to seek their consent to the information on this form, being shared with DECCA. They will need to understand that DECCA will hold the information securely and retain the form for DECCA use only. They also need to understand that they can withdraw their consent to this referral at any time. More information on this can be found at <https://www.sandwellchildrenstrust.org/privacy/>. Please ask the young person you are referring, to sign this form to agree to this, or if they have consented to the referral verbally, please add your signature so you can confirm on their behalf. For more information on how long records are kept, please speak to a DECCA Worker.

Signed : ..... Date: .....

**Substance(s)/drug(s) used:**

**Please detail why you are referring this young person to DECCA and what you hope that they gain from working with DECCA?**

**What does the young person want to achieve by working with DECCA?**

## Appendix 1: DECCA Referral Form

### Referrers Details:

<b>What to tell young people about DECCA:</b>
We are confidential
We can arrange to meet you in a place that suits you best
We won't try and tell you what to do
We know quite a bit about drink and drugs
We know about what young people in Sandwell do because we talk to them everyday
If your problem isn't drink or drugs we can help you get the right help
We will work with you for as long as is needed but no longer than you want – we want to provide the right service for YOU

<b>First Name</b>		<b>Surname</b>	
<b>Job Title if applicable</b>		<b>Relationship to young person</b>	
<b>Address</b>			
<b>Email:</b>			
<b>Contact Number(s)</b>			
<b>Lead Professional for this young person including <u>contact number</u> and <u>email</u> if not yourself</b>			
<b>Is the young person's <u>parent(s)</u> or carer(s) aware of this referral? YES/NO</b>			
<b>Who has parental responsibility?</b>			
<b>Contact details:</b>			
<b>Note: If the referral is to be used for part of the exit strategy, for the young person, then the referral should be received in no less than 3 weeks before their intervention with you ends. If this does not occur then the referral may not be taken.</b>			
<b>Ever admitted to hospital for substance/alcohol misuse? YES/NO</b>			
<b>If YES, give details of admission including: date/ who present/ CAMHS referral etc.</b>			
<b>Referrers signature:</b>			
<b>Date referral completed:</b>			
<b>Date referral received by DECCA (DECCA use only):</b>			

Whether or not you are making a referral to DECCA, to evaluate this collection of practice tools, we would appreciate your feedback and welcome suggestions for future versions.

**1. Which parts of the BADST-2 have you used?**

<input type="checkbox"/> BADST Mini Screens (p1)	<input type="checkbox"/> PGSI (p9)
<input type="checkbox"/> AUDIT (p3)	<input type="checkbox"/> Building Motivation (p11)
<input type="checkbox"/> DUST - section 1 (p6)	<input type="checkbox"/> Setting Goals (p12)
<input type="checkbox"/> DUST - section 2 (p7)	<input type="checkbox"/> DECCA Referral Form (p13)
<input type="checkbox"/> DUST - section 3 (p8)	

**2. How have you used this tool?**

- In a practice situation with a young person
- With a colleague in peer reflection
- By reflecting on how to use it in your practice

**3. Do you agree or disagree with these statements?**

	Disagree				Agree
The instructions were easy to follow.	1	2	3	4	5
The tool was easy to use.	1	2	3	4	5
The tool maintained focus on the topic.	1	2	3	4	5
The tool aided communication.	1	2	3	4	5
The tool opened up a wider conversation.	1	2	3	4	5
The tool supported awareness raising.	1	2	3	4	5
The tool helped in planning the next step.	1	2	3	4	5

**4. Is there any part of the BADST-2 that you would change?**

**5. Is there anything you would add to the BADST-2?**

**6. What other tools or resources would you like to see?**

Please return this form to [jon\\_bull@sandwellchildrenstrust.org](mailto:jon_bull@sandwellchildrenstrust.org)



Drug Education, Counselling and Confidential Advice

»»»[ourguideto.co.uk](http://www.ourguideto.co.uk)

The BADST-2 and the CRAST with the accompanying Short Brief Intervention Tools (SBIT's) for Alcohol, Drugs, and Wellbeing can be downloaded in pdf format at [www.ourguideto.co.uk](http://www.ourguideto.co.uk) where you will also find the DECCA Awareness Club and further resources.

For alcohol and drugs information, news, and further resources go to: [www.ourguideto.co.uk](http://www.ourguideto.co.uk)



**Further training in the use of these tools and the Short Brief Intervention Tools is available to book on the website of the Sandwell Children's Safeguarding Partnership (SCSP)**

<https://training.sandwellscb.org.uk/>

If you live in Sandwell and are thinking about reducing the amount you are drinking, you can also access an app which can identify how much you are drinking and offers advice on how you can cut down.

The [Lower My Drinking app](#) can be downloaded through Google Play or iTunes, it is available in English and Polish.



As [GamCare partner](#) in the Midlands, Aquarius provide support, information and advice to anyone suffering with a gambling problem, as well as to family members and friends affected by someone else's gambling.

**Sandwell Adult Social Care**  
Oldbury Council House  
Freeth Street  
PO BOX 2374  
Oldbury  
B69 3DE

[www.sandwell.gov.uk](http://www.sandwell.gov.uk)