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DÉBA-Drogues (Dépistage/Évaluation du Besoin d'Aide - Drogues / Assessment and Screening of Assistance Needs - Drugs) v2.0p

Tremblay, J., Rouillard, P., & Sirois, M. 2000. Rév. 2016-01-26, Translated by Villeneuve A.-C. (2005)

User's first name (please print) | User's last name (please print) | Age | ○ Male ○ Female

In the following list of products, indicate the person's consumption frequency for each of these products within the past year.
- Ask questions about each of the products
- The list of the most common products on verso

Home tel. No. -

Other tel. No. -

	Never	< 1 time/month	1 to 3 times/month	1 to 2 times/week	3 times or more/week	
1. Sedatives	○	○	○	○	○	If the user takes sedatives every week, ask the following 3 questions: ○ Exceeds dosage ○ From more than one doctor ○ Non-prescribed
2. Cannabis	○	○	○	○	○	
3. PCP	○	○	○	○	○	
4. Hallucinogens	○	○	○	○	○	
5. Cocaine	○	○	○	○	○	
6. Other stimulants	○	○	○	○	○	
7. Opiates	○	○	○	○	○	
8. Inhaled substances	○	○	○	○	○	
9. GHB	○	○	○	○	○	
i. What is the cumulative frequency of all drugs consumed from 2 to 9 without distinction?	○	○	○	○	○	

	Oral	Nasal "sniffed"	Smoked	Injected
3. PCP	○	○	○	○
5. Cocaine	○	○	○	○
7. Opiates	○	○	○	○

If the person uses more than one mode of consumption for one product, note them all.

If the user has consumed more than one of the drugs from 2 to 9, answer question i

If you have checked in a grey zone, go on to questions 10 to 15. If not, end here.

Severity of Dependence Scale (SDS)

Gossop, M., Darke, S., Griffiths, P., Hando, J. Powis, B., Hall, W. & Strang, J., (1995)

Choose the most consumed drug or the one that causes problems and ask questions 10 to 14 solely for that drug.
○ Sedatives ○ Cocaine ○ GHB
○ Cannabis ○ Other stimulants
○ PCP ○ Opiates
○ Hallucinogens ○ Inhaled substances

Answer the 5 following questions thinking about your _____ consumption.

WITHIN THE LAST YEAR...

	Never	Almost never	Sometimes	Often	Always	Nearly always
10. Did you think your use of _____ was out of control?	0		1	2		3
11. Did the prospect of missing of _____ make you anxious or worried?	0		1	2		3
12. Did you worry about your use of _____?	0		1	2		3
13. Did you wish you could stop _____?	0		1	2		3

14. How difficult would you find it to stop or go without _____?
○ Not difficult (0) ○ Very difficult(2)
○ Quite difficult (1) ○ Impossible (3)

15. Would you like to receive help to change your medication or drug use habits? ○ Yes ○ No

SDS / Total =

See interpretation on verso

year - month - day | First and last names of counsellor (print please) | Counsellor's initials

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1. Sedatives

Anxiolytics
Alprazolam* (Xanax®)
Bromazépam* (Lectopam®)
Buspirone (Buspar®)
Chlordiazépoxide (Librax®, Librium)
Clonazépam* (Rivotril®)
Clorazépate* (Tranxene (D))
Diazépam* (Valium®)
Hydroxyzine (Atarax®)
Lorazépam* (Ativan®)
Meprobamate (282 MEP®)
Oxazépam* (Serax(D))

Hypnotics
Flunitrazépam (Rohypnol)
Flurazépam* (Dalmane (D))
Hydrate de Chloral
Nitrazépam* (Mogadon®)
Témazépam* (Restoril®)
Triazolam (Halcion(D))
Zapelon (Starnoc (D))
Zipoclone (Imovane®)

Barbiturates
Butalbital (Fiorinal®, Trianal®)
Phénobarbital (Bellergal®, Donnatal (D))

2. Cannabis

Pot
Hasch
Hashish oil
T.H.C.

3. PCP

Ketamine
Ketalar®
PCP

4. Hallucinogens

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

5. Cocaine

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

6. Other stimulants

Amphetamine (Dexedrine®, Benzedrine, Adderall®, Crystal)
Metamphétamine (Crystalmeth, Methedrine)
Methylphenidate (Ritalin®, Concerta®)
Phentermine (Ionamin® (D), Fastin)
Phenmetrazine (Preludine (D))

7. Opiates

Buprénorphine (Suboxone®)
Codéine (Empracet®, 222®, Tylenol-C®, Fiorinal-C®, Robaxacet-8®)
Diphénoxylate (Lomotil®)
Fentanyl (Duragesic®)
Héroïne (*Smack*)
Hydrocodone (Tussionex®)
Hydromorphone (Dilaudid®)
Morphine (MS-Contin®, Statex®, MS IR®)
Pentazocine (Talwin®)
Péthidine (Demerol®)
Propoxyphène (Darvon®)
Speedball (héroïne/cocaïne)

Syrups with codeine or hydrocodone
(These syrups are non prescribed but behind the counter)
Benylin codeine 3,3 mg D-E
Dalmacol®
Dimetane-Expectorant-C-DC®
Novahistex C and DH®
Triaminic® DH
Tussaminic® C and DH

8. Inhaled substances

Aerosol
Glue
Chloroform
Paint stripper
Paint dissolver
Gasoline
Ether
Poppers

9. GHB

GHB

Legend:
* = Benzodiazpine
® = Registered
Italique = street
D = Discontinued

Score Interpretation of the SDS

0-2 Frontline treatment
3-5 Answer questions 16 to 24 before contacting the counsellor of specialized treatment center to discuss the counselling options
6-15 Specialized treatment

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?	○	○	○	○	○	○
17. Has your drug use negatively affected one of your friendships or one of your close relationships?	○	○	○	○	○	○
18. Has your drug use negatively affected your marriage, romantic relationship or family ?	○	○	○	○	○	○
19. Have you missed work or school days because of your drug use ?	○	○	○	○	○	○
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 of knives, crossing heavy traffic, mountain climbing or swimming ?	○	○	○	○	○	○
21. Have you ever driven a motorized vehicle (car, motocycle, boat, SUV, Sea-doo) even though you had taken drugs ?	○	○	○	○	○	○
22. Have you ever been arrested for driving a vehicle under the influence of drugs?	○	○	○	○	○	○
23. Have you ever had legal problems (other than arrests for driving while intoxicated) related to drug use?	○	○	○	○	○	○
If yes, specify : _____						
24. Has your drug use diminished your ability to take care of your children?	○	○	○	○	○	○

The Alcohol and Drug versions of the DÉBA come with a user guide where the scientific rationale is largely outlined as well as the administrative and interpretation procedures. You can obtain the guide by downloading it on the RISQ website at www.risqtoxico.ca. You can reach me at the following email address:nadine.blanchette-martin@ssss.gouv.qc.ca