



**1. Sedatives**

**Anxiolytics**

Atarax  
Ativan  
Buspar  
Equanil  
Lectopam  
Librium  
Rivotril  
Serax  
Tranxene  
Valium  
Xanax

**Hypnotics**

Dalmane  
Doriden  
Halcion  
Imovane  
Mandrax  
Mogadon  
Noctec  
Noludar  
Placidyl  
Restoril

**Barbiturates**

Amytal  
Butisol  
Carbrital  
Fiorinal  
Nembutal  
Phenobarbital  
Seconal  
Tuinal

**5. Cocaine**

Cocaine (inhaled + I.V.)  
Crack (smoked)  
Freebase (smoked)

**6. Other stimulants**

Benzedrine  
Crystal  
Dexedrine  
Fastin  
Methedrine  
Ponderal  
Preludine  
Ritalin  
Tenuate

**7. Inhaled substances**

Aerosol  
Glue  
Chloroform  
Paint stripper  
Paint dissolver  
Gasoline  
Ether  
Pam  
Paint  
"Poppers"  
"Hairspray"  
Turpentine  
Varathane  
Nail polish

**2. Cannabis**

Pot  
Hasch  
Hashish oil  
T.H.C.

**3. PCP**

Ketamine

**4. Hallucinogens**

Acid  
Mushrooms  
Ecstasy (MMDA/MDA)  
L.S.D.  
Mescaline

**8. Opiates**

Heroin (smack)  
Codeine  
Darvon  
Demerol  
Dilaudid  
Empracet (codeine)  
Fiorinal (codeine)  
222  
Lomotil  
Speedball  
(heroin/cocaine)  
Morphine  
MS Contin  
Percocet  
Talwin  
Tylenol with codeine

**Syrups with codeine or hydrocodone**

(These syrups are non prescribed but behind the counter)  
Benlyin codeine 3,3 mg D-E  
Dimetane expectorant-C et DC  
Novahistex C and DH  
Triaminic DH  
Tussaminic C and DH

**Score Interpretation of the SDS**

**0-2 First line CLSC intervention**

**3-5 Answer questions 16 to 24 before contacting the counsellor of the substance abuse center to discuss the counselling options**

**6-15 Intervention with the substance abuse center**

I authorize \_\_\_\_\_ to forward the present evaluation to \_\_\_\_\_ and to discuss it for counselling purposes.

Date: \_\_\_\_\_ User's signature \_\_\_\_\_

Valid until \_\_\_\_\_

**Drug Use Impact Scale (DUIS)**

Traduct by Villeneuve A.-C. (2005) of "Échelle des Conséquences de la Consommation de Drogues" (ÉCCD) Tremblay, J., Rouillard, P., & Sirois, M. 2000.

If the individual has a score between 3 and 5 according to the SDS, ask the following questions before contacting a counsellor of the substance abuse centre.

**WITHIN THE LAST YEAR...**

	Never	Once	2 or 3 times	4 to 10 times	Every month (12 to 51 times)	Every week (52 + times)
16. Has your drug use negatively affected your performance at work, school or when doing your household chores? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Has your drug use negatively affected one of your friendships or one of your close relationships? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Has your drug use negatively affected your marriage, romantic relationship or family? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Have you missed work or school days because of your drug use? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Have you ever taken drugs in situations where the act of doing so increased the risk of injury, for example operating machinery, using firearms or knives, crossing heavy traffic, mountain climbing or swimming? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Have you ever driven a motorized vehicle (car, motorcycle, boat, SUV, Sea-doo) even though you had taken drugs? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Have you ever been arrested for driving a vehicle under the influence of drugs? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Have you ever had legal problems (other than arrests for driving while intoxicated) related to drug use? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If yes, specify : _____						
24. Has your drug use diminished your ability to take care of your children? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>