Bradford Services Protocol: Children's Services and Substance Misuse Services

1. Statement of Purpose

1.1 The purpose of this protocol is to promote effective communication and working relationships between staff within Substance (including alcohol) Misuse Services, and Children and Family Services (Children's Services) in order to safeguard and promote the welfare of children and young people (including young carers) whose lives are affected by substance using parents or carers.

2. Legal and Policy Framework

2.1 The **Childrens Act 1989 and 2004** provides the legal framework and associated guidance which all Childrens Services work within. **Section 11 of the Children Act 2004** places a statutory duty on a range of organisations, including both children and adult services that come into contact with children, their parents and family members, to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children.

2.2 Working Together to Safeguard Children 2015 sets out how all agencies and professionals are required to work together to promote children's welfare and protect them from abuse and neglect. It describes how actions to safeguard children fit within the wider context of support to children and families. The guidance specifically states that all health professionals who come into contact with children, parents or carers in the course of their work also need to be aware of their responsibility to safeguard and promote the welfare of children and young people, even when the health professionals do not work directly with a child but may be seeing their parent, carers or other significant adult.

2.3 The **government's drug strategy 2010 'Reducing demand, restricting supply, building recovery: Supporting people to live a drug free life'** identifies the importance of supporting vulnerable families by:

- Breaking the intergenerational paths to dependency by supporting vulnerable families
- Building on 'Social Capital' – the resource a person has from their relationships e.g. family, partners, children, friends and peers. This includes both support received, and commitment and obligations resulting from relationships
- Promoting best practice outcomes such as the capacity to be an effective and caring parent

2.4 In addition to this the following legal and policy framework (this is not an exhaustive list) is also relevant:

- Every Child Matters (DfES) 2005
- Framework for the assessment of Children in Need and their Families (DoH) 2000
- Hidden Harm (ACMD) 2003
- Medications in Drug Treatment: Tackling The Risks To Children (ADFAM) 2014
- Munro Review of Child Protection: final report – A child centred system, 2011
- Silent Voices – Supporting children and young people affected by parental alcohol misuse, 2012
- Supporting information for developing local joint protocols between drug and alcohol partnerships and children and family services, 2013
- Working Together to Safeguard Children 2015

3. Safeguarding and Child Protection

3.1 Safeguarding focuses on 'promoting welfare'. The statutory definition of safeguarding and promoting welfare is:

- Protecting children from maltreatment
- Preventing impairment of child's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

3.2 Child Protection is the process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect. It involves measures and structures designed to prevent and respond to abuse and neglect.

3.3 Child abuse involves acts of commission and omission, which results in harm to the child. The four types of abuse are physical abuse, sexual abuse, emotional abuse and neglect.

4. Confidentiality and Information Sharing

4.1 Confidentiality can never be an absolute principle and it is accepted that in most circumstances information sharing is vital.

4.2 All agencies should respect the need for organisations and professionals to protect their relationship with the service user and support this requirement as far as possible. However, sometimes information will need to be shared with other professionals and agencies to ensure the family receives the help and support to meet their needs. The role of the practitioner is to reassure the service user of the gains and benefits that can be made by sharing the information and being clear how it will be used.

4.3 Safeguarding and promoting the welfare of a child or young person must be the first consideration in all decision making about information sharing.

4.4 Information can be legally shared without consent if the reasons meet the following criteria:

- If there is a risk of significant harm to a child there is a statutory duty placed on all agencies under S47 of the Children's Act 1989 to share information. The welfare of the child is paramount and any delay in the sharing of information can be harmful to the child. This information will be shared with or without consent of the parent. It is however, good practice to discuss the reasons for the referral with the service user (for the referral) and this will be recorded on the case file.
- If Children's Social Care make enquiries about substance misuse by parents as part of section 47 enquiries, or if the child is subject to a child protection plan, there is a statutory duty to share information with Children's Social Care Services.
  Client consent is not required to do this but it is good practice to inform service users about the reasons for sharing this information, unless you believe this will put the child at increased risk.

4.5 In addition to this the revised Caldicott Principles, in particular Principle 7 state that the duty to share information can be as important as the duty to protect confidentiality.

4.6 Practitioners must consider and remain watchful for **disguised compliance** whereby parents/carers may appear to be co-operating. This could include factors such as:

- No significant change at reviews despite significant input

- Parents/carers agreeing with professionals regarding changes but put little effort into making changes work
- Change does not occur but as a result of external agencies or resources not the parental/carers efforts
- Change in one area of functioning is not matched by change in other areas
- Parents/carers will engage with certain aspects of a plan only
- Parents/carers align themselves with certain practitioners
- Child/young person's report of matters is in conflict with parent/carers report

4.7 Partnership does not mean always agreeing with parents, or always seeking a way forward which is acceptable to them. It does mean treating all family members with dignity and respect; acknowledging the concern that parents may have for their own children, and recognising their expertise in relation to their children's needs.

4.8 For further information, please refer to the following documents which can be found on the Bradford Safeguarding Children Board Website for Inter agency safeguarding procedures [http://westyorkscb.proceduresonline.com/chapters/contents.html] specifically sections:

- 2.5 Information Sharing and Confidentiality

5. Referrals

http://www.bradford-scb.org.uk/

5.1 Referrals to Children Social Care Services

In the Bradford district, these are the numbers that you can ring for advice and to make a referral:

- During office hours (8:30am – 5:00pm Monday to Thursday, 4:30pm on Friday) call Children's Social Care Services Initial Contact Point – **01274 437500**
- At all other times, Children's Social Care Emergency Duty Team – **01274 431010**
- If you have reason to believe that a child is at **IMMEDIATE RISK OF HARM**, contact the police on **999**
- For all general enquiries, please contact Children's Specialist Services on **01274 435600**

5.2 Child Protection Enquiries

If there are worries about a child's care, development or welfare, professionals in touch with the family must co-operate with Children's Social Care to enable proper assessment of the child's circumstances, provide any support needed and, take action to reduce risk to the child with the consent of the parents. The child's welfare is the paramount consideration when deciding what to do in these situations.

5.3 Referrals to Children's Services from Substance Misuse Services

On each new presentation to substance misuse services a **comprehensive assessment** will be undertaken of the service users' needs. This assessment will also ascertain whether the service user has any caring/parental responsibilities for a child under 18. The procedure illustrated in the flow diagram in **Appendix B** will be followed for all new treatment episodes and on each 12 week Recovery Care Plan Review where children are present within the home.

5.4 Once it has been established that a child/children are living in the same home as the service user, appropriate harm reduction information will be supplied. As a minimum standard this will include information on how behaviours associated with substance misuse may have a detrimental effect on the welfare of their child/children and advice on keeping medicines and other substances and associated paraphernalia safe (**Appendix H & I**).

5.5 If the service user identifies that children and/or family services are already involved with the family, the drug worker, with consent, will contact the lead child professional. Where appropriate a discussion between the lead child professional and the drug worker will take place and consideration given to further assessment and home visit if required in order to develop the Recovery Care Plan and support needs of the family. The Safeguarding Lead will be informed of all activity and outcomes and update the Safeguarding Log accordingly.

5.6 Where there is no current involvement from other services it is the responsibility of the Substance Misuse Service to assess the level of substance use and associated behaviours and its impact on parenting. The Substance Misuse Family Matrix (see **Appendix D**) can be used to ascertain levels of risk and resilience. Once completed, discuss with the Safeguarding Lead the most appropriate course of action based on the needs identified and the assessed risk. Consider the range of services on offer that can support both the family and children/child and make appropriate referral with consent.

5.7 Due to the complexity of substance misuse, national guidance anticipates that the majority of parents presenting to substance misuse services will need some form of parenting support. Bradford District's Early Help Strategy emphasises how the response to situations needs to be proportionate, with referrals to Children's Social Care being made only when the needs of the child or young person cannot be met through **Early Help**.

5.8 In cases where the threshold for referral to Children's Social Care is not met, an Early Help Assessment provides a method for assessing the needs of parents, children and young people in the family.

5.9 Professionals often welcome assistance with the assessment process and also with forming a Team around the Family. Professionals may contact the Families Information Service on **01274 437503** directly to discuss this. Bradford Families Information Service http://fis.bradford.gov.uk/fis can also help parents, carers and professionals to identify organisations that can provide Early Help. Staff can also meet face to face with parents and can visit services with them to help them make informed choices.

5.10 For further information, please refer to the following documents which can be found on the Bradford Safeguarding Children Board Website for Inter agency safeguarding procedures [http://westyorkscb.proceduresonline.com/chapters/contents.html] specifically sections:

- 1.1.1 Thresholds
- 1.1.4 Early Help/Common Assessment Framework
- 1.2.1 Referrals
- 5.6 Action Taken When a Child is Referred to Local Authority Children's Social Care Services Flowchart

6. Referrals to Substance Misuse Services

6.1 The key consideration for the children/family practitioner is the impact the parents/carers substance misuse may be having on their parenting capacity. The Substance Misuse Family Matrix (see **Appendix D**) can be used to ascertain levels of risk and resilience. If substance use is affecting parenting capacity and the parent consents to treatment the practitioner will make a referral to one of the two Fresh Start Services through the Safeguarding Lead (**Appendix C**).

6.2 Bradford Fresh Start Recovery Hub (based at Bridge Project) – **01274 723863** (office hours)
Airedale Fresh Start Recovery Hub (based at Project 6) – **01535 610180** (office hours).

6.3 Where the parent discloses substance use the practitioner will ascertain the level of use including frequency, age of first use and route of administration, quantity and patterns of use. Where consent has been granted this information will be passed to the Safeguarding Lead within the Fresh Start Service to support the comprehensive assessment. If consent is not given, please refer to **Section 4.4**.

6.4 Referrals from Children's Services will be treated as a priority. If the parent does not attend the agreed assessment appointment the children's practitioner will be informed within 24 hours in case further urgent action is required from the child's/children's perspective. The welfare of the child is paramount in all situations and any delay in the process could be harmful to the child.

6.5 On completion of the comprehensive assessment by the Fresh Start Service, and if the parent is willing to engage in treatment, a Recovery Care Plan will be developed based on presenting needs and shared with the children's practitioner with consent.

6.6 Where parents do not wish to engage in treatment and their substance use is not having a detrimental impact on family functioning this will be recorded on the case notes of the child and monitored by Children's Services via the early help assessment.

7 Audit of Caseloads and Recording Information

7.1 All practitioners in Substance Misuse Services will audit their caseloads as part of monthly supervision to establish the numbers of service users who are parents, or who have responsibility for children. Service Users who do not live with their children will also be identified in this audit. All Substance Misuse Services will establish if a service user has a dependent child as a matter of course. Once service users with parental responsibilities are identified, substance misuse practitioners will follow the Process for Substance Misuse Services map (see **Appendix B**) to determine if any action should be taken to protect children in each case.

7.2 All practitioners providing specialist treatment interventions and those providing wider wraparound support services will also be aware of, and record, details relating to children and families, to enable a more holistic approach to care planning.

8 Family Friendly Substance Misuse Services

Substance Misuse Services will recognise that many parents/carers may not have suitable alternative arrangements for child care while they access substance misuse services. Parents/carers may also have a number of children across a range of ages and as such the service has responsibility for responding to these needs on an individual basis, flexibly and appropriately. Services will recognise the unique needs of each family and will offer a family friendly service; finding creative solutions and the flexible option to provide home visits or a mixture of home and on site sessions. Home visits are of particular importance for all new parents and those with pre-school children and, during school holidays. Services will be vigilant to cancelled appointments by parents citing child illness and provide home visits.

9 Partnership Working

9.1 When Substance Misuse Services and Children's Services are providing services to a family, practitioners will communicate and agree interventions. Substance misuse practitioners will explore the impact of the substance misuse upon parenting capacity and children's service practitioners will offer professional assessments of the child. In this way, expertise will be shared and a support plan (which is jointly reviewed at least 6 monthly) can be constructed that ensures the child's safety and wellbeing, whilst also taking into consideration the needs of the parent/carer.

9.2 All agencies have responsibility to keep each other informed if there are concerns regarding missed appointments or possible disengagement.

9.3 All agencies will keep each other informed when a case is closed and clarify the reasons for closure.

9.4 Following referral to Children's Social Care, children and family practitioners will inform Substance Misuse Services of the outcome of any assessment undertaken, and give a clear rationale if cases are to be closed or no further action taken.

9.5 Following referral to Children's Social Care, Substance Misuse Services will share all assessment information and arrange a joint home visit with children's practitioners, if requested.

9.6 All agencies will identify practitioners to perform a link role between Children's Services and Substance Misuse Services.

10 Resolving Professional Disputes and Escalation of Concerns

10.1 For further information, please refer to the following documents which can be found on the Bradford Safeguarding Children Board Website for Inter agency safeguarding procedures [http://westyorkscb.proceduresonline.com/chapters/contents.html] specifically sections:

- 2.9 Resolving Professional Disagreements

11 Pregnant Substance Misusers

11.1 All maternity services will have procedures for pregnant women who use drugs, and who use alcohol problematically or harmfully that encourage them to go to antenatal services and help them to stabilise, reduce or stop their substance use.

11.2 The majority of pregnant substance misusing women will have been identified by maternity services. The Care Planning Approach/Care Co-ordination procedures will apply and will include input from the midwives and a social worker from Children's Social Care Services who will be invited to any meetings taking place in respect of the child/family.

11.3 Where a newly born child is found to need treatment withdrawing from substances at birth, a pre-discharge discussion will take place and consideration will be given to holding a strategy discussion before the child is discharged home.

12 Domestic Violence

12.1 There is a strong association between domestic abuse and substance misuse.
Domestic abuse increases the risk to children and raises child protection issues. As a matter of routine the presence of domestic abuse will be assessed and consideration will be given to the impact this is having on parenting capacity and the health and wellbeing of the child/children.

12.2 Substance misuse may contribute or intensify domestic abuse within a relationship.
It is therefore imperative that any substance misuse by parents and/or carer's is viewed in the context of family functioning, and not purely as a predictor or indicator of child abuse and neglect.

12.3 For further information, please refer to the following documents which can be found on the Bradford Safeguarding Children Board Website for Inter agency safeguarding procedures [http://westyorkscb.proceduresonline.com/chapters/contents.html] specifically sections:

- 1.4.17 Domestic Violence and Abuse

13 Young Carers

13.1 Both Children's Services and Substance Misuse Services can be the first to be aware that a young person is a young carer or at risk of becoming a young carer. Practitioners will consider the impact of any agreed Recovery Care Plan on any children in the family, and will revisit this as Recovery Care Plans are reviewed. If you suspect or know a child or young person is carrying out responsibilities that are inappropriate to their age, regardless of their competency, discuss with the parent's and young person the support that is available for young carers' and refer to the Bradford Young Carer's Service (delivered by Barnardos) for a young carer's needs assessment .

13.2 A young carer under 18 may request a young carers' needs assessment (and this must be granted) whenever the person they care for is assessed or reassessed. The child/young person can also be offered an **Early Help** Assessment to identify any additional support needs they may have.

14 Young People Misusing Substances

14.1 Substance misuse by young people whose parents have serious drug and alcohol problems becomes more likely as they grow older. Research has found that at around 11 - 12 years of age children start to understand their parent's substance misuse issues and become more cautious of exposing family life. Feelings of isolation and low self-esteem can result in young people participating in more risky behaviour themselves including substance use. If substance misuse is identified within younger family members either by concerns raised by the parents, other family members or by the practitioner involved with the adult, the Young Persons Substance Misuse Virtual Team will be consulted with. Where possible the practitioner will screen the young person using the young people's Drug Use Screening Tool (DUST) and make the appropriate referral (see **Appendix E**).

15 Screening for Substance Misuse

15.1 Unless you are a specialist substance misuse worker it can be difficult to distinguish between use and misuse and to accurately assess risks. Substance misuse screening tools are able to help the practitioner for use with adults or young people (see **Appendix E, F** and **G**) for whom there may be concerns regarding alcohol or drug use.

15.2 Practitioners do not need a comprehensive knowledge of drugs to complete the screening tool(s). However the following should be taken into consideration:

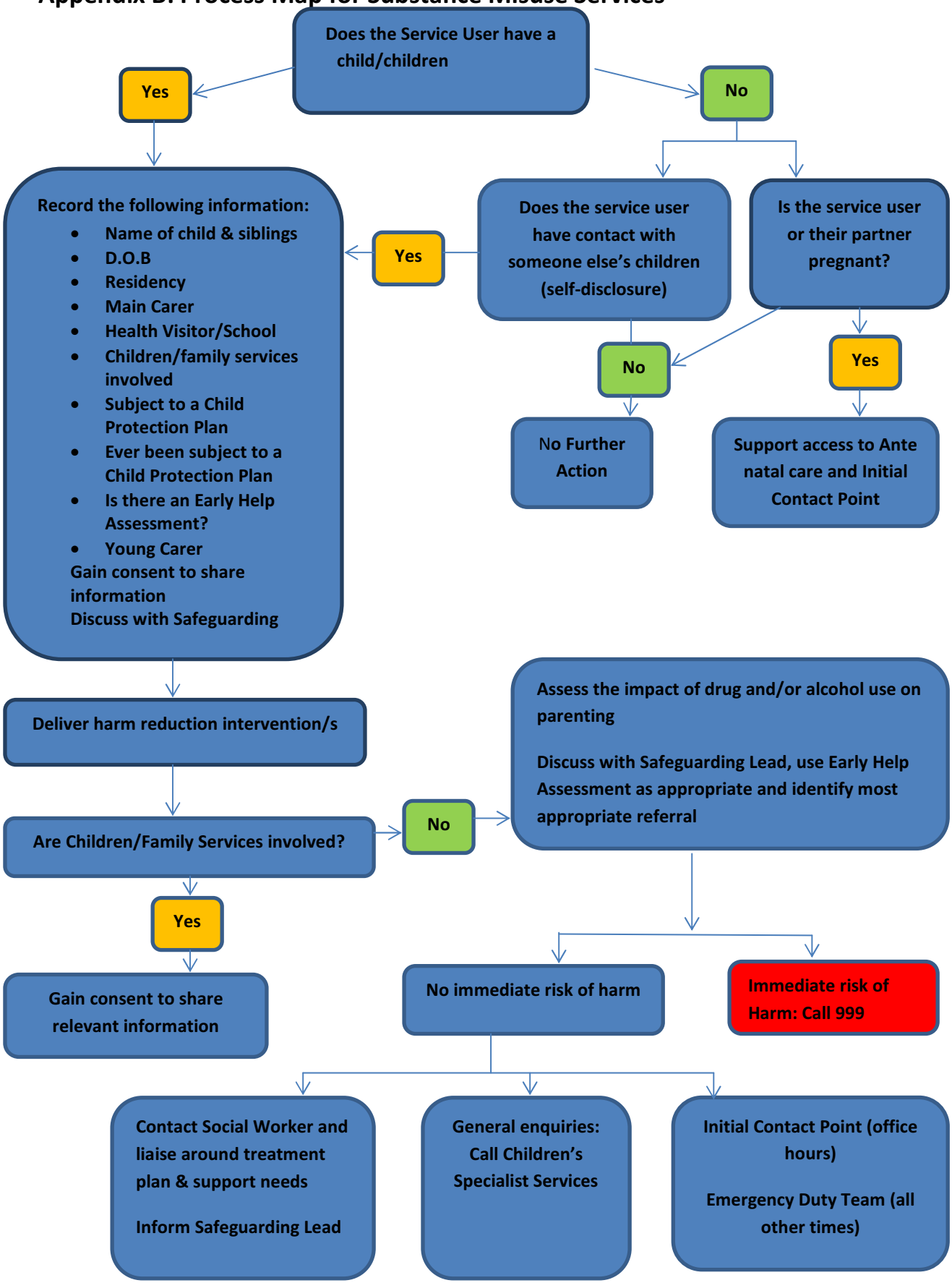
1) It will not provide a comprehensive substance use assessment.
2) It is not a diagnostic tool and will be used in conjunction with professional judgement and all other available information
3) It will indicate when specialist advice will be sought.
4) It will help identify risk factors.

Appendix A: Glossary and Definitions

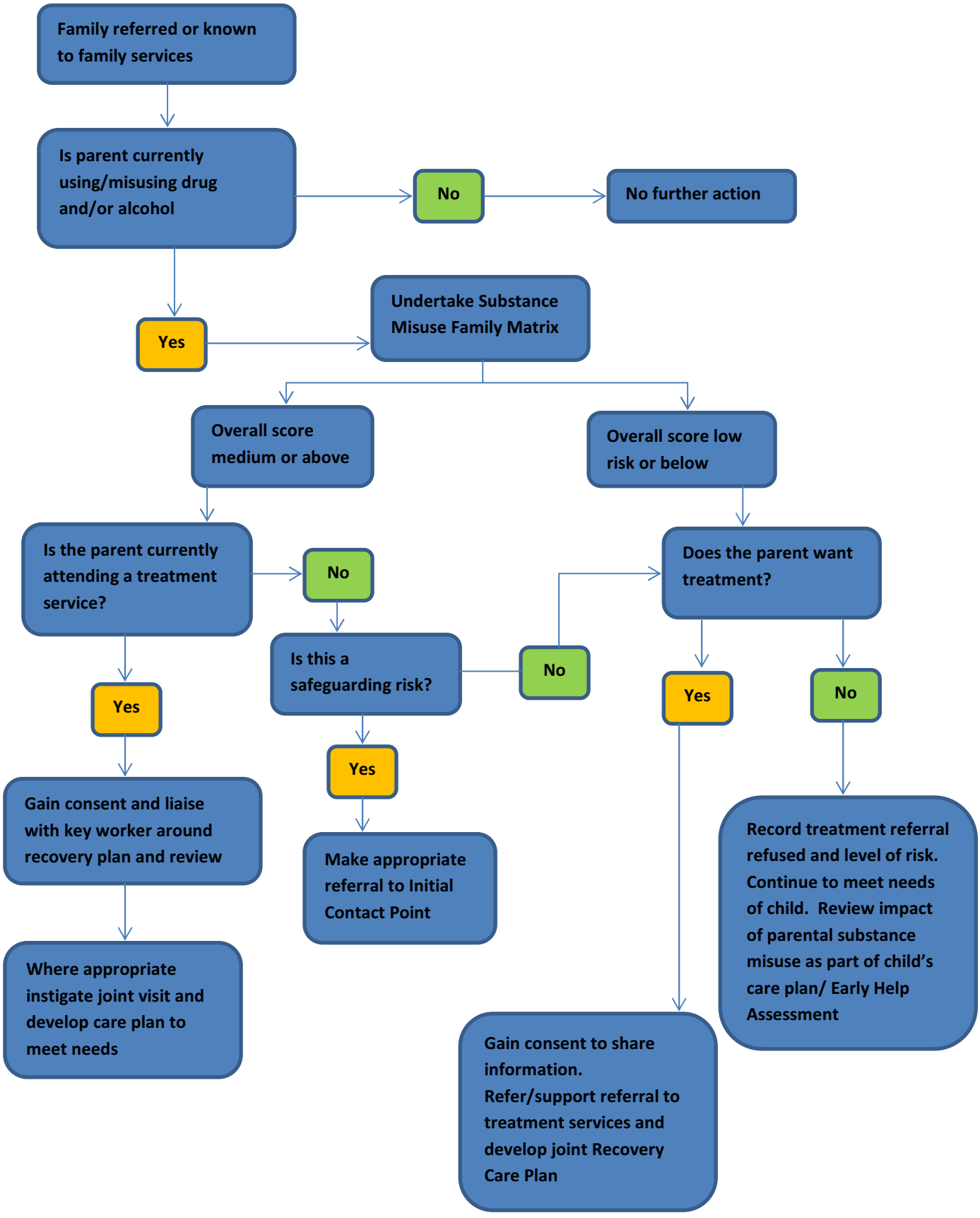
For the purpose of this protocol the following definitions apply:

- A **child** refers to anyone who has not reached their 18th birthday. This also includes unborn children.
- **Children's Services** refers to children, young people and family based services that can be delivered via, health, Bradford Metropolitan District Council, Voluntary, Community, charitable or private sector agencies, organisations and groups.
- **Children's Social Care** specifically refers to Bradford Metropolitan District Council Social Care Services
- **Comprehensive Assessment** is the assessment completed on entry to the Fresh Start Recovery Hubs and is used to develop a personalised recovery care plan.
- **Disguised Compliance** involves a parent or carer giving the appearance of co-operating with agencies to avoid raising suspicions, to allay professional concerns and ultimately diffuse professional intervention
- **Early Help** refers to families receiving help when needs are identified and not necessarily 'intervention' when a 'problem' arises.
- **Hidden Harm** is the term used to describe the needs and/or harm that many be experienced by children as a result of a parent/carer's substance misuse
- **NDTMS** is the National Drug Treatment Monitoring System, a national database managed through Public Health England which Substance Misuse Services report to
- **Parent/carers** refer to anyone who is caring for, or has significant contact with a child. This can include extended family members, such as grandparents, aunts and uncles and older siblings
- **Service Users** are adults in substance misuse services
- **Substance** – is the term used to refer to any psychotropic substance (capable of affecting the mind, changing the way we feel, think and or behave) including alcohol, tobacco, drugs sold as 'legal highs', illegal drugs, illicit use of prescription drugs and volatile substances (such as gases, lighter and other fuel) some plants and fungi (magic mushrooms); over the counter and prescribed medications that are used for recreational rather than medical purposes.
- **Substance misuse** is where the taking of substances impairs health and or social functioning. It may cause dependency (physical or psychological). Substance misuse will require treatment and may also be part of a wider spectrum of problematic behaviour.
- **Substance Misuse Services** refers to drug and alcohol treatment, support, and recovery services.

Appendix B: Process Map for Substance Misuse Services



Appendix C: Process Map for Children's Services



Appendix D: Substance Misuse Family Matrix (Working with complex needs families Matrix © Adfam)

1. Each question in Part 1 and Part 2 will act as a prompt for exploration with the service user.
2. Total the number of scores at the bottom of each response column. This will show the clusters of high, medium and low risk, as well as mitigating signs of safety

Part 1
Impact of Substance Use

What is the usual impact of your substance misuse?	Insignificant alteration of mood or thought	Significant alteration of mood or thought	Awake but out of it/ " off your face"	Unconscious or asleep
Is there any change in the amount and frequency of your substance use?	Recent abstinence (minimum of 2 weeks)	Decrease in either amount or frequency of alcohol use	Staying the same	Increase in the amount and frequency in previous months
What is your pattern of substance use	Currently abstinent	Binge/chaotic use	Dailey at specific time (i.e. evenings)	Dailey and consistency
How do you ensure safe use?	All care always taken to ensure safety of self and others	Reasonable care taken	Generally careful but not always responsible	Use is risky or chaotic (i.e. drink/use with anyone anywhere)
What is the usual context of your substance use?	Within safe limits	In presence of non-users	Concurrently with other users	Alone
How long have you been using substances?	Less than three months	Between three months and one year	Between one and two years	More than two years
How would you describe your relationship to substances?	Highly controlled	Copes with periods of abstinence	Completely dependent, afraid of running out or having nothing	Desperate – any substance, any way
ADD THE NUMBER OF MARKED SQUARES IN EACH COLUMN				

Part 2

How old is the youngest child for whom the parent/carer is responsible?	12 Years or older	Between 4 and 12 years	Between birth and 4 years	Alert, pregnant or breastfeeding
Are there any additional needs/complications?	None	Minor disability or chronic illness in child or carer	Severe disability or chronic illness in child or carer	Mental illness or impaired cognitive functioning in carer
Where are the children during using episodes?	Child is always in care of known, trusted, non-using adult	Child never in the drinking/using context	Child assumed to be able to look after themselves	No arrangements made
Who does the parent and child live with?	Supportive non using partner/family	Alone with the child and close to support networks	Alone with the child	With partners who also uses alcohol/drugs
What is the impact of parents substance use on the family finances?	No drink/drug related debts	Find it hard to manage, borrowing to see through the week	Debts building up	Eviction threatened, utilities cut off, serious debt problems/owe drug suppliers and being threatened
What support networks does the parent/carer have?	Practically and socially supported by community, friends or family	Socially isolated but uses child focused community based amenities	Estranged from family and community	Contacts limited to drinking and drug taking friends
How is the parent coping with the stresses of daily life?	Feel in charge	Life is tough but there are some wins	Life is a constant struggle anxious to a point of needing medication	Feel overwhelmed depressed. Other problems will as DV also a factor
How does the parent feel towards making change in substance use?	Wanting to change	Contemplating/preparing to deal with issues – cut down etc.	External coercion but parent does not agree there is a problem	Statutory requirements to attend and client unwilling to participate
How does the parent see the child/children affecting their substance use?	Child is cited as reason to deal with issues	Child needs always met before drinking/using drugs	Child perceived as difficult, parent as a burden	Presence or behaviour of child seen as a reason or trigger for drinking/using drugs
Does the parent/carer think their substance use or lifestyle has affected their children?	Child's physical and emotional needs are always met	Carer concerned about physical or emotional harm or neglect of child	Child's physical needs and emotional needs are compromised, carer shows little concern	Child previously apprehended or hospitalised because of abuse, neglect or sexual abuse

ADD THE NUMBER OF MARKED SQUARES IN EACH COLUM				

Safety/Risk Categories	Signs of Safety	Low Risk	Medium Risk	High Risk
Totals Part 1				
Totals Part 2				
Totals				

The total scores will be used as a guide only. All workers will use their professional judgment to determine the action they take following the screening.

Actions
Signs of Safety – Inform the parent/carer of universal services available through either the local Children's Centre's, Young Carer's group and/or other services that may be of interest/benefit. Continue to monitor situation and reassess it as and when significant changes take place within family.

Low risk – Identify any services that can alleviate any of the issues presenting that could escalate risk. Inform the parent/carer of groups and services available through Children's Centre's, CABs, Young Carer's and where necessary support them to access appropriate assistance. Continue to monitor situation and reassess as and when significant changes take place within the family.

Medium Risk –Contact customer service team and request social work consultation.
Undertake agreed course of action.

High Risk- This is a potential safeguarding issue. Contact customer service team for referral into Initial Contact Team.

Appendix E: Young Peoples Drug (& alcohol) Use Screening Tool (DUST)

W00000 self assessment pads 13.

		REGULARLY	OCCAISIONALLY	RARELY	NEVER
1.	**Do you use any substances or alcohol?**	**4**	**3**	**1**	**0**
2.	**Do you use substances because you are unhappy or because it helps you to cope?**	**4**	**2**	**1**	**0**
3.	**Does using substance make it hard for you to get on with other people?**	**4**	**2**	**1**	**0**
4.	**Do you spend more on substances than you can afford?**	**3**	**2**	**1**	**0**
5.	**Do you use heroin, crack or solvents?**	**30**	**30**	**30**	**0**
6.	**Do you inject any substance?**	**30**	**30**	**30**	**0**
7.	**Do you use cocaine?**	**20**	**16**	**10**	**0**
8.	**Do you use more than one substance at a time?**	**10**	**5**	**2**	**0**
9.	**Do you use substances when you are alone?**	**4**	**2**	**1**	**0**
10.	**Do you get so 'off you head' (drunk, stoned, mashed) that you don't know what you are doing?**	**6**	**3**	**2**	**0**
11.	**Does using substances affect your ability to cope with school or work?**	**3**	**2**	**1**	**0**
12.	**Does your substance use ever lead you into crime, anti-social behaviour or violence?**	**6**	**3**	**2**	**0**
13.	**Do you feel 'stressed out' if you try to stop or cut down?**	**5**	**3**	**1**	**0**
14.	**Do you worry about using substances?**	**3**	**2**	**1**	**0**
15.	**Do other people such as family and friends worry about you using substances?**	**3**	**2**	**1**	**0**
16.	**Have you had unplanned sex while under the influence of substances?**	**6**	**3**	**2**	**0**
Score					

Scores:
0-10: You will keep your knowledge about substances up to dates and continue to keep yourself safe
11-20: You NEED to get advice and information about your substance use
21-30: You RISK having problems with your substance use
Over 30: You have problems with your substance use and you need to get some advice, support and help

Appendix F: Adults Drug Abuse Screening Tool (DAST)

Drug Abuse Screening Tool

Directions: The following questions concern information about your involvement with drugs. Drug abuse refers to (1) the use of prescribed or "over-the-counter" drugs in excess of the directions, and (2) any non-medical use of drugs. Consider the **past year (12 months)** and carefully read each statement. Then decide whether your answer is YES or NO and circle your response. Please be sure to answer every question.

1.	Have you used drugs other than those required for medical reasons?	YES/NO
2.	Have you abused prescription drugs?	YES/NO
3.	Do you abuse more than one drug at a time?	YES/NO
4.	Can you get through the week without using drugs (other than those required for medical reasons)?	YES/NO
5.	Are you always able to stop using drugs when you want to?	YES/NO
6.	Do you abuse drugs on a continual basis?	YES/NO
7.	Do you try to limit your drug use to certain situations?	YES/NO
8.	Have you have 'blackouts' or 'flashbacks' as a result of drug use?	YES/NO
9.	Do you ever feel bad about your drug abuse?	YES/NO
10.	Does your spouse (or parents) ever complain about your involvement with drugs?	YES/NO
11.	Do your friends or relatives know or suspect you abuse drugs?	YES/NO
12.	Has drug abuse ever created problems between you and your spouse?	YES/NO
13.	Has any family member ever sought help for problems related to you drug use?	YES/NO
14.	Have you ever lost friends because of your se of drugs?	YES/NO
15.	Have you ever neglected your family or missed work because of your use of drugs?	YES/NO
16.	Have you ever been in trouble at work because of drug abuse?	YES/NO
17.	Have you ever lost a job because of drug abuse?	YES/NO
18.	Have you gotten in into fights when under the influence of drugs?	YES/NO
19.	Have you ever been arrested because of unusual behaviour while under the influence of drugs?	YES/NO
20.	Have you ever been arrested for driving while under the influence of drugs?	YES/NO
21.	Have you engaged in illegal activities in order to obtain drugs?	YES/NO
22.	Have you ever been arrested for possession of illegal drugs?	YES/NO
23.	Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	YES/NO
24.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?	YES/NO
25.	Have you ever gone to anyone for help for a drug problems	YES/NO
26.	Have you ever been in a hospital for medical problems related to your drug use?	YES/NO
27.	Have you ever been involved in a treatment programme specifically related to drug use?	YES/NO
28.	Have you been treated as an outpatient for problems related to drug abuse?	YES/NO
SCORE		

Scoring and interpretation:
A score of "1" is given for each YES response, except for items 4,5, and 7, for which a NO response is given a score of "1."
A total score of 11 and under identifies those who do not have a substance use disorders.
A total score of 12 and over identifies those exhibiting a substance abuse problem.
Please note that substance abuse does not mean dependence.

Appendix G: Alcohol Use Disorders Identification Test (AUDIT)

AUDIT.pdf

	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
How often do you have a drink containing alcohol?	**0**	**1**	**2**	**3**	**4**
How many standard drinks containing alcohol do you have on a typical day when you are drinking?	**0**	**1**	**2**	**3**	**4**
How often do you have 6 or more standard drinks on one occasion?	**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?	**0**	**1**	**2**	**3**	**4**
How often during the last years have you failed to do what was normally expected from you because of your drinking>	**0**	**1**	**2**	**3**	**4**
How often during the last year have you needed an alcohol drink in the morning to get yourself going after a heavy drinking session?	**0**	**1**	**2**	**3**	**4**
How often during the last year have you had a feeling of guilt or remorse after drinking?	**0**	**1**	**2**	**3**	**4**
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	**0**	**1**	**2**	**3**	**4**
	Never		**Yes but not in the last year**		**Daily or almost daily**
Have you or someone else been injured as a result of your drinking?	**0**		**2**		**4**
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	**0**		**2**		**4**
SCORE:					

Total Score:

Scoring

Those who score less than 8 require no further intervention other than attending the alcohol awareness raising sessions provided to the general prison population.

Those who score between 8-19 indicate 'hazardous' drinking (significant risk to health and wellbeing) and 'harmful' drinking. Both levels of problem require further assessment. A score of 8-19 is indicative of low treatment need in the treatment framework.

Scores of 20 or more suggest high treatment needs, and scores well in excess of 20 suggesting progressively elevated risk. The triage must take other factors into account though this valuable information will be taken to into account.

Appendix H: Medication Storage Information/Record Sheet

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Appendix I: Medication Safety Leaflet

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