

Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Screening for Substance Use Disorders in Jails

This fact sheet introduces administrative, clinical, and non-clinical jail staff to substance use disorder (SUD) screening instruments and their use in jail settings.

Why Screen for Substance Use Disorders in Jails?

Crimes are often committed by individuals who are under the influence of substances, and SUDs are common among people in jail.¹ Screening for SUD can:

- ◀ Help jail staff anticipate and respond to both behavioral and medical—even life-threatening—issues. For example, withdrawal from opioids, alcohol, and benzodiazepine can be fatal without appropriate medical management. With proper identification, intervention, and monitoring, such deaths are often preventable.
- ◀ Mitigate the pain and discomfort associated with withdrawal, making the withdrawal process safer with medical management. Screening tools alert jail staff members to the possible need for immediate help and referral to a full assessment.
- ◀ Lay the groundwork for treatment interventions, such as medication-assisted treatment (MAT). Receiving treatment for SUDs has been shown to help decrease recidivism.²



When Should a Person Be Screened for SUDs?

SUD screening should be done for every person at booking or intake and at the time of transfer to other points in the correctional and community health care systems.³



What Are the Challenges to Screening in Jails?

Most of the quick screening tools require self-reported answers. In jail settings, individuals responding to the screening questions may:

- ◀ Fear possible consequences of admitting illegal substance use.
- ◀ Feel their substance use is not something jail staff members need to know about.
- ◀ Believe there is no benefit to telling the truth.
- ◀ Still be under the influence of drugs or alcohol during the screening.

When possible, additional input, observation, and drug testing can help confirm information gathered from self-reporting. To improve the accuracy of self-reporting:

- ◀ Explain to the individuals being screened why staff are screening for SUDs and recent substance use, and explain the benefits of being truthful, such as the provision of help for withdrawal.
- ◀ Talk with individuals being screened about the scope of, and limits to, confidentiality and any possible

consequences for reporting substance use; be honest to build trust.

- ◀ Take the time to answer any questions or address worries individuals being screened may have about the screening.
- ◀ Ask about a specific time frame when inquiring about past substance use, such as “the past 3 months,” rather than using vague words such as “typical” or “usual” substance use.⁴

What Is a Screening Tool?

Screening tools are used to quickly determine whether or not a person may have an SUD. They are designed to reveal signs of recent or chronic substance use.

The screening tools are simple and easy to use. For many SUD screening tools, jail staff members do not need to be licensed, certified, or credentialed to administer them or score the results. However, medical staff members should be available in cases in which a person being screened could have withdrawal symptoms that require medical attention.

Even individuals in jail for very short stays or detained on pretrial status are at risk: The median length of jail stay before death caused by alcohol or drug intoxication is 1 day.⁵

It is essential that all staff members administer and score the tool in the same way, regularly participate in training, and review scoring materials often. Ensuring that all individuals get equitable and fair treatment is necessary to the fidelity of any screening tool.

What Makes a Good Screening Tool?

A good screening tool for SUD:

- ◀ Has 10 or fewer questions.
- ◀ Is flexible and easy to administer.
- ◀ Contains questions that are easy for the people being screened to answer.
- ◀ Addresses alcohol and other drugs.
- ◀ Indicates whether there is a need for further assessment or intervention.
- ◀ Has a high level of sensitivity and specificity.
 - Sensitivity refers to the ability of a screening tool to correctly identify people who have SUD.
 - Specificity is a screening tool's ability to identify people who do *not* have a problem with substance use.

What Screening Tools Are Commonly Used in Jails?

The “right” screening tool for a jail depends on the tool's availability, typical population served, staff members' familiarity with the tool and their ability to administer it, and cost.

An informal polling of jails and a scan of publications revealed several brief tools that are used frequently in jails. The matrix⁶ below presents these screening tools alphabetically with basic information about each.



Where Can I Find More Information?

- ◀ For details about many of these and other screening tools, see *Screening and Assessment of Co-Occurring Disorders in the Justice System*.
- ◀ For technical assistance on screening and other matters related to SUD and incarceration, contact the Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program Resource Center at <https://www.cossapresources.org/>.

Purpose	Method	Administration	Benefits	Considerations	Cost /Availability
Alcohol Dependence Scale (ADS)					
To screen for severity of alcohol dependence	25-item instrument	Clinical interview or self-report assessment	<ul style="list-style-type: none"> ◀ Inexpensive, easily scored, and does not require specialized training to administer ◀ Good internal consistency ◀ Good sensitivity and specificity; reliable for detecting alcohol use disorder (AUD) among individuals in jails ◀ Features computerized versions 	<ul style="list-style-type: none"> ◀ Does not examine quantity or frequency of recent and past alcohol use (may be more difficult to predict alcohol withdrawal) ◀ Intended only for AUD screening ◀ May result in underreporting of symptoms ◀ Commercial product, but the cost is not high 	ADS is a copyrighted document. Submit a request for ADS kits (\$15 for user's guide and 25 questionnaires) to harvey.skinner@utoronto.ca .
Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)					
To measure frequency of substance use; current symptoms (i.e., in the past 3 months); and problems related to alcohol, tobacco, and other drugs	12-item instrument	Interview or self-report	<ul style="list-style-type: none"> ◀ Includes scoring and interpretation of scores (e.g., level of treatment needs) according to risk level ◀ Evaluates lifetime substance use, current substance use, severity of substance use, and risk related to intravenous drug use ◀ Uses an approach consistent with the federally funded Screening, Brief Intervention, and Referral to Treatment (SBIRT) initiative, as it has accompanying materials to implement brief interventions and referral to treatment ◀ Has good sensitivity 	<ul style="list-style-type: none"> ◀ Has not been widely studied among jail populations ◀ Appears to distinguish between low and moderate risk more effectively than between moderate and high risk for each type of substance ◀ Ability of the tool to discriminate between different risks is not widely studied ◀ Possible inflation of results due to reliance on information gained from self-report 	<p>The most recent version of the ASSIST (3.0) is available at no charge at https://www.who.int/substance_abuse/activities/assist_v3_english.pdf.</p> <p>The National Institute on Drug Abuse-modified ASSIST (including detailed instructions for administration and scoring) is available for free download at http://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf.</p>

Purpose	Method	Administration	Benefits	Considerations	Cost/Availability
Alcohol Use Disorders Identification Test (AUDIT)					
To identify individuals with harmful levels of drinking and measure alcohol consumption, symptoms, and alcohol-related consequences	10-question alcohol use screening instrument	Self-administration or interview	<ul style="list-style-type: none"> ◀ Validated on primary health care patients in six countries ◀ Based on International Classification of Diseases (ICD)-10 criteria ◀ Identifies hazardous and harmful alcohol use, as well as possible dependence ◀ Rapid and flexible ◀ Good sensitivity, specificity, accuracy, and reliability 	<ul style="list-style-type: none"> ◀ Limited to alcohol screening ◀ May be more effective in identifying needs for assessment and treatment for individuals when conducted several weeks after entry to the correctional facility 	<p>The <i>AUDIT The Alcohol Use Disorders Identification Test Guidelines for Use in Primary Care</i> is available free of charge from the World Health Organization at https://www.drugsandalcohol.ie/14104/1/WHO_AUDIT.pdf.</p> <p>The interview and self-report versions of the AUDIT, with scoring rules, are available at https://www.drugabuse.gov/sites/default/files/audit.pdf.</p>
CAGE					
To identify problematic alcohol use and level of severity	4 questions	Self-report or brief interview	<ul style="list-style-type: none"> ◀ Very brief ◀ Does not require specific training and can be administered by a nonclinician ◀ Detects alcohol abuse and dependence more effectively than many other screening instruments 	<ul style="list-style-type: none"> ◀ Screens only for alcohol use ◀ Is not designed to detect risky use ◀ Does not examine quantity or frequency of recent and past substance use ◀ Examines a narrow range of diagnostic symptoms related to AUD ◀ Has not been widely validated for use in justice settings ◀ Exhibits range of reliability across different samples 	<p>The CAGE is available free of charge at http://bit.ly/CAGE_inst.</p>

Purpose	Method	Administration	Benefits	Considerations	Cost/Availability
Clinical Institute Withdrawal Assessment Benzodiazepines (CIWA-B)					
To monitor benzodiazepine withdrawal symptoms and severity	List of 22 signs and symptoms	Clinician observations and client self-report of symptoms	<ul style="list-style-type: none"> ◀ Well-documented reliability, reproducibility, and validity ◀ Easy to use ◀ Objective 	Possibility of faking or misinterpretation of responses	The tool is free and available in multiple locations online, such as https://insight.qld.edu.au/shop/clinical-institute-withdrawal-assessment-scale-benzodiazepines-ciwa-b-insight-2019 .
Clinical Institute Withdrawal Assessment of Alcohol Scale-Revised (CIWA-Ar)					
To monitor alcohol withdrawal symptoms and severity	List of 10 signs and symptoms	Clinician observations and client self-report of symptoms	<ul style="list-style-type: none"> ◀ Well-documented reliability, reproducibility, and validity ◀ Easy to use ◀ Objective 	<ul style="list-style-type: none"> ◀ Possibility of faking or misinterpretation of responses 	The tool is free and available in multiple locations online, such as https://umem.org/files/uploads/1104212257_CIWA-Ar.pdf .
Clinical Opiate Withdrawal Scale (COWS)					
To help clinicians determine the stage or severity of opiate withdrawal over a period of time as the patient goes through detoxification, allowing appropriate use of MAT	11-item scale	By medical clinicians, physicians, doctors, nurses, or other professionally qualified medical staff	<ul style="list-style-type: none"> ◀ Easy to use ◀ Assesses early signs of opioid withdrawal and need for MAT ◀ Tracks severity of withdrawal ◀ Assesses physical withdrawal (e.g., pupil size, pulse, and tremors), so more reliable than patient's answers to questions 	<ul style="list-style-type: none"> ◀ Serves as a screening tool for assisting an individual through detoxification, but is not a quick screening tool for SUDs ◀ Inconsistency in objectivity among measures, which could lead to feigned responses in patients ◀ Must be administered by a clinician with an understanding of MAT and the ability to administer it 	The tool is free and available on many websites, such as https://www.asam.org/docs/default-source/education-docs/cows_induction_flow_sheet.pdf?sfvrsn=b577fc2_2 .

Purpose	Method	Administration	Benefits	Considerations	Cost/Availability
Drug Abuse Screening Test-10 (DAST-10)					
To screen for potential drug abuse	10-item instrument condensed from the 28-item DAST	Self-report or interview	Provides quantitative index of the extent of problems related to drug abuse	<ul style="list-style-type: none"> ◀ Does not screen for alcohol use or abuse ◀ Possibility of faking or misinterpretation of answers ◀ Not appropriate for persons actively under the influence of drugs or who are undergoing drug withdrawal 	The tool is free and available at https://cde.drugabuse.gov/sites/nida_cde/files/DrugAbuseScreeningTest_2014Mar24.pdf .
Simple Screening Instrument for Substance Abuse (SSI)					
To examine symptoms of severe alcohol and drug use disorders experienced over the past 6 months	16-item screening instrument	Self-administration or interview	<ul style="list-style-type: none"> ◀ Easily administered and scored by nonclinicians ◀ No need for training ◀ Widely used in jails ◀ Very effective in identifying severe SUD ◀ High sensitivity, reliability, and accuracy 	<ul style="list-style-type: none"> ◀ May not be as effective in identifying AUDs as the AUDIT ◀ Does not examine quantity or frequency of recent and past substance use 	The instrument is free and available for download with scoring instructions through the National Center for Biotechnology Information at http://www.ncbi.nlm.nih.gov/books/NBK64629/ . ⁷

Purpose	Method	Administration	Benefits	Considerations	Cost/Availability
Texas Christian University Drug Screen 5 (TCUDS 5)					
To determine frequency of substance use, history of treatment, SUD symptoms, and motivation for treatment	17-item public domain instrument	Self-report	<ul style="list-style-type: none"> ◀ Easily administered and scored by nonclinicians, with little training involved ◀ Frequently used within state correctional systems ◀ One of the most effective screening instruments in identifying inmates with severe SUD, per a study comparing the psychometric properties of several different screening instruments ◀ High sensitivity and overall accuracy in a corrections-based study ◀ Good specificity ◀ Good reliability among individuals who are incarcerated 	<ul style="list-style-type: none"> ◀ Less ideal for examining AUD ◀ Potential for invalid responses due to “faking good” and “faking bad” 	The tool is free. The TCUDS 5 and related information about instrument development, scoring, and interpretation can be retrieved from http://ibr.tcu.edu/forms/tcu-drug-screen/ . ⁸

Endnotes

1. Bronson, Jennifer, Jessica Stroop, Stephanie Zimmer, and Marcus Berzofsky, Revised August 2020, *Drug Use, Dependence, and Abuse Among State Prisoners and Inmates, 2007–2009*, Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, NCJ 250546, retrieved July 22, 2021 from <https://bjs.ojp.gov/content/pub/pdf/dudaspmj0709.pdf>.
2. Tsai, Jack and Xian Gu, 2019, "Utilization of Addiction Treatment Among U.S. Adults With History of Incarceration and Substance Use Disorders," *Addiction Science & Clinical Practice* 14: 9, retrieved July 22, 2021 from <https://doi.org/10.1186/s13722-019-0138-4>.
3. Substance Abuse and Mental Health Services Administration, 2015, *Screening and Assessment of Co-Occurring Disorders in the Justice System*, Rockville, MD: Author, HHS Publication No. PEP19-SCREEN-CODJS, retrieved July 22, 2021 from <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-screen-codjs.pdf>.
4. Ibid., 38.
5. E. Ann Carson, December 2021, *Mortality in Local Jails, 2000–2019 – Statistical Tables*, Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, NCJ 256002, retrieved from <https://bjs.ojp.gov/content/pub/pdf/mlj0019st.pdf>.
6. Substance Abuse and Mental Health Services Administration, 2015, 64–86.
7. To conduct a screening that includes more detail about alcohol use, the AUDIT can be combined with the SSI.
8. To conduct a screening that includes more detail about alcohol use, the AUDIT can be combined with the TCUDS 5.

Visit the COSSAP Resource Center at www.cossapresources.org.

About BJA

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