



Referral form to Torbay U18 Drug and Alcohol Team

Referrals can be made either using this form or by telephone, by a worker or direct by the young person.

Under 18s Drug and Alcohol Worker Checkpoint, 7 Victoria Rd, Ellacombe, Torquay Tel: 01803 200100
Drug and Alcohol Worker YOT, Commerce House, Abbey Road, Torquay Tel: 01802 201655
Drug and Alcohol Youth Worker Torbay Youth Service Tel: 01803 208208

Referrer's details

Name Date of Referral
Job Role Tel No
Address
Have you received MASST training yes no

Young person's details

Name Date of Birth
Address Tel No
Does the young person consent to this referral yes no
What is the best way to contact the young person: phone text letter

Drug and alcohol work undertaken so far

Screening tool eg: MASST, ASSET, APIR, (please circle, and attach if possible)
Leaflets / Information provided? yes no
CAF yes no
Anything else covered (please give details)
Does the young person consent to the screening tool information being shared with the U18 drug and alcohol team yes no

What do you want to happen as a result of this referral?

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Other agency involvement (Please give name, agency and contact details)

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Multi agency substance screening tool (MASST)

	Tobacco	Alcohol	Solvents	Cannabis	Ecstasy	Amphetamine	LSD	Ketamine	Legal highs eg. salvia	Cocaine	Crack	Heroin	Methadone	Illegal prescribed	Other
Ever used?															
Recent use (last two weeks)															
Age at first use															

1	Can you describe any substance you think you have ever used or are currently using. Add information not on table above and indicate how much and how often.	
2	Have you thought about why you use substances if you do? Is it part of having a good time with your friends and /or does it help you feel more able to cope with certain things?	
3	What do you know about the dangers/effects/ side effects of the substances you or your friends are using?	
4	Are there any substances you'd like to know more about? If so what?	
5	What kind of places and times of day/night do you like to use substances?	
6	Do you use mainly on your own or with friends?	
7	How do you use? Smoking, drinking, swallowing, sniffing, injecting?	
8	How do you manage to pay for the substances you use?	
9	Do you always know what you are taking? If so how?	
10	Do you ever take more than one substance at a time? If so, which substances? (this includes tobacco and alcohol).	
11	What problems (if any) do you think your use causes you? How does it affect your life? Your friends and family?	
12	How do you feel about your substance use? Do you think its fine? Are there things that worry you at all?	
13	What help/advice about substance use have you had before? What did you find useful and what wasn't helpful?	

NB: Details may need to be obtained for monitoring purposes, eg. age, gender, ethnicity, name, etc.