

## **Appendix D**

### **RDaSH Mental Health Services and Change, Grow, Live Drug and Alcohol Services Joint Working Pathway – Guidance Notes for Staff**

#### **Draft 1 Matt Pollard**

#### **Service users presenting to Mental Health Services with Drug/Alcohol needs**

When service users present with problematic patterns of Drug or Alcohol Misuse during an initial assessment or during treatment with the Mental Health Services, the practitioner/Care Co-ordinator should assess and identify the pattern of consumption.

The following should be considered:

- What substance(s) is the individual using?
- In what quantities?
- How frequently?
- By what route (smoking, injecting, swallowing)?
- How long has the individual been using for?
- Does the service user recognise this use as problematic?

Feedback should be given to the service user and interventions should be based on the service users 'readiness to change' in order to encourage reduction in risk taking, promote engagement, and increase motivation to change.

Low or Moderate levels of Drug/Alcohol use can be addressed by Mental Health workers as part of their packages delivered to service users but substantial and severe levels should with the service users agreement result in the Mental Health worker supporting self-referral by the service user to the CGL Drug and Alcohol services.

For clarity appendix 1 details the DAST 10 (Drug Abuse Screening Tool) and guidance on levels of drug use interventions and appendix 2 details the AUDIT (Alcohol Use Disorders Identification Test) which can be used by Mental Health workers where clarification is needed about a service users level of use/need for specialist interventions.

Service users who have been identified as requiring a specific intervention such as substitute prescribing, where a timely response would be beneficial, i.e. for opiate or alcohol dependent individuals, the Practitioner/Care Co-ordinator should make attempts to reduce any unnecessary delay by the following:

- Provide the service user with opening times, drop-in sessions, information related to referral pathways, contact details of the relevant services provided by CGL
- Contacting the CGL service on the service users behalf [if consent given] to clarify information, arrange an appointment, and to promote collaborative working.
- Delivering 'opportunistic' brief advice and interventions.

To promote ongoing Recovery, regardless of levels of Drug or Alcohol use, any service user in contact with the Mental Health services and wishing to access specialist Drug or Alcohol advice, treatment or the Drug and Alcohol Recovery groups and activities available should be advised of contact details of the CGL Drug and Alcohol services, including phone number for self-referral, drop-in times, and services provided.

### **Service users presenting to Drug and Alcohol Services with Mental Health needs**

Many individuals will present to Drug and Alcohol services with (in addition to their Drug/Alcohol needs) moderate anxiety, low self-esteem and/or low mood.

These needs can usually be addressed through 1:1 support, CBT based Interventions, Mood Master or similar and peer support/experience or Mutual Aid groups.

IAPT self-referral would also be appropriate for most of these service users

More complex presentations such as significant emotional distress and dysregulation, self-injury, or symptoms of psychosis would meet the criteria for secondary Mental Health care and CGL can refer into secondary and request a standard access assessment or even crisis or home treatment support if appropriate.

### **Contact Details and Referral Routes**

In any case referrals can be made by the service user themselves to both Mental Health and Drug and Alcohol Services.

Referral contact numbers:

**Change, Grow, Live Drug and Alcohol Services** (Carnson House) –  
01709 917649

**RDaSH Mental Health Service Access Team** – 01709 447070

**RDaSH Mental Health Crisis Team** – 01709 302670

In all cases consent from a service user is required for a worker from either service to contact/refer to the other and service user willingness to engage is obviously key. However supporting service users to attend (the level of support being dependent on their needs/complexity) and joint working between Drug and Alcohol services with service user consent are likely to improve both engagement and outcome and reduce duplication and risk.

**Drug Abuse Screening Test ( DAST)**

The Drug Abuse Screening Test (DAST) was developed as a brief self-reporting screening tool, designed to provide a brief instrument for clinical screening and identification of problematic patterns of substance misuse (Skinner, 1982). Staley & El-Guebaly, (1990) and Maisto et al., (2000) state that the DAST is a valid instrument and reports a high level of validity and consistency.

The DAST-28 (28 items) was initially developed by Skinner (1982), although there have been subsequent versions, such as the DAST-20 (20 item test) and the DAST-10 (10 item test).

**Drug Abuse Screening Test (DAST-10)**

The DAST-10 screening test involves 10 questions which relate to substance use only, and does **not include alcohol or tobacco**. Each question receives 1 point for each 'yes' answer, except for question 3, which a 'no' response will receive 1 point (see Appendix 1).

Yudko et al., (2007) reports that all version of the DAST produced satisfactory measures of reliability and validity for use as a clinical tool. Yudko , et al., also concluded that the DAST also produced moderate to high levels of 'sensitivity' *[measures the proportion of actual positives which are correctly identified , e.g services users identified with problematic substance misuse]* and 'specificity' *[measures the proportion of negatives which are correctly identified e.g service users correctly identified as not having a substance misuse difficulty]*.

### **The DAST-10 scores and suggested intervention required**

| Score | Degree of problem        | Suggested intervention required   |
|-------|--------------------------|---|
| 0     | No difficulty identified | No intervention required  |
| 1-2   | Low level                | Provide advice/information, feedback of potential risks, non-confrontational approach. Provide brief interventions.   |
| 3-5   | Moderate level           | Provide brief interventions, identify risks, non-judgemental approach, explore clients ambivalence  |
| 6-8   | Substantial level        | Explore client's readiness for change /motivation, identify risks, identify mutual goals, provide harm reduction advice, referral to specialist services. Refer to the Dual diagnosis Service, if appropriate. Provide a menu of treatment options.           |
| 9-10  | Severe level             | Provide optimistic, flexible and adaptive therapeutic interventions. Harm reduction advice, identify risks, Referral to specialist services [if appropriate]. Joint working with the Dual Diagnosis service. Develop care plan to minimise risk/difficulties. |

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**Cont.**

|                     |               |
|---------------------|---------------|
| Client name:        | D.O.B         |
| Date of screening : | Practitioner: |

\*For the DAST-10, score 1 point for each question answered "yes," except for Question 3 for which a "no" receives 1 point.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications used in excess of the directions and any non-medical use of any drugs. The various classes of drugs may include but are not limited to: cannabis, solvents (e.g lighter fuels, aerosols), heroin, benzodiazepines, cocaine/crack, stimulants (e.g. amphetamines), hallucinogens (e.g., LSD) .

**The DAST-10 questions do not include alcohol or tobacco.**

| DRUG ABUSE SCREENING TEST (DAST-10) |  |             |    |
|-------------------------------------|--|-------------|----|
|                                     | The questions below refer to the past 12 months  | YES         | NO |
| 1                                   | Have you used drugs other than those required for medical reasons?<br><i>(consider the misuse of prescribed medication /over the counter medication)</i> |             |    |
| 2                                   | Do you abuse more than one drug at a time?   |             |    |
| 3*                                  | Are you always able to stop using drugs when you want to?  | 0           | 1  |
| 4                                   | Have you had "blackouts" or "flashbacks" as a result of drug use?  |             |    |
| 5                                   | Do you ever feel bad or guilty about your drug use?  |             |    |
| 6                                   | Does your spouse (or parent) ever complain about your involvement with drugs?  |             |    |
| 7                                   | Have you neglected your family because of your use of drugs?   |             |    |
| 8                                   | Have you engaged in illegal activities in order to obtain drugs?   |             |    |
| 9                                   | Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?   |             |    |
| 10                                  | Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc...)?                                 |             |    |
|                                     |  | Total score |    |

**Scoring:**

**Degree of problem : 0 =no difficulties identified, 1-2= low level , 3-5= moderate level, 6-8 =substantial level. 9-10=severe level.**

Outcome from screening: (please tick appropriate box/es)

|                             |  |                                       |  |
|-----------------------------|--|---------------------------------------|--|
| No intervention required    |  | Information and brief advice provided |  |
| Harm reduction advice given |  | Referral to other/specialist service  |  |

Adapted from ,Skinner, H. A .(1982) .The Drug Abuse Screening Test. *Addictive behaviours*. Vol.7 p363-371

## Appendix 2

### Rotherham, Doncaster and South Humber NHS Foundation Trust

| Alcoholic drink | ABV % | Volume              | Estimated No. of units |
|-----------------|-------|---------------------|------------------------|
| Cider           | 5     | 500mls              | 2.6                    |
| Lager           | 5     | 1 pint (568mls)     | 2.8                    |
| Lager           | 9     | 500ml               | 4.5                    |
| Alcopops        | 5.5   | 275ml               | 1.5                    |
| Wine (bottle)   | 12    | 750ml               | 9                      |
| Spirits         | 40    | 35ml (large single) | 1.4                    |

### Alcohol Use Disorders Identification Test (AUDIT)

| Questions  | Scoring system |                   |                   |                  |                        | Score |
|--|----------------|-------------------|-------------------|------------------|------------------------|-------|
|  | 0              | 1                 | 2                 | 3                | 4                      |       |
| 1. How often do you have a drink containing alcohol?   | Never          | Monthly or less   | 2-4 times a month | 2-3 times a week | 4 or more times a week |       |
| 2. How many units of alcohol do you drink on a typical day when you are drinking?                              | 1 or 2         | 3 or 4            | 5 or 6            | 7,8 or 9         | 10 or more             |       |
| 3. How often do you have six or more units of alcohol on one occasion?   | Never          | Less than Monthly | Monthly           | Weekly           | Daily or almost daily  |       |
| 4. How often in the last year have you found that you were not able to stop drinking once you had started?     | Never          | Less than Monthly | Monthly           | Weekly           | Daily or almost daily  |       |
| 5. How often during the last year have you failed to do what was normally expected of you because of drinking? | Never          | Less than Monthly | Monthly           | Weekly           | Daily or almost daily  |       |
| 6. How often in the last year have you needed an alcoholic drink in the morning to get you going?              | Never          | Less than Monthly | Monthly           | Weekly           | Daily or almost daily  |       |
| 7. How often in the last year have you had a feeling of guilt or regret after drinking?                        | Never          | Less than Monthly | Monthly           | Weekly           | Daily or almost daily  |       |
| 8. How often in the last year have you not been able to remember what happened when                            | Never          | Less than Monthly | Monthly           | Weekly           | Daily or almost daily  |       |



| Questions  | Scoring system |   |                               |   |                           | Score |
|--|----------------|---|-------------------------------|---|---------------------------|-------|
|  | 0              | 1 | 2                             | 3 | 4                         |       |
| drinking the night before?   |                |   |                               |   |                           |       |
| 9. Have you or someone else been injured as a result of your drinking?   | NO             |   | Yes, but not in the last year |   | Yes, during the last year |       |
| 10. Has a relative, friend, doctor or health worker been concerned about your drinking or advised you to cut down? | NO             |   | Yes, but not in the last year |   | Yes, during the last year |       |
|  |                |   |                               |   | <b>TOTAL SCORE</b>        |       |

**Scoring:**

- 0-7 = sensible drinking,**
- 8-15 = hazardous drinking,**
- 16-19 = harmful drinking,**
- 20+ = possible dependence.**

Adapted from: Babor, T, Higgins-Biddle, J, Saunders, J & Monterio, M. (2001). *AUDIT. The Alcohol Use Disorders Identification Test*. 2<sup>nd</sup> edition. World Health Organisation .

**The AUDIT screening scores**

- A score of 0-7 indicates 'sensible' consumption of alcohol.
- A Score of 8-15 indicates hazardous alcohol consumption and the need for brief interventions on alcohol consumption, as provided by tier two services.
- An Audit score of 16-19 indicates harmful patterns of alcohol consumption and the need for extended brief interventions.
- A score of 20 or above indicates possible alcohol dependency and the need for a referral to a specialist tier three alcohol service (Raistrick et al 2006).