

# Guidance for Practitioners

## Drugs & Alcohol

### Purpose

- To enable the child or young person to have a voice which is listened to and acted upon.
- To enable the child or young person to give their view on the support they receive.
- To enable the child or young person to identify what help they would like and who from.
- To evaluate the child or young person's attitudes towards and access to local health service provision and develop an understanding of the knowledge base of young people in relation to alcohol and drug activity and practices, general sexual health and other risk taking behaviors.
- To identify gaps in knowledge and understanding and where the child or young person would like to know more.
- To enable the child or young person to give their views on actions for change.
- To enable the child or young person to review what has worked or not worked for them.
- To improve outcomes and evidence what difference listening to the child or young person has made.

### Guidance

- The child or young person should fill out the Drugs and Alcohol worksheets which should take about 20 minutes (the practitioner can support the child or young person but it is important that you write exactly what they say). The worksheets can be completed separately.
- Facilitate a discussion and ask for the child or young person to talk about:
  - Knowledge and understanding
  - Reasons and triggers
  - Risks
  - Keeping safe
  - Changes in behaviour
- You are free of course to use this tool flexibly to meet the needs of the individual child or young person.
- The child or young person (with the support of the practitioner) should complete the action plan to identify the support they feel they may need. Practitioners should ensure their words are recorded and work progresses at a pace suitable to each individual child or young person and set a date to review progress.
- The child or young person with the support of the practitioner should complete the review form recording the child or young person's words.
- The action plan and review should be used in line with other plan processes as appropriate, for example Team Around the Family (TAF), Children in Need (CIN) Reviews and Child Protection Reviews. This tool should contribute to the overall plan for the child or young person.



- Answers to all the questions asked can be found on the NHS Choices website [www.nhs.uk/livewell/Pages/Livewellhub.aspx](http://www.nhs.uk/livewell/Pages/Livewellhub.aspx)
- If you have any concerns about a child or young person's alcohol and/or drugs use please contact Breakout Plus at Connexions, Curzon Street, Derby for further advice.

## **Outcomes**

- To ensure that services offered are tailored so they are appropriate and specific to the needs of the child or young person in supporting healthy lifestyles.
- The child or young person should be able to identify what has helped or not helped.
- The child or young person and practitioner should be able to identify where further support is required and this should inform assessments and/or any future referrals.
- The practitioner should have a better knowledge and understanding of the child or young person.

## **References**

University of Hull Faculty of Health and Social Care, NHS East Riding of Yorkshire Council 2010.



Derby City Council

Voice of the Child ...  
so what difference will it make?

# Drugs & Alcohol

Name ..... Age.....

Today's Date .....

# Alcohol

1. At present, how often do you drink anything alcoholic, such as beer, wine or spirits? Try to include even those times when you only drink a small amount

- |                                    |                                     |                                      |                                      |                                |
|------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Every day | <input type="checkbox"/> Every week | <input type="checkbox"/> Every month | <input type="checkbox"/> Hardly ever | <input type="checkbox"/> Never |
|------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------|

2. Have you ever had so much alcohol that you were really drunk?

- |                                    |                                      |                                      |                                       |                                     |
|------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> No, never | <input type="checkbox"/> 1 - 2 times | <input type="checkbox"/> 2 - 3 times | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Frequently |
|------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|

3. How old were you when you first had an alcoholic drink?

4. Do you think you are more likely to have sex while you are under the influence of alcohol?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

5. Where do you go to get information and advice about alcohol?

- |  |  |
|--|--|
| <input type="checkbox"/> internet (e.g. Talk to Frank) | <input type="checkbox"/> Connexions                  |
| <input type="checkbox"/> School                        | <input type="checkbox"/> Breakout                    |
| <input type="checkbox"/> School Nurse                  | <input type="checkbox"/> Friends                     |
| <input type="checkbox"/> Family                        | <input type="checkbox"/> Doctor                      |
| <input type="checkbox"/> Support Worker                | <input type="checkbox"/> Other, please tell us below |

# Alcohol

6. Do you know about the effects and the risks of drinking alcohol?

Nothing at all

Only a little

Some

A lot

7. Why do you drink alcohol?

Fun

To help with stress

Escape problems

To help with stress

Pressure from friends

Other, please tell us below

8. Do you ever take drugs and alcohol together?

Yes

No

9. Do you want to change your current alcohol use?

Yes

No

Unsure



# Drugs

1. Have you tried, or do you use, any of the following? (Please tick one box per line)

Occasionally: 3-4 times in total Regularly: 1 or more times every week	Never tried	Thinking about trying	Tried	Use occasionally	Use regularly
Paracetamol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal cannabis (grass, weed, green)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis resin (dope, hash)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stronger forms of cannabis (skunk, oil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic mushrooms (mushies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glue, gas, solvent or sprays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD (acid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Psychoactive substances e.g. legal highs such as MKat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GHB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy (E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines (speed, sulphate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meth amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor tranquillisers such as Temazepam (jellies, wobbly eggs), Diazepam (Valium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (Charlie)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack (rock)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (smack, brown, gear, skag)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Drugs

2. Do you think you are more likely to have sex when you are on drugs?

Yes

No

3. Why do you take drugs?

Fun

To help with stress

Escape problems

To help with stress

Pressure from friends

Other, please tell us below

4. Where do you go to get information and advice about drugs?

internet (e.g. Talk to Frank)

Connexions

School

Breakout

School Nurse

Friends

Family

Doctor

Support Worker

Other, please tell us below



# Drugs

5. Do you know about the effects and the risks of taking drugs?

Nothing at all

Only a little

Some

A lot

6. Do any of your friends ever use illegal drugs, such as smoking cannabis, or taking ecstasy, cocaine, or crack or MDMA (Mandy) and Ketamine?

None

A few

Most

Don't know

7. Do you ever take drugs and alcohol together?

Yes

No

8. Do you want to change your current drug use?

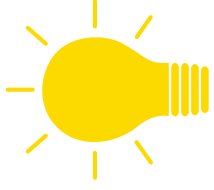
Yes

No

Unsure



# Action Plan



Name .....

Date .....

What is going to help you?	How is it going to help you?	Who is going to help you?	When would you like it to start?
What else might help?			

# Review



Name .....

Date .....

How much has it helped you?

A lot

A little

Not at all

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