

AME Substance Use Behaviour Screen

Substance Use Scale Mark one box on each row to indicate how many times you used each of the following in the last month.	Never	Once a week or less	2-3 times a week	Most days or daily
1. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cannabis (marijuana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hallucinogens (e.g., mushrooms, LSD, ketamine, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ecstasy or other party drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Amphetamines (e.g., speed, methamphetamine, crystal, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sedatives (e.g., sleeping pills, benzos, downers, valium, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Inhalants (e.g., nitrous oxide, glue, gasoline, poppers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Opioids (e.g., heroin, codeine, methadone, oxycodone, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



AME Substance Use Behaviour Screen – Instructions for Facilitator

Depending on your relationship with the young person, it may be difficult to get honest responses to this screen. It is important to remember that you are not using the screen to collect accurate data but as a means of opening up a discussion that helps the young person assess their own substance use patterns.

The following statistics about BC youth may help you assist the young person in making an honest self-assessment:

- 63% did not use alcohol in the past month
- 18% used alcohol once a week or less in the past month (only about 19% used alcohol more than once a week)
- 83% did not use cannabis in the past month
- 88% did not use tobacco in the past month
- Only about 10% have ever used hallucinogens
- Less than 5% have ever used any of the other illicit drugs

