

Substance Use Frequency Amount Risk – Identification (SUFARI)

WARD

date

Name

JADE/SystemOne ID

dob

Level 1 (for initial assessment or risk assessment)

- | | | | |
|---|---|----|------|
| 1 | Drinks alcohol | no | yes* |
| 2 | Currently uses illicit / unprescribed drugs | no | yes* |
| 3 | Smokes /uses tobacco | no | yes |

If all “no” you do not need to complete Level 2, just sign and date, then scan this form.

*“yes” requires Level 2. Tobacco use will be covered on physical health form (SHINE project)

Level 2 The purpose of this is to identify levels of use and prompt for RISK

Alcohol

AUDIT – C screening tool

Answer these questions for the last year (complete yellow/shaded boxes):

How often do you have a drink containing alcohol? (circle one)	Never (0)	Monthly or less (1)	2 to 4 times per month (2)	2 to 3 times per week (3)	4 to 6 per week (4)	DAILY (4)			
How many units of alcohol do you drink on a typical drinking day? (circle one)	1 - 2 (0)	3 - 4 (1)	5 - 6 (2)	7 - 9 (3)	10-15 (4)	16-20 (4)	21-30 (4)	Over 30 (4)	How many units?
How often have you had 6 or more units if female, 8 or more if male, in a drinking session?	Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily most days (4)				
Scoring: A total of 5 or more indicates increasing or higher risk drinking. Risk of withdrawals increases above 15 units daily If >5 complete further alcohol assessment, including full AUDIT								TOTAL Score /12	

In service user’s words, record type & name of drink (include amount such as cans, bottles, glasses etc)	What is this in standard units
Client’s Comments?	Wants to stop? YES NO Wants to reduce? YES NO
Assessor’s comments	Is this a risk factor? YES NO

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HAVE YOU EVER USED ANY OF THE FOLLOWING SUBSTANCES/DRUGS ?

(if “never”, circle and move on. If “past”, put last use and “risk”)

Cannabis

[skunk, weed]

NEVER PAST CURRENT

Client’s Comments (daily amount, frequency, most recent)	Assessor’s Comments
Wants to stop? YES NO	Is this a risk factor? YES NO

Opiates

Heroin

NEVER PAST CURRENT

Methadone

NEVER PAST CURRENT

Others

[Buprenorphine, codeine phosphate, Dihydrocodeine]

NEVER PAST CURRENT

Client’s Comments (daily amount, frequency, route, withdrawals)	Assessor’s Comments
Prescribed? YES NO Wants to stop? YES NO	Is this a risk factor? YES NO

Benzodiazepines

[Diazepam, Lorazepam]

NEVER PAST CURRENT

Client’s Comments (daily amount, frequency, withdrawals)	Assessor’s Comments
Prescribed? YES NO Wants to stop? YES NO	Is this a risk factor? YES NO

Cocaine

[powder, Crack]

NEVER PAST CURRENT

Amphetamine

[Speed]

NEVER PAST CURRENT

Methamphetamine

[Crystal, Tina, Meth, Crank, Ice]

NEVER PAST CURRENT

Mephedrone

[Meow, mCat]

NEVER PAST CURRENT

Ketamine

NEVER PAST CURRENT

GHB/GBL/G

[Liquid ecstasy]

NEVER PAST CURRENT

Khat, Cathinones

NEVER PAST CURRENT

Spice

[“synthetic cannabis”]

NEVER PAST CURRENT

MDMA, Ecstasy, LSD

NEVER PAST CURRENT

Steroids

NEVER PAST CURRENT

Solvents

[“gas”, Nitrous Oxide, volatile substances]

NEVER PAST CURRENT

Any other drugs not included above (for novel psychoactives: stimulant, depressant or hallucinogen)

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Drug use summary for above list from Cocaine to Other

<p>Client's Comments (daily amount, frequency)</p> <p>Wants to stop? YES NO</p>	<p>Assessor's Comments</p> <p>Is this a risk factor? YES NO</p>
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Urine Drug Screen (UDS) done? YES REFUSED NOT APPROPRIATE

Record urine screens or other substance use tests on physical health form or in the service user notes.

If AUDIT-C score is 6 or more, alcohol intervention is required. Please select one

- Brief advice given
- Brief advice later
- Brief advice declined
- Referral made

Date of Alcohol Intervention _____

Current or past involvement with any alcohol/ drugs/ addiction services?

YES NO If so, please say which one most recently.

Any involvement with Substance Use in Mental Health /Dual Diagnosis workers?

YES NO If so, please say which one most recently.

Referral to local drugs service? YES NO

State name of service, and further info such as outcome of referral should be in care plan and notes.

<p>Completed by Role</p>	<p>Date</p>
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THIS INFORMATION SHOULD BE ENTERED ONTO SUFARI FORM ON JADE/SystemOne

Examples of units in common drinks



'Low Alcohol' Beer, Lager & Cider	Bottle (330ml)	Can (440ml)	Pint (568ml)	Litre
2%	0.7 units	0.9 units	1.1 units	2 units
Beer, Lager & Cider	Bottle (330ml)	Can (440ml)	Pint (568ml)	Litre
4%	1.3 units	1.8 units	2.3 units	4 units
5%	1.7 units	2.2 units	2.8 units	5 units
5.2%	1.7 units	2.3 units	3 units	5.2 units
6%	2 units	2.6 units	3.4 units	6 units
'Super-Strength' Beer, Lager & Cider	Bottle (330ml)	Can (440ml)	Pint (568ml)	Litre
9%	3 units	4 units	5 units	9 units
Alcopops	1 Bottle (275ml)			
5%	1.4 units			
Wine & Champagne (red, white, rose or sparkling)	Small glass (125ml)	Standard glass (175ml)	Large glass (250ml)	Bottle (750ml)
10%	1.25 units	1.75 units	2.5 units	7.5 units
11%	1.4 units	1.9 units	2.8 units	8.3 units
12%	1.5 units	2.1 units	3 units	9 units
12.5%	1.6 units	2.2 units	3.1 units	9.4 units
13%	1.6 units	2.3 units	3.3 units	9.8 units
13.5%	1.7 units	2.4 units	3.4 units	10.1 units
14%	1.75 units	2.5 units	3.5 units	10.5 units
Fortified wine (Sherry & Port)	Standard measure (50ml)			
17.5-20%	0.9-1 unit			

Useful links to help calculate standard units of alcohol.

www.nhs.uk/Livewell/alcohol/Pages/Alcoholhome.aspx

www.nhs.uk/Change4Life/Pages/alcohol-lower-risk-guidelines-units.aspx

and some up to date info on the drugs

www.talktofrank.com/drugs-a-z