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Instruction manual and 25 test forms	\$25.00

**Access:**

John McKee  
 The Behavior Science Press  
 3710 Resource Drive  
 Tuscaloosa, AL 35401  
 (205) 758-2885

### **SUPPLEMENT FOR ASSESSING COCAINE-CRACK USE AND RELATED BEHAVIORS (Cocaine Use and Craving Scales)**

Some of the assessment instruments recommended here, such as the Addiction Severity Index (ASI), were developed before the advent of the cocaine epidemic of recent years, and thus do not collect sufficient information regarding cocaine use. For example, they do not distinguish between smoking "crack," freebasing, IV use, and snorting cocaine. These methods of use have various serious consequences. Accordingly, the administration of a brief supplementary instrument is recommended for this specific purpose. Measures of cocaine use and cocaine craving have been developed by [Gawin and Kleber \(1984\)](#). These measures were more recently adapted by [Carroll and associates \(1991\)](#).

The cocaine use instrument provides questions regarding the amount, method, and frequency of the patient's cocaine use throughout his/her cocaine-using career. For example, for 1 month ago, 3 months ago, and 6 months ago, the patient is asked how many grams of cocaine were used per week, the number of days used per week, and the usual method of administration. This instrument also includes questions regarding the areas of the patient's life being disturbed by cocaine use.

The cocaine craving scale is a brief, 64-item self-report form that assesses the intensity of the patient's current desire for cocaine on a 20-point scale ranging from "0" = "none at all" to "20" = "more than ever." The quality of the cocaine high experienced by the patient and the amount of control over his or her urge for cocaine are also assessed.

The articles by [Carroll and associates \(1991\)](#) and [Gawin and Kleber \(1984\)](#) may facilitate the effort to obtain copies of the two brief instruments.

### **SUPPLEMENT FOR ASSESSING AIDS RISK BEHAVIOR**

The instruments recommended here, other than the DATOS and DATAR instruments, do not include an assessment of AIDS risk behavior. Since applicants for drug abuse treatment who are IV users of drugs or who engage in certain types of sexual behavior are particularly at risk for the HIV infection, and subsequently for AIDS, administration of an AIDS Risk Behavior questionnaire is recommended as a supplement to one of the comprehensive drug-problem screening instruments.

It is therefore recommended that those programs that do not plan to use the DATOS or DATAR instruments as their comprehensive intake screening procedure should use the "AIDS Risk Behavior" section of the DATOS Pre-treatment Interview Form, or the "AIDS Risk Assessment" section of the DATAR, as a supplement to whatever comprehensive instrument they elect to use. This section of the DATOS includes 17 questions (items) for male clients and 13 questions (items) for female clients. The DATAR section includes a total of 41 items. The information required for gaining access to these two instruments can be found in the earlier section of this brochure, which describes the whole DATOS

instrument.

For those clients for whom it appears, based on this brief survey of their risk behavior, that they may in fact be at risk for HIV infection, it is further recommended that a more thorough study of their risk behavior be conducted. The instrument that has been developed by NIDA for this later purpose for the National AIDS Research Project, is the Risk Behavior Assessment Questionnaire (RBA). The RBA sections are "Sexual Activity," "Sex for Money/Drugs," "Sex-Related Diseases," "Health Status," and "IV and Needle Use Behavior."

Access:

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## Endnote

<sup>1</sup> This appendix is a revision and update of *Assessment Instruments for Drug Abusing Adolescents and Adults*, published by the National Institute on Drug Abuse. The original NIDA manual is available through the National Clearinghouse for Alcohol and Drugs Information (NCADI) (800) 729-6686.

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## [Exhibits]

### Exhibit 5-1: Questions on Sexually Transmitted Disease Risks

1. Have you ever been tested for HIV infection? Do you know the results of the test
2. (If female) Have you given birth to an HIV-infected infant?
3. Are you sexually active?
4. Do you engage in anal intercourse (voluntary or forced)?
5. Do you engage in oral sex?
6. (If male) Do you have sex with other men? (Men should be asked specifically whether they have ever had sex with other men, not whether they are "homosexual" or "gay," because they may not identify with the use of these terms.)
7. Did you use condoms the last time you had sex? (Ask this to determine consistency of condom use, rather than asking, "Do you use condoms?")
8. How many sexual partners have you had in the last 6 months? (Ask about the number of sexual partners over a specific period of time, such as 6 months. Questions such as "How many sexual partners do you have?" may elicit the answer, "one," despite a

- history of serial monogamy.)
9. Do you know about your partner's risk history (his or her drug use, sexual partners, blood transfusions, etc.)?
  10. Have you ever traded sex for something (money, drugs, shelter, etc.)?
  11. Have you ever been forced to have sexual activity against your will?
  12. Have you ever injected drugs?
  13. Have you ever shared drug-injecting paraphernalia?
  14. Have you ever had a transfusion of blood or blood products?
  15. Have you ever had any other sexually transmitted diseases, including:
    - Human papillomavirus?
    - Herpes simplex virus?
    - Hepatitis B and C?
    - Gonorrhea?
    - Chlamydia?
    - Syphilis?
    - Chancroid?
    - Lymphogranuloma veneretims?

**Exhibit 6-1: Consent for the Release of Confidential Information: Criminal Justice System Referral**

<b>Exhibit 6-1</b> <b>Consent for the Release of Confidential Information: Criminal Justice System Referral</b>
I,
_____
Name of defendant) hereby consent to communication between
_____
Treatment program) and
_____
Court, probation, parole, and/or other referring agency) the following information:
_____

Nature of the information, as limited as possible)

The purpose of and need for the disclosure is to inform the criminal justice agenc(ies) listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, and

I understand that this consent will remain in effect and cannot be revoked by me until:

\_\_\_\_\_ There has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment, or

Other time when consent can be revoked and/or expires)

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records and that recipients of this information may redisclose it only in connection with their official duties.

Date(Signature of defendant/patient)

Signature of parent, guardian, or authorized

representative if required)

**Exhibit 6-2: Consent for the Release of Confidential Information**

<b>Exhibit 6-2 Consent for the Release of Confidential Information</b>
I,
_____ Name of patient)authorize
_____ (Name or general designation of program making disclosure)
to disclose to
_____ (Name of person or organization to which disclosure is to be made)
the following information:
_____ Nature of the information, as limited as possible)
_____ The purpose of the disclosure authorized herein is to:
_____ (Purpose of disclosure, as specific as possible)



I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(Specification of the date, event, or condition upon which this consent expires)

Dated:

Signature of participant)

Signature of parent, guardian, or authorized representative when required

### Exhibit 6-3: Prohibition on Rediscovering Information Concerning AOD Abuse Treatment Patients

#### **Exhibit 6-3 Prohibition on Rediscovering Information Concerning AOD Abuse Treatment Patients**

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly

permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**Exhibit 6-4: Qualified Service Organization Agreement**

<b>Exhibit 6-4</b> <b>Qualified Service Organization Agreement</b>
XYZ Service Center ("the Center") and the
(Name of the program)
("the Program") hereby enter into a qualified service organization agreement, whereby the Center agrees to provide the following services:
(Nature of services to be provided)
Furthermore, the Center:
<ol style="list-style-type: none"><li>1. Acknowledges that in receiving, storing, processing, or otherwise dealing with any information from the Program about the patients in the Program, it is fully bound by the provisions of the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2; and</li><li>2. Undertakes to resist in judicial proceedings any effort to obtain access to information pertaining to patients otherwise than as expressly provided for in the Federal confidentiality regulations, 42 CFR Part 2.</li></ol>

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 199\_\_.

---

President  
XYZ Service Center  
(Address)

---

Program Director  
(Name of Program)  
(Address)