

Newer and Unregulated Drugs

Screening and Assessment tool

Draft v1.2

Client Name:

Date of Birth:

Gender:

Date of Assessment:

Venue for assessment:

Which of these substances have you used?

Record: Last used; how used; where sourced; amount used per session; cost

Smoking Mixtures: Have you **smoked** anything *apart from cannabis or tobacco* in the past six months?

Product Name/description	Last used	Amount/session	Frequency	Cost
1				
Notes:				
2				
Notes:				
3:				
Notes:				

Unknown powders: Have you **taken any powders or crystals** *apart from cocaine, or amphetamine* in the past six months?

Product Name/description	Last used	Route(s)	Amount/session	Frequency	Cost
1					
Notes:					
2					
Notes:					
3:					
Notes:					

Only record newer drugs, used in the last six months. Other drugs can be recorded in a comprehensive assessment.

Which of these substances have you used?

Record: Last used; how used; where sourced; amount used per session; cost

Pills and Pellets: Have you **swallowed any pills** (except medicines prescribed to you) in the past six months?

Product Name/description	Last used	Amount/session	Frequency	Cost
1				
Notes:				
2				
Notes:				
3:				
Notes:				

Other products: Have you **taken any other substances** (e.g. liquids, things you have inhaled, or things you have swallowed) in the past six months?

Product Name/description	Last used	Route(s)	Amount/session	Frequency	Cost
1					
Notes:					
2					
Notes:					
3:					
Notes:					

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How Was it for You?

Speedy effect

Euphoric
Reward

Trippy

Sleepy/downer effect



For each drug that you have used in the last 6 months, mark how it made you feel on the spectrum of effects:

Priority Check-list

1: Have you become unconscious as a result of your recent drug use? Yes/No

Details:

2: Have you had to go to hospital or had an ambulance called as a result of use? Yes/No

Details:

3: Have you been arrested because of, or while under the influence of any of these substances? Yes/No

Details

4: Have you felt very low, depressed, scared or unable to cope, possibly as a result of your use of these substances. Yes/No

Details

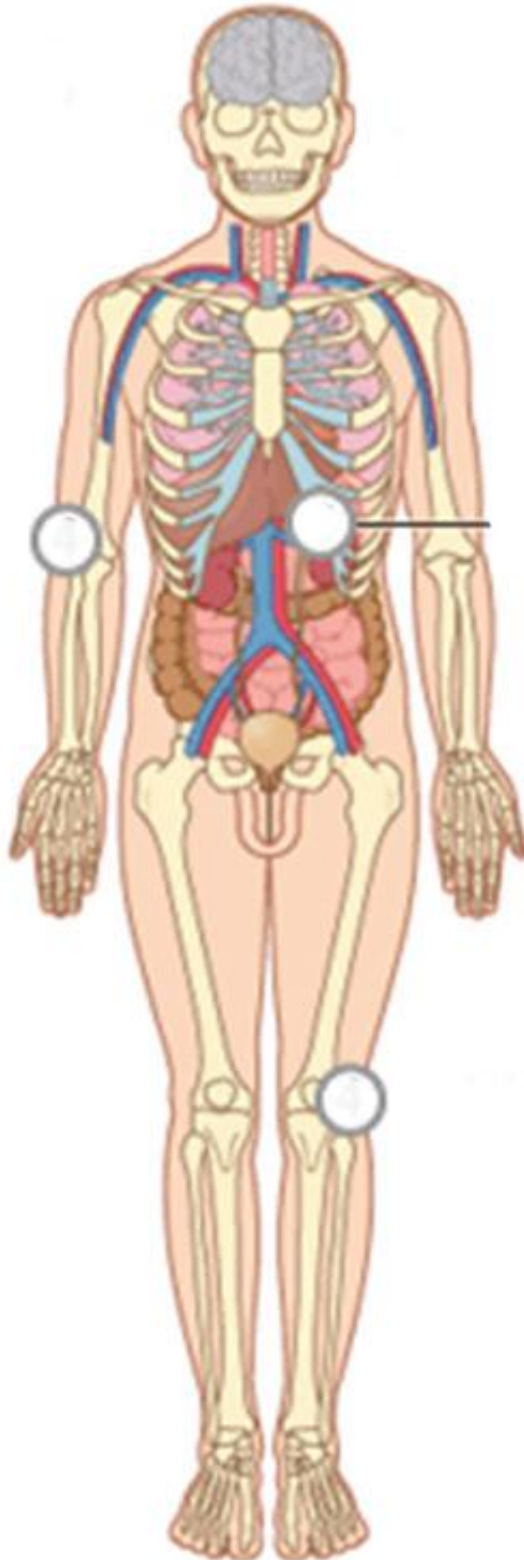
5: Have you been injecting any compounds? Yes/No

Details

6: Do you think your use of these substances is under control? Yes/No

Details

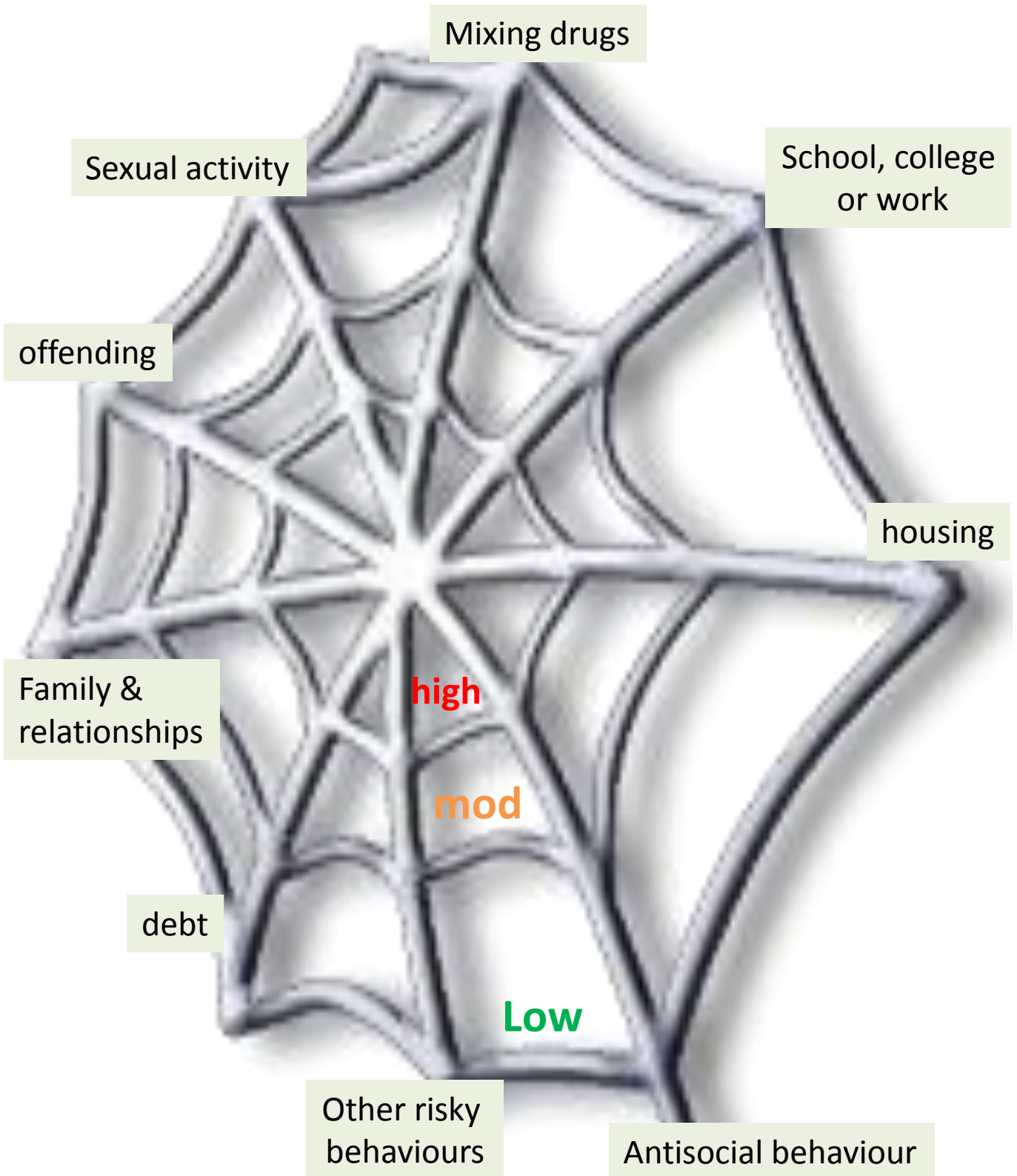
How is your use affecting you?



Use the body map to indicate places where you experienced unpleasant symptoms or pain during or after using substances.

Risky behaviour web

Use the web to identify examples of risk taking behaviour and levels of risk



Notes and Actions

Key Identified Risks	Interventions
Other Advice Given	
Referral: External Agency: Internal referral:	
Other Interventions: (e.g. Condoms, needles etc)	
Worker	Date: