



Catching them young

A simple screening process can catch young people at the early stages of drink and drug misuse and point them away from lasting harm. St Helens Council Young People's Drug/Alcohol Team and Knowsley Substance Misuse Nursing Service (Health and Social Care) share promising results of a pilot scheme demonstrating positive partnership working alongside Whiston Hospital Trust and St Helens PCT.

A BBC documentary at the end of last year claimed that there has been a 20 per cent increase in the number of 14 to 15-year-olds presenting at accident and emergency wards for drink-related incidents.

These statistics may be the harsh reality of today's youth culture; but to professionals working within the substance misuse field, they provide more evidence of the need for agencies to work together in addressing both the social and individual aspects of alcohol and drug related harm.

The Health Advisory Service (HAS) *The Substance of Young Needs Review 2001*, recommends introducing drug and alcohol screening for young people in health services.

In the spirit of partnership working, two substance misuse teams from neighbouring boroughs within Merseyside have introduced clear care pathways from a local general hospital into young people's substance misuse community services. The aim is to provide direct follow-up for young people who arrive intoxicated at A&E, but we hope it could also have an impact on revolving door syndrome, as well as enhancing current good practice and consistency of care.

The pilot screening tool encourages hospital staff to screen – with consent – any young person aged 11 or over for drugs and alcohol, regardless of their reason for attending the hospital.

Following the screening, if necessary, they are then given information about substances and relevant local support services, or (with consent) they are referred to an appropriate substance misuse service in their area for a comprehensive assessment.

The focus of the screening tool is to identify substance related issues and facilitate referrals to community services – principally young people's drug and alcohol teams and specialist nursing services. Its aims were identified by looking at national and local strategy, and by consultation with service providers in the two boroughs. In developing the screening tool, young people were asked if they felt that questions about drug and alcohol use were relevant and appropriate to ask within the hospital environment. They all felt that they were, and that having it taking place in a hospital would lead to appropriate treatment.

The HAS review calls for healthcare professionals to research the effectiveness of screening, assessment and brief interventions, and suggests these initiatives could make a significant impact on public health.

We decided that given the busy nature of hospitals, particularly A&E, screening had to be as short, straightforward and quick to administer as possible. Our screening tool is currently a one sided, predominantly 'tick box' carbonated document, separated as follows: Part a – copy for hospital records; part b – copy for the school nurse; part c – copy for the relevant young persons substance misuse team.

Introducing screening is not intended to replace any existing protocols, but it allows the young person to make informed choices in relation to further support for their drug and/or alcohol use. It also lets us consider the wider agenda, such as whether child protection procedures might be needed.

The screening tool emphasised our need to formalise links between school nurses and the young people's substance misuse services through a structured care pathway. Ongoing use of screening has not only had a positive impact on appropriate referral; it has also improved lines of communication, enabled information-sharing, and made multi-disciplinary working more effective. School nurses are able to follow up and monitor those young people who refused an initial referral to the Tier 3 service, and help to raise awareness of those young people whose substance use may currently be within the experimentation stages, so that information can be targeted appropriately.

Through the 'paediatric liaison' route, young people up to the age of 16 years would normally be identified as needing advice and support around drugs or alcohol. Before the screening tool was introduced there were concerns that those aged 16-18 would not be identified as at risk or needing help, as they were recognised as adults within the hospital admissions process. The screening process would prevent these young people from being excluded from support.

The main strength of such a screening tool is not only its simplicity in being a one-sided

questionnaire, but the fact that the hospital staff are able to offer this input across boroughs and have built up working relationships and contacts with the young people's substance misuse teams within each of its main servicing areas – in our case, St Helens and Knowsley.

Through screening we can establish recent consumption and identify immediate health risks in relation to recent heavy drug or alcohol use. These can be considered in relation to potential hospital treatment or medication, so that modifications can take place. For example, the impact of recent amphetamine use needs to be considered if a general anaesthetic is prescribed.

A recent evaluation of the screening tool revealed that health professionals had, at times, been reluctant to deal with drug or alcohol issues among young people. In some cases this was seen as relating to a lack of understanding and knowledge about the needs of young people in relation to drugs and alcohol and how to deal with such issues. The screening process, combined with supported training around drug and alcohol awareness, provides hospital staff with a quick and straightforward means of broaching the subject with young people, understanding related needs and providing an opportunity for appropriate referral.

While the rationale and aims of the screening tool are clear, we now need further investment in its delivery and use on a number of levels. During its pilot phase the screening work relied on good will and the excellent working relationships between frontline workers. For the tool to be used consistently and effectively, it needed to be recognised at a strategic level and embedded within other 'day-to-day' hospital procedures. This has now been achieved, and the young persons substance use screening tool is to become part of standard practice.

Madeline Jones (St Helens Young Peoples Drug and Alcohol Team) & Debbie Olyott (Knowsley Substance Misuse Service) are available on email for further information regarding the screening process: madeline.jones@sthelens.gov.uk/debra.olyott@knowsley.nhs.uk