



Referral Guidance Sheet - Southern Trust Community Addictions Service

The Tier 3 SHSCT Community Addictions Service supports individuals who are experiencing issues with harmful use of substances or substance dependency, and with an expressed desire to moderate or cease their substance intake. The service includes three main teams – locality based Community Addiction Teams, a Trust wide Opiate Substitution Therapy Team and a Trust wide Co-occurring Mental Health and Substance Use Service – referral pathway through Community Mental Health Teams. GP referrals are made via CCG to the Mental Health Booking Centre. To ensure each referral is triaged in a timely manner we ask that the below referral criteria is considered

Referral Criteria

- Aged 18 year or over
- Residing in the SHSCT and registered with a GP
- AUDIT score >20 and/or an LDQ score of 10-22 plus complex issues or LDQ score >22
- Physical and/or mental health problems due to their substance use
- Difficulties with employment, family relationships, education, finances or other life responsibility due to their substance use.

Urgent Referral Criteria

- Chaotic high risk poly substance use, including heroin/crystal meth misuse; injecting drug use
- Coexisting mental health disorder that has been destabilised due to substance use.
- Recent DSH and ongoing TSH
- Significant physical health problems due to complications of drug/alcohol use
- Pregnant
- Childcare/Adult safeguarding risks

Referral Information Required:

Substance Use History

Substance use history & current substance use? Substance being used, duration, frequency, route of use, periods of abstinence, last used, withdrawal history including history of seizures, DTs.

Please include **prescribed medication**.

Screening tools to assist with identifying suitability for service level – Tier 2 or Tier3. AUDIT & LDQ.

Service user's identified concerns about their substance use and motivation to change.

Physical Health History

Physical health history including issues associated with alcohol use eg. significantly deranged LFTs, ascites, peripheral neuropathy.

Mental Health History.

Identified Mental Health issues and associated risks. History of TLNWL/TSH/THO/DSH/SI.

If active plan or intent- please consider referral to Home Treatment Team.

Social Circumstances & Forensic History

Include risk, in particular relating to children and adults at risk of harm. Consider need for UNOCINI, APP1.

Identified Forensic history and associated risks, including any history of violence/aggression.

Consider need for two staff.

and required information is provided.

Urgent referrals are added to the Urgent waiting list and attempts will be made to contact the service user over a 72hour period to offer a New Urgent Assessment appointment within 10 working days. If unable to establish contact and no return call from service user following two text messages, a 10 day letter will be sent advising that if the service user does not respond, they will be discharged back to the care of their GP.

To find out more about substances used, services available, self-help tools and other useful resources, please see the PHA supported Drugs and Alcohol NI website
www.drugsandalcoholni.info



Tier 2 Service: Extended Brief Intervention & Psychotherapeutic Intervention.
 Commissioned by PHA. (HSC-commissioned so eligible for HSC Interpreting service).
 Delivered by *Step 2 Partnership* (local contact point: Dunlewey Addictions Service).
 Referrals and Self referrals accepted. Forms and flyers (inc. translations) →
 Referral criteria: 18+ years. AUDIT score 16+ and/or harmful drug use.
 Nb. Level of use can be noted on referral form or assessed by the Step 2 service.



Also 5-Step Family Support
 whether or not person using substances accepts help.

Practice posters
 Individual



Family Support



Referral criteria

Referrals to Tier 3 Community Addictions Service are for individuals experiencing issues with harmful misuse of substance or substance dependency, and with an expressed desire to moderate or cease their substance intake

The Tier 3 Community Addiction Service has a responsibility to ensure all referrals to the service are managed in a fair and equitable way.

The information contained in the referral will be used by the practitioner to determine clinical priority that promotes safe and effective care.

Referral information to include:

- Service user's up to date address and contact details
- Service user's current substance use and substance use history
- Service user's identified concerns about their substance use and motivation to change
- Identified Physical Health issues and associated risks
- Identified Mental Health issues and associated risks
- Identified Social circumstances and associated risks, in particular relating to children and adults at risk of harm
- Identified Forensic history and associated risks, including any history of violence/aggression
- Current prescribed medication

Criteria:

- Individuals to be aged 18 year or over
- Individuals who reside in the Southern Health and Social Care Trust area and registered with a GP
- Individuals who have an AUDIT score above 20 and/or an LDQ score of 10-22 plus complex issues or LDQ score above 22
- Individuals who are experiencing physical and/or mental health problems due to their substance use
- Individuals who are experiencing difficulties with their employment, family relationships, education, finances or other life responsibility due to their substance use

Additional Criteria for Urgent Referral:

- Chaotic high risk poly substance use, including heroin/crystal meth misuse; injecting drug use
- Coexisting mental health disorder that has been destabilised due to substance use.
- Recent DSH and ongoing TSH

- Significant physical health problems due to complications of drug/alcohol use (see list below for examples*)
- Pregnant
- Childcare risks/concerns
- Adult safeguarding risks/concerns
- Requires follow up post discharge from a regional addictions inpatient unit
- Recently released from prison requiring intervention
- Homeless

**List of physical health issues that may indicate need for urgent review (this list is not exhaustive-please seek advice from CAT medical colleagues if you are unsure):*

- *Severe alcohol related liver disease*
- *Memory problems suggestive of Alcohol Related Brain Injury*
- *Unsteady gait/peripheral neuropathy*
- *Malnourishment*
- *Blood-borne virus infection and not on treatment-Hep C, HIV, Hep B*
- *Complications from injecting drug use requiring hospital treatment e.g. DVT/PE, recurrent abscesses/skin infections, sepsis, endocarditis*
- *Gastric ulceration/kidney problems from Nurofen plus usage*
- *History of alcohol withdrawal seizures/delirium tremens and still drinking*

If you wish to discuss a potential referral or are worried about an urgent case please telephone us on 028 3756 4513.

A member of the team will be happy to discuss with you.

AUDIT and AUDIT C - screening for harmful alcohol use, guide to severity of dependence

AUDIT	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during 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	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

AUDIT - C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Leeds Dependence Questionnaire - LDQ

Here are some questions about the importance of alcohol or other drugs in your life. Think about the main substance you have been using over the **last 4 weeks** and tick the closest answer to how you see yourself

Always	Never	Sometimes	Often	Nearly
	0	1	2	3
Do you find yourself thinking about when able to have another drink or take more drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is drinking or taking drugs more important else you might do during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that your need for drink or to control? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Do you plan your days around getting and drugs? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Do you drink or take drugs in a particular increase the effect it gives you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you drink or take drugs morning, <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Do you feel you have to carry on drinking or started? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Is getting an effect more important than the drug you use? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Do you want to take more drink or drugs start to wear off? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Do you find it difficult to cope with life <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

you will next be

than anything

drugs is too strong

taking drink or

way in order to

afternoon and evening?

taking drugs once you have

particular drink or

when the effects

without drink or drugs?

Leeds Dependence Questionnaire (LDQ)

The LDQ (www.leedspft.nhs.uk/our_services/leeds_addiction_unit/RESULT) is derived from a psychological understanding of the nature of dependence and is, therefore, suitable for measuring dependence during periods of substance use or abstinence. The LDQ is an indicator of how addicted a person is and, therefore, how difficult it will be to achieve a positive outcome.

For help seeking populations the LDQ is a reasonable proxy for substance use, however, for people who are socially quite stable, employed and having functional families, heavy drinking or other drug use is less well correlated with dependence.

There are 10 items scored 0-3.

Cut offs are:

<10 = low dependence;

10-22 = medium dependence; and

>22 = high dependence.