DECCA
Drug Education, Counselling and Confidential Advice

Please return to:
DECCA (Drug Education, Counselling and Confidential Advice) **Team**
Hawthorns House
Halfords Lane
West Bromwich
B66 1BJ
Tel: 0845 838 53 17
Fax: 0121 524 2616

DECCA Team Referral Form

Please complete this form as fully as possible to ensure that the young person receives the service that meets their needs.

The information you supplied is for use of the DECCA Team and is confidential. It will only be passed to partner organisations with permission.

The following is a list that constitutes what we define as drugs:

- Any prescribed medication used by anyone it is not prescribed to
- Any medication being misused (flu remedy, cough syrup etc)
- Any controlled or scheduled drug
- Amphetamines (Sulphate known as speed, methylamphetamine)
- Alcohol
- Anabolic Steroids
- Cannabis (Large variety of slang names)
- Cocaine Hydrochloride (Powder)/Crack Cocaine
- Cigarettes (Tobacco)
- DMT
- GHB
- Herbal Highs
- Ketamine
- LSD (Acid)
- MDMA (Ecstasy)
- Nitrates (Poppers)
- Opiates (Heroin)
- Opiate Substitutes and Blockers (Methadone, Subutex, Naltraxone)
- Phenethylamines (2CB, 2CTI, 2CT7)
- Psilocybin (Magic Mushrooms)
- Qat
- Volatile Substances known as VS (Butane Gas, Solvents, sniff-able products)

This list is not exhaustive. There are always new drugs coming on to the market so this list will constantly be reviewed. Not all of the above are illegal. Alcohol and VS are drugs and should be thought of in this way.

Sections A, B, C, D and E MUST be completed and returned to the above address.
Sections F, G and H, if completed, will ensure a quicker, more accurate referral to take place.

Sandwell
Metropolitan Borough Council

DECCA
Drug Education, Counselling and Confidential Advice

Please return to:
DECCA (Drug Education, Counselling and Confidential Advice) **Team**
Hawthorns House
Halfords Lane
West Bromwich
B66 1BJ
Tel: 0845 838 53 17
Fax: 0121 524 2616

Section A:

Details of young person (if for a group use the Group referral sheet)

Name of young person [ ]

Age [ ]

DOB [ ]

M/F [ ]

Unique Pupil Number (if known) [ ]

Address [ ]

Postcode [ ]

Can the client be contacted at the above address? [ ]

If No alternative address

Postcode [ ]

Telephone Number [ ]

Can the client be contacted on that Number? **If No** alternative contact details [ ]

Question	Yes	No	Don't Know
Is the young person aware of this referral?	[ ]	[ ]	[ ]
Is the young person in care?	[ ]	[ ]	[ ]
Is young persons Parent/Carer/Key Worker aware of this referral?	[ ]	[ ]	[ ]

Does the young person have any disability?
(special educational needs, physical or mobility issues)
If yes please state [ ]

What is the young person's first language? [ ]

Has the young person been homeless/slept rough in the last 30 days? If yes please give details. [ ]

Ethnicity

- White British [ ]
- White Irish [ ]
- White Other [ ]
- Black British [ ]
- Black Caribbean [ ]
- Black African [ ]
- Black Other [ ]
- White and Black Carib [ ]
- White and Black African [ ]
- White and Asian [ ]
- Asian British [ ]
- Asian Indian [ ]
- Asian Pakistani [ ]
- Asian Bangladeshi [ ]
- Other Asian [ ]
- Chinese [ ]
- Other Mixed [ ]
- Other (please state) [ ]

If the young person currently receives support from any other organisation(s) please list on a separate sheet

Sandwell
Metropolitan Borough Council

DECCA
Drug Education, Counselling and Confidential Advice

Please return to:
DECCA (Drug Education, Counselling and Confidential Advice) **Team**
Hawthorns House
Halfords Lane
West Bromwich
B66 1BJ
Tel: 0845 838 53 17
Fax: 0121 524 2616

Section B:

Details of referring person/agency

Name		Job Title	
Name and address of organisation			
Tel. No.		Date of referral	

Would this be the worker assigned to co deliver, if needed, educational intervention with the DECCA Team **Yes** ☐ **No** ☐ **Don't know** ☐

If no please give details on a separate sheet and attach

Section C:

Drug Intervention history?

Does the young person regularly attend school? **Yes** ☐ **No** ☐ **Don't know** ☐

Has the young person ever received any drug education? **Yes** ☐ **No** ☐ **Don't know** ☐

Is the young person willing to receive education on drug issues? **Yes** ☐ **No** ☐ **Don't know** ☐

Has the young person ever received drug treatment/counselling

If yes please give details

Is the young person willing to receive drug treatment /counselling if it is needed? **Yes** ☐ **No** ☐ **Don't know** ☐

Section D:

Additional information

(Please use Additional Information Sheet if necessary)

Section E:

Agreement

We believe each organisation we work with will agree to work with us.
Before you sign this referral form please read the DECCA Team Policy carefully. The signing of this referral means you have agreed to work within its boundaries.
Any young person referred needs to be aware that a referral has been made for them.

Signed:

Print name: Date:

Sandwell
Metropolitan Borough Council

DECCA
Drug Education, Counselling and Confidential Advice

Please return to:
DECCA (Drug Education, Counselling and Confidential Advice) **Team**
Hawthorns House
Halfords Lane
West Bromwich
B66 1BJ
Tel: 0845 838 53 17
Fax: 0121 524 2616

Section F:

Drug use

Has the young person ever used drugs? **Yes** ☐ **No** ☐ **Don't know** ☐

Is the young person currently using drugs? **Yes** ☐ **No** ☐ **Don't know** ☐

If there is current drug use please complete the following

Code	**Drug name**	Never	Rarely	Occasionally	Weekly	Daily
A	Alcohol (how many units)	☐	☐	☐	☐	☐
AM	Amphetamines	☐	☐	☐	☐	☐
C	Cannabis	☐	☐	☐	☐	☐
CP	Cocaine Powder	☐	☐	☐	☐	☐
CC	Crack Cocaine	☐	☐	☐	☐	☐
E	Ecstasy	☐	☐	☐	☐	☐
H	Heroin	☐	☐	☐	☐	☐
L	LSD	☐	☐	☐	☐	☐
MM	Magic Mushrooms	☐	☐	☐	☐	☐
OP	Opiate Substitutes	☐	☐	☐	☐	☐
P	Poppers	☐	☐	☐	☐	☐
S	Steroids	☐	☐	☐	☐	☐
VS	Volatile Substances	☐	☐	☐	☐	☐
O	Other (please state)	☐	☐	☐	☐	☐

Main drug used daily
(Please use code of drug above) ☐

Main drug used weekly
(Please use code of drug above) ☐

Is there Poly drug use (using more than one drug in a session, daily or weekly) please state which drugs
(Please use code of drugs above) ☐

Does the young person feel as though they cannot go without using drugs? **Yes** ☐ **No** ☐ **Don't know** ☐

Is the young person concerned about their drug use? **Yes** ☐ **No** ☐ **Don't know** ☐

Section G:

Risk factors

Has the young person ever engaged in practices which put them at risk (injecting, sharing equipment, poly drug use, binge/excessive drinking, VS use) **Yes** ☐ **No** ☐ **Don't know** ☐

Has the young person ever overdosed? **Yes** ☐ **No** ☐ **Don't know** ☐

Has the young person ever self-harmed? **Yes** ☐ **No** ☐ **Don't know** ☐

Sandwell
Metropolitan Borough Council

DECCA
Drug Education, Counselling and Confidential Advice

Please return to:
DECCA (Drug Education, Counselling and Confidential Advice) **Team**
Hawthorns House
Halfords Lane
West Bromwich
B66 1BJ
Tel: 0845 838 53 17
Fax: 0121 524 2616

Does the young person see drug use as a positive to their life?	**Yes** ☐	**No** ☐	**Don't know** ☐
Has the young person ever become violent after drug use?	**Yes** ☐	**No** ☐	**Don't know** ☐
Is the young person currently awaiting a court appearance?	**Yes** ☐	**No** ☐	**Don't know** ☐
Has the young person ever been convicted of an offence(s) due to their drug use?	**Yes** ☐	**No** ☐	**Don't know** ☐
Is the young person offending to obtain money for drugs?	**Yes** ☐	**No** ☐	**Don't know** ☐

Section H:

Further Information

Please state why you feel this referral is necessary

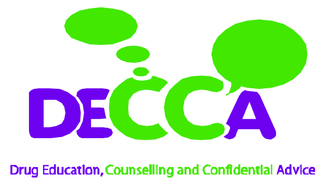
DECCA Team Office use only:

Section I:

Outcome

Content of Education to be conducted with young person	
Counselling to be carried out with young person	
Other	
Date for Start of intervention	
Venue for first meeting	
Additional Information	(Use additional sheets if necessary)
Case Number	
Identified Worker(s)	

Sandwell
Metropolitan Borough Council



Please return to:
DECCA (Drug Education, Counselling and Confidential Advice) **Team**
Hawthorns House
Halfords Lane
West Bromwich
B66 1BJ
Tel: 0845 838 53 17
Fax: 0121 524 2616

Additional Information Sheet

Sandwell
Metropolitan Borough Council