Clinicians should be vigilant in screening HIV-infected patients for all levels of alcohol and other substance use and abuse. Even intermittent use can interfere with adherence to medications, raise the risk of side effects from medications, and reduce the patient’s ability to practice safer sex. HIV-infected patients should be screened annually for substance use even if the baseline screen is negative.

Inquire about the following:

- Current and past substance use
- Most commonly used recreational drugs including alcohol, marijuana, stimulants (cocaine including crack cocaine, methamphetamines), opiates, and benzodiazepines
- Use of prescription opioids and benzodiazepines
- Whether the patient, or those around him/her, has any perception of having a substance use problem, now or in the past

Use of Screening Instruments

Brief screening instruments can be incorporated into the routine history-taking process. The chosen screening instruments should be tailored for optimal use at initial, annual, and interim visits and adjusted for the patient’s substance use history. It may be helpful to modify screening tools that have been validated using alcohol questions to also include other drugs. For example, how often do you have a drink containing alcohol or use drugs? Following are examples of screening instruments that can be easily integrated into primary care practice.

I. SINGLE ALCOHOL SCREENING QUESTION

Target Population: Adults

How many times in the past year have you had 4 or more drinks in a day? where x = 4 for women and x = 5 for men, and one or more heavy drinking days in the past year is considered a positive screen.


II. TWO-QUESTION SCREEN

Target Population: Adults

The combination of the following two questions has a sensitivity of 91% in identifying problem drinkers:

1. Have you ever had a drinking problem?
2. When was your last drink?

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The Two-Item Conjunct Screen (TICS) is easy to administer, has been shown to identify 80% of current substance abusers, and is particularly sensitive to polysubstance use disorders.

1. In the last year, have you ever drunk or used drugs more than you meant to?
2. Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?

A score of ≥ 2 may be suggestive of a problem


III. CAGE-AID (CAGE - ADDED TO INCLUDE DRUGS)

Target Population: Adults and Adolescents >16

(1) Have you ever felt the need to cut down on your use of alcohol or drug?
(2) Has anyone ever interfered with your use of alcohol or drugs?
(3) Have you ever felt guilty because of something you've done while drinking or using drugs?
(4) Have you ever taken a drink or used drugs to steady your nerves or get over a hangover (eye-opener)?

A total of ≥ 2 may be suggestive of a problem


IV. TWEAK

Target Population: Adults

TWEAK was developed and validated for screen risk drinking in pregnant women as well as the general population.

(1) Have you been pregnant in the last year? (≥2 is positive)
(2) Have you ever taken a drink to steady your nerves or get over a hangover?
(3) Have you ever had a drinking problem (≥2 is positive)


V. ALCOHOL-RELATED TRAUMA QUESTIONNAIRE

Target Population: Adults >18

Since your 18th birthday:

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

Result: 0 - low probability
≥ 3 - moderate to high (85%-95%) probability

VI. ALCOHOL, SMOKING, AND SUBSTANCE INVOLVEMENT SCREENING TEST (ASSIST)
Target Population: Adolescents and Adults
ASSIST is a screening questionnaire developed by WHO. The ASSIST has been found to differentiate between patients who: 1) are low-risk substance users or abstainers, 2) are at risk for or already have substance use problems, or are at risk for developing dependence, or 3) are dependent on a substance.
The ASSIST is available at: www.who.int/substance_abuse/activities/assist_v3_eng.pdf

VI. AUDIT C (QUESTIONS 1,2,3 ONLY) AND AUDIT (QUESTIONS 1-10)
Target Population: Adults
AUDIT C is the first three questions of AUDIT and can be used as an initial screen. A positive total score is an indicator to administer the remaining questions on the full AUDIT or the CAGE to determine the presence of a more severe alcohol problem.

AUDIT C
1. How often do you have a drink containing alcohol? (0) Never, (1) Monthly or less, (2) 2 to 4 times a month, (3) 2 to 3 times a week, (4) 4 times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking? (0) 1 or 2, (1) 3 or 4, (2) 5 or 6, (3) 7 or 9, (4) 10 or more
3. How often do you have ≥ 6 drinks on one occasion? (0) Never, (1) Less than monthly, (2) Monthly, (3) Weekly, (4) Daily or almost daily


Clinical Indicators of Possible Substance and/or Alcohol Use
Some common clinical indicators may help clinicians identify alcohol and substance use problems. Many surrogate markers listed on the following panel can occur from other causes, particularly in the setting of HIV or HIV/hepatitis C co-infection; however, these indicators should prompt a screen or re-screen for substance/alcohol problems.

Brief Interventions and Referral for Substance Use Treatment
- Conduct brief interventions with patients who are at-risk users of alcohol or substances. Offer education, advice, and counseling on the detrimental effects of illicit drug use, alcohol use, and misuse of prescription drugs to help stimulate behavior change.
- Discuss treatment options with substance-using patients and ask which treatment options they prefer. Offer referral to substance use treatment programs or other substance use services to patients with active substance use/abuse problems.

A range of substance use treatment referral options are available, and clinicians should encourage patients who are identified to have alcohol and substance use treatment programs and services in their areas. Sources of care can be found on the OASAS website at www.oasas.state.ny.us

Clinical Guidelines for HIV-Infected Substance Users
Clinical guidelines on the following areas of care for HIV-infected substance users are available at www.hivguidelines.org:

- Substance use screening
- Working with the active user
- Alcohol use and abuse
- Smoking cessation
- Primary care
- Adherence to ARV therapy
- Drug-drug interactions
- Pain management
- Mental health disorders
- Special populations – women, hospitalized users, and adolescents

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Common Indicators of Possible Substance and/or Alcohol Use/Abuse
- History of referrals or participation in substance/alcohol treatment programs
- Trauma, especially after drinking/substance use
- Legal problems
- Job loss, increased downward mobility
- Relationship problems
- Medical history: seizures, pancreatitis, liver disease, symptoms, tachycardia, endocarditis, accidents
- History of psychiatric symptoms, especially affective disorders
- Alcohol or current heavy smoking

Physical signs (substances associated with finding)
- Hypertension (alcohol, cocaine, methamphetamine)
- Nystagmus (alcohol, cocaine, marijuana, methamphetamine)
- Tachycardia (alcohol, amphetamine, stimulants, withdrawal or stimulant intoxication)
- Alcohol on breath
- Dilated pupils (stimulant use or sedative withdrawal)
- Small pupils (opiate use)
- Needle marks/tracks (any injection use)
- Bruises or healed fractures, especially of the ribs (alcohol)
- Puffy faces (alcohol)
- Hepatomegaly (alcohol)
- Weight loss (cocaine, methamphetamine)

Laboratory
- Measured elevated count (MCV), if not taking zidovudine
- Elevated GGT (associated with alcoholic liver disease, and a more sensitive marker than AST)
- AST>ALT
- Decreased serum B12
- Urine drug screens
" Excluded under certain circumstances (e.g., suspected drug-induced coma), performing toxicology testing without the patient's consent is not appropriate. These toxicologists are generally not directly involved with performing routine tests but may evaluate a clinical scenario in which substance use is suspected.