

# Research Summary

## Focus on Using the TCU Drug Screen (TCUDS)

Special Issue

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## Detecting Drug Users in CJ Populations

1. The U.S. Criminal Justice (CJ) System spends \$30 billion each year to incarcerate offenders with drug problems (CSAT, 1998).
2. The Bureau of Justice Statistics (in 1999) reported —
  - ✓ *Over half of all admissions to the nation's state and federal correctional facilities had used drugs in the month before their offense.*
  - ✓ *1 of 3 prisoners were under the influence of drugs when they committed their offense.*
  - ✓ *1 of 6 prisoners committed their offense to get money for drugs.*
3. A national survey (BJS, 1998) indicated —
  - ✓ *57% of over 1 million prisoners from all states reported drug use in the month before offense but,*
  - ✓ *only 12% received treatment while incarcerated.*
4. Assessing “drug use severity” is the first step for treatment.

### Want More Information?

Further information about the TCU Drug Screen is available at the IBR Web site: [www.ibr.tcu.edu](http://www.ibr.tcu.edu)

### Got Questions?

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## TCU Drug Screen

The **TCU Drug Screen II (TCUDS)** is self-administered and serves to briefly identify individuals with a history of heavy drug use or dependency (based on the DSM and the NIMH Diagnostic Interview Schedule), and who therefore should be eligible for treatment options. It is particularly useful in criminal justice settings, especially for offenders eligible for treatment as an alternative to regular incarceration. The TCUDS requires 5-10 minutes to administer and is currently used in several states. It can be downloaded in Adobe Acrobat PDF format from the Institute of Behavioral Research Web site: [www.ibr.tcu.edu](http://www.ibr.tcu.edu) in the [Forms Section](#) (see [Core Set of Forms, Screening for Treatment](#); a scoring guide is included.) Copyright and terms of use apply, but it is available for non-profit use without cost.

# Steps to Selecting and Using a Drug Abuse Screening Instrument

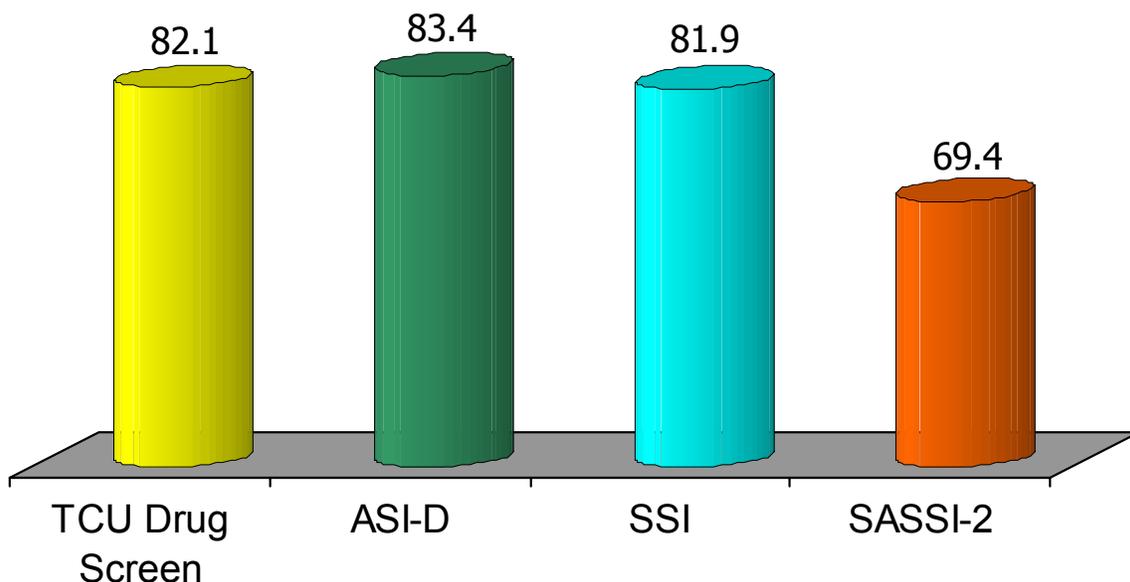
## Consider —

1. Amount of time available to conduct the assessment.
2. Ease and rapidity of scoring and reporting results.
3. Physical setting of assessment (e.g., booking room, medical unit, reception center, community/corrections office).
4. Qualified staff, caseload volume, and cross-agency cooperation.
5. Financial and operational resources (e.g., staffing, cost of assessment).
6. Treatment options (settings and intensity) and capacity.

[Knight, Simpson, & Hiller, 2002; in *Treatment of Drug Offenders*] \*

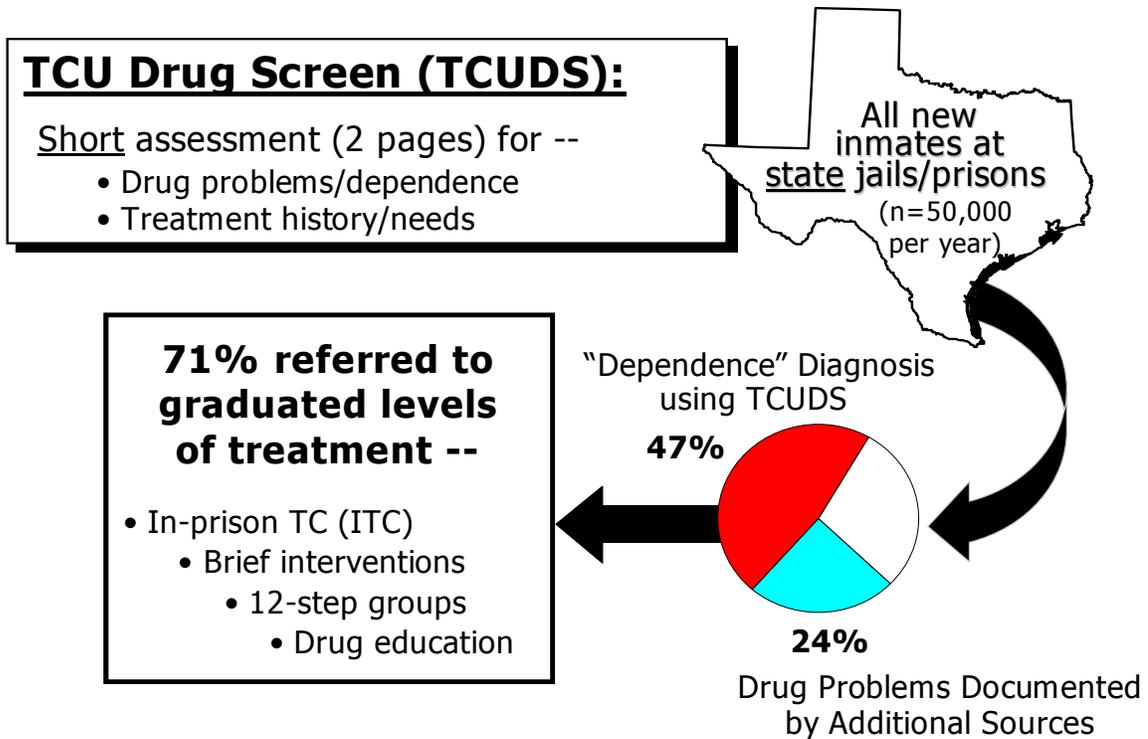
## Comparisons of Alcohol/Drug Dependence Classification Instruments

Accuracy of Detection (in %)



[Peters et al., 2000; in *Journal of Substance Abuse Treatment*] \*

# Illustration of Treatment Needs Assessment Process



## Psychometrics of TCU Drug Screen

1. High overall accuracy (82% correctly classified)
2. High overall reliability (coefficient alpha = .89)
3. Reliabilities equally high for gender/ethnic subgroups
4. Leads to "appropriate" referrals (positive predictive power = 89%)
5. Reduces "inappropriate" referrals (accurate detections for persons with no alcohol or drug dependence = 92%)

### \* References

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). New York: Springer.

Peters, R. H., Greenbaum, P. E., Steinberg, M. L., Carter, C. R., Ortiz, M. M., Fry, B. C., & Valle, S. K. (2000). Effectiveness of screening instruments in detecting substance use disorders among prisoners. *Journal of Substance Abuse Treatment, 18*, 349-358.

# TCU DRUG SCREEN II

During the last 12 months (before being locked up, if applicable) –

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

	<input type="radio"/> None	<input type="radio"/> Marijuana	<input type="radio"/> Tranquilizers or sedatives
a. Worst	<input type="radio"/> Alcohol	<input type="radio"/> Cocaine or crack	<input type="radio"/> Hallucinogens
	<input type="radio"/> Inhalants	<input type="radio"/> Other stimulants	<input type="radio"/> Opiates
b. Next	<input type="radio"/> None	<input type="radio"/> Marijuana	<input type="radio"/> Tranquilizers or sedatives
	<input type="radio"/> Alcohol	<input type="radio"/> Cocaine or crack	<input type="radio"/> Hallucinogens
	<input type="radio"/> Inhalants	<input type="radio"/> Other stimulants	<input type="radio"/> Opiates
c. Next	<input type="radio"/> None	<input type="radio"/> Marijuana	<input type="radio"/> Tranquilizers or sedatives
	<input type="radio"/> Alcohol	<input type="radio"/> Cocaine or crack	<input type="radio"/> Hallucinogens
	<input type="radio"/> Inhalants	<input type="radio"/> Other stimulants	<input type="radio"/> Opiates

11. How often did you use each type of drug during the last 12 months?

	DRUG USE IN LAST 12 MONTHS				
	NEVER	ONLY A FEW TIMES	1-3 TIMES A MONTH	1-5 TIMES A WEEK	ABOUT EVERY DAY
a. <u>Alcohol</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <u>Marijuana/Hashish</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. <u>Hallucinogens/LSD/Psychedelics/PCP/Mushrooms/Peyote</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. <u>Crack/Freebase</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. <u>Heroin and Cocaine</u> (mixed together as speedball) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. <u>Cocaine</u> (by itself) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. <u>Heroin</u> (by itself) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. <u>Street Methadone</u> (non-prescription) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. <u>Other Opiates/Opium/Morphine/Demerol</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. <u>Methamphetamine/Speed/Ice</u> (Uppers).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. <u>Tranquilizers/Barbiturates/Sedatives</u> (Downers) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other ( <i>specify</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. During the last 12 months, how often did you inject drugs with a needle?

- Never*     
  *Only a few times*     
  *1-3 times per month*     
  *1-5 times per week*     
  *Daily*

13. How serious do you think your drug problems are?

- Not at all*     
  *Slightly*     
  *Moderately*     
  *Considerably*     
  *Extremely*

14. How many times before now have you ever been in a drug treatment program?

[DO NOT INCLUDE AA/NA/CA MEETINGS]

- Never*     
  *1 time*     
  *2 times*     
  *3 times*     
  *4 or more times*

15. How important is it for you to get drug treatment now?

- Not at all*     
  *Slightly*     
  *Moderately*     
  *Considerably*     
  *Extremely*

Download Form and Scoring Guide from: [www.ibr.tcu.edu](http://www.ibr.tcu.edu).

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