

# Seek, Test, Treat and Retain for Vulnerable Populations: Data Harmonization Measure

## Drug and Alcohol Use

### Drug and Alcohol Measure

#### References:

1) Adapted from:

Babor, T.F., Higgins-Biddle, J.C., Saunders, J.B. & Monteiro, M.G. (2001). *AUDIT, The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care*. Second Edition. Geneva: World Health Organization.

2) Other relevant reference:

Knight, K., Simpson, D. D., & Hiller, M. L. (2002). Screening and referral for substance-abuse treatment in the criminal justice system. In C. G. Leukefeld, F. Tims, & D. Farabee (Eds.), *Treatment of drug offenders: Policies and issues* (pp. 259-272).

**ALCOHOL USE**

I'd like to ask you about your use of alcohol. About how many times in the past year have you used alcohol, including beer, wine, hard liquor, or other drinks containing alcohol?

Number of times in the past year: \_\_\_\_\_

**If more than once, continue with questions below:** You say that you have used alcohol in the past year. I'd like to ask some questions about your alcohol use. In the past year ,

<b>Additional Screeners</b>	<b>Responses/Scoring</b>				
1. How often do you have a drink containing alcohol?	0 Never	1 Monthly or less	2 2 to 4 times a month	3 2 to 3 times a week	4 4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 1 or 2	1 3 or 4	2 5 or 6	3 7 to 9	4 10 or more
3. How often do you have 5 or more drinks on one occasion?***	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily
9. Have you or someone else been injured because of your drinking?	0 No		2 Yes, but not in the last year		4 Yes, during the last year

10.Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	0 No	2 Yes, but not in the last year	4 Yes, during the last year
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\*\*\*= In order to conform your data to WHO’s validated version of AUDIT, please ask about 6 or more drinks a day.

Scoring—see WHO AUDIT Manual; 8 or more indicates hazardous and harmful alcohol use.

Codes of 7 (Refused), 8 (Not applicable), and 9 (Don’t know) are not scorable (contributing to total score) responses (i.e. 0-4).

**DRUG USE**

How many times in the past year have you used a drug for non-medical reasons?

\_\_\_\_\_ # of times

(If respondent answers 0 or refuses, do not ask the following questions about drug use)

How often did you use each type of drug during the past year?

<p>a. marijuana/hashish: _____ times</p> <p>b. hallucinogens/LSD/PCP/ psychedelics/mushrooms: _____ times</p> <p>c. inhalants: _____ times</p> <p>d. crack – injected: _____ times</p> <p>e. crack/freebase – smoked: _____ times</p> <p>f. cocaine alone (not crack) – injected: _____ times</p> <p>g. cocaine alone (not crack) – sniffed/ snorted: _____ times</p> <p>h. heroin &amp; cocaine (incl. crack) together/ speedball – injected): _____ times</p> <p>i. heroin &amp; cocaine (incl. crack) together/ speedball – sniffed/ snorted): _____ times</p> <p>j. heroin &amp; cocaine (incl. crack) together/ speedball – smoked): _____ times</p> <p>k. heroin alone – injected: _____ times</p> <p>l. heroin alone – sniffed/ snorted: _____ times</p> <p>m. heroin alone – smoked: _____ times</p> <p>n. street methadone (non-prescription): _____ times</p> <p>o. prescription (Vicodin, Oxycontin, Percocet, etc.): _____ times</p> <p>p. methamphetamines: _____ times</p> <p>q. stimulants (amphetamines, Ritalin, concerta, Dexedrine, adderall, diet pills): _____ times</p> <p>r. tranquilizers/barbiturates/sedatives/ (downers): _____ times</p> <p>s. other (<i>specify drug</i>) _____ _____ times</p>	<p>For each drug type:</p> <p>Never 0</p> <p>Only a few times 1</p> <p>1-3 times/month 2</p> <p>About once a week 3</p> <p>2-5 times/week 4</p> <p>About once a day 5</p> <p>2 to 3 times/day, almost every day 6</p> <p>4 to 9 times/day, almost every day 7</p> <p>10+ times/day, almost every day 8</p>
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Thinking about your drug use in the past year, can you tell me a little bit about your drug use? During this time:

1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	1 – Yes	0 – No
2. Did you try to cut down on your drug use but were unable to do it?	1 – Yes	0 – No
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?	1 – Yes	0 – No
4. Did you get so high or sick from drugs that it –		
a. kept you from doing work, going to school, or caring for children?	1 – Yes	0 – No
b. caused an accident or put you or others in danger?	1 – Yes	0 – No
5. Did you spend less time at work, school, or with friends so that you could use drugs?	1 – Yes	0 – No
6. Did your drug use cause –		
a. emotional or psychological problems?	1 – Yes	0 – No
b. problems with family, friends, work, or police?	1 – Yes	0 – No
c. physical health or medical problems?	1 – Yes	0 – No
7. Did you increase the amount of a drug you were taking so that you could get the same effects as before?	1 – Yes	0 – No
8. Did you ever keep taking a drug to avoid withdrawal symptoms or keep from getting sick?	1 – Yes	0 – No
9. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	1 – Yes	0 – No

Give 1-point to each “Yes” response to 1-9 (Questions 4 and 6 are worth one point each if a respondent answers “Yes” to any portion). The total score can range from 0 to 9; score values of 3 or greater indicate relatively severe drug-related problems, and correspond approximately to DSM drug dependence diagnosis. Codes of 7 (Refused), 8 (Not applicable), and 9 (Don’t know) should not be considered as contributing to overall score (0-9) for respondent.

For those research projects that budgeted for biological markers such as urine screens, we could recommend a common UA test protocol such as the NIDA 5, a 10 panel, or 12 panel drug test, etc.

How many times in the past month have you used a drug for non-medical reasons?

\_\_\_\_\_ # of times

(If respondent answers 0 or refuses, do not ask the following questions about drug use)

How often did you use each type of drug during the past month?

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