RISQ
Recherche et intervention
sur les substances psychoactives – Québec

DEP-ADO

- Detection of alcohol and drug problems in adolescents, **version 3.2 – September 2007**
- Coding Index (october 2003)
- Explanatory Notes (August 2008)
- List of Drugs (August 2008)

RISQ – Recherche et intervention sur les substances psychoactives - Québec
950, rue de Louvain Est, Montréal (Québec) H2M 2E8 | Tél. : 514 385-3490 #3112 | Télec. : 514 385-4685
Courriel : risq.cirasst@ssss.gouv.qc.ca | www.risqtoxico.ca

4146042461

DEP-ADO

DETECTION OF ALCOHOL AND DRUG PROBLEMS IN ADOLESCENTS

Version 3.2 - September 2007

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Recherche et intervention sur les substances psychoactives – Québec

File No. ☐☐☐☐☐

Date : ☐☐☐☐ Year ☐☐ Month ☐☐ Day

What is your current level of schooling?

- ○ Secondary I
- ○ Secondary II
- ○ Secondary III
- ○ Secondary IV
- ○ Secondary V
- ○ Other _____ specify

Last name :_____ (optional) First name :_____

Age : ☐☐

Sex: ○ Boy ○ Girl

1. In the last 12 months, have you used one or more of these substances and if so, how often ?
(darken only one answer per substance)

	Never	Occasionally	Approx. once a month	Weekends or once or twice during the week	3 times or more a week but not every day	Every day
Alcohol	○	○	○	○	○	○
Cannabis (e.g. marijuana, pot, haschish, etc)	○	○	○	○	○	○
Cocaine (e.g.: coke, snow, crack, freebase, etc.)	○	○	○	○	○	○
Glue / Solvents	○	○	○	○	○	○
Hallucinogens (e.g. : LSD, PCP, ecstasy, mescaline, blotter, etc.)	○	○	○	○	○	○
Heroin (e.g.: smack)	○	○	○	○	○	○
Amphetamines/speed (e.g.: uppers)	○	○	○	○	○	○
Others*	○	○	○	○	○	○

* Any of the following drugs, without a prescription: barbiturates, sedatives, hypnotics, tranquillizers, ritalin.

Reserved for use of interviewer

Factor 1= *alcohol,cannabis*	**Factor 2 =** *other drugs*	**Factor 3 =** *consequences*
☐		
☐		
	☐	
	☐	
	☐	
	☐	
	☐	
	☐	

2. a) In your lifetime, have you ever used one of these substances on a regular basis?
(once/week for at least a month)

○ **Yes** ➡ **Go to 2b**
○ **No** ➡ **Go to 3**

b) At what age did you start using on a regular basis.....alcohol?
(once/week for at least a month)

☐☐ Years

.....drugs? ☐☐ Years

3. In your lifetime, have you ever used intravenous drugs ?

Yes ○ **No** ○

If there has been no use over the last 12 months, ➡ go to question 7.

4. Have you used alcohol or other drugs in the last 30 days ?

Yes ○ **No** ○

Reserved for use of interviewer

5. In the last 12 months, how many times have you had:

a) Boys

i) 5 drinks or more on the same occasion ? ☐☐ Time(s)

ii) 8 drinks or more on the same occasion ? ☐☐ Time(s)

b) Girls

i) 5 drinks or more on the same occasion ? ☐☐ Time(s)

6. In the last 12 months, have you experienced any of the following situations?

	Yes	No
a) Harm to your physical health caused by your alcohol/drug use (e.g. digestive problems, overdose, infections, nasal irritation, you were injured, etc.)	○	○
b) Psychological difficulties caused by your alcohol / drug use (e.g. anxiety, depression, difficulty concentrating, suicidal thoughts, etc.)	○	○
c) Harm to your relationships with family members caused by your alcohol/drug use	○	○
d) Harm to a friendship, or a romantic relationship caused by your alcohol/drug use	○	○
e) Problems at school because of your alcohol/drug use (e.g. absences,suspension, lower grades, decreased motivation, etc.)	○	○
f) Spending too much money, or losing a large amount of money due to your alcohol/drug use	○	○
g) Committing a delinquent act while under the influence of alcohol or drugs, even if the police did not arrest you (e.g. : theft, you injured someone, vandalism, dealing drugs, driving under the influence, etc.)	○	○
h) Taking risks while under the influence of alcohol or drugs (e.g. : unprotected sex, or sex that likely would not have happened had you been sober, riding a bike or doing sports while intoxicated, etc.)	○	○
i) Feeling as though the same quantities of alcohol or drugs were having less effect on you than they once did	○	○
j) Discussing your alcohol/drug use with a counsellor	○	○

7. How often have you smoked tobacco in the last 12 months? (please darken only one answer)

- ○ Never
- ○ Occasionally
- ○ Approximately once a month
- ○ Weekends or once or twice during the week
- ○ 3 times or more a week (but not every day)
- ○ Every day

RAW FACTOR SCORES ☐☐ ☐☐ ☐☐

TOTAL SCORE ☐☐

Interviewer's signature _____

Circle appropriate LIGHT **G Y R**

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Courriel: risq.cirasst@ssss.gouv.qc.ca | http://www.risqtoxico.ca

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CODING INDEX
DEP-ADO
Version 3.2 – September 2007

1. In the last 12 months, have you used one or more of these substances and if so, how often?

	Never	Occasionally	Approx. once a month	Weekends or once or twice during the week	3 times or more a week but not every day	Every day
Alcohol	0	1	2	3	4	5
Cannabis	0	1	2	3	4	5
Cocaine	0	1	2	3	4	5
Glue/solvents	0	1	2	3	4	5
Hallucinogens	0	1	2	3	4	5
Heroin	0	1	2	3	4	5
Amphetamines/speed	0	1	2	3	4	5
Others*	0	1	2	3	4	5

* Any of the following drugs, without a prescription: barbiturates, sedatives, hypnotics, tranquillizers, ritalin.

2. b) At what age did you start using on a regular basis?

Alcohol	< 12 years of age	= 3	**Drugs**	< 14 years of age	= 3
	12 to 15 years of age	= 2		14 to 15 years of age	= 2
	16 years of age or +	= 1		16 years of age or +	= 1

3. In your lifetime, have you ever used intravenous drugs?

Yes = 8 No = 0

4. Have you used alcohol or other drugs in the last 30 days?

Yes = 2 No = 0

5. In the last 12 months, how many times have you had 8 (Boys) 5 (Girls) drinks or more on the same occasion?

No time = 0 1 to 2 times = 1 3 to 25 times = 2 26 times and + = 3

6. In the last 12 months, have you experienced any of the following situations?

Yes = 2 No = 0

CALCULTATION OF SCORE

13 and less	**GREEN LIGHT**	No obvious substance use problem (no intervention necessary)
Between 14 and 19	**YELLOW LIGHT**	Developing problem (early intervention advisable)
20 and +	**RED LIGHT**	Obvious problem (specialized intervention necessary)

PERCENTILE RANKING OF THE FACTORS OF PSYCHOACTIVE SUBSTANCE ABUSE AND THE TOTAL SCORE ACCORDING TO THE AGE AND THE SEX

	BOYS 14 YEARS OF AGE AND -				BOYS 15 YEARS OF AGE AND +			
Percentiles	**Factor 1** *Alcohol and cannabis*	**Factor 2** *Other Drugs*	**Factor 3** *Consequences*	**TOTAL SCORE**	**Factor 1** *Alcohol and cannabis*	**Factor 2** *Other Drugs*	**Factor 3** *Consequences*	**TOTAL SCORE**
100	20 and +	6 and +	10 and +	32 and +	22 and +	9 and +	12 and +	32 and +
95	17	3	7	26	19	4	8	25
90	15	1	4	22	17	2	4	22
85	14	1	4	17	16	1	4	20
80	12	0	2	14	15	1	2	18
75	9	0	2	11	14	0	2	16
70	8	0	0	9	12	0	2	15
65	7	0	0	8	11	0	2	13
60	6	0	0	6	10	0	0	11
55	5	0	0	6	9	0	0	10
50	4	0	0	5	7	0	0	8
45	3	0	0	3	6	0	0	7
40	3	0	0	3	5	0	0	6
35	2	0	0	2	4	0	0	5
30	2	0	0	2	3	0	0	4
25	0	0	0	0	2	0	0	2
20	0	0	0	0	1	0	0	1
15	0	0	0	0	1	0	0	1
10	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0

	GIRLS 14 YEARS OF AGE AND -				GIRLS 15 YEARS OF AGE AND +			
Percentiles	**Factor 1** *Alcohol and cannabis*	**Factor 2** *Other Drugs*	**Factor 3** *Consequences*	**TOTAL SCORE**	**Factor 1** *Alcohol and cannabis*	**Factor 2** *Other Drugs*	**Factor 3** *Consequences*	**TOTAL SCORE**
100	20 and +	10 and +	10 and +	32 and +	20 and +	13 and +	10 and +	38 and +
95	19	5	8	30	17	4	6	22
90	18	2	6	26	15	2	4	20
85	17	1	6	22	15	1	4	18
80	16	1	4	18	14	1	2	16
75	15	0	2	16	13	0	2	15
70	13	0	2	15	12	0	2	14
65	11	0	2	14	11	0	0	12
60	10	0	0	12	10	0	0	11
55	7	0	0	9	9	0	0	10
50	7	0	0	8	8	0	0	9
45	6	0	0	6	7	0	0	8
40	3	0	0	3	6	0	0	7
35	3	0	0	3	5	0	0	6
30	2	0	0	2	4	0	0	5
25	2	0	0	1	3	0	0	3
20	1	0	0	1	2	0	0	3
15	0	0	0	0	1	0	0	1
10	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0

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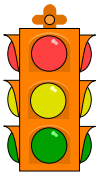
EXPLANATORY NOTES
DEP-ADO
Version 3.2 – September 2007

WHAT IS THE DEP-ADO?

The **DEP-ADO** is a brief questionnaire that permits assessment of **alcohol** and **drug** use in adolescents and initial detection of **problem** or at-risk **use.**

It provides the questionnaire administrator with a score indicating whether there are grounds for intervention or referral to a front-line organization specializing in substance addiction.



GREEN LIGHT no obvious substance use problem

YELLOW LIGHT developing problem {early intervention advisable, e.g. health and social services centres (CSSS), local community health centres (CLSC), community organizations, school settings, and youth centres (for their own clientele)}

RED LIGHT obvious problem {specialized intervention necessary, e.g. addiction rehabilitation clinics (CRPAT), access mechanisms[1] or other resources for more in-depth assessment}

TARGET CLIENTELE

- The DEP-ADO was developed for and validated with young people ages 14 to 17 years (Secondary 3 to 5, or Grades 9 to 11).
- The DEP-ADO is considered pertinent for use with 12- to 13-year-olds (Secondary 1 and 2, or Grades 7 and 8). Although the instrument has not been validated for this age group, clinical experiments show light scores continue to be appropriate.
- The DEP-ADO is not recommended for use with young people under 12 years of age (elementary school level).
- Adult screening questionnaires, such as the DÉBA-ALCOOL and DÉBA-DROGUES are generally used for young people 18 years and over (for further information, please visit the RISQ website: www.risq-cirasst.umontreal.ca).

MODE OF ADMINISTRATION

One-to-one:

- The DEP-ADO is administered by a clinician in a one-to-one interview.

[1] Access mechanisms are part of a concerted, coordinated referral process for partners in Quebec's health and social services network and designed to ensure continuity of services between the front and second lines. Implementation of this process is currently underway in all regions of Quebec. The role of the front line consists of screening of young people dealing with substance addiction problems, referral to specialized resources for young people presenting problems of substance use or dependency, and intervention with young people at risk of developing substance use problems. As to the role of the second line, the access mechanism coordinator receives and assesses requests from the front line and directs them towards the appropriate substance addiction rehabilitation programs.

Self-report measure for clinical purposes:

- Administration of the DEP-ADO as a self-report measure in a group setting for **clinical purposes** is indicated but requires direct supervision by a clinician. After the questionnaire has been completed, the questionnaire administrator shall provide feedback to each respondent, offering support for the young person's reactions and for any subsequent courses of action.
- Group administration as a self-report measure for **mass screening purposes** is contraindicated (see ETHICAL STANDARDS section).

Self-report measure for research purposes:

- Group administration as a self-report measure (completed by respondents themselves) is also used for research purposes. People wishing to use the questionnaire in a research context should contact the RISQ for administration procedures. Contact information for the RISQ is found on page 15 of the current document.
- On-line administration of the DEP-ADO via the Internet is not yet available.

ADMINISTRATION TIME

The time required for questionnaire administration is approximately 15 minutes, and 1 to 2 minutes for correction. It is important to allow additional time for interpretation of the results with respondents.

TARGETED INTERVENTION SETTINGS

Primarily organizations offering early substance addiction intervention:

- CSSS, CLSC
- community organizations
- school settings
- youth centres (for their own clientele)

AVAILABLE FORMATS

- In French, Version 3.2, September 2007 (validated questionnaire for use with a Quebec population ages 14 to 17 years)
- In English, Version 3.2, September 2007 (non-validated questionnaire, but validated translation)
- In Inuktitut, Version 3.1, October 2003 (adapted in 2004, non-validated questionnaire)

PROFESSIONAL REQUIREMENTS

Use this tool requires prior training in counselling in the form of either college (e.g. diploma in special education techniques) or university-level studies (e.g. certificate in addiction studies).

ETHICAL STANDARDS

Although the DEP-ADO is a validated, reliable instrument, it is necessary nevertheless to ensure it is used in accordance with ethical rules:

- The DEP-ADO is not to be used to issue a diagnosis, but to measure the importance of the problem of psychoactive substance use in order to direct the individual towards the

appropriate services. Any use of the DEP-ADO for categorization purposes not leading to a service offer contravenes the very essence of the instrument. Any evaluation conducted by a health or social services professional must be followed by the provision of constructive feedback to the user in such a manner as to direct the individual towards appropriate follow-up.

- The DEP-ADO is a detection instrument and when an individual is identified as having what is qualified as "red light" substance use, an exhaustive assessment of the person's drug and alcohol use (e.g. IGT-ADO) must be conducted by chemical dependency specialists.
- At no time may the DEP-ADO be used for punitive or repressive purposes or to justify disciplinary measures: Its use must be limited to the clinical sphere.
- The DEP-ADO must not be used for mass screening (of groups). It would be entirely inappropriate to use the DEP-ADO as a self-report measure in a school setting to obtain a portrait of young people's psychoactive substance (PAS) use, AND for this to lead to the identification of individuals or subgroups (or even schools) that then risk being labelled or ostracized. If it is necessary to obtain a portrait of psychoactive substance use for a given environment, this must be done in conformity with the ethical rules of research. We would be pleased to assist concerned settings in reflecting on these issues.

Important
This is a detection instrument. Consequently, its use will result in the identification of a certain number of young people with alcohol or drug use problems. The DEP-ADO should always be used in a context in which further action has been anticipated and planned, and in conjunction with agreements established with appropriate resources. It is therefore important to anticipate further courses of action with regard to follow-up for these young people, whether treatment, referral to specialized resources, or information.

INSTRUCTIONS FOR DEP-ADO USE

GENERAL REMARKS

During the administration of the DEP-ADO, the interviewer notes answers directly on the questionnaire sheet in the spaces indicated. In extremely rare situations, an adolescent may refuse to answer a question. In such an event, the interviewer should mark **R** (for "*refuses to answer*") next to the question; if the adolescent claims not to know the answer, the interviewer should mark **DNK** (for "*does not know*").

The three columns on the right-hand side of the sheet, reserved for the use of the questionnaire administrator, correspond to three factors (*alcohol-cannabis*, *other drugs* and *consequences*) and are for scoring purposes. Scoring is carried out immediately after completion of the questionnaire, using the **CODING INDEX** appended.

MISSING ANSWERS

In the event of a missing answer, no score is given for the item (leave the square in the factor column empty). A questionnaire with missing answers remains valid (for clinical and detection purposes) under certain conditions:

- there is a maximum of two empty squares out of all the scores included in the three factor scores (right-hand column);

- **AND**

- there is no more than one empty square per factor.

SCORING

The following questions are not scored:

2. a) <u>In your lifetime</u>, have you ever used one of these substances on a regular basis?

6. In the <u>last 12 months</u>, have you experiences any of the following situations?

a) Harm to your physical health caused by your alcohol/drug use.

f) Spending too much money, or losing a large amount of money due to your alcohol/drug use.

h) Taking risks while under the influence of alcohol or drugs.

7. How often have you smoked tobacco in the last 12 months?

These items are not included in factor analysis.[2] Indeed, analysis results demonstrate that inclusion of the scores for these items is statistically inadequate: While their content may be of clinical interest, they do not specifically relate to a particular factor, i.e. "alcohol/cannabis", "other drugs", or "consequences". They have nevertheless been included in the DEP-ADO because clinicians have judged them to be of significant value in guiding their decisions with regard to client orientation (as a complement to the TOTAL SCORE), and the adaptation of interventions. Only the TOTAL SCORE may be used to screen for youth who are at risk for or experiencing alcohol or drug use problems.

SPECIAL FEATURES

1. In the <u>last 12 months</u>, have you used one or more of these substances and if so, how often?

This question is aimed at establishing a substance-use profile for the person being assessed based on type of substance and frequency of use. **It is important to ask all questions** even if the person being assessed claims to have used nothing during the stated period. Often, the mention of a certain substance will remind the respondent of a forgotten instance of drug use.

When young people are questioned about frequency of their use of a particular substance over the course of the previous year, they may reply that their use has varied and that they find it difficult to choose an answer. Should this occur, the interviewer should invite the young person to choose the answer that corresponds to the drug use situation that is the most frequent and most typical for the respondent. The aim is to assess not exceptional situations but rather the most habitual.

On the other hand, if such irregular use aggravates the situation or causes it to deteriorate, the interviewer should focus on the most recent type of use.

Individuals with distinct phases of drug use during the previous year

The DEP-ADO focuses on the temporal window of the previous year. This choice is based on the DSM-IV's use of this time period to assess the presence of symptoms of abuse and dependence. This period seems a logical choice as it usually constitutes a fairly representative life cycle for

[2] They displayed either excessive correlation with more than one factor, or no significant correlation with any of the factors.

individuals. During this period, a person may have experienced times of considerable joy (e.g. annual holidays) or upset (e.g. mourning).
On the other hand, certain situations may result in exceptions with regards to the way in which the previous year is treated during the evaluation process. Below are three exceptional situations and the suggested evaluation procedures.

Recent and unusual episode of intensive use

The first exception concerns individuals for whom the episode of drug use is extremely recent (e.g. last two weeks) and who during the rest of the year prior to the evaluation have engaged in little or no drug use. One might expect to find in this sort of situation an individual who has recently undergone a major relationship loss such as a separation, the death of a loved one, notification of a serious disease, etc. Following such serious major life events, an individual may embark on a period of intense alcohol or drug consumption. If the episode has not lasted long (e.g. less than two weeks), this should be taken into consideration in the DEP-ADO assessment.

The interviewer will therefore mention in the evaluation report that the DEP-ADO scores represent the recent situation and describe the context for the individual's reactive use of substances in response to a stressful life event. The interviewer may also administer the DEP-ADO twice, first to highlight the exception episode of substance use associated with the triggering event, and a second time to highlight the usual substance use situation.

Young people in difficulty awaiting assessment under the *Act Respecting Health Services and Social Services* (AHSSS), the *Youth Protection Act* (YPA) or the *Youth Criminal Justice Act* (YCJA)

A second exception concerns young people in difficulty and in the care of Youth Protection (DPJ), who do not want their assessment to cover all of the previous year. They wish instead to demonstrate that their substance use situation has greatly improved in recent months because they need a favourable report for a predisposition report for the court or Youth Protection. Young people in such circumstances are extremely worried about the implications of their assessment. They readily recognize that they have consumed drugs or alcohol heavily over the course of the previous year, but wish to draw attention to the fact that they have pulled themselves together and are doing better. However, if the questions focus on their average consumption behaviours during the previous year, the final DEP-ADO scores will indicate significant PAS problems.

Under such circumstances, the interviewer may therefore suggest to the person being assessed that they conduct the assessment by repeating it for two different periods in the previous year, first the more recent period during which the individual consumed less and then the rest of the year during which the individual consumed more heavily. The interviewer must then produce a summary report on the two periods assessed.

> The decision to administer the DEP-ADO for two distinct periods over the course of the previous twelve months is **an exceptional measure**. In no case should an average be made of the two scores. A summary report must be drawn up in which the questionnaire administrator contrasts the two distinct periods experienced during the previous year, highlighting the different clinical profiles for each of the two periods.

Finally, interviewers **must exercise judgement** in referring users to specialized services after having conducted this type of assessment. Most frequently, they shall use the more severe of the two assessments to determine orientation, but not always. They shall take the most severe assessment if it concerns the larger portion of the year or the most recent period. If the decision

becomes too complicated, a discussion with specialized second-line substance addiction worker [e.g.: from an addiction rehabilitation clinic (CRPAT)] is recommended.

Situations resulting in the impossibility of using for significant periods

The third exception concerns situations in which individuals have, during the course of the previous year, found themselves in contexts in which they were obliged to involuntarily cease their consumption. The cessation may have been due to placement, hospitalization in physical or psychiatric care, therapy in an in-patient facility, etc. In such contexts, it is important that the substance use assessment period be the year prior to the hospitalization, placement or other. For example, if a person has been in closed custody during the past six months, it is the 12 months prior to the individual's placement in custody that is assessed. Indeed, after they are released from youth centres, such individuals may well themselves in the same life contexts and substance use situations as before their placement.

This type of assessment must always be accompanied by a progress note in the file in which the interviewer mentions such considerations and qualifies any comments. It is important to mention that the person has been unable to consume PAS since a specific time due to having been institutionalized but that prior to this period the individual's substance use was more intense. One cannot presume that the individual will begin the same level of use as before the period in the institution, especially if the individual has undergone treatment for the problem, but it is important to exercise caution in this regard.

2. a) In your lifetime, have you ever used one of these substances on a regular basis?

Regular use of drugs or alcohol is a risk factor in the development of alcohol- or drug-related problems. If the respondent indicates regular drug use, ask Question 2.b). Otherwise, go directly to Question 3. Regular drug use is defined here as being "*at least once a week for at least one month*" at any point during **the respondent's life**. The question refers to the substances identified in Question 1.

2. b) At what age did you start using on a regular basis?

The precocity of regular use is also a risk factor; in the screening questionnaire, it is coded according to the type of substance (alcohol or other drug). Indicate the age of the respondent at the beginning of regular use, even if the respondent has stopped using the substance since. If the adolescent has experimented with several substances (drugs), indicate the earliest age at which the adolescent first used any of the substances on the list.

3. In your lifetime, have you ever used intravenous drugs?

Type of drug use is an important element in risk assessment. Intravenous drug users (IDU) are at particularly high risk on several levels: intensity of drug use, physical health problems, delinquent behaviour, etc. It is important to explain to the adolescent that this question screens for a **lifelong** behaviour (even if it has occurred only once, over a year before). It should be noted that this question refers to the substances mentioned in Question 1, and does not include steroid or androgen injections, which are commonly administered intra-muscularly.

Filter after Question 3

If the respondent has made no mention of drug or alcohol use over the last 12 months in response to Question 1, **you must go to Question 7, even if the respondent has provided affirmative answers to Questions 2 and 3.**

4. Have you used alcohol or other drugs in the last 30 days?

This question reveals the most current situation regarding the respondent's use of one or more of the substances mentioned in Question 1.

5. In the last 12 months, how many times have you had:

a) Boys

i) 5 drinks or more on the same occasion?

ii) 8 drinks or more on the same occasion?

b) Girls

i) 5 drinks or more on the same occasion?

New addition September 2007

Questions 5.a) and 5.b) complement the information in the table in Question 1. Adolescents characteristically indulge in binge drinking, i.e. consuming a large number of alcoholic drinks at a time, without necessarily drinking every week. This type of drinking has an especially high association with intoxication and certain behaviours such as accidents, driving under the influence, violence and delinquent acts. The excessive drinking criterion we have established varies by gender: We have set it at *5 drinks or more*, and *8 drinks or more* for boys; and *5 drinks or more* for girls. Scoring, however, is based **only on the criterion of 8 drinks or more for boys, and 5 drinks or more for girls** (see **CODING INDEX**).

Since September 2007, **the criterion of "5 drinks or more" for boys has been added to the measure of "8 drinks or more"** for the assessment of excessive alcohol consumption. This more widely used norm will permit comparability with the other Canadian provinces and on an international level. For the moment, this measure cannot be included in score calculation without affecting the score validity. With the accumulation of data, it will be possible to conduct a validity analysis and an assessment of the impact of the new criterion on the current weighting of the number of episodes of excessive drinking.

This table presents the number of standard drinks (SDs) contained in various types and formats of alcoholic beverages.

BEER (5%)	
1 small (341 ml or 12 oz)	1 SD
1 large (625 ml)	2 SDs
1 King Can (750 ml)	2 SDs
1 Boss (950 ml)	3 SDs
1 Max Bull (1.18 l)	3,5 SDs
1 pitcher	4 à 6 SDs
1 small keg (5 l)	15 SDs

WINE (12%)	
1 glass (142 ml or 5 oz)	1 SD
½ litre	3,5 SDs
Bottle (750 ml)	5 SDs
Bottle (1 l)	7 SDs

FORTIFIED WINE (20%)	
1 small glass (85 ml or 3 oz)	1 SD

SPIRITS « HARD LIQUOR » (40%)	
1 « shooter » (43 ml ou $1^1/_2$ oz)	1 SD
375 ml or 13 oz	9 SD
750 ml or 26 oz	18 SD
1.14 l or 40 oz	27 SD

OTHER PRODUCTS	
60 ml of Listerine	1 SD
30 ml of Aqua Velva	1 SD

1 SD = 17 ml or 13.6 g of pure alcohol. For example, a 341-ml beer with 5% alcohol contains 17 ml of pure alcohol (i.e. 341 ml x .05).
Beer with 0.5% alcohol is not considered an alcoholic drink.

6. In the last 12 months, have you experienced any of the following situations?

This question is designed to assess the impact of alcohol and drug use on various aspects of the adolescent's life. Analysis of data from the IGT-ADO test shows a significant correlation

between problem substance use and the selected elements: *physical and mental health, relationships with family members, friendships and romantic relationships, difficulties at school, the cost of the substances, delinquent acts, risk behaviours, and substance tolerance*. Most of these answers will be included in the calculation of the light score.

It is possible that despite heavy alcohol or drug use, the respondent answers NO to each item in Question 6. The adolescent may either not yet have experienced any consequences related to the drug or alcohol use, or not be aware of them; or a form of denial may even be responsible for negative responses to all the questions. The interviewer may point out to the respondent the disparity between the severity of the respondent's use and the consequences reported, but must keep to the answer provided by the adolescent.

6. i) Feeling as though the same quantities of alcohol or drugs were having less effect on you than they once did

The phenomenon of drug tolerance may have been observed at various points during the year without necessarily being currently present.

6. j) Discussing your alcohol/drug use with a counsellor

This must be understood not to include the current assessment or consultation.

In addition, adolescents may feel they are being penalized for having spoken with a counsellor about concerns arising from their use of psychoactive substances (Question 6.j), given that a positive answer to this question results in the addition of two points to their score. If such is the case, it is important to explain to the young person that this item is an extremely widespread indicator in the detection of dependency problems. It permits assessment of the young person's level of preoccupation with the consequences resulting from his or her use of psychoactive substances. A positive answer suggests that the young person is sufficiently aware of the seriousness of his alcohol and drug use to discuss it with a counsellor. It could be a predictor of the desire to change one's problem use behaviours and receive help. For the counsellor, it is an important element of discussion for guiding the adolescent towards the appropriate resource or program depending on the severity of the adolescent's PAS use problems.

7. How often have you smoked tobacco in the <u>last 12 months?</u>

This question was added to the previous version of the DEP-ADO due to interest shown by professionals in teenage smoking and possible links between tobacco addiction and types of alcohol and drug consumption.

CALCULATION OF THE TOTAL SCORE (LIGHTS)

You are now ready to calculate the respondent's score using the **CODING INDEX** appended to the questionnaire. In testing Versions 1.0 and 2.0, we discovered that this operation is of particular interest to adolescents and may, if administering conditions permit, serve as a starting point for more extensive discussion of the adolescent's alcohol or drug use.

- **1rst step: calculation of RAW FACTOR SCORES**

Score each of the adolescent's answers in the spaces provided for that purpose, except questions for which no space is provided. You will notice that the spaces provided for the scores fall clearly under one of three columns, depending on the question. Each column represents a factor: the first factor is "***alcohol*** *and* ***cannabis*** *use*", the second is "*use of* ***other drugs***", and the third is "***consequences*** *of*

drug and alcohol use". After having scored the first six answers, calculate score (space) totals vertically (by column); this will provide a RAW FACTOR SCORE (one per factor).

2nd step: calculation of the TOTAL SCORE (LIGHTS)

Horizontal addition of the three RAW FACTOR SCORES provides a TOTAL SCORE that allows the test administrator to detect problem substance use (GREEN, YELLOW OR RED LIGHT).

GREEN LIGHT	Score of **13 or less ➔ no obvious problem** of drug or alcohol use. No intervention is necessary (continue education).
YELLOW LIGHT	Score between **14 and 19 ➔ developing problem**. Front-line intervention is considered desirable. The questionnaire administrator may use other intervention tools, or may explore in greater detail the questions that produced high scores. We advise contacting partners or organizations in the region that have developed front-line youth programs or intervention (e.g. community organizations, CSSSs, CLSCs, or school-based follow-up).
RED LIGHT	Score of **20 or more ➔ obvious problem**. Intervention by or in conjunction with a specialized resource is advised. In all such cases, the severity of the substance addiction should be assessed using the IGT-ADO.

Clinical interpretation of the TOTAL SCORE

Certain considerations must be kept in mind regarding the breakpoints between RED, YELLOW and GREEN LIGHTS. Psychometric analysis has determined that the breakpoints provide adequate classification of 79.25% of young people. Special attention must therefore be paid to the TOTAL SCORES obtained by 20% of respondents. If your clinical expertise leads you to believe that there is a major deviation between the score obtained and the young person's situation, investigation further. Thus, you might still refer a young person with a YELLOW LIGHT rating to specialized services because you possess additional information that differs from that provided by the young person in the DEP-ADO and which leads you to believe that the situation is more problematic than the adolescent's answers to the questionnaire would indicate. Remember that in the field of psychosocial care, where there is a significant difference between questionnaire results and clinical judgement, clinical judgement prevails. In such situations, it is important to corroborate one's clinical opinion with other independent sources of information as far as possible. Further, the clinician should mention in the evaluation report any discrepancies between DEP-ADO results and clinical observations, and explain the motives for any clinical decisions made.

It is important to be especially attentive with adolescents who obtain scores near the boundary line between two lights (two points, more or less, from the cut-off). Indeed, the decision to establish cut-off points is a strategic decision (the best decision based on statistical analyses) but it involves a certain risk, either of detecting problem substance use where there is none (false positives) or of the opposite, not detecting problem substance use where it really does exist (false negatives). Thus, greater vigilance is required in such cases.

3rd step: interpretation of the RAW FACTOR SCORES

On a clinical level, the three above-mentioned scores make it possible to situate the assessed individual not only in terms of the lights, but also in terms of the three factors. This provides additional information for determining the most appropriate interventions. However,

professionals who do not wish to use the three factors may calculate only the total score (lights), following the instructions provided on the **CODING INDEX**.

The PERCENTILE RANKING allows the adolescent to be situated (the adolescent's standing) with respect to the population under study. Thus, if a young person receives a percentile ranking of 80 for the *alcohol-cannabis* element (first factor), one may conclude that 80% of young people of the same age and sex report using less alcohol or cannabis than the subject[3]. To obtain the percentile equivalent, one must simply locate the RAW FACTOR SCORES of the adolescent in question on the conversion tables on the back of the **CODING INDEX**, according to age group and gender. It is thus a question of converting the RAW FACTOR SCORE into a percentile ranking in order to find out where the adolescent stands with respect to each factor. The same operation may be performed for the TOTAL SCORE (LIGHTS).

CLINICAL INTERPRETATION OF THE RAW FACTOR SCORES

The scales contained in the DEP-ADO allow for a more precise interpretation of the total DEP-ADO score. For example, three individuals classified as "red lights" may present very different clinical profiles. One young person could obtain particularly high scores on the "alcohol/cannabis" scale but very low scores on the others. On the other hand, another adolescent could report several "consequences" but have low scores on the two scales for substances used. Yet another young person could have high scores on the "other drugs" scale but low ones on the other scales.

These observations lead us to conclude that a variety of clinical situations are possible among young people described as red lights, and that consequently the use of the three DEP-ADO scales permits a clinical interpretation of scores, thus significantly enriching answer interpretation.

In conclusion, the DEP-ADO score permits the test administrator to screen for the possible presence of substance use problems according to three levels (green, yellow, or red). It also provides the possibility of using the three factors (*alcohol-cannabis*; *other drugs*; *consequences*) to obtain a more detailed description of the type of user being assessed. In the latter instance, it is possible, for example, to calculate a percentile ranking for the severity of the young person's degree of alcohol or drug use in comparison to other alcohol and drug users, and thus to establish whether the adolescent's state should be considered more urgent than average. Factor scores cannot be compared with one another.

ORIGIN OF THE DEP-ADO

This questionnaire was designed for front-line workers in need of a quick, scientifically valid tool that would enable them to identify adolescents with alcohol or drug use problems. It was developed in part based on the *Indice de gravité d'une toxicomanie pour les adolescents* (IGT-ADO, Version 3.0) questionnaire, devised by a group of RISQ researchers for the systematic assessment of adolescents with problems of psychoactive substance use (Landry et al, 2002). It is therefore possible to use it in conjunction with this assessment tool: Adolescents obtaining the maximum score (20 and +) on the screening questionnaire should subsequently be assessed using the IGT-ADO.

The questions in the DEP-ADO were chosen based on analysis of a bank of data obtained through IGT-ADO use with young people in educational institutions, youth centres, and rehabilitation centres. The selected elements were taken from the IGT-ADO questionnaire and the DSM-IV, being those most frequently associated with important substance use problems. The questions deal with: (1) the use of various psychoactive substances during the previous 12

[3] Taken from the validation study conducted by the RISQ with the youth population from three Quebec high schools.

months as well as (2) during the previous 30 days, (3) the age at which regular alcohol or drug use began, (4) intravenous drug use, (5) excessive drinking, (6) tobacco use, and finally (7) a number of harmful consequences associated with alcohol and drug use.

VALIDATION OF THE DEP-ADO

VALIDATION STAGES

An initial version of the DEP-ADO (Version 1.0, April 1999) was tested with young people in schools, CLSCs, youth centres, and rehabilitation centres during the spring and summer of 1999 to confirm its viability. At the same time, correlation studies provided an initial positive validation of the questionnaire. A second version was developed (Version 2.0, November 1999) based on these results, and has been used widely throughout Quebec and in parts of Europe.

The RISQ has since conducted a more extensive study to assess the screening questionnaire's psychometric qualities with respect to validity {conduct, convergent and criteria (sensitivity of 0.84, specificity of 0.91)} and reliability {test-retest (0.94), equivalent form (0.88), internal consistency (between 0.61 and 0.86)}. The study's results confirmed the DEP-ADO's validity and reliability, and resulted in the inclusion of a certain number of changes in a third version (Version 3.1, October 2003). Thus, the final version is more rigorous with regard to psychometric considerations and of greater use for clinical purposes, providing front-line workers with a superior tool. The next validation stage will involve conformational factorial analyses in addition to continuing validation of the instrument with young people ages 12 and 13 years. This is a complementary stage to those validation stages already completed.

VALIDATION BY AGE GROUP

- The French version of the DEP-ADO has been validated with adolescents ages 14 to 17 years (Secondary 3 to 5, or Grades 9 to 11).
- The DEP-ADO is considered pertinent for use with 12- to 13-year-olds (Secondary 1 and 2, or Grades 7 and 8), although its use with this age group has not yet been validated. Clinical experiments demonstrate that the light scores remain appropriate, and validation with this age group is currently underway.
- Validation of the DEP-ADO has not yet been carried out for young people under 12 years (elementary school level). It is therefore not recommended for use with young people in this age group.

VALIDATION BY LANGUAGE

- In French: the DEP-ADO has been validated.
- In English: the DEP-ADO has not been validated with an Anglophone population, however the translation method is considered valid and its use is therefore recommended.
- Other translations of the DEP-ADO have been produced but have not all been validated or updated [in French (adapted for Switzerland), Portuguese, Spanish, Italian, and Russian]. Also, the accompanying explanatory notes have not always been translated. Quebec professionals wishing to obtain one of these translations of the DEP-ADO should contact the RISQ.

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ANNOTATED LIST OF THE MOST COMMONLY USED DRUGS WITH STREET NAMES

DEP-ADO

Version 3.2 – september 2007

CATEGORY	GENERIC NAMES	TRADE NAMES	POPULAR NAMES	CENTRAL NERVOUS SYSTEM
ALCOHOL				**Depressants**
CANNABIS			Mari, marijane, reefer, herbe, pot, grass, weed, joint, smoke, dope, ganja, pétard, bat, billot, splift, jig, skunk, kif	**Hallucinogens**
	Hashish Hashish oil		Hasch, hashish oil, haschich liquide, honey oil, pot oil, résine, brun	
	Tetrahydro-cannabinol	THC	[The true THC is rarely available; often replaced by PCP]	
COCAINE	Cocaine		Neige, coco, speed-ball, coke, snow, toot, C, flake, freebase, crack, nose candy, pâte, poudre, crack, rock, roche	**Stimulants**
GLUE / SOLVENTS (or volatile substances or inhalants)			Sniff, sniffing, huffing, bagging	**Depressants**
	Fluorocarbon and hydrocarbon	Aerosol, Pam, Spraynet		
	Butane, pentane, CFC (chlorofluorocarbons)	Aerosols : perfume, deodorant, spray, paint, hair lacquer, insecticide, antifreeze		
	Toluene, hexane, hydrocarbons	Glue, contact glue, plastic glue, scaled down model glue		
	Acetone, amyl acetate, ethyl acetate	Nails varnish and remover		
	Aliphatics hydrocarbons	Turpentine, éthers, chloroform, thinner, lacquer, varnish, paint, crystal for floor, varathane		
	Hydrocarbons (naphta, benzene, toluene, tetrachloride of carbon)	Gas		
	Nitrous oxide	Gas used as a food aerosol – e.g.: pressurized container of whipped cream	Laughing gas, Whippet	

CATEGORY	GENERIC NAMES	TRADE NAMES	POPULAR NAMES	CENTRAL NERVOUS SYSTEM
	Toluene, ethyl acetate, butyl acetate	Nail varnish remover		
	Butane	Lighter gas		
	Methane	Fire extinguisher foam		
	Amyl nitrite and butyl nitrite		Snappers, poppers, rush	
HALLUCINOGENS	**DISSOCIATIVE AHESTHETICS**			**Hallucinogens**
	Phencyclidine	PCP	Angel dust, fairy dust, peace pill, elephant, hog, mess, TH, mescaline, crystal	
	Ketamine	Ketalar® For veterinary use: Ketaset®, Ketacet®, Ketajet®, Vetalar®	Special K, K, Vitamine K, Ket, Ketty, V	
	STIMULANTS HALLUCINOGENS			**Hallucinogens**
	3,4-methylene-dioxymethamphetamine	MMDA	Ecstasy, X, XTC, love drug, drogue de l'amour, E, Ectase	
	3,4-methylene-dioxyamphetamine	MDA	Adam	
	3,4-methylene-dioxyethamphetamine	MDEA	Eve	
	Dimethoxymethylamphetamine	DOM (STP)		
	Paramethoxyamphetamine	PMA		
	Trimethoxyamphetamine	TMA		
	Bromodimethoxyphenethylamine		Nexus, 2-CB, bromo, toonies, herox, synergy, MDMA, LSD	
	LSD AND ANALOGUES			**Hallucinogens**
	Acid lysergic diethylamide	LSD	Acid, trips, animal, hawk-25, owsley, window pane, blotter, microdots, buvard	
	Psilocybine or psilocine		Magic mushrooms, mush, psilo, shroom	
	Mescaline		Mesc, mescal, peyotl, buttons [Mescaline is the primary active constituent of peyote, a Central America cactus. The product found on the market as mescaline is in fact PCP.]	
	Dimethyltrytamine	DMT		
	Diethyltryptamine	DET		
	Ergine or lysergic acid amide	LSA	Volubilis, Gloire du matin, Morning Glory, Wedding Bells, Summer skies, Rivea Corymbosa	

CATEGORY	GENERIC NAMES	TRADE NAMES	POPULAR NAMES	CENTRAL NERVOUS SYSTEM
			[We find it in some seeds of plants of the Convolvulaceae family.]	
	ANTICHOLINERGICS AND OTHERS HALLUCINOGENICS			**Hallucinogens**
	Datura stramonium		Jimson weed	
	Belladone (Atropa belladona)			
	Salvia divinorum		Divine sage, salvia	
	GHB			**Depressants**
	Gamma-hydroxybutyrate	GHB	Date rape drug, drug rape, liquid ectasy, liquid X, fantasy, salty water, scoop, organic quaalude, GH	
HEROIN	**HEROIN (OPIATE SEMI-SYNTHETIC)**			**Depressants**
	Heroin		Cheval, chnouff, héro, smack, junk, scag, stuff, dope, schmack, schmeck, brother speedball (heroin and cocaine), wild horse (heroin and amphetamine or cocaine)	
AMPHETAMINES / SPEED	**MAJOR STIMULANTS**			**Stimulants**
			Speed, uppers, beans, copilots, lid, A, diet pills, crystal, amphé, wake-up, pep pill, peanut, peach, pink	
	Amphetamine	Benzedrine® (Not available anymore in Canada)		
	Dextroamphétamine	Dexedrine® Dexamyl®	Dex, dexies, orange	
	Methamphétamine	Methedrine® (Not available any more in Canada) Desoxyn®	Crystal meth, crank, monster, meth crystal, schiz zip, beast, ice, tina, glace, speed, chalk, jib	
OTHER TYPES OF DRUGS (and medicines without prescription)	**ATTENTION DEFICIT DISORDER DRUGS (amphetamines)**			**Stimulants**
	Methylphénidate	Ritalin®		
	ANOREXIANTS OR APPETITE SUPPRESSANTS (amphetamines)			**Stimulants**
	Diethylpropion	Tenuate®		
	Mazindol	Sanorex®		
	Phentermine	Ionamin®		
	Phenmétrazine	Preludin®		
	Fenfluramine	Ponderax®		
	Phentermine	Fastin®		
	NASAL DECONGESTANTS (amphetamines)			**Stimulants**
	Ephedrine	In diverse natural products		
	Pseudoephedrine	Sudafed®		

CATEGORY	GENERIC NAMES	TRADE NAMES	POPULAR NAMES	CENTRAL NERVOUS SYSTEM
	TRANQUILIZERS (ANXIOLYTICS), SEDATIVES, AND HYPNOTICS			**Depressants**
	Meprobamate	Apo-Meprobamate® Equagesic® Equanil® Miltown®		
	Methaqualone	Quaalude® Mandrax® (Not available anymore in Canada) Rouqualone® Tualone® (Not available anymore in Canada)	Mandrakes, mandies	
	Diazepam	Valium® Apo-Clorazepam® Diastat® Diazemuls® Vivol®	Yellows, blues	
	Chlordiazepoxide	Librium® Apo-Chlordiazepoxide® Novo-Poxide®		
	Lorazepam	Ativan® Apo-Lorazepam® Novo-Lorazem® Nu-Loraz® Riva-Lorazepam®		
	Oxazepam	Serax® Apo-Oxazepam®		
	Chlorazepate	Tranxene® Apo-Clorazepate® Novo-Clopate®		
	Flurazepam	Dalmane® Somnol® Apo-Flurazepam®		
	Triazolam	Halcion® Apo-Triazo® Gen-Triazolam®		
	Glutethimide	Doriden® (Not available anymore in Canada)	D. Loads (Doriden and codeine)	
	Clobazam	Frisium®		
	Bromazépam	Lectopam® Alti-Bromazepam® Apo-Bromazepam® Gen-Bromazepam® Novo-Bromazepam® Nu-Bromazepam®		
	Buspirone	BuSpar® Apo-Buspirone® Buspirex® Bustab® Gen-Buspirone® Lin-Buspirone® Novo-Buspirone® Nu-Buspirone® PMS-Buspirone®		
	Alprazolam	Xanax® Alti-Alprazolam®		

CATEGORY	GENERIC NAMES	TRADE NAMES	POPULAR NAMES	CENTRAL NERVOUS SYSTEM
		Apo-Alpraz® Gen-Alprazolam® Novo-Alprazol® Nu-Alpraz®		
	Zopiclone	Imovane® Apo-Zopiclone® Gen-Zopiclone® Nu-Zopiclone® Rhovane®		
	Clonazepam	Rivotril®		
	Temazepam	Restoril® Apo-Temazepam® Gen-Temazepam® Novo-Temazepam® Nu-Temazepam® PMS-Temazepam®		
	Ethchlorvynol	Placidyl® (Not available anymore in Canada)	Greenis, jellyreds	
	Hydrate de chloral	Noctec® PMS-Chloral Hydrate®		
	Nitrazepam	Mogadon® Nitrazadon® Rho-Nitrazepam®		
	Hydroxyzine	Atarax® Apo-Hydroxyzine® Multipax® Novo-Hydroxyzin® PMS-Hydroxyzine®		
	Methyprylone	Noludar® (Not available anymore in Canada)		
	Midazolam	Versed®		
	Zaleplon	Starnoc®		
	Bropheniramine	Dimetane®		
	Chlorpheniramine	Chlor-Tripolon®		
	Dexchlorpheniramine	Polaramine®		
	Dimenhydrinate	Apo-Dimenhydrinate®, Gravol®		
	Diphenhydramine	Allerdryl® Allernix® Benadryl® Nytol® PMS-Diphenhydramine® Scheinphatm diphenhydramine®		
	Prométhazine	Phenergan®		
	Cyproheptadine	Periactin®		
	Azatadine	Optimine®		
	Méclizine	Bonamine®		
	Triméprazine	Panectyl®		
	Diphenhydramine	Benadryl		
	Carbromal	Carbital®		
	Flunitrazépam	Rohypnol® (Not available in Canada)	Date rape drug, drug rape	

CATEGORY	GENERIC NAMES	TRADE NAMES	POPULAR NAMES	CENTRAL NERVOUS SYSTEM
	BARBITURATES			**Depressants**
	Pentobarbital	Nembutal®	Yellows, yellow jackets	
	Secobarbital Amobarbital and Secobarbital	Seconal® Tuinal®	Reds, red devils/birds, seggies, tooies, rainbows, red and blues	
	Amobarbital	Amytal®	Blues, bluebird	
	Phénobarbital	Luminal® Barbilixir®		
	Amobarbita	Amytal®	Blues, blue heaven/ angels/birds/ devils	
	Butalbital	Fiorinal®		
	Butabarbital	Butisol®		
	Methohexital	Brietal®		
	OPIATE SYNTHETIC			**Depressants**
	Methadone	Metadol Dolophine	Meth (also related to methamphetamine), done Dolls (more often related to a barbiturate)	
	Suprenorphine / Nalaxone	Suboxone		
	OTHER OPIATES ANALGESIC			**Depressants**
	Morphine	Kadian® M-Elson® Morphine HP® Morphitec® M.O.S. ® MS Contin® MS-IR® Oramorph SR® Statex®	M, morf, mud, cube, Miss Emma	
	Hydromorphone	Dilaudid® Hydromorph Contin® PMS-Hydromorphone®	Donuts, dolls	
	Meperidine or pethidine	Demerol®		
	Oxycodone	Percocet® Percodan® OxyContin® Oxy-IR® Supeudol®	Percs, demis	
	Opium	Paregorique®	Hop, first pull, black stuff	
	OTHER OPIATES			**Depressants**
	Opium + antihistamine	Antihistamine : Day-Quil Liquid®	Blue velvet	
	Fentanyl	Duragesic®	China white	
	Diphenoxylate	Lomotil®		
	Propoxyphène	Darvon®		
	Propoxyphène	Darvon-N®		
	Pentazocine	Talwin® Talwin®-NX	T's, T,s and blues ou soup (Talwin and Benadryl)	

CATEGORY	GENERIC NAMES	TRADE NAMES	POPULAR NAMES	CENTRAL NERVOUS SYSTEM
	Methocarbamol	Robaxacet 8®		
	Codeine with aspirin or acetaminophen	Tylenol® 15, 30 or 40 Empracet-C®		
	Expectorants or syrup	Robitussin® Actifed-C® Benylin C® Dimetane-Expectorant® C and DC Novahistex® C Triaminiac® C Tussaminic® C	Syrup	
	Hydrocodone Bitartrate	Novahistex® Novahistex® DH Hycodan®		
	Hycrocodone Resin	Tussionex®		
	Complex	Novahistine® Novahistine® DH		
	ANTIDEPRESSANT			**Psycho-therapeutics drugs**
	Maprotiline	Ludiomil®		
	Amitriptyline	Elavil® Triavil®		
	Imipramine	Tofranil® Novo-Pramine®		
	Fluvoxamine	Luvox®		
	Clomipramine	Anafranil®		
	Trimipramine	Surmontil®		
	Fluoxétine	Prozac®		
	Desipramine	Norpramin® Pertofrane®		
	Trazodone	Desyrel®		
	Doxépine	Sinequan®		
	Moclobémide	Manerix®		
	Nefazodone	Serzone $5HT_2$®		
	Nomifensine	Merital®		
	Paroxetine	Paxil®		
	Venlafaxine	Effexor®		
	Nialamide	Niamid®		
	Nortriptyline	Aventyl®		
	Isocar Boxazide	Marplan®		
	Phenelzine	Nardil®		
	Protriptyline	Triptil®		
	Tranylcypromine	Parnate®		
	Amoxapine	Asendin®		
	Citalopram	Celexa®		
	Sertaline	Zoloft®		
	Mirtazapine	Remeron®		

CATEGORY	GENERIC NAMES	TRADE NAMES	POPULAR NAMES	CENTRAL NERVOUS SYSTEM
	Bupropion	Wellbutrin® SR Zyban®		
	ANTIPSYCHOTICS			**Psycho-therapeutics drugs**
	Prochlorperazine	Stemetil®		
	Perphenazine	Trilafon®		
	Methotrimeprazine	Nozinan®		
	Fluphenazine	Moditen® Modecate®		
	Chlorprothixene	Taractan®		
	Thioridazine	Mellaril®		
	Pimozide	Orap®		
	Chlorpromazine	Largactil®		
	Trifluoperazine	Stelazine®		
	Haloperidol	Haldol® (Not available any more in Canada)		
	Droperidol	Droperidol®		
	Clozapine	Clozaril®		
	Flupenthixol	Fluanxol®		
	Fluspirilene	Redeptin®		
	Loxapine	Loxapac®		
	Mesoridazine	Serentil®		
	Pericyazine	Neuleptil®		
	Pipotiazine	Piportil L4®		
	Risperidone	Risperdal®		
	Thioproperazine	Majeptil®		
	Thiothixene	Navane®		
	Zuclopenthixol	Clopixol®		
	Quetiapine	Seroquel®		
	Olanzapine	Zyprexa®		
	MOOD STABILIZERS			**Psycho-therapeutics drugs**
	Lithium	Carbolith® Duralith® Lithane® PMS-Lithium carbonate® Lithizine®		
	Citrate de lithium	PMS-Lithium Citrate®		
	Divalproex sodique	Epival®		
	Acide valproïque	Depakene®		
	Valproate sodium	Epiject I.V. ®		
	Carbamazepine	Tegretol®		
	L-Tryptophane	Alti-Tryptophan PMS-Tryptophan® Tryptan®		