

2017

INSTRUCTIONS FOR THE ADMINISTRATION OF THE CICAD STANDARD DRUG TREATMENT ADMISSION FORM

ADAPTED FROM THE INTER-AMERICAN UNIFORM DRUG USE
DATA SYSTEM (SIDUC), INTER-AMERICAN DRUG ABUSE
CONTROL COMMISSION



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OVERVIEW

CICAD STANDARD DRUG TREATMENT ADMISSION FORM Instructions for Administration

This information is being collected for research purposes only. Confidentiality must be respected at all times.

ADMISSION FORM GENERAL DESCRIPTION

This is an instrument that will be used for gathering data about people who visit and are admitted to specialized **drug treatment facilities** either in the public or in the private sector.

The form is divided into the following sections:

- A. **Identification** (Form Number, Items 1-4),
- B. **Socio-demographic data** (Items 5-13),
- C. **Referral and treatment history info** (Items 14 – 16),
- D. **Current substance use** (Items 17- 20),
- E. **Criminal justice history** (Item 21)
- F. **Psychiatric treatment history** (item 22)
- G. **Contagious disease history** (item 23)
- H. **Placement After Assessment** (item 24)

This form is being used as a “**drug treatment admission form**” therefore special attention will be paid to “**current**” treatment circumstances, where “**current**” refers to behavior occurring during the 30 days prior to the interview with the client.

For substance use, emphasis is placed on the so-called “**main drug**”, as the **primary** substance that motivated the patient to seek treatment. Information is also collected on the “**secondary drug**” which includes other substances used by the client which are partly responsible for the motivation for seeking treatment. Client Information is also collected on other substances that have been used during the 30 days prior to the interview with the client.

The form should be filled in by the person who is responsible for patient admission at the treatment facility, and who has received training in the proper application of the form.



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A. IDENTIFICATION SECTION

Form Number - Pre-determined number assigned to the form which serves as a unique identifier for the form. Each center should be allocated a specific block of numbers so that form numbers do not repeat for each center. **This is not a unique identifier for the patient.**

1. Country/City - Indicate the names of the country and city where the treatment center is located.

2. Reporting Center Code. – Pre-determined number assigned to the treatment center which serves as a unique identifier for the facility **(numerical code only).**

3. Date of Interview - Write the answer using the format: **Day / Month / Year**

Date of Admission- Write the answer using the format: **Day / Month / Year**

The reason for the two different dates is that in practice, there may be a time lag between when the potential client is interviewed and when they are actually admitted.

4. Patient code. - Confidential number assigned to each patient. This is for internal use only and serves as a unique identifier for the patient to reduce double counting in situations where a patient is registered more than once at the same facility or registered at multiple facilities during a single calendar year. This code is optional and most countries do not have solutions for a unique identifier code. Some countries have a national ID system that could be used for this purpose.

B. SOCIO-DEMOGRAPHIC DATA SECTION

5. Gender. - Select the appropriate answer: Male or Female

6. Age. - Write the client's age in years completed. No half years or months should be recorded.

7a. Residence (last 30 days). - Ask the patient about their address; i.e. where they currently reside, and note the city, town, or parish as appropriate for the country where the facility is located.

No fixed place of abode: check this box, if the client indicates that they have no place of residence where their mail goes to or their belongings are kept.

7b. Nationality - Write the appropriate answer (name of the country) in the space provided. In case of dual nationality write the place of birth first and the acquired nationality as second.



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8a. Where have you lived the most or the longest for the last 30 days? - This item collects info on the client's housing situation during the 30 days prior to the interview. It records the place where the client has lived *the longest* because some persons move between residences and situations rapidly within short time periods. Check the appropriate answer by placing an "x" in the box. Write out the answer if 'other' is selected.

8b. Have you ever been deported? -This item collects info on the client's history of deportation. The response options are **YES or NO**.

9. Ethnic group – The response categories in this question are a compilation of ethnicities taken from national census reports across the Caribbean. If the client does not fit into any of the defined categories place them under 'other' and write in the ethnicity in the box provided.

10. With whom do you live? - You may check as many options as necessary. Write out the answer if 'other' is selected.

11. Marital status. - Check the appropriate answer by placing "x" in each box.

- **Single:** a person who has never married
- **Married:** a person who is currently married to someone
- **Divorced:** a person who was formerly married now separated from former spouse by divorce.
- **Separated:** a person who is formally separated from their spouse while remaining legally married. A legal separation is granted in the form of a court order.
- **Living together / Common-law:** a person who has a current stable partner, living together, without a formal marriage.
- **Widow/widower:** a person whose spouse has died.
- **No response**

12. Educational level (highest level achieved)

Level achieved: Check the appropriate answer by placing "x" in the box

12a. Please use this box to write out the type of vocational education received

13. Current employment status (last 30 days). - Check the appropriate answer by placing "x" in the box.

13a. Please use this box to write out the employment status classified under 'Not Working Other'.



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C. REFERRAL AND TREATMENT HISTORY INFO

14. How did you come here seeking treatment? - Specify the source of the patient referral. Check the appropriate answer by placing “x” in the box. Write out the answer if ‘other’ is selected.

14a. Please use this box to write out other source of referral.

15. Have you ever been treated for drug or alcohol misuse?

Select yes if the person received treatment at least once in their lifetime

- **If no is selected, skip to Q.17.**

15a. If yes, how many times have you ever been treated for drug or alcohol use? - Please indicate the number of separate treatment episodes in the space provided.

- A “treatment episode” refers to each occasion in what the patient formally started a modality of care for substance abuse. Do not include this current registration.

15b. Have you registered with this or another treatment facility during this calendar year? (In-patient or out-patient)

Select yes if the person was registered into a treatment program at least once for the calendar year

- **If no, skip to Q. 16**

15c. How many times have you registered with or been admitted to another treatment facility (whether in-patient or outpatient) during this calendar year? - Please indicate the number of previous treatment admissions (*apart from the one taking place now*) that occurred during the current calendar year in the space provided.

- A treatment admission refers to the process of a person being formally enrolled or entered into a program at a drug treatment center or treatment program. Do not include this current treatment.

16. Most recent type of treatment for drug abuse

Indicate the type of care received during the last treatment episode at a specialized drug treatment center or program.

- **Outpatient:** External consultation modality, no matter how frequent the treatment sessions are provided
- **Residential:** In-patient (residential) treatment modality, in therapeutic communities or hospital facilities.



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- **Day clinic:** Intermediate treatment modality or partial residential. i.e. the patient remains at the facility during regular day-time or evening hours but does not sleep overnight in an assigned bed.
- **Detoxification** – An in-patient Facility that assists individuals safely through the process of detoxification from alcohol or other drugs in a non-medical setting.
- **Psychiatric Unit** – A facility that specializes in treating mental disorders also in addition to providing treatment services for substance abuse.
- **No response**
- **DNK - Does not know**

D. CURRENT SUBSTANCE USE (LAST 30 DAYS)

17a. What is the main substance for which you are seeking treatment? - Write out the name of the drug or substance that causes the most problems for the client and is the **main reason** why the client is seeking treatment. The decision on the choice of the main substance should be a combination of a diagnosis from the interviewer **as well as** the information provided by the client.

17b. what is the secondary substance for which you are seeking treatment, if any?
Write out the name of the drug or substance that, in addition to the main substance indicated above, causes problems for the client and is **part of the reason** why the client is seeking treatment. **If none, write in “NONE”**

18. What is the most frequent route of administration for the main substance identified in question 17a?-

- Oral
- Smoked
- Inhaled
- Injected (intravenous or intramuscular)
- Other, specify:
- No response

18a. Please use this box to write out other route of administration for the main substance identified in question 17a.



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19. Age when you first started to use the main substance identified in question 17a? -- Write the answer according to the client's response (age of first use in years e.g. **12** means that the substance was first used when the client was 12 years old.

20. TYPES OF DRUGS YOU HAVE USED IN THE LAST 30 DAYS. - Check the appropriate answer by placing "Yes" or "No" in the box

Have you used any of the following drugs within the last 30 days? If **YES**, please check in the appropriate space:

1. Alcohol (rum, beer, wine, whisky, vodka)
2. Tobacco
3. Cannabis /ganja
4. Cocaine
 - 4.1 Cocaine
 - 4.2 Coca paste (basuco, paco)
 - 4.3 Crack
5. Abuse of prescribed medication
6. Others (please specify):
7. Opioids
 - 7.1 Heroin
 - 7.2 Methadone*
 - 7.3 Other opioids* (please specify)
8. Stimulants
 - 8.1 Amphetamines*
 - 8.2. Methamphetamines (MDMA) and other derivates
 - 8.3 Others (Please specify)
9. Hypnotics and Sedatives
 - 9.1. Barbiturates*
 - 9.2. Benzodiazepines*
10. Inhalants
11. Anabolic steroids*
12. Hallucinogens
 - 12.1. LSD
 - 12.2. Others (Please specify):

*** Without prescription**



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E. JUDICIAL INFORMATION

21. Judicial information

21.1 Have you ever been arrested? Refers to arrests by a law enforcement agency for any cause occurring at least once in the person's lifetime.

- **If the answer is NO, go to question 22**

21.2 Have you been arrested in the last year?

- **If the answer is NO, go to question 22**

21.3 How many times were you arrested in the last year? **Indicate the # of times the person was arrested for the calendar year.**

F. PSYCHIATRIC INFORMATION

22. History of treatment for psychiatric conditions

22.1 Have you ever been treated for psychiatric conditions?

- **If the answer is NO or No response go to question 23**

22.2 If yes, please indicate the condition(s)

A list of categories of psychiatric conditions has been provided for respondents to select from. This list is based on classification from the World Health Organization ([WHO](#))¹

1. Depression

Depression is characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, tiredness, and poor concentration. Sufferers may also have multiple physical complaints with no apparent physical cause.

2. Bipolar affective disorder

This disorder affects about 60 million people worldwide. It typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated or irritable mood, over-activity, pressure of speech, inflated self-esteem and a decreased need for sleep. People who have manic attacks but do not experience depressive episodes are also classified as having bipolar disorder.

¹ World Health Organization: <http://www.who.int/mediacentre/factsheets/fs396/en/> accessed 12/13/2016



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3. Schizophrenia and other psychoses

Schizophrenia is a severe mental disorder, affecting about 21 million people worldwide. Psychoses, including schizophrenia, are characterized by distortions in thinking, perception, emotions, language, sense of self and behavior. Common psychotic experiences include hallucinations (hearing, seeing or feeling things that are not there) and delusions (fixed false beliefs or suspicions that are firmly held even when there is evidence to the contrary). The disorder can make it difficult for people affected to work or study normally.

4. Dementia

Dementia is usually of a chronic or progressive nature in which there is deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from normal ageing. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. The impairment in cognitive function is commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behavior, or motivation.

5. Developmental disorders, including autism

Developmental disorder is an umbrella term covering intellectual disability and pervasive developmental disorders including autism. Developmental disorders usually have a childhood onset but tend to persist into adulthood, causing impairment or delay in functions related to the central nervous system maturation. They generally follow a steady course rather than the periods of remissions and relapses that characterize many other mental disorders.

Intellectual disability is characterized by impairment of skills across multiple developmental areas such as cognitive functioning and adaptive behavior. Lower intelligence diminishes the ability to adapt to the daily demands of life.

Symptoms of pervasive developmental disorders, such as autism, include impaired social behavior, communication and language, and a narrow range of interests and activities that are both unique to the individual and are carried out repetitively. Developmental disorders often originate in infancy or early childhood. People with these disorders occasionally display some degree of intellectual disability.

G. CONTAGIOUS DISEASE HISTORY

23. History of Contagious Diseases

Have you ever been tested for any of the following **Disease**?

- HIV/AIDS
- SEXUALLY TRANSMITTED DISEASES
- HEPATITIS B
- HEPATITIS C
- TUBERCULOSIS

Check YES, and then go to the questions about the test results and treatment.



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If the response is NO, DON'T KNOW, OR DOES NOT WISH TO RESPOND, skip to the next disease. E.g. If the response to HIV/AIDS is No, Don't Know, or Does Not Wish to Respond, then do not ask about test results, skip to STDs,

If the response to Tuberculosis is No, Don't Know, or Does Not Wish to Respond, **then skip to question 24.**

Result (Put an x in the appropriate box)

- Positive + then go to the question about treatment.

If any of the following, skip to the next disease.

- Negative –
- DNK
- DNR

Are you in treatment now? (Put an x in the appropriate box)

YES, or NO.

H. PLACEMENT AFTER ASSESSMENT

24. Patient placement after assessment (Check the appropriate answer, placing “x” in the box of the treatment modality assigned to the patient after evaluation) (Please check more than one answer, if it applies)

Type of Treatment

- Outpatient
- Residential
- Day Clinic
- Self-Help Group (e.g. AA, NA)
- Detoxification Unit
- Psychiatric Unit
- Referred to other facility (Please specify the facility)
- Dropped out
- No Response