



Rebound: Young people's Substance Misuse Service

Young People's Drug Use Screening & Initial Assessment Tool

Rebound telephone numbers: 01977-599912

Please tick each box and total each section. Depending on the totals for each section, you should consider making a referral to Rebound using the attached referral form. Please ring us if you are in any doubt about whether a young person needs to be referred.

Referrals will only be accepted with the young persons consent.

Section 1: Substance Use: Please circle each number as it related to type of substance and frequency of use, you will have a total in each column.

Substance	Type of Substance	Only ever tried once (no further intent to use)	Once per week or less	More than once per week	Three times per week or more
Alcohol	2	0	1	2	3
Amphetamine (speed, whizz)	2	1	1	2	3
Cannabis (weed, spliff, hash)	2	0	1	2	3
Cocaine / crack cocaine	4	1	1	2	3
Heroin	4	1	1	2	3
Ecstasy	4	1	1	2	3
LSD or magic mushrooms	4	0	1	2	3
Solvents / gas/ petrol /aerosols	4	0	1	2	3
Other: Specify	2	0	1	2	3
Total					

If you have a total of **5** or more a referral **is** needed, you may of course refer if the score is less than 5 though consider if it is appropriate at this time.

1.2 **Injecting:** If young person is injecting state here Y N

Always refer young people that are injecting!

1.3 **Family:** Is there an immediate family member that is dependant or problematic drug user? Y N

If yes and in conjunction with **any** drug / alcohol use, then always refer to Young Person's service.

Section 2: Social Situation

	Tick all that apply	Score
Insecure or inadequate housing		1
Looked after by local authority		1
*Homeless		6
Occasional (1-3 times per month) truanting		1
Excluded, rarely attends school, unemployed		2
Committing offences (not necessarily convicted yet		1
Committing series offences and / or offending history		2
Inappropriate sexual behaviour		2
* Commercial sex work and / or exploitive sexual relations		6
Total		

* please consider safeguarding referral.

If score 3 or over, consider referral if in conjunction with **any** drug / alcohol use at all.

Section 3: Health

YP reports problems with:	Add all points that apply	Score
Teeth, stomach, headaches, sleep (1 point each)		
Chronic fatigue, self neglect, chronic sleep problems, extreme weight loss or weight gain, blackouts, pregnant, fits, overdose, paranoia, anxiety, depression. (3 points each)		
Total		

If score 3 or over, consider referral if in conjunction with **any** drug / alcohol use at all.

Recap:

1. If score from Section 1 is **5** or more please refer to Young Person's Substance Misuse Service (Rebound).
2. If score from section 2 **or** 3 is **3** or above with **any** drug / alcohol use then please refer to Rebound.
3. If injecting, always refer.

If in doubt, please ring us, we are happy to discuss cases anonymously.

Rebound Use Only:

Referral logged and allocated:

Y N

Name of initial worker from Rebound:

If Class A and / or score over **5** in Section 1, over **6** in Section 2 & 3 (combined), always instigate comprehensive assessment. If serious concerns are highlighted, follow established procedures.

Otherwise, consider Tier 2 intervention as first intervention – this may change on further exploration, continual assessment and review.

Care plans must be completed for all clients, Tier 2 and Tier 3.

Place all information on client file.