

Role play: Jack

Clinician: Jack is a 25 year old male reporting with a tooth ache and general mouth pain. Upon examination, you find extensive facial caries throughout, multiple blackened teeth, and gum inflammation. Score the AUDIT and DAST, mark the zone of use, and consider what the goal of a brief intervention should be for a patient in this zone. (Do not read the 3rd page.)

Alcohol screening questionnaire (AUDIT)

One drink equals:



12 oz.
beer



5 oz.
wine



1.5 oz.
liquor
(one shot)

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

Have you ever been in treatment for an alcohol problem? Never Currently In the past

I - 0-3 II - 4-9 III - 10-13 IV - 14+

Total Score _____ AUDIT Zone _____

Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Which recreational drugs have you used in the past year? (Check all that apply)

- methamphetamines (speed, crystal) cocaine
 cannabis (marijuana, pot) narcotics (heroin, oxycodone, methadone, etc.)
 inhalants (paint thinner, aerosol, glue) hallucinogens (LSD, mushrooms)
 tranquilizers (valium) other _____

How often have you used these drugs? Monthly or less Weekly Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse (use) more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

0 1

Do you inject drugs? No Yes

Have you ever been in treatment for a drug problem? No Yes

I II III IV
0 1-2 3-5 6

Patient (read this information and use it to ‘play’ Jack):

Jack, you are a 25 year old construction worker. You came to the dental clinic because of a tooth ache. In general, your mouth has been hurting for a while. You’re pretty sure this is because of your methamphetamine use.

You snort methamphetamine daily, normally after you get off work. You typically get together with friends from work and all use methamphetamine together. When you’re snorting methamphetamine, you also drink a lot of soda, eat junk food, and stay awake for long stretches of time. You drink alcohol occasionally, mostly on the weekends, but that is limited to a few beers. You used to snort cocaine and smoke marijuana, but you quit using those drugs about 6 months ago because it was getting too expensive.

These are some of Jack’s thoughts and feelings about his methamphetamine use – he may or may not disclose depending on how he is approached by the interviewer:

Your friend recently died from an overdose, so you’ve become increasingly worried about your drug use. Also, you know your health has gotten worse and you are tired of living with constant mouth pain. You have tried quitting methamphetamine before, but it was hard because all your friends and coworkers were still using it. However, you’re feeling more motivated to make changes now that your friend overdosed and your health is becoming an issue.

You are an 8 on the readiness ruler for being ready to change your methamphetamine use. You think you’ll need some help making changes because quitting didn’t work last time when you tried on your own.