# Alcohol Drug Evaluation

# **Keys to Success:**

#### ALCOHOL DRUG EVALUATION

The evaluation is one of the most important parts of the DUI process. Do it right and do it early.

#### ADIS CLASS

The ADIS class is 8-hours in length and the minimum requirement following an alcohol drug evaluation.

#### DUI VICTIM PANEL

The DUI Victim Panel is 2-hours and is a presentation by victims of DUI.

# **VouTube**





### EVALUATION, ADIS CLASS (OR TREATMENT) & THE DUI VICTIM PANEL

### 😔 Evaluation

The alcohol drug evaluation may be necessary to a successful outcome in a DUI or Physical Control case. You may be required to complete it by court order or by the DOL. Do it right and do it early.



### 즹 ADIS Class

Alcohol and Drug Information School (ADIS) is an 8-hour program designed to educate the participants about the dangers of alcohol and drugs. In 2021 it may be possible to complete the class by video conference (Zoom). Give your "Certificate of Completion" to your attorney.

### ラ DUI Victim Panel

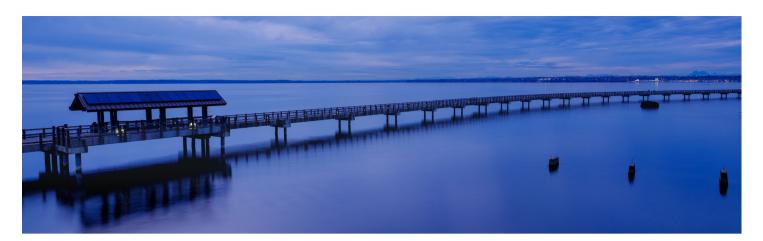
The DUI victim panel is 2-hours long and your involvement is to listen to volunteers who have been victims, offenders, and witnesses of DUIs give testimony regarding their experiences. In 2021 it may be possible to complete the panel by video conference (Zoom). Give your "Certificate of Completion" to your attorney.

# ALCOHOL DRUG EVALUATION

#### HAVE A GOAL!

The first and most important aspect of the alcohol drug evaluation is to have a goal. Is your goal to be found to have no alcohol drug problem or, alternatively, is your goal to be diagnosed with a dependency problem so you qualify for the deferred prosecution? This determination is critical and deserves both selfreflection and a detailed discussion with your attorney.

If your goal is the diagnosis of "no-significant problem" (no problem) then you must present yourself as a social drinker (or marijuana user) who only occasionally indulges in a few drinks with friends. It is equally important to understand the parameters with which you will be evaluated (more on that on the next page). Another principal to a successful outcome is doing your evaluation at the right treatment facility. Trust your attorney with the right recommendation.



# **ALCOHOL DRUG EVALUATION**

#### HAVE CLARITY

Once you are ready to proceed with the evaluation it is time to start preparing. The first thing you must do (after having chosen the right treatment agency) is to schedule an appointment. Once you have done this contact your attorney so the attorney can supply the counselor with a copy of your police report, your criminal history and the BAC/Toxicology results. If you do not have an attorney you will be responsible for supplying this information.

If your goal is no treatment or minimal treatment, the following are considerations that will be important to the counselor's diagnosis. I cannot emphasize enough that any serious deviation from this information may cause your diagnosis to deviate from your goal.

- No family history of dependence (alcoholism/drug addiction)
- First alcohol | drug experience after the age of 15 years
- Never had a dependence (alcohol or drug) problem
- Drink no more than twice/week (average)
- Drink no more than 2 drinks/time (average)
- You must explain why the events of your DUI are unusual
- No alcohol/drug related criminal history
- BAC under 0.15

### Important Considerations

**Urinalysis Testing (UA):** There will be a UA! Alcohol can now be detected up to 4 days after use and marijuana can be detected for many weeks. You must test clean!

**ALCOHOL|DRUGEVALUATION** 



# **PREPARING FOR AN EVALUATION**

#### **REFELECTION AND PURPOSE**

The alcohol drug evaluation is approximately two-hours in length and consists of a selfreporting questionnaire, a review of the police report (typically the Officer's written narrative), the BAC (breath test results) or Toxicology report (documenting any alcohol or drugs), the urinalysis on the day of the evaluation and an in-person interview with the treatment counselor.

The self-reporting questionnaire consists of questions gathered from the MAST (Michigan Alcoholism Screening Test), the DAST (Drug Abuse Screen Test) and the SASSI (Substance Abuse Subtle Screening Inventory). A copy of the MAST and DAST questions are in the following pages.

Once again, it is important to approach the evaluation with a goal in mind and discuss any concerns you may have in advance, with your attorney. Following the evaluation a written report will be furnished that provides a diagnosis. The following information will be used to determine if you have an alcohol or drug dependence issue.

- Self-Reporting Questionnaire
- Police report, BAC / Toxicology report, Criminal or Driving History
- Urinalysis (supervised at the facility on the day of the evaluation
- In person consultation with a treatment counselor

### Important Considerations

**Treatment Centers:** Not all alcohol drug treatment centers are created equal. Only go to a State Certified and reputable facility. Check with your attorney for recommendations.



## THE MAST MICHIGAN ALCOHOLISM SCREENING TEST

# The MAST Test

The MAST Test is a simple, self-scoring test that helps assess if you have a <u>drinking problem</u>. Answer yes or no to the following questions:

1. Do you feel you are a normal drinker? ("normal" is defined as drinking as much or less than most other people)

\_\_\_Yes \_\_\_No

2. Have you ever awakened the morning after drinking the night before and found that you could not remember a part of the evening?

\_\_\_Yes \_\_\_No

3. Does any near relative or close friend ever worry or complain about your drinking?

\_\_\_\_Yes \_\_\_\_No

4. Can you stop drinking without difficulty after one or two drinks?

\_\_\_Yes \_\_\_No

5. Do you ever feel guilty about your drinking?

\_\_\_\_Yes \_\_\_\_No

6. Have you ever attended a meeting of <u>Alcoholics Anonymous</u> (AA)?

Yes No

7. Have you ever gotten into physical fights when drinking?

\_\_\_Yes \_\_\_No

8. Has drinking ever created problems between you and a near relative or close friend?

\_\_\_Yes \_\_\_No

9. Has any family member or close friend gone to anyone for help about your drinking?

\_\_\_\_Yes \_\_\_\_No

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### THE MAST MICHIGAN ALCOHOLISM SCREENING TEST

10. Have you ever lost friends because of your drinking?

\_\_\_Yes \_\_\_No

11. Have you ever gotten into trouble at work because of drinking?

\_\_\_Yes \_\_\_No

12. Have you ever lost a job because of drinking?

\_\_\_\_Yes \_\_\_\_No

13. Have you ever neglected your obligations, family, or work for two or more days in a row because you were drinking?

Yes No

14. Do you drink before noon fairly often?

Yes No

15. Have you ever been told you have liver trouble, such as cirrhosis?

\_\_\_Yes \_\_\_No

16. After heavy drinking, have you ever had <u>delirium tremens</u> (DTs), severe shaking, visual or auditory (hearing) hallucinations?

\_\_\_\_Yes \_\_\_\_No

17. Have you ever gone to anyone for help with your drinking?

\_\_\_Yes \_\_\_No

18. Have you ever been hospitalized because of drinking?

\_\_\_\_Yes \_\_\_\_No

19. Has your drinking ever resulted in your being hospitalized in a psychiatric ward?

\_\_\_\_Yes \_\_\_\_No

20. Have you ever gone to any doctor, social worker, clergyman, or mental health clinic for help with any emotional problem in which drinking was part of the problem?

\_\_\_Yes \_\_\_No



# THE MAST MICHIGAN ALCOHOLISM SCREENING TEST

21. Have you been arrested more than once for driving under the influence of alcohol?

Yes No

22. Have you ever been arrested, or detained by an official for a few hours, because of other behavior while drinking?

\_\_\_Yes \_\_\_No

### Scoring

Score one point if you answered "no" to the following questions: 1 or 4. Score one point if you answered "yes" to the following questions: 2, 3, 5 through 22.

A total score of six or more indicates hazardous drinking or <u>alcohol dependence</u> and further evaluation by a healthcare professional is recommended.



# THE DAST

DRUG ABUSE SCREEN TEST

### DRUG USE QUESTIONNAIRE (DAST -10) Administration & Interpretation Instructions

The DAST-10 is a 10-item, yes/no, self-report instrument that has been shortened from the 28-item DAST and should take less than 8 minutes to complete. The DAST-10 was designed to provide a brief instrument for clinical screening and treatment evaluation and can be used with adults and older youth. It is **strongly recommended** that the SMAST be used along with the DAST-10 unless there is a clear indication that the client uses NO ALCOHOL at all. The answer options for each item are "YES" or "NO". The DAST-10 is a self-administered screening instrument.

Scoring and Interpretation – For the DAST-10, score 1 point for each question answered, "YES", except for question (3) for which a "NO" answer receives 1 point and (0) for a "YES". Add up the points and interpretations are as followed:

DAST-10 Score	Degree of Problem Related to Drug Abuse	Suggested Action	
0	No problems reported	None at this time.	
1-2	Low Level	Monitor, reassess at a later date.	
3-5	Moderate Level	Further investigation is required.	
6 – 8	Substantial Level	Assessment required.	
9 – 10	Severe Level	Assessment required.	





# THE DAST

#### DRUG ABUSE SCREEN TEST

### **DRUG USE QUESTIONNAIRE (DAST -10)**

NAME:

Date:

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The following questions concern information about your potential involvement with drugs excluding alcohol and tobacco during the past 12 months. Carefully read each countyment and decide if your answer is "YES" or "NO". Then, check the appropriate box beside the question.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications used in excess of the directions and any non-medical use of any drugs. The various classes of drugs may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints etc...), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin). Remember that the questions do not include alcohol or tobacco.

Please answer every question. If you have difficulty with a countyment, then choose the response that is mostly right.

These questions refer to the past 12 months only. YES NO				
1.	Have you used drugs other than those required for medical reasons?			
2.	Do you abuse more than one drug at a time?			
3.	Are you always able to stop using drugs when you want to?			
4.	Have you had "blackouts" or "flashbacks" as a result of drug use?			
5.	Do you ever feel bad or guilty about your drug use?			
6.	Does your spouse (or parent) ever complain about your involvement with drugs?			
7.	Have you neglected your family because of your use of drugs?			
8.	Have you engaged in illegal activities in order to obtain drugs?			
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?			
10.	. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc)?			
	* <b>DAST Score</b> * See scoring instructions for correct sco		dı	



# YouTube

- Alcohol Drug Evaluation | WARNING! Don't do this wrong!
  - Alcohol Drug Evaluation A Quick Guide
- Deferred Prosecution
  - ADIS Alcohol Drug Information School
  - DUI Victim Impact Panel

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