SMARTER Screening Tool

Substance Misuse And Risk Taking Early Referral

The SMARTER screening tool will indicate when specialist advice should be sought for a young person, the tool will enable the identification of risk factors. However, the SMARTER screening tool will not provide a Comprehensive Specialist Substance Use Assessment

### Instructions:

Complete the form, ticking the box that is the most appropriate response, ask the young person open questions to gain an insight into their substance misuse and what risk it involves for the young person. A scoring system is employed in the Substance Use section. The scores should be added up and the total written in total section

# Section 1 - At risk groups

* I am a Looked After Child (LAC)/young person
* I am excluded from school/college
* I am a regular truant/non-attender
* I am involved with YOS or Probation Service
* I have a social worker - Child Protection/Child in Need
* I have a learning disability or developmental disorder for example ADHD, Aspergers
* I am currently receiving support from CAMHS or have in the past
* I have family members who have mental health problems
* I am a young carer

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# Section 2 - At risk situations

* I am homeless, living in supported accommodation, temporary accommodation or sofa surfing
* I have been involved in antisocial behaviour or crime
* I have had repeated injuries/accidents or self-harm when under the influence of drugs or alcohol
* I have been under the influence of drugs or alcohol whilst at school or other settings such as college
* I have caused others to become concerned about my lifestyle e.g. missing from home
* I am or have in the past carried drugs for people
* I have regular, unplanned, unprotected sex

#### Any other further information:

|  |
| --- |
|  |

# Section 3 - Substance misuse

### Do you use substances?

|  |  |
| --- | --- |
| 0 | No substance use |
| 2 | |  |  |  |  | | --- | --- | --- | --- | | * Cannabis * Cocaine * LSD | * Ecstasy * Alcohol * NPS | * Amphetamines * Solvents * Meow/Mcat | * Ketamine * Other   \_\_\_\_\_\_ | |
| 5 | |  |  |  | | --- | --- | --- | | More than one drug at a time of mixing drugs and alcohol | * Yes | * No | |
| 5 | |  |  |  | | --- | --- | --- | | * Heroin/Methadone * Opiates | * Crack cocaine * Other \_\_\_\_\_\_\_\_\_\_\_\_ | * GHB | |

### How often do you use?

|  |  |
| --- | --- |
| 1 | * Occasional– Less than once a week |
|  |  |
| 3 | * Regular - More than once a week |
|  |  |
| 5 | * Daily |
|  |  |

### Do your friends use substances?

|  |  |
| --- | --- |
|  | * No substance using friends |
| 0 |  |
|  | * Some use—some don’t |
| 1 |  |
|  | * All friends use |
| 3 |  |

### Are there any problems with substances in your family?

|  |  |
| --- | --- |
| 0 | * No problematic use in family |
|  |  |
| 5 | * Problematic drug/alcohol use among close family members |
|  |  |

### 

### Do you feel the need to use substances to cope with life?

|  |  |
| --- | --- |
| 0 | * I do not need substances to cope |
|  |  |
| 2 | * I sometimes need substances to help me cope |
|  |  |
| 5 | * I cannot cope without substances |
|  |  |

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### Young Person’s views:

|  |  |  |
| --- | --- | --- |
| Do you think your substance use is a problem? | * Y | * N |
| Do you want to change your substance use? | * Y | * N |
| Do you want to see a young person's drugs worker? | * Y | * N |

# Scoring table



### Score (from section 3)

#### **0-4** Give advice if no other risk factors from Sections 1 and 2 are present. If other risk factors are present in addition to substance misuse, consider making a referral to We Are With You young persons’ service.

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#### **5-12** Consider seeking advice BUT if one or more risk factors from Sections 1 and 2 are present, make a referral to the We Are With You young persons’ service.

**13+** Refer to We Are With You young persons’ service using the referral form overleaf

# Young Persons Referral Form

|  |  |
| --- | --- |
| Date of referral |  |
| Date Received |  |

###### If handwritten, please use BLOCK CAPITALS

### Client details

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Address |  | Age |  |
| Post code | Gender |  |
| Telephone |  | Nationality |  |
| Email |  | Ethnicity |  |
| Contact by | ☐ Post ☐ Phone ☐ Email | |  |
| If the client wants to be contacted at a different address, please state where: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Does the client have children or is a carer? | | ☐ Yes ☐ No ☐ Due to be a parent ☐ Unknown | |
| Is the client living/staying with other children? | | ☐ Yes ☐ No ☐ Unknown | |
| If yes, please state the number of children: | |  | |
| Has the client consented to the referral? | | ☐ Yes ☐ No | |
| Is a parent/guardian aware of this referral? | | ☐ Yes ☐ No | |
| Does the client give consent for We Are With You to liaise with parent/guardian? | | ☐ Yes ☐ No | |

|  |  |
| --- | --- |
| Alternative/emergency contact | |
| Name  Address  Telephone  Email  Relationship to client |  |
| GP details |  |

### 

### Referral details

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for referral | ☐ Substance misuse (own)  ☐ Substance misuse education  ☐ Substance misuse by parent/other  ☐ Other (please state): | | |
| Substance misuse (if referred for own use) | | | |
| Name of substance | Frequency | Duration | Quantity |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Other agencies involved | | Risk factors - please note any risk to professionals | |
| ☐ Social care  ☐ Youth offending team  ☐ Mental health services  ☐ Housing association  ☐ None  ☐ Unknown  Other:    Contact details of the Above: | | ☐ Mental health issues  ☐ Suicidal ideation  ☐ Behavioural issues  ☐ Self-harm / injury  ☐ Violence to others  ☐ Domestic abuse  ☐ Child criminal exploitation  ☐ Child sexual exploitation  ☐ Disability  ☐ None  ☐ Unknown  Other: | |
| Education employment and training | | Referrer details | |
| ☐ In education/training  ☐ In employment  ☐ None  ☐ Unknown  ☐ Detail(s) of the Above: | | Name:  Address:      Postcode:  Phone:  Email:  Occupation:  Does client consent to addaction liaising with referrer? Y ☐ N ☐ | |
| Additional Information (Housing Situation, Sexual Health, Emotional Well-Being, social care involvement, Legal etc.) | | | |
|  | | | |

**Please return to:**

#### We Are With You Herefordshire

[herefordshireyp@wearewithyou.org.uk](mailto:herefordshireyp@wearewithyou.org.uk)

6 Bridge Street, Hereford, HR4 9DF

T: 01432 802487, F: 01432 807472

If you have any questions regarding this referral, please contact Lily Evans, Young Persons Recovery worker or Rob Shaw, Young Persons Team Leader

# Screening tool - drugs glossary

* **Amphetamine:** Speed, whiz, sulphate, phet, base, paste, dexies (Dexedrine). Methemphetamine is thestrongest form of speed – ice or crystal (smokeable form); methedrine (powder form); crank; tina or meth.
* **Benzo Fury:** Effects similar to MDMA (psychedelic/stimulant)–Class B
* **Cannabis:** 
  + ***Herbal:*** Weed, green, skunk, ganja, bush, bud, herb, sensimelia, shake. Skunk can beknown by breed of plant – White Widow, Northern Lights, Bubblegum etc.
  + ***Resin:*** Solid, hash, pollen, slate, rocky (Moroccan), black, squidgy black.
  + ***Hash oil:*** Cannabis in liquid form – very rare in the UK.
  + ***General:*** Pot, dope, blow, wacky baccy, spliff. Sometimes cannabis is referred to by weight – 1 gram = £10.00; an eighth (a Henry); a quarter or an ounce. A ‘nine bar’ is 9 oz of cannabis resin.
  + **Dabbing:** Dabs are concentrated doses of cannabis that are made by extracting THC andother cannabinoids using a solvent like butane or carbon dioxide, resulting in sticky oils also commonly referred to as wax, shatter, budder, and butane hash oil (BHO).
* **Cocaine Powder:** Coke, posh, Charlie, white, snow.
* **LEAN:** Also calledSyrup, Purple Drank. Contains Codeine which is a narcotic has similar effects tothe other opiates and is addictive. It is a pain reliever and a cough suppressant and is controlled under Class B of the Misuse of Drugs Act.
* **Crack Cocaine:** Rocks, stone, base, freebase.
* **Ecstasy:** E, pills, MDMA–street name for MDMA powder is mud. Ecstasy is often known by the imagestamped on the pill ie Mitsubishis, doves etc.
  + Similar drugs are MDA (Adam) and MDEA (Eve). Other ecstasy type drugs are 4-MTA (Flatliners) and 2CB.
* **GBL:** Known as Blue Nitro. GBL turns into GHB once it is swallowed
* **GHB:** G, liquid ecstasy (not chemically related to ecstasy). A powerful sedative drug with strong potential for dependency in regular users. Very dangerous mixed with alcohol.
* **Heroin:** Smack, gear, brown, scag, H, horse, junk, china white. Often referred to by price e.g. ‘a ten bag or twenty bag’.
  + smoking heroin is called *‘tooting’* or *‘chasing the dragon’.*
  + Injecting is sometimes referred to as *‘digging’, ‘pinning’* or *‘shooting up’*.
* **Ivory Wave:** Stimulant drug – Ivory Wave is now a Class B drug.
* **Ketamine:** K, Special K, Vitamin K, Ket, it is often referred to as a horse tranquilliser. It is now a Class B drug
* **NPS (Legal Highs)**:
  + ***Cannabinoids:*** Super Lemon haze; Super Strawberry haze; Black mamba; Pandora’s Box; Exodus
  + Damnation; Psyclone; Cherry bong
  + ***Hallucinogens:*** Super Lemon haze; Super Strawberry haze; Black mamba; Pandora’s Box; Exodus
  + Damnation; Psyclone; Cherry bong
  + ***Stimulants:*** Go Gaine; Charley Sheen; Pink Panther
  + ***Nitrous Oxide:*** Mr Whippy; Laughing Gas
* **LSD:** Acid, trips, microdots (tiny tablets), blotters (LSD on a small square of paper – sometimes the name is the picture on the blotter
* **Meow:** Is the name for Mephedrone (Methylmethcathinone). It is also called M-CAT, Drone or Bubbles. It is a powerful ecstasy-like stimulant. Now a Class B drug.
* **NRG1:** Is a very powerful stimulant and potentially dangerous. Now a Class B Drug
* **Other opiates:**
  + Methadone (physeptone)
  + Subutex (buprenorphine)
  + Dihydrocodeine (DF118)
  + Diconal – known as *‘pinkies*
* **Prescription Drugs:** Commonly abused classes of prescription drugs include opioids (e.g. XANAX Co-codamol), central nervous system (CNS) depressants (for anxiety and sleep disorders e.g. Xanax), and stimulants (for ADHD and narcolepsy).
* **Solvents or volatile** **Substances:** There are many individual products which can be sniffed or *‘huffed’* – the most common is butane gas (lighter refill)
* **LSD:** Acid, trips, microdots (tiny tablets), blotters (LSD on a small square of paper –sometimes the name is the picture on the blotter
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* **NRG1:** Is a very powerful stimulant and potentially dangerous. Now a Class B Drug

***Please note:*** This glossary is not exhaustive! Street names for drugs can vary from town to town andbetween peer groups. Many of the new drugs/legal highs sold over the internet may not contain what is advertised – some can contain illegal drugs.

**Useful websites:**

www.drugscope.org.uk/ both contain drugs information and glossaries

[www.talktofrank.com](http://www.talktofrank.com)

www.erowid.org has comprehensive scientific, photographic and user-based information

www.drugs.com has information about prescription and over-the-counter medicines