

DUST²

Screening Tool and Referral Form

This tool will help you decide whether someone is experiencing drug or alcohol problems, how to respond and when to refer them to a Substance Misuse service

The tool will help you assess risk factors:

- **YOUNG PEOPLE (under 18)** Use only Section 1 to cover both drugs and alcohol use together as Substance Misuse
- **ADULTS (18 plus)** Use both Section 1 (DRUGS) & Section 4 (ALCOHOL)
- Social Situation & Behaviour (Section 2)
- General & Psychological Health (Section 3)
- Think Family (Section 5)

Instructions

- Complete the form by ticking the most appropriate responses
If in doubt, do **NOT** tick!
- A scoring system is used for each section. Add up the scores and write the totals in the scoring tables at the top (for drugs, count either a past use or a use in last 3 months score but not both)
- Then refer to the scoring table to help you make your decisions

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The revised Drug Use Screening Tool, DUST², has been designed by TONIC to complement Drugs and Alcohol First Aid (DAAFA) training courses in England and Wales. It has been validated for use with young people and adults. The tool, including its form, may be copied or downloaded for local substance misuse practice, as long as there are no changes to its content and its source is duly acknowledged. Those people who have completed DAAFA training, and have valid certificates to confirm this, are licensed by TONIC to support its local use. A PDF version of the tool can be obtained from TONIC or downloaded from:

ksl.uk.net/training/exchange

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DUST² Screening Tool

Scoring Table

Section 1: Drugs/Substance Misuse		Section 2: Social Situation & Behaviour		Section 3: General & Psychological Health	
Score 0-4	Consider giving advice and information	Score 0-1	Low Risk - Consider giving advice and information	Score 0-4	Low Risk - Consider giving advice and information
Score 5-6	Consider seeking advice from a Drug & Alcohol Service	Score 2-5	Medium Risk - Consider seeking advice from a Drug & Alcohol Service	Score 5-9	Medium Risk - Consider seeking advice from a Drug & Alcohol Service
Score 7+	Refer to Drug & Alcohol Service	Score 6+	High Risk - Refer to Drug & Alcohol Service	Score 10+	High Risk - Refer to Drug & Alcohol Service

Section 1: Drugs / Substance Misuse

Section 2: Social Situation & Behaviour

Section 3: General & Psychological Health

Past Use Use in last 5 months		Drug Type	
		2	Alcohol (U18s - for 18+ use Section 4)
		2	Amphetamine
		2	Cannabis
		4	Cocaine
		4	Crack
		4	Ecstasy
		4	Heroin
		4	LSD
		4	Magic Mushrooms
		4	Solvents, glue, petrol
		2	Other Substances, including legal highs or over the counter medicines
		Drug / Alcohol Frequency	
		1	Occasional drug use
		2	Regular drug use
		Intoxication	
		0	Drug use <u>without</u> loss of consciousness or aggression
		2	Drug use <u>with</u> loss of consciousness or aggression
		Contact with other drug users	
		0	No drug using friends
		1	Some friends use drugs some do not
		2	All friends use drugs
		Family Drug / Alcohol Use	
		0	No family drug misuse
		2	Known drug misuse among close family members
		5	Significantly affected by someone else's drug misuse

		Living Situation	
		0	No problems with accomodation
		1	Problems with accomodation, insecure or inadequate housing
		6	Homeless
		Peer Support	
		0	Supportive relationship with more than one other person
		1	Supportive relationship with at least one person
		2	No supportive relationship
		Occupation	
		0	In education, employment or training
		1	Drug / alcohol related absences from education, employment or training
		2	Not in education, employment or training
		Criminal Involvement	
		0	No criminal involvement
		1	At risk from involvement in the Criminal Justice System
		2	Involved in the Criminal Justice System
		Sexual behaviour	
		0	Safe sexual behaviour
		2	Inappropriate / unsafe sexual behaviour
		6	Commercial sex / abusive sexual relationship

		General Health	
		0	No significant health problems
		1	Teeth problems
		1	Stomach problems
		1	Regular headaches
		1	Difficulty sleeping
		5	Chronic fatigue
		5	Severe sleep problems
		5	Self-neglect
		10	Extreme weight loss
		10	Blackouts and/or memory loss
		10	Pregnant
		10	Fitting
		10	Accidental or planned overdose
		Psychological Health	
		0	No significant mental health problems
		1	Low self esteem
		1	Mild anxiety
		1	Shy
		5	Eating disorder or marked change in eating patterns
		5	Frequent bouts of unhappiness or depression
		5	Self harm
		5	Severe anxiety / panic attacks
		10	Suicide attempts
		10	Severe paranoia
		10	Hallucinations (whilst not under the influence of drugs / alcohol)

TOTAL SCORES

Section 1: Drugs/Substance Misuse

Section 2: Social Situation & Behaviour

Section 3: General & Psychological Health

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Section 4: ALCOHOL

Units of Alcohol (UK)

Instructions: Use this section for adults (age 18+) in addition to Section 1 (DRUGS)



Alcohol Users Disorders identification Test (AUDIT) C¹

QUESTIONS (Standard drink = 1-2 units of alcohol approx.)	SCORING SYSTEM					SCORE
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total score (from adding up the 3 rows) of **5 or more** indicates hazardous or harmful drinking which should result in a referral being made to an alcohol or substance misuse service

To carry out the units calculator, go online to <http://www.nhs.uk/Tools/Pages/Alcoholcalculator.aspx>

ADDITIONAL INFORMATION

- This section builds on what you have learned in the initial DUST² screening questions and scoring
- These additional questions will help you build up a more complete picture of the risks for the adult or child
- You will then be able to make a well-informed decision on what to do next

NOTE: This tool does not replace the need for good professional judgement and if you are concerned about the safety of a child or a vulnerable adult, then you must follow your organisational safeguarding procedures

Section 5: THINK FAMILY

Here are some questions to help you ascertain whether there are any potential safeguarding issues:

- **PARENTAL STATUS:** Are you a parent or carer of an under 18? Do you have regular contact with or childcare responsibilities for someone under 18?
- **VULNERABLE PEOPLE:** Is there anyone living with you who is a vulnerable adult or a child in need/at risk known to social services? Is there any domestic violence/abuse taking place at home? Is a young person taking on a caring role for another member of the family?
- **COMPLEX FAMILIES:** Are there more than 2 other agencies working with members of your family?

If the answer is yes to any of these questions, you will need to carefully consider the safeguarding implications and consult your organisational safeguarding procedures and lead officer to decide what action may be required.

STRENGTHS & SUPPORT NEEDS

The following questions help to identify the strengths and support needs of the family/parent:

STATEMENT	YES (STRENGTH)	NO (SUPPORT NEED)
I think I am a good parent who manages well most of the time		
We have good support for our family from our extended family and/or friends and community		
I know that I have some things that I need to change and I want to make changes		
Our family copes well with difficult situations		

Action: The answers to these questions will help you establish if further support is required for the family. If family support services are available in your area, consider making a referral to them if support needs are identified

¹ AUDIT-C (Bush K, Kivlahan DR, McDonell MB, Fihn SD, Bradley KA) Archive of Internal Medicine 1998

² DUST² builds original DUST tool © Kent & Medway Drug Action Teams (2006)

DUST² - Referral Form

Person

Does the person consent to this referral? (If no, contact the Substance Misuse Service for young people or adults for advice) Yes No

Does the person consent to the information on the screening tool being shared with the Substance Misuse Service referred to? Yes No

Signature of Person Referred:

Name & Address of Person Male Female

Postcode

Contact Number

Date of Birth

Ethnicity (tick one)

White <input type="checkbox"/>	Black/Black British <input type="checkbox"/>	Asian/Asian British <input type="checkbox"/>	Mixed <input type="checkbox"/>	Other Ethnic Group <input type="checkbox"/>
British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White and Black caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Other <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White and Asian <input type="checkbox"/>	
		Other <input type="checkbox"/>	Other Mixed <input type="checkbox"/>	

For Young People Under 18 Only

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

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

Name & Contact Number of Parent/Guardian

What are the expectations of the referred person?

What is the availability of the person for appointments?

Does the person prefer a gender specific worker? Yes No

Text Letter Phone

Referrer

Date of Referral

Referrer's Name

Referrer's Agency

Address

Contact Number

Other Agencies involved

Name	Agency	Address & Contact Number
	GP	

GP

Child or vulnerable adult protection concerns Yes No

If yes, please give details (including lead agency and name of worker)

Would this person pose any risk to staff or others? Yes No

If yes, please give details

Reasons for Referral