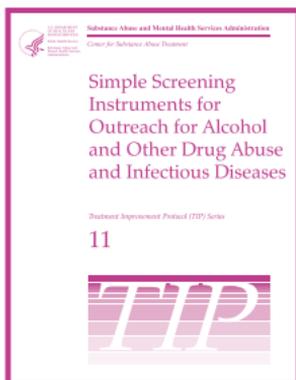


Quick Guide

For Clinicians

Based on TIP 11

*Simple Screening Instruments
for Outreach for Alcohol and
Other Drug Abuse and
Infectious Diseases*



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

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This Quick Guide is based entirely on information contained in TIP 11, published in 1994. No additional research has been conducted to update this topic since publication of the original TIP.

WHY A QUICK GUIDE?

The purpose of a *Quick Guide* is to provide busy clinicians with succinct, easily accessible information.

This *Quick Guide* is based on *Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases*, number 11 in the Treatment Improvement Protocol (TIP) Series, published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. It will help alcohol and drug abuse treatment providers assess patients and clients presenting with problems related to alcohol and drug abuse and communicable diseases.

The *Quick Guide* is divided into sections to help readers quickly locate relevant material. Terms related to this *Quick Guide* appear in a glossary on page 26. For in-depth information on the topics in this *Quick Guide*, readers should refer to TIP 11.

WHAT IS A TIP?

The TIP Series was launched in 1991. The goal of these publications is to disseminate consensus-based, field-tested guidelines on current topics to substance abuse treatment providers.

TIP 11, Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases

- Discusses the twin epidemics of substance abuse and infectious diseases involving multiple disciplines, systems, and agencies
- Presents two screening instruments—one for alcohol and drug abuse and one for infectious diseases—that can be administered rapidly and scored and interpreted relatively easily by a wide range of providers
- Describes the development of these instruments, and offers guidelines for training staff in the use of these instruments
- Discusses legal and ethical concerns, especially confidentiality.

To order a copy of TIP 11 and other related products, see the inside back cover of this Quick Guide.

INTRODUCTION

Substance abuse and infectious diseases are 2 of the 10 leading causes of illness and death in the United States. People with alcohol and drug abuse problems account for a significant proportion of the increasing number of people with

- Sexually transmitted diseases (STDs)
- Human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS)
- Urinary tract infections (especially women)
- Tuberculosis (TB)
- Hepatitis B and hepatitis C.

If left untreated, substance abuse disorders may have adverse consequences on the successful treatment of infectious diseases and on the prevention of disease transmission. Alcohol and drug abuse

- Often results in behaviors that increase the risk for contracting HIV and other infectious diseases
- Adversely affects an individual's ability to complete prescribed therapy.

Alcohol and drug abuse treatment personnel, outreach workers, and other healthcare personnel

- Need to be able to recognize risk factors for infectious diseases in the individuals with whom they come into contact
- Need to be alert to signs of possible alcohol and drug problems in their clientele.

The screening instruments discussed herein were designed for use by alcohol and drug abuse treatment and infectious disease workers to screen for disorders with which they may have only limited familiarity.

The Screening Process

- Is defined as a range of evaluation procedures and techniques
- Does not enable treatment personnel to make a clinical diagnosis
- Indicates whether a probability exists that the condition sought is present
- Is a *preliminary assessment* to determine whether key features of a targeted problem are present in an individual.

A *comprehensive assessment* is a thorough evaluation to establish the presence or absence of a disorder or disease.

Once screening results are known, one of the following three conclusions can be drawn:

- The individual is likely to benefit from referral for a comprehensive assessment.
- Further assessment is unwarranted.
- Screening should be repeated at a later time.

The Instrument Development Process

A CSAT-sponsored consensus panel developed the screening instruments for alcohol and drug abuse and infectious diseases. The benefits of these instruments are

- The instruments are suitable for use with both adolescents and adults.
- The alcohol and drug screening instrument addresses all substances of abuse.
- The instruments are designed for rapid administration (in 15 minutes or less) and are easy to read, administer, score, and interpret.
- The user-friendly instruments were designed for a diverse group of alcohol and drug abuse and infectious disease outreach workers, paraprofessionals, and professionals.

The instruments use the self-report method.

Results are based on the respondent's answers rather than solely on direct observation or other findings of the test administrator. The self-report method can be a valid strategy for screening, but its limitations should be considered.

Because of the social stigma of both alcohol and drug abuse and infectious diseases, subjects may be reluctant to directly admit to either. Screeners must

- Word questions carefully.
- Be sensitive and patient in administering the instruments.
- Be aware that people being screened may deny or minimize their problems.

(For more information, see TIP 11, pages 1–7.)

THE SIMPLE SCREENING INSTRUMENT FOR ALCOHOL AND DRUG ABUSE

Routine screening for alcohol and drug abuse identifies the possibility that a client has alcohol- and drug-related problems. It may lead to a comprehensive assessment that will help engage the client in treatment. The screening instrument for alcohol and drug abuse identifies the following five primary content domains:

- **Alcohol and Drug Consumption:** Refers to an individual's pattern of frequency, length, and amount of use. Frequent, long-term use is the common marker of alcohol and drug abuse, but periodic binges over shorter periods also may characterize an addiction problem.

- **Preoccupation and Loss of Control:** Preoccupation refers to devoting inordinate amounts of time to matters pertaining to alcohol and drug use; loss of control is typified by uncontrollable alcohol and drug consumption or uncontrollable behavior during use.
- **Adverse Consequences:** Refer to negative effects in the physical, psychological, and social domains of an individual's life.
 - **Physical Consequences:** Blackouts, injury or trauma, withdrawal symptoms, STDs
 - **Psychological Consequences:** Depression, anxiety, mood changes, delusions, paranoia, psychosis
 - **Social Consequences:** Involvement in violent encounters (arguments or fights); loss of employment, intimate relationships, and friends; legal problems (arrests for driving while impaired or for possession or sale of illicit drugs).
- **Problem Recognition:** Refers to the individual's acknowledgment of the link between his or her use of alcohol and drugs and the problems that result. Some individuals report negative consequences during a screening assessment but may not consciously recognize their problem because of denial, lack of insight, or mistrust of the interviewer.

- **Tolerance and Withdrawal:** Refer to physiological problems resulting from prolonged alcohol and drug use. Tolerance is the need for increasing amounts of a substance to obtain a high. The withdrawal syndrome may include symptoms of depression, agitation, and lethargy. Anxiety, insomnia, panic attacks, abdominal pain, increased heart rate, and perspiration also may occur.

Administration of the Alcohol and Drug Screening Instrument

The alcohol and drug screening instrument (exhibit 11–1) can be administered in a long version and a short version (the questions for the short version are in bold type).

Interpretation of Results

An individual with an alcohol or drug problem may receive a score of 4 or more on the long version of the screening instrument. For many individuals a score of less than 4 means they do not have an alcohol or drug problem. However, a low score may also indicate that the person is in denial or is not responding truthfully.

(For more information, see TIP 11, pages 9–18. A screening instrument that can be used as a self-administered questionnaire appears in TIP 11, pages 14 and 15, and is available as KAP Key 11–1.)

Exhibit 11–1

Simple Screening Instrument for Substance Abuse *(Administered by Interviewer)*

Introductory Statement Made by Interviewer

I'm going to ask you a few questions about your use of alcohol and drugs during the last 6 months. Your answers will be kept private. Based on your answers to these questions, I may advise you to get a more complete assessment. This would be voluntary.

During the last 6 months

1. Have you used alcohol (such as wine, beer, or hard liquor) or drugs (such as pot, coke, heroin or other opioids, uppers, downers, hallucinogens, or inhalants)?

Yes No

If no, stop or skip to question 14.

2. Have you felt that you use too much alcohol or too many drugs?

Yes No

3. Have you tried to cut down on or quit drinking or using drugs?

Yes No

4. Have you gone to anyone for help because of your drinking or drug use (such as

Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program)?

Yes No

5. Have you had any of the following?

Blackouts or other periods of memory loss

Injury to your head after drinking or using drugs

Convulsions or delirium tremens (DTs)

Hepatitis or other liver problems

Feelings of being sick, shaky, or depressed when you stopped drinking or using drugs

Feelings of “coke bugs,” or a crawling feeling under the skin, after you stopped using drugs

Injury after drinking or using drugs

The desire to use needles to shoot drugs.

6. Has drinking or drug use caused problems between you and your family or friends?

Yes No

(continued on next page)

7. Has your drinking or drug use caused problems at school or work?

Yes No

8. Have you been arrested or had other legal problems (such as being charged with bouncing checks, driving while intoxicated, theft, or drug possession)?

Yes No

9. Have you lost your temper or gotten into arguments or fights while drinking or using drugs?

Yes No

10. Do you need to drink or use drugs more and more to get the effect you want?

Yes No

11. Do you spend a lot of time thinking about or trying to get alcohol or drugs?

Yes No

12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone?

Yes No

13. Do you feel bad or guilty about your drinking or drug use?

- Yes No

Now I have some questions that are not limited to the last 6 months.

14. Have you ever had a drinking or drug problem?

- Yes No

15. Has any family member ever had a drinking or drug problem?

- Yes No

16. Do you feel that you have a drinking or drug problem now?

- Yes No

Thank you for answering these questions. Do you have any questions for me? Is there something I can do to help you?

Observation Checklist

The following signs and symptoms may indicate a substance abuse problem in the individual being screened:

- Needle (track) marks

- Skin abscesses, cigarette burns, or nicotine stains
- Tremors (shaking and twitching of hands and eyelids)
- Unclear speech: slurred, incoherent, or too rapid
- Unsteady gait: staggering or off balance
- Dilated (enlarged) or constricted (pinpoint) pupils
- Scratching
- Swollen hands or feet
- Smell of alcohol or marijuana on breath
- In possession of drug paraphernalia such as pipes, papers, needles, or roach clips
- "Nodding out" (dozing or falling asleep)
- Agitation
- Inability to focus
- Burns on the inside of the lips (from freebasing cocaine).

Scoring

For short version (boldface questions), any yes answers by the respondent merit followup questioning.

Items 1 and 15 are not scored. For the remaining questions, score 1 for yes and 0 for no.

__2 __6 __10 __14

__3 __7 __11 __16

__4 __8 __12

__5 __9 __13 __Total score

Preliminary Interpretation of Results

Score	Degree of Risk for Alcohol and Drug Abuse
0 or 1	None to low
2 or 3	Minimal
≥4	Moderate to high; possible need for further assessment

THE SIMPLE SCREENING INSTRUMENT FOR INFECTIOUS DISEASES

Identifying diseases in the alcohol- and drug-abusing populations through routine screening can lead to detection of treatable conditions and allow for the initiation of treatment.

The infectious diseases screening instrument

- Focuses on infectious diseases that are significant public health problems because they pose the risk of transmission to others
- Evaluates aspects of an individual's lifestyle and behavior that may place him or her at risk for infectious diseases
- Identifies the symptoms of an active TB infection.

When individuals have both substance abuse problems and infectious diseases, symptoms of infectious diseases often are not apparent. For this reason, it is usually not effective to screen by merely noting the presence of symptoms.

Administration of the Infectious Disease Screening Instrument

The infectious disease screening instrument (exhibit 11-2) appears in interview form. It is for use by outreach workers who may have time constraints.

(See TIP 11, pages 23–26, for an annotated version of the instrument that provides more background information and suggested introductions.)

Timing of the Administration

The point at which the screening instrument is administered varies according to circumstances and settings.

- It can be administered following the decision to accept an individual into an alcohol and drug abuse treatment program.
- If referral resources for infectious disease treatment are immediately available, the instrument can be administered to those awaiting the opening of a treatment program slot.

Scoring and Interpretation

A “yes” response indicates an increased risk for an infectious disease. Each question is followed by a letter or letters in parentheses that indicate the type of referral to be made when an increased risk is identified. Staff should limit the number of agencies to which referral is made. For example, STD and HIV/AIDS testing may be available at STD clinics, prenatal care sites, or comprehensive health centers.

(For more information on the infectious diseases screening instrument, see TIP 11, pages 19–28; for more information about legal issues surrounding the referral process, see TIP 11, pages 39–49.)

Exhibit 11–2

Simple Screening Instrument for Infectious Diseases (*Administered by Interviewer*)

Introductory Statement Made by Interviewer
I'm going to ask you a few questions about your health and lifestyle. I want you to know that my agency will not give this information to anyone without your permission. Based on your answers, I may advise you to get a physical exam or further tests. This would be voluntary—it would be your choice whether to have the exam. If you do get an exam and are found to have certain diseases, they must be reported to the health department.

1. Have you seen a doctor or other healthcare provider in the last 3 months? (A; see Key)

Yes No

2. a. Do you live on the street or in a shelter? (C, F)

Yes No

- b. Have you ever been in jail? (C, F)

Yes No

3. Have you ever been told you tested positive for HIV (the virus that causes AIDS)? (G)

Yes No

4. Women: Have you missed your last two periods? (D, E, F)
- Yes No
5. Have you ever had a positive TB skin test? I mean a test where you got a shot in your forearm and a few days later a hard bump like a blister appeared. (C)
- Yes No
6. Have you ever been told you have TB? Has anybody you know or have lived with been diagnosed with TB in the last year? (C)
- Yes No
7. a. Within the last 30 days, have you had any of the following symptoms lasting for more than 2 weeks? (B, C, F)
- Fever
- Drenching night sweats that were so bad you had to change your clothes or the sheets on the bed
- Attacks of coughing up blood
- Shortness of breath
- Lumps or swollen glands in the neck or armpits

(continued on next page)

Weight loss without trying

Diarrhea (“runs”) lasting more than a week.

b. Do you live with someone who has any of the following symptoms? (C)

Attacks of coughing up blood

Drenching night sweats.

8. Do you use needles to shoot drugs? (F)

Yes

No

9. Do you use coke or crack? (D, F)

Yes

No

10. In the last 6 months, have you had VD (venereal disease) or an STD (sexually transmitted disease) like syphilis, the clap (gonorrhea), chlamydia, NGU (nongonococcal urethritis), or trichomoniasis (trich)? (D, F)

Yes

No

11. Have you, or anyone you’ve had sex with, had any of the following symptoms within the last 30 days? (D, F)

Sore or ulcer on the penis/vagina (“down there”)

- Rash, spots, or other skin problems, especially on your palms or the soles of your feet
- Women: A vaginal discharge that is different from what you usually have
- Women: Pain when you have vaginal sex
- Men: Discharge from the penis.

12. Have you had sex with more than two people—at different times—in the last 6 months? I mean any type of vaginal, rectal, or oral contact, such as you “went down” on your partner or he or she “went down” on you, with or without a condom? (D, F)

- Yes No

13. Have you used your rectum for sex? (Use regionally appropriate terminology to indicate penile penetration, as opposed to other types of sexual contact.) (F)

- Yes No

14. In the last 6 months, have you had sex with someone in return for anything like money, alcohol or drugs, a place to stay, or just to survive? (D, F)

- Yes No

(continued on next page)

15. Have you ever been forced to have sex against your will? (A)

Yes No

Key

A = Needs supporting data

B = General medical evaluation

C = TB screening

D = STD assessment

E = Prenatal care

F = HIV/AIDS counseling, testing, referral, and partner notification.

(Assessment for hepatitis B and hepatitis C is also warranted.)

G = HIV/AIDS care/early intervention

IMPLEMENTATION

The goal of the screening process is to determine the need for a more comprehensive assessment; screening is not used to diagnose a problem.

Remember

- The screening process itself is never diagnostic.
- An individual with a positive screening test must have a clinical assessment for diagnosis before treatment.

- Individuals with a high score on a screening test may, on more comprehensive assessment, be found not to have a disorder. Conversely, a low score on a screening test does not rule out the possibility that a disorder is present.

Training Issues for Clinical Supervisors

Although many substance abuse treatment providers already possess the skills necessary to administer screening instruments, they may need special training to use the instruments that accompany this *Quick Guide*. Special training is necessary because

- Substance abuse treatment workers may have scant knowledge of infectious disease issues.
- Infectious disease workers may have little understanding of alcohol and drug abuse and dependence.

The training program should incorporate the following elements:

- A review of interpersonal skills, including basic communication and interviewing techniques
- Guidelines on how to deal with a range of client reactions
- Approaches for administering the instruments in a casual, friendly, nonthreatening, and

nonjudgmental manner in terms of verbal and body language

- Methods for helping interviewers become familiar and comfortable with using local terminology to describe an illness or behavior
- Methods for familiarizing interviewers with the regional and cultural characteristics of the population to be screened.

Curriculum Content

Staff members who will be screening clients need a basic understanding of the instruments' limitations and purpose. Training should emphasize that

- The purpose of screening is to identify persons at risk for substance abuse problems and infectious diseases.
- Diagnosis and treatment can be undertaken only after in-depth clinical assessment.
- Culturally competent trainers and interviewers are crucial to the effectiveness of the screening process.

Developing an understanding of the language, culture, and ethnicity of the populations to be served should be an integral part of the training process. To this end, agencies also should develop policies and procedures that promote the recruitment and retention of culturally competent personnel.

(See TIP 11, appendix C, pages 57–63, for perspectives from treatment professionals on issues of cultural sensitivity.)

Before administering the instrument, interviewers should talk with clients about the purposes of screening and how the results will be used. Clients may be more forthcoming if they understand these points before the screening begins.

(Other interviewing techniques, including safety issues, are discussed in TIP 11, pages 33 and 34.)

Workers will need training in scoring and interpreting screening results. Training also must incorporate mechanisms for referral actions and for tracking referred clients to ensure that recommended services were rendered.

(TIP 11, appendix B, pages 53–55, presents a sample curriculum for instructing outreach workers in STD prevention. For more information on training and implementation, see TIP 11, pages 29–37.)

GLOSSARY

Blackouts: Periods of amnesia typically associated with high-dose use of sedative-hypnotics, such as alcohol and the benzodiazepines, that occur while a person is conscious. The nature of the memory impairment is such that the person has no recollection of his or her actions during these episodes.

Chlamydia: An STD seen in both sexes but often asymptomatic in women. It can cause infertility, pelvic inflammatory disease (PID), and complications during pregnancy.

Coke bugs: Tactile hallucinations that cause a person to feel as if insects are crawling on or beneath the skin, often stemming from chronic or high-dose abuse of stimulant drugs.

Convulsions: Twitching or jerking motions of the limbs that often accompany seizures resulting from uncontrolled electrical brain activity. Substance abuse-associated seizures are linked to high-dose use of stimulant classes of drugs and withdrawal from sedative-hypnotics.

Delirium tremens (DTs): A confused state accompanied by trembling and vivid hallucinations that seem quite real to the person experiencing them. DTs can occur in chronic alcoholics following withdrawal or sudden abstinence from alcohol. Other symptoms of DTs include restlessness, agitation, sleeplessness, tachycardia, and convulsions.

Diarrhea lasting more than 1 week: For the purpose of these screening instruments, this means watery diarrhea, without any formed stool, occurring more than three times a day for a week or more.

Gonorrhea ("the clap"): An STD that may cause a discharge from the penis in men and may cause vaginal discharge, pain, infertility, and PID in women.

Hepatitis: An inflammation of the liver, of chronic or limited duration, accompanied by cell damage and risk of death. The disease has various causes: viral infection, exposure to poisons or chemicals, or chronic alcohol abuse.

Nongonococcal urethritis (NGU): A sexually transmitted infection whose symptoms are similar to those of gonorrhea but that can be differentiated only by laboratory tests. NGU is most commonly caused by the organism that causes chlamydia.

Positive HIV test: A blood test that is positive for antibodies to HIV, the virus that causes AIDS.

Positive TB skin test: A positive result on a test for TB in which an injection is made into the skin of the forearm; more accurately called a Tine or PPD test. A positive result is marked by a hard, red swelling at the injection site after 3 days. A PPD test must be interpreted by a nurse or doctor.

Sexually transmitted disease (STD): A disease that is spread through sexual contact.

Syphilis: An STD that causes a characteristic ulcer or lesion on the genitals. Untreated it can spread to other parts of the body and cause a symmetrical rash on the palms of the hands and the soles of the feet. In advanced stages, syphilis can cause major health problems, including central nervous system disorders and death.

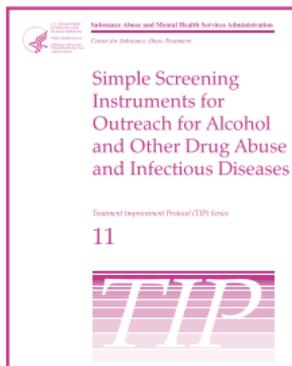
Tuberculosis (TB): A highly infectious disease that spreads through airborne droplets to people who have had close contact with an infected person. TB is most commonly found in the lungs but also appears in other parts of the body. Symptoms include fever, night sweats, and weight loss. TB more commonly occurs in HIV-infected people and some substance abuse treatment patients.

Ordering Information

TIP 11 *Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases*

TIP 11-Related Products

KAP Keys for Clinicians
Based on TIP 11



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1. Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at **800-729-6686**, TDD (hearing impaired) **800-487-4889**
2. Visit CSAT's Web site at www.csat.samhsa.gov



Other Treatment Improvement Protocols (TIPs) that are relevant to this Quick Guide:

TIP 6, *Screening for Infectious Diseases Among Substance Abusers (1993, Reprinted 1995)*
BKD131

TIP 7, *Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System (1993)* BKD138

TIP 9, *Assessment and Treatment of Patients With Coexisting Mental Illness and Alcohol and Other Drug Abuse (1994, Reprinted 1999)*
BKD134

TIP 16, *Alcohol and Other Drug Screening of Hospitalized Trauma Patients (1995)* BKD164

See the inside back cover for ordering information for all TIPs and related products.