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Alcohol and Other Drug Screening of Hospitalized Trauma Patients *Treatment Improvement Protocol (TIP) Series: 16*

Exhibits

Exhibit 2-1 Risk Factors for Traumatic Injury

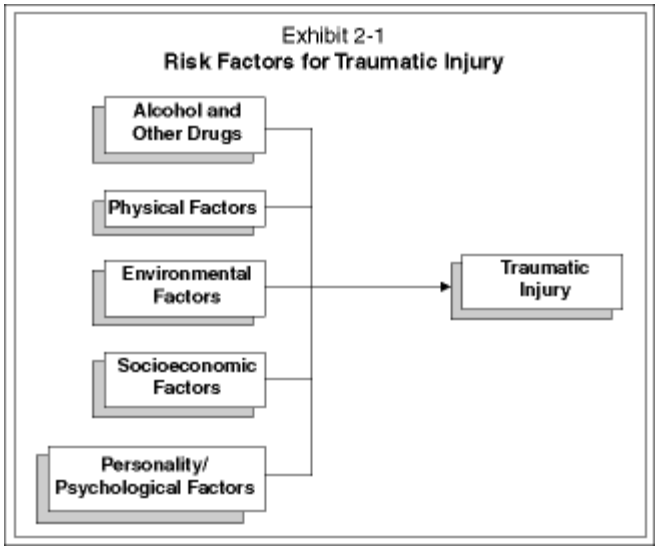

Exhibit 4-2 CAGE Questionnaire

CAGE Questionnaire

1. Have you felt the need to ***C***ut down on your drinking?
2. Do you feel ***A*** nnoyed by people complaining about your drinking?
3. Do you ever feel ***G*** uilty about your drinking?
4. Do you ever drink an ***E***ye-opener in the morning to relieve the shakes?

Source: Ewing, 1984; Mayfield et al., 1974.

Exhibit 4-3 Alcohol Use Disorder Identification Test (AUDIT)

Alcohol Use Disorder Identification Test (AUDIT)

1. How often do you have a drink containing alcohol?
   [ ] Never (0)
   [ ] Monthly or less (1)
   [ ] 2 to 4 times a month (2)
   [ ] 2 to 3 times a week (3)
   [ ] 4 or more times a week (4)
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   [ ] None (0)
   [ ] 1 or 2 (1)
   [ ] 3 or 4 (2)
   [ ] 5 or 6 (3)
   [ ] 7 or 9 (4)
   [ ] 10 or more (5)
3. How often do you have six or more drinks on one occasion?
   [ ] Never (0)
   [ ] Less than monthly (1)
   [ ] Monthly (2)
   [ ] Weekly (3)
   [ ] Daily or almost daily (4)
4. How often during the last year have you found that you were unable to stop drinking once you had started?
   [ ] Never (0)
   [ ] Less than monthly (1)
   [ ] Monthly (2)
   [ ] Weekly (3)
   [ ] Daily or almost daily (4)
5. How often during the last year have you failed to do what was normally expected of you because of drinking?
   [ ] Never (0)
   [ ] Less than monthly (1)
   [ ] Monthly (2)
   [ ] Weekly (3)
   [ ] Daily or almost daily (4)
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?
   [ ] Never (0)
   [ ] Less than monthly (1)
   [ ] Monthly (2)
   [ ] Weekly (3)
   [ ] Daily or almost daily (4)
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
   [ ] Never (0)
   [ ] Less than monthly (1)
   [ ] Monthly (2)
   [ ] Weekly (3)

[ ] Daily or almost daily (4)

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
   [ ] Never (0)
   [ ] Less than monthly (1)
   [ ] Monthly (2)
   [ ] Weekly (3)
   [ ] Daily or almost daily (4)
9. Have you or someone else been injured as the result of your drinking?
   [ ] Never (0)
   [ ] Less than monthly (1)
   [ ] Monthly (2)
   [ ] Weekly (3)
   [ ] Daily or almost daily (4)
10. Has a relative, friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?
    [ ] Never (0)
    [ ] Less than monthly (1)
    [ ] Monthly (2)
    [ ] Weekly (3)
    [ ] Daily or almost daily (4)

Record the total of the specific items. [ ]

A score of 8 or greater may indicate the need for a more in-depth assessment.

Source: Developed by the World Health Organization, AMETHYST Project, 1987 (Babor and Grant, 1989).

Exhibit 4-4 CAGE-AID

CAGE-AID

1. Have you felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you ever felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves, get rid of a hangover, or get the day started?

Source: Brown and Rounds, 1991.

Exhibit 4-5 Summary of Screening Instruments

Summary of Screening Instruments

Name	Recommended Cutoff Score	Population	General Comments

Alcohol Dependence Scale (ADS) (Horn et al., 1984)	Optimum cutoff score is 9; 12 if patients must meet all DSM-IV criteria; 14-21 indicates intermediate level of dependence; 22-30 indicates substantial dependence.	Adults	Rather lengthy as brief screen--25 items, self-administered; yields quantitative index of severity of dependence; focuses on behavior in past 12 months; complements MAST; assists in making diagnosis based on DSM-IV criteria.
Alcohol Use Disorder Identification Test (AUDIT)(Babor and Grant, 1989)	Possible score ranges from 9-40; 8 points or more indicate need for assessment.	Adults	Ten items; developed with multinational samples and widely validated; provides information on use and problem history in past year; does not detect past alcohol use problems.
Drug Assessment Screening Test (DAST) (Skinner, 1982)	Positive responses to five or more questions indicate likelihood of drug abuse.	Adults	Twenty items; yields quantitative index of degree of problems related to drug use; well validated; excellent diagnostic accuracy with respect to DSM-IV criteria.
CAGE (Ewing, 1984; Mayfield et al., 1974)	Two or more positive responses indicate need for assessment; with elderly, one positive response is an indicator.	Adults	Short--four items; easy for treatment professionals to remember; assesses lifetime consumption; does not measure levels of consumption or episodes of heavy drinking; may miss at-risk drinkers and women with drinking problems; good sensitivity and specificity; validated in many populations.
CAGE Adapted to Include Drugs (CAGE-AID) (Brown and Rounds, 1991)	Two or more positive responses indicate need for assessment.	Adults	Short--four items; advantages and disadvantages are same as for CAGE.
Health Screening Survey (HSS) (Wallace and Haines, 1985)	Depends on goals of screening program.	Adults	Rather lengthy as a brief screen--10 items on alcohol, with subparts; contains parallel questions on smoking, exercise, and weight to mask alcohol screening; well validated in primary care settings, although low sensitivity (78 percent); may be less sensitive in detecting alcohol

			problems in women.
Michigan Alcoholism Screening Test (MAST) (Selzer, 1971)	Optimum cutoff score is 13; 18 if patients must meet DSM-IV criteria.	Adults	Rather lengthy as a brief screen--25 items; assesses degree of lifetime alcohol-related problems; does not contain quantity-frequency questions; complements ADS; strong documentation of validity--used as "gold standard"; most accurate with heavy drinkers who recognize they have a problem; less accurate with at-risk drinkers.
NET (Bottoms et al., 1989)	Positive response to three questions.	Female adults	Brief--three questions; developed for use with pregnant women; sensitivity and specificity comparable to MAST, SMAST, CAGE, T-ACE; not validated with other groups.
Problem-Oriented Screening Instrument for Teenagers (POSIT) (National Institute on Drug Abuse, 1990)	One or more positive responses.	Adolescents	14-item subscale measuring alcohol and other drug use and abuse; part of Adolescent Assessment Referral System; validity studies not completed.
Self-Administered Alcoholism Screening Test (SAAST) (Swenson and Morse, 1975)	Ten points or more; items are unweighted.	Adults	Rather lengthy as a brief scan--35 items; focuses on detection of dependence.
Short MAST (SMAST) (Selzer et al., 1975)	Two points or more; items are weighted.	Adults	Brief--13 items; well validated in primary care settings.
T-ACE (Sokol et al., 1989)	Positive response to four questions.	Female adults	Brief--four questions; developed for use with pregnant women; reliably differentiates at-risk drinkers from

			nonrisk drinkers; not validated with other groups.
TWEAK (Russell et al., 1991)	Possible score of 7; items are weighted; 2 points or more indicate likelihood of risk drinking.	Female adults	Brief--five items; developed for use with pregnant women; offers advantages over the CAGE or MAST for detecting problem drinking in women.

Exhibit 4-6 Skinner Trauma History

Skinner Trauma History

Since your 18th birthday, have you

1. Had any fractures or dislocations to your bones or joints?
2. Been injured in a road traffic accident?
3. Injured your head?
4. Been injured in an assault or fight (excluding injuries during sports)?
5. Been injured after drinking?

Exhibit 4-7 DSM-IV Diagnostic Criteria For Substance Dependence

DSM-IV Diagnostic Criteria For Substance Dependence

The DSM-IV defines AOD addiction as "substance dependence," and describes the diagnostic criteria as a maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three or more of the following occurring at any time in the same 12-month period:

1. Tolerance, as defined by either of the following:
    - The need for markedly increased amounts of the substance to achieve intoxication or desired effect.
    - Markedly diminished effect with continued use of the same amount of the substance.
2. Withdrawal, as manifested by either of the following:
    - The characteristic withdrawal syndrome for the substance.
    - The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.
3. Taking the substance often in larger amounts or over a longer period than was intended.
4. A persistent desire or unsuccessful efforts to cut down or control substance use.
5. Spending a great deal of time in activities necessary to obtain or use the substance or to recover from its effects.
6. Giving up or reducing important social, occupational, or recreational activities because of substance use.
7. Continued substance use despite knowledge of having had a persistent or recurrent physical or

psychological problem that was likely to have been caused or exacerbated by the substance.

Source: Adapted from American Psychiatric Association, 1994.

Exhibit 4-8 FRAMES: Elements of Brief Interventions

FRAMES: Elements of Brief Interventions

- **FEEDBACK** of personal risk or impairment. Most successful brief interventions provide clients with some form of feedback of the results of their AOD assessment.
- Emphasis on personal **RESPONSIBILITY** for change. Many brief interventions advise patients that drinking is their own responsibility and choice. The implicit or explicit message is that "What you do about your drinking is up to you." Perceived control has been recognized as an element of motivation for behavior change and maintenance (Miller, 1985).
- Clear **ADVICE** to change. Effective brief interventions contain explicit verbal or written advice to reduce or stop drinking. In fact, advice has been described as the essence of the brief intervention (Edwards et al., 1977).
- A **MENU** of alternative change options. Self-help resources have typically described an array of alternative strategies for reducing drinking. Effective brief interventions seldom advise a single approach, but rather a general goal or a range of options. Presumably, this broad approach increases the likelihood that an individual will find an approach appropriate to his or her situation.
- Therapeutic **EMPATHY** as a counseling style. Successful interventions have emphasized a warm, reflective, empathic, and understanding approach. No reports of effective brief counseling contain aggressive, authoritarian, or coercive elements.
- Enhancement of client **SELF-EFFICACY** or optimism. It is common in brief interventions to encourage self-efficacy for change, rather than emphasizing helplessness or powerlessness. Optimism regarding the possibility of change is often embedded in effective motivational counseling.
- Ongoing followup. In addition to these six elements, effective use of brief intervention often includes repeated followup visits. At least two studies have found that a reduction in drinking occurs after the first followup visit (Elvy et al., 1988; Heather et al., 1987). However, even without the benefit of repeated followup, studies consistently document the occurrence of marked behavior change immediately following the brief intervention.

Source: Adapted from Miller and Sanchez, 1993.

Exhibit 5-1 Ranges and Averages of Costs for AOD Screening

Ranges and Averages of Costs for AOD Screening		
Function	**Cost Range**	**Average**
Laboratory test		
BAC	$18-92	$44

Urine toxicology	$21-62	$48
Staff		
R.N.	$13-30/hour	$18/hour
L.P.N.	$9-16/hour	$11/hour
Social Worker(M.S.W.)	$13-23/hour	$16/hour
Addictions Counselor (C.A.C)	$12-21/hour	$14/hour
Addictions physician	$100-200/hour	$ 100/hour

Ranges and averages were calculated from typical costs in AOD screening programs ranging from a rural program with less than 100 beds to urban facilities with more than 500 beds in representative geographic areas of the United States (Seattle, Wash.; St. Johnsbury, Vt.; New York, N.Y.; Apache Junction, Ariz.; and Memphis, Tenn.).

Blood alcohol concentration. Urine toxicology screening tests for sedative-hypnotics, opiates, cocaine, and cannabis.

Exhibit 6-1 Consent for the Release of Confidential Information

Consent for the Release of Confidential Information

I, _____,
authorize
(Name of patient)

_____
_____
(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 C.F.R. 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 if required)

Exhibit 6-2 Prohibition on Redisclosing Information Concerning AOD Abuse Treatment Patients

Prohibition on Redisclosing 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 C.F.R. 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 C.F.R. 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.