

# 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 white powders:** Have you **taken any white powder drugs** *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?

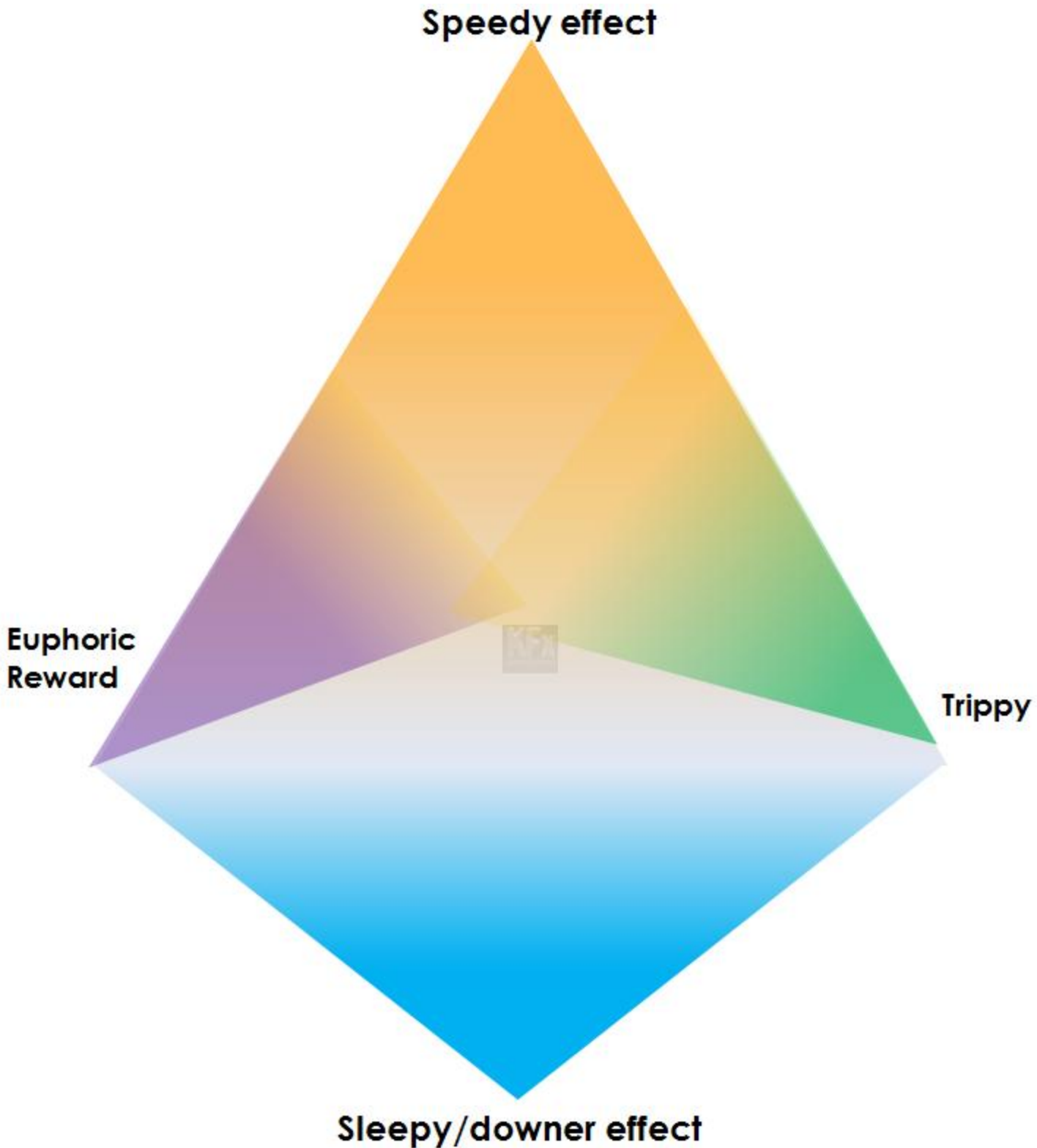
Product Name/description	Last used	Amount/session	Frequency	Cost
1				
Notes:				
2				
Notes:				
3:				
Notes:				

**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:					

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

# How Was it for You?



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

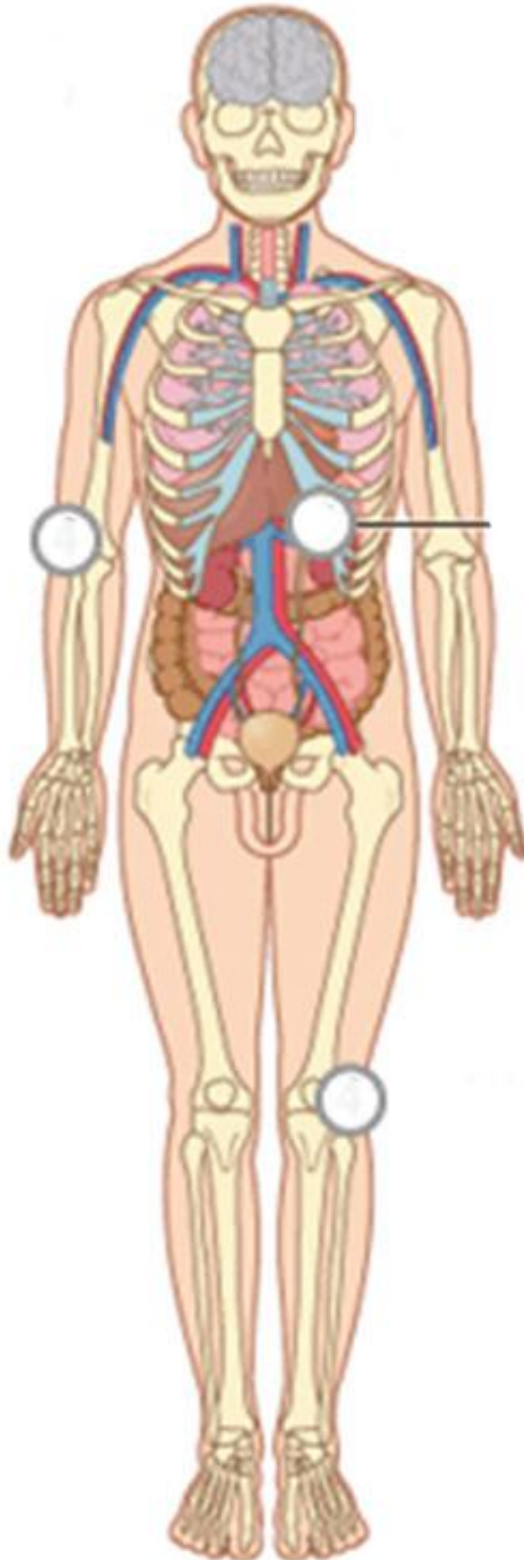
**5: Have you been injecting any compounds? Yes/No**

Details

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

Details

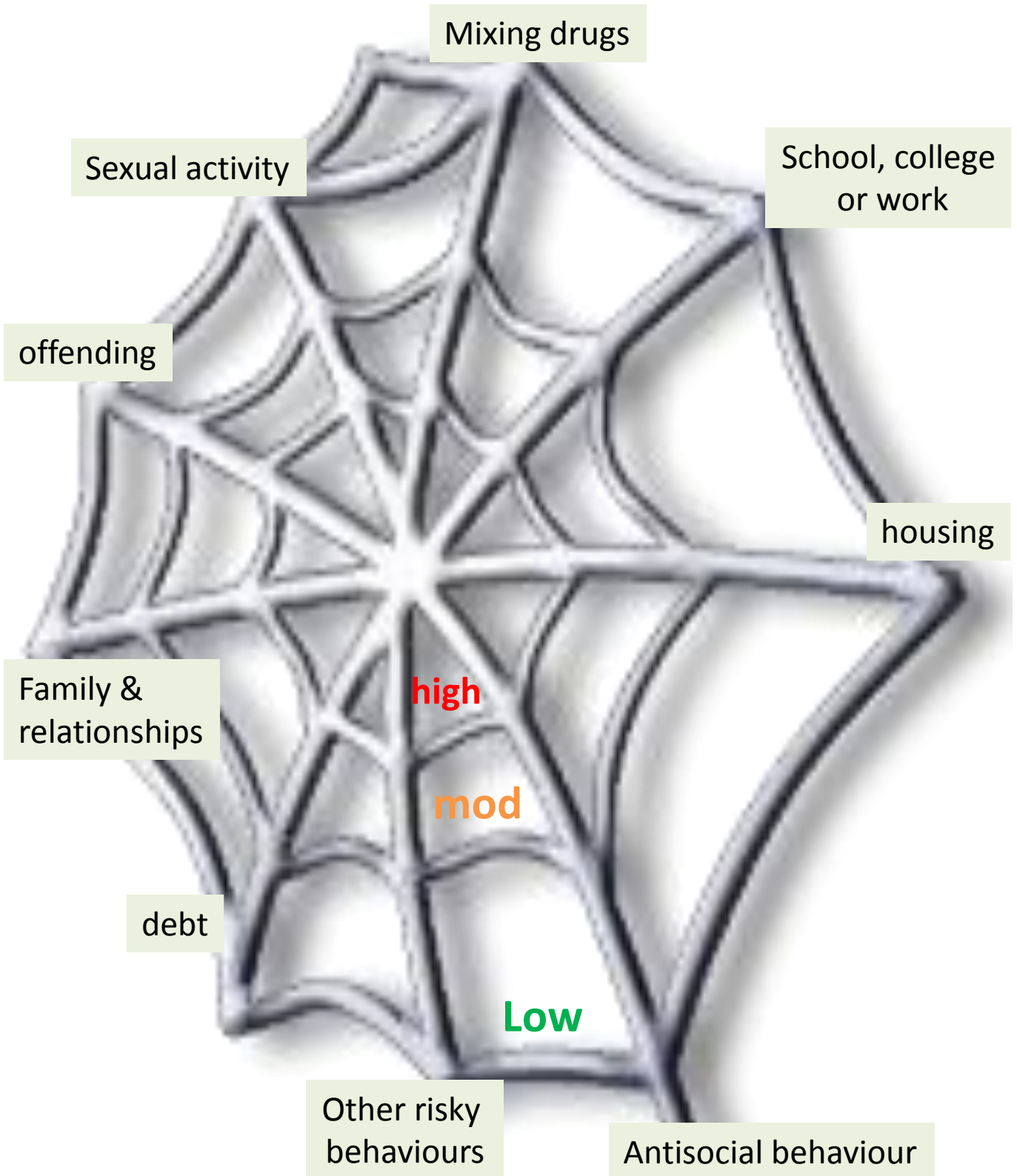
# How is your use affecting you?



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

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