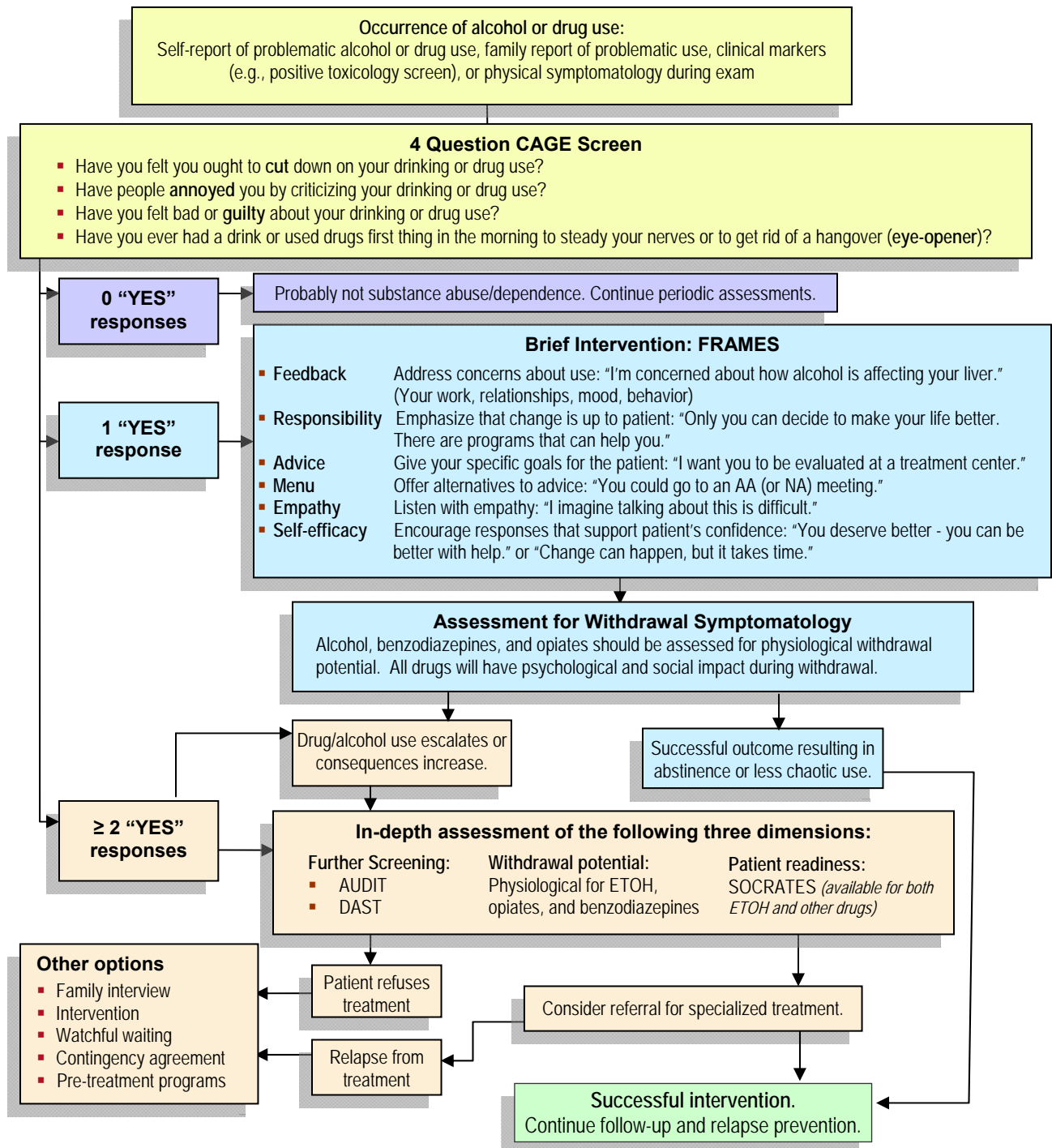


Substance Abuse Diagnostic Algorithm

Substance abuse or substance dependence:

- Correlates to increased incidence of psychiatric illness.
- Increases the difficulty in maintaining effective adherence to antiretroviral regimens.

Screening patients regularly using a non-judgmental, conversation style encourages patients to speak openly about their use of substances and assists the clinician in evaluating the patient's readiness to make a behavior change.



DAST (Drug Abuse Screening Test)

Name: _____

Date: _____

Score: _____

- | | | |
|--|------------|-----------|
| 1. Have you used drugs other than those required for medical reasons? | Yes | No |
| 2. Have you abused prescription drugs? | Yes | No |
| 3. Do you abuse more than one drug at a time? | Yes | No |
| 4. Can you get through the week without using drugs (other than those required for medical reasons)? | Yes | No |
| 5. Are you always able to stop using drugs when you want to? | | |
| 6. Do you abuse drugs on a continuous basis? | Yes | No |
| 7. Do you try to limit your drug use to certain situations? | | |
| 8. Have you had "blackouts" or "flashbacks" as a result of drug use? | Yes | No |
| 9. Do you ever feel bad about your drug abuse? | Yes | No |
| 10. Does your spouse (or parents) ever complain about your involvement with drugs? | Yes | No |
| 11. Do your friends or relatives know or suspect you abuse drugs? | Yes | No |
| 12. Has drug abuse ever created problems between you and your spouse? | Yes | No |
| 13. Has any family member ever sought help for problems related to your drug use? | Yes | No |
| 14. Have you ever lost friends because of your use of drugs? | Yes | No |
| 15. Have you ever neglected your family or missed work because of your use of drugs? | Yes | No |
| 16. Have you ever been in trouble at work because of drug abuse? | Yes | No |
| 17. Have you ever lost a job because of drug abuse? | Yes | No |
| 18. Have you gotten into fights when under the influence of drugs? | Yes | No |
| 19. Have you ever been arrested because of unusual behavior while under the influence of drugs? | Yes | No |
| 20. Have you ever been arrested for driving while under the influence of drugs? | Yes | No |
| 21. Have you engaged in illegal activities to obtain drugs? | Yes | No |
| 22. Have you ever been arrested for possession of illegal drugs? | Yes | No |
| 23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake? | Yes | No |
| 24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, or bleeding)? | Yes | No |
| 25. Have you ever gone to anyone for help for a drug problem? | Yes | No |
| 26. Have you ever been in hospital for medical problems related to your drug use? | Yes | No |
| 27. Have you ever been involved in a treatment program specifically related to drug use? | Yes | No |
| 28. Have you been treated as an outpatient for problems related to drug abuse? | Yes | No |

DAST Interpretation Guidelines:

0	None reported
1 – 5	Low level drug use
6 – 10	Moderate level drug use
11 – 15	Substantial level drug use
16 – 20	Severe level drug use

Source: Skinner HA. The Drug Abuse Screening Test.
Addictive Behaviors 7(4):363-367, 1982.

AUDIT (Alcohol Use Disorders Identification Test) ³¹⁻³⁵

This questionnaire was developed by the World Health Organization to identify persons whose alcohol consumption has been hazardous or harmful to their health.

One unit of alcohol is: ½ pint average strength beer/lager OR one glass of wine
OR one single measure of spirits.

Note: some drinks may contain deceptively high quantities of alcohol. For example, a can of high strength lager may contain 3-5 units and a bottle of pre-mixed spirit drink may contain up to 2 units.

1. **How often do you have a drink containing alcohol?†**
(0) Never (1) Monthly or less (2) 2-4 times a month (3) 2-3 times a week (4) 4 or more times a week

2. **How many units of alcohol do you drink on a typical day when you are drinking?†**
(0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8 or 9 (4) 10 or more

3. **How often do you have six or more units of alcohol 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 from 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 you had been drinking?**
(0) Never (1) less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily

9. **Have you or someone else been injured as a result of your drinking?**
(0) No (2) Yes, but not in the last year (4) Yes, during the last year

10. **Has a relative or friend or doctor or another health 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

- Record total of specific items here**
If total over 8, alcohol use disorder very likely.

Scores above zero on items 4 through 6 indicate presence or emergence of alcohol dependence. The five questions distinguished by † have been used in a shortened version.^{32*}

Version 8

SOCRATES The Stages of Change Readiness and Treatment Eagerness Scale

SOCRATES is an experimental instrument designed to assess readiness for change in alcohol abusers. The instrument yields three factorially-derived scale scores: Recognition (Re), Ambivalence (Am), and Taking Steps (Ts). It is a public domain instrument and may be used without special permission.

Answers are to be recorded directly on the questionnaire form. Scoring is accomplished by transferring to the SOCRATES Scoring Form the numbers circled by the respondent for each item. The sum of each column yields the three scale scores. Data entry screens and scoring routines are available.

These instruments are provided for research uses only. Version 8 is a reduced 19-item scale based on factor analyses with prior versions. The shorter form was developed using the items that most strongly marked each factor. The 19-item scale scores are highly related to the longer (39 item) scale for Recognition ($r = .96$), Taking Steps (.94), and Ambivalence (.88). We therefore currently recommend using the 19-item Version 8 instrument.

Psychometric analyses revealed the following psychometric characteristics of the 19-item SOCRATES:

	Cronbach Alpha	Test-retest Reliability	
		Intraclass	Pearson
Ambivalence	.60 - .88	.82	.83
Recognition	.85 - .95	.88	.94
Taking Steps	.83 - .96	.91	.93

Various other forms of the SOCRATES have been developed. These will be migrated into shorter 8.0 versions as psychometric studies are completed. They are:

8D	19-item drug/alcohol questionnaire for clients
7A-SO-M	32-item alcohol questionnaire for significant others of males
7A-SO-F	32-item alcohol questionnaire for SOs of females
7D-SO-F	32-item drug/alcohol questionnaire for SOs of females
7D-SO-M	32-item drug/alcohol questionnaire for SOs of males

The parallel SO forms are designed to assess the motivation for change of significant others (not collateral estimates of clients' motivation). The SO forms lack a Maintenance scale, and therefore are 32 items in length.

Prochaska and DiClemente have developed a more general stages of change measure known as the University of Rhode Island Change Assessment (URICA). The SOCRATES differs from the URICA in that SOCRATES poses questions specifically about alcohol or other drug use, whereas URICA asks about the client's "problem" and change in a more general manner.

Source Citation:

Miller, W. R., & Tonigan, J. S. (1996). Assessing drinkers' motivation for change: The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES). *Psychology of Addictive Behaviors* 10, 81-89. □

CASAA Research Division*
8/95

**Personal Drinking Questionnaire
(SOCRATES 8A)**

INSTRUCTIONS: Please read the following statements carefully. Each one describes a way that you might (or might not) feel *about your drinking*. For each statement, circle one number from 1 to 5, to indicate how much you agree or disagree with it *right now*. Please circle one and only one number for every statement.

	NO! Strongly Disagree	No Disagree	? Undecided or Unsure	Yes Agree	YES! Strongly Agree
1. I really want to make changes in my drinking.	1	2	3	4	5
2. Sometimes I wonder if I am an alcoholic.	1	2	3	4	5
3. If I don't change my drinking soon, my problems are going to get worse.	1	2	3	4	5
4. I have already started making some changes in my drinking.	1	2	3	4	5
5. I was drinking too much at one time, but I've managed to change my drinking.	1	2	3	4	5
6. Sometimes I wonder if my drinking is hurting other people.	1	2	3	4	5
7. I am a problem drinker.	1	2	3	4	5
8. I'm not just thinking about changing my drinking, I'm already doing something about it.	1	2	3	4	5
9. I have already changed my drinking, and I am looking for ways to keep from slipping back to my old pattern.	1	2	3	4	5
10. I have serious problems with drinking.	1	2	3	4	5

	NO! Strongly Disagree	No Disagree	? Undecided or Unsure	Yes Agree	YES! Strongly Agree
11. Sometimes I wonder if I am in control of my drinking.	1	2	3	4	5
12. My drinking is causing a lot of harm.	1	2	3	4	5
13. I am actively doing things now to cut down or stop drinking.	1	2	3	4	5
14. I want help to keep from going back to the drinking problems that I had before.	1	2	3	4	5
15. I know that I have a drinking problem.	1	2	3	4	5
16. There are times when I wonder if I drink too much.	1	2	3	4	5
17. I am an alcoholic.	1	2	3	4	5
18. I am working hard to change my drinking.	1	2	3	4	5
19. I have made some changes in my drinking, and I want some help to keep from going back to the way I used to drink.	1	2	3	4	5

CASAA Research Division*
9/95

**Personal Drug Use Questionnaire
(SOCRATES 8D)**

INSTRUCTIONS: Please read the following statements carefully. Each one describes a way that you might (or might not) feel *about your drug use*. For each statement, circle one number from 1 to 5, to indicate how much you agree or disagree with it *right now*. Please circle one and only one number for every statement.

	NO! Strongly Disagree	No Disagree	? Undecided or Unsure	Yes Agree	YES! Strongly Agree
1. I really want to make changes in my use of drugs.	1	2	3	4	5
2. Sometimes I wonder if I am an addict.	1	2	3	4	5
3. If I don't change my drug use soon, my problems are going to get worse.	1	2	3	4	5
4. I have already started making some changes in my use of drugs.	1	2	3	4	5
5. I was using drugs too much at one time, but I've managed to change that.	1	2	3	4	5
6. Sometimes I wonder if my drug use is hurting other people.	1	2	3	4	5
7. I have a drug problem.	1	2	3	4	5
8. I'm not just thinking about changing my drug use, I'm already doing something about it.	1	2	3	4	5
9. I have already changed my drug use, and I am looking for ways to keep from slipping back to my old pattern.	1	2	3	4	5
10. I have serious problems with drugs.	1	2	3	4	5

	NO! Strongly Disagree	No Disagree	? Undecided or Unsure	Yes Agree	YES! Strongly Agree
11. Sometimes I wonder if I am in control of my drug use.	1	2	3	4	5
12. My drug use is causing a lot of harm.	1	2	3	4	5
13. I am actively doing things now to cut down or stop my use of drugs.	1	2	3	4	5
14. I want help to keep from going back to the drug problems that I had before.	1	2	3	4	5
15. I know that I have a drug problem.	1	2	3	4	5
16. There are times when I wonder if I use drugs too much.	1	2	3	4	5
17. I am a drug addict.	1	2	3	4	5
18. I am working hard to change my drug use.	1	2	3	4	5
19. I have made some changes in my drug use, and I want some help to keep from going back to the way I used before.	1	2	3	4	5

SOCRATES Scoring Form - 19-Item Versions 8.0

Transfer the client's answers from questionnaire (see note below):

	Recognition	Ambivalence	Taking Steps
	1 _____	2 _____	
	3 _____		4 _____
			5 _____
		6 _____	
	7 _____		8 _____
			9 _____
	10 _____	11 _____	
	12 _____		13 _____
			14 _____
	15 _____	16 _____	
	17 _____		18 _____
			19 _____
TOTALS	Re _____	Am _____	Ts _____
Possible Range:	7-35	4-20	8-40

SOCRATES Profile Sheet (19-Item Version 8A)

INSTRUCTIONS: From the SOCRATES Scoring Form (19-Item Version) transfer the total scale scores into the empty boxes at the bottom of the Profile Sheet. Then for each scale, **CIRCLE** the same value above it to determine the decile range.

DECILE SCORES	Recognition	Ambivalence	Taking Steps
90 Very High		19-20	39-40
80		18	37-38
70 High	35	17	36
60	34	16	34-35
50 Medium	32-33	15	33
40	31	14	31-32
30 Low	29-30	12-13	30
20	27-28	9-11	26-29
10 Very Low	7-26	4-8	8 - 25
RAW SCORES (from Scoring Sheet)	Re=	Am=	Ts=

These interpretive ranges are based on a sample of 1,726 adult men and women presenting for treatment of alcohol problems through Project MATCH. Note that individual scores are therefore being ranked as low, medium, or high *relative to people already presenting for alcohol treatment.*

Guidelines for Interpretation of SOCRATES-8 Scores

Using the SOCRATES Profile Sheet, circle the client's raw score within each of the three scale columns. This provides information as to whether the client's scores are low, average, or high *relative to people already seeking treatment for alcohol problems*. The following are provided as general guidelines for interpretation of scores, but it is wise in an individual case also to examine individual item responses for additional information.

RECOGNITION

HIGH scorers directly acknowledge that they are having problems related to their drinking, tending to express a desire for change and to perceive that harm will continue if they do not change.

LOW scorers deny that alcohol is causing them serious problems, reject diagnostic labels such as "problem drinker" and "alcoholic," and do not express a desire for change.

AMBIVALENCE

HIGH scorers say that they sometimes *wonder* if they are in control of their drinking, are drinking too much, are hurting other people, and/or are alcoholic. Thus a high score reflects ambivalence or uncertainty. A high score here reflects some openness to reflection, as might be particularly expected in the contemplation stage of change.

LOW scorers say that they *do not wonder* whether they drink too much, are in control, are hurting others, or are alcoholic. Note that a person may score low on ambivalence *either* because they "know" their drinking is causing problems (high Recognition), or because they "know" that they do not have drinking problems (low Recognition). Thus a low Ambivalence score should be interpreted in relation to the Recognition score.

TAKING STEPS

HIGH scorers report that they are already doing things to make a positive change in their drinking, and may have experienced some success in this regard. Change is underway, and they may want help to persist or to prevent backsliding. A high score on this scale has been found to be predictive of successful change.

LOW scorers report that they are not currently doing things to change their drinking, and have not made such changes recently.

Phase II: Strengthening Commitment to Change

Traps to avoid...

- *Underestimating Ambivalence*
- *Overprescription*
- *Insufficient Direction*

Information and Advice

Negotiating a Plan

- 1) Setting goals
- 2) Considering Options
- 3) Arriving at a Plan

Transition to Action.

Adapted from Miller, William and Stephen Rollnick *Motivational Interviewing: Preparing People to Change Addictive Behavior*.
New York: Guilford, 1991.

December 2002 Emory HIV/AIDS Mental Health Provider Education and Evaluation Project.
<http://www.seatec.emory.edu> 404-727-2929

Additional Resources

- **AETC Resources on Substance Use/Abuse**
<http://www.aidsetc.com/aidsetc?page=et-30-28&catid=substance&pid=1>
- **Pain Management/Addiction Management Medications and HIV Antiretrovirals: A Guide to Interactions for Clinicians.**
June 2004. New York/New Jersey AETC. A variety of research on known and potential interactions with prescription pain management /addiction management drugs and antiretrovirals.
<http://www.aidsetc.com/pdf/p02-et/et-03-00/painmgmt.pdf>
- **Recreational Drugs and HIV Antiretrovirals: A Guide to Interactions for Clinicians.** June 2005. New York/New Jersey AETC. Pocket reference with interaction and patient education information. http://www.aidsetc.com/pdf/tools/nynj_rec_drug_interactions.pdf
- **Burprenorphine in the Context of HIV/AIDS.**
August 2005. AETC National Resource Center and New York/New Jersey AETC.
Three-page fact sheet on buprenorphine in the context of HIV. Includes information on opioid addiction, buprenorphine drug interactions, and a listing of resources for the clinician.
<http://www.aidsetc.com/pdf/p02-et/et-03-00/buprenorphine.pdf>
- **Principles of Drug Addiction Treatment: A Research-Based Guide.**
2000. National Institute on Drug Abuse. Reviews of evidence-based approaches, principles of effective treatment, resource directory, and more. Available in English and Spanish.
<http://www.aidsetc.com/pdf/references/PODAT.pdf>
- **The Role of the Primary Care Practitioner in Assessing and Treating Mental Health In Persons With HIV.** Updated March 2001. New York State Department of Health AIDS Institute Mental Health Guidelines Committee.
<http://www.hivguidelines.org/Content.aspx?pageID=261>