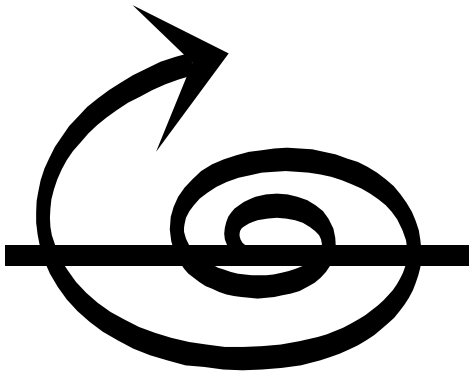
DUDIT

The Drug Use Disorders Identification Test

MANUAL



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Summary

DUDIT – the Drug Use Disorders Identification Test – was developed as a parallel instrument to the AUDIT (Alcohol Use Disorders Identification Test) for identification of individuals with drug-related problems. This manual describes how the DUDIT can be used in settings where individuals who use drugs may be encountered. If you would just like to know how to evaluate DUDIT results, we refer you to Appendix 3, which is a quick scoring guide. If you would like to use the adjunct instrument, the DUDIT-E, a separate manual is available from the authors; see correspondence details on the first page.

This manual is about psychosocial indicators of drug problems. In the first section we describe a four-step model for assessing drug problems. The first step involves screening in order to identify individuals who already have drug-related problems, those who are in a risk zone and those who clearly do not have any such problems. The DUDIT is appropriate for use in this first stage of the assessment. The second section of the manual summarizes procedure and criteria for diagnosis of drug problems according to the two diagnostic systems currently in use - DSM-IV and ICD-10. The third section describes the contents of the DUDIT items and details how responses should be evaluated. In the fourth section we describe several instruments for continued assessment of drug problems identified in the first step of the assessment model. Further assessment of alcohol problems is also briefly described here. The fifth and final section is about following up the entire assessment procedure. A future version of the manual will also include a description of physical symptoms suggesting drug use as well as biological indicators of drug use.

The appendices show the DUDIT instrument, cut-off scores for evaluation of DUDIT responses, as well as a quick scoring guide.

If you would like to start using the DUDIT in your clinical or research setting, we ask you to contact us for an Acrobat Reader (pdf) file that you can use to print the instrument. Please observe that photocopying the instrument will not work well since the shaded areas of the questionnaire will disappear, thus increasing the risk for incorrect responses. Correspondence details are on the first page.

We hope that the DUDIT will be widely used in different settings, thus contributing to the knowledge base on individuals with drug-related problems. Since the DUDIT is an entirely new instrument, we would appreciate obtaining information on various types of clinical and international groups. If you have completed questionnaires or data files which you are willing to share with us, we would very much appreciate hearing from you. With time we hope to accumulate up-to-date information that will facilitate evaluation of DUDIT responses.

Preface

Our work with the DUDIT project was initiated thanks to Frans Schlyter's original idea and a generous research grant from the National Prison and Probation Administration in Sweden. The project was led by Professor Hans Bergman at the Department of Clinical Neuroscience, Section for Alcohol and Drug Dependence Research at Karolinska Institutet. The project was implemented by Anne H. Berman, PhD, licensed psychologist, with active involvement from Tom Palmstierna, MD, PhD, Karolinska Institutet.

The DUDIT was developed in three phases. The first phase involved an analysis of completed pilot questionnaires on drug use (AUDRUG), a literature review of existing questionnaires on drug-related problems and the generation of three test questionnaires. The three test questionnaires were tested with 21 respondents who were identified drug users. At the end of the first phase we generated two questionnaires: the 11-item DUDIT and the 54-item DUDIT-E with extra items on drug-related issues. In the second phase of development, we evaluated the DUDIT:s psychometric characteristics on the basis of diagnostic interviews with 154 drug-using prison inmates and detoxification unit patients. In the third phase, we produced reference values for DUDIT based on a random sample of 1500 individuals from the general population. Reliability coefficients and T-scores were calculated. More information on the development of the DUDIT is available in Berman, Bergman, Palmstierna & Schlyter (2004). The DUDIT project has resulted in the creation of two easy-to-use, easy-to-evaluate self-report instruments that give a quick overview of possible drug-related problems of the respondent.

Many people have been involved in the different phases of the project, contributing their time and wisdom. Michael Bransome, MD, the WHO-authorized translater of the SCAN, has given invaluable training, help and advice in adapting Chapter 12 of the SCAN for use in the project. Special thanks are due to the SCAN-interviewers from the second phase of the project: Stockholm probation officers Agneta Säfbom, Annika Hörnsten, Sinnikka Jyllhä and Kerstin Lindblom, Gothenburg probation officers Anna Axelsson, Bodil Hellberg, Inger Bauder, Fredrik Ullvén, Susanne Svensson and Maria Engström, and last but not least, Stockholm Addiction Center interviewers Eva Persson and Catarina Norrman.

During the course of the project valuable comments were given by Johan Franck, MD, PhD, Peter Wennberg, PhD, Lars Forsberg, PhD, Ulric Hermansson, PhD, and psychologist and PhD candidate Anders Andrén. Invaluable practical help was provided by Håkan Källmén, PhD during the fourth phase of the project, which required large-scale scanning and T-score calculation. Many thanks also to Gunnar Hilm, who has consistently and patiently helped us with the layout and graphic design for the DUDIT, as well as all manner of unexpected computer problems. Finally, many thanks also to Irma Bergersson who always responds to problems with a solution-focused approach.

Anne H. Berman och Hans Bergman

Stockholm, March 25, 2003

Using the DUDIT in everyday practice

1. Assessment of drug-related problems in four steps

The purpose of developing the DUDIT was to create a screening instrument for drug-related problems that would function as a parallel instrument to the AUDIT, the internationally known WHO-initiated screening instrument for alcohol-related problems. Screening instruments are part of the first step in an assessment procedure (see Figure 1).

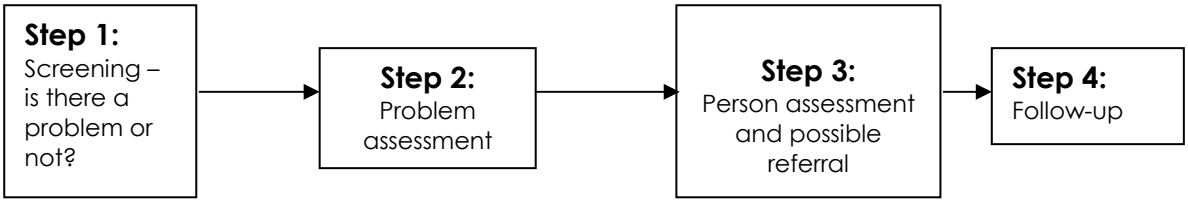

Figure 1 Assessment of drug-related problems in four steps with examples of appropriate instruments

The purpose of the first step in the assessment process is to screen for the individuals having the problem that the treatment provider is interested in assessing, treating or referring elsewhere. At this stage, the DUDIT serves as a valuable instrument that will identify individuals who appear to have a drug problem or drug dependence, as well as screening out those who do not have such problems. Alcohol-related problems can be assessed by the AUDIT (Babor et al., 2001). Step 2 – problem assessment – involves a deeper analysis of the extent and nature of the problem. The DUDIT-E can be used at this step to give both client and treatment provider a sense of the drug-related issues that could be focused upon in later treatment. At both Step 1 and Step 2 the assessment can be complemented by tests of biological markers.

In Step 3, the assessment is expanded to include in-depth diagnosis as well as exploration of life areas outside the use of drugs. At this stage, chapters 11 (alcohol) and 12 (drugs) of the SCAN (WHO, 1999) or the substance abuse section of the SCID (First et al., 1997) can be used for diagnosis of substance abuse or dependence. The entire SCAN or SCID can be used for full mental health status examination. The Addiction Severity Index (ASI; McLellan et al., 1992) can be useful for expanding on the depth of problems and treatment needs in seven life areas. With the ASI Feedback Form (AFF), the client and treatment provider can easily gain greater clarity about which areas in the client's life most urgently require change. With the help of MAPS (Öberg & Sallmén, 1999), clarification about the level of motivation for

change can be obtained. In Step 4, the assessment procedure is followed up after a specified time frame with re-testing of treatment results, even when the client has been referred elsewhere for treatment.

2. Diagnosis of drug problems

Two diagnostic systems are currently used in standard addiction treatment – the DSM-IV and the ICD-10. Both systems detail a number of criteria that need to be fulfilled in order for drug use to be diagnosed as harmful use or dependence. According to both systems, drug use can occur that does not necessarily lead to the negative effects that characterize drug-related problems. Various levels of drug-related problems can be tied to the use of different drugs. Figure 2 illustrates this graphically.

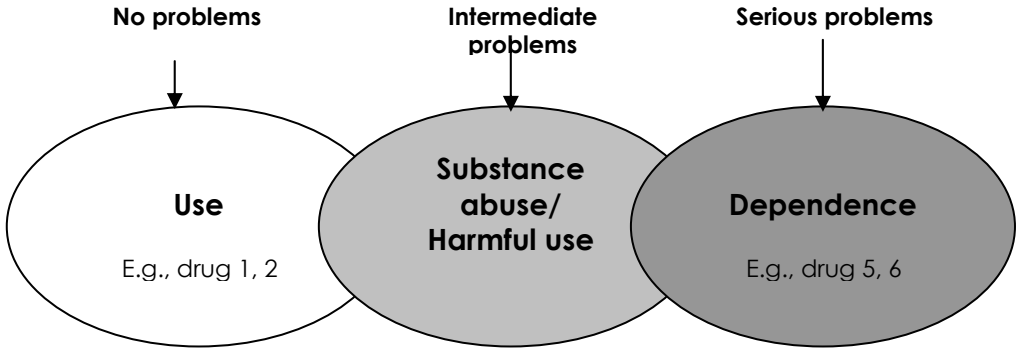

Figure 2 Diagnosis of drug problems according to the DSM-IV and ICD-10 diagnostic systems

The two diagnostic systems involve slightly different criteria for defining a drug problem. **Substance abuse according to DSM-IV** exists if drug use has occurred at least once a month over a period of 12 months *and* at least one of the following negative consequences has occurred:

1. Legal consequences
2. Persisting drug use despite obvious harm
3. Inability to perform daily duties
4. Repeated risky behavior

The more serious diagnosis of **substance dependence according to the DSM-IV** is set if drug use has occurred at least once a month over a period of 12 months *and* at least three of the following seven signs are present:

1. Loss of control – inability to stop using drugs in general
2. Loss of control – uncontrolled use on single occasions
3. Drugs are the highest priority
4. Drug use requires considerable time to acquire, use, and recover
5. Development of tolerance
6. Persisting drug use despite physical or mental harm
7. Drug use in order to eliminate or relieve withdrawal symptoms

Harmful use according to ICD-10 exists if drug use has lasted for at least one month *and* mental *or* physical harm has occurred. The more serious diagnosis of

dependency syndrome according to ICD-10 is set if drug use has lasted for at least one month *and* at least three of the following six signs occur at the *same time*:

1. Craving, desire
2. Loss of control (unspecified)
3. Inability to perform daily duties, giving drugs highest priority and spending time obtaining, using and recovering from drugs
4. Development of tolerance
5. Persisting drug use despite physical or mental harm
6. Withdrawal symptoms and drug intake in order to eliminate or relieve withdrawal symptoms

One individual can use drugs in several diagnostic categories and diagnostic definitions may differ according to the system used. For example, according to DSM-IV, one 28-year old man in our sample was dependent on cannabis, sedatives, cocaine and hallucinogens, abused amphetamines, and used opiates without fulfilling any criteria for abuse or dependence. According to ICD-10, this man was dependent on cannabis, sedatives, cocaine and hallucinogens, but his use of amphetamines and opiates did not fulfill diagnostic criteria.

Complete diagnosis of the drug problem can be accomplished by means of an interview. The interview generally is appropriate during stage 3 of the assessment process. See section 4 below for a brief description of appropriate interview schedules for diagnosis.

3. DUDIT

Items

The DUDIT (Drug Use Disorders Identification Test, see Appendix 1) consists of 11 items. The purpose of the DUDIT-items is to identify use patterns and various drug-related problems. Table 1 shows the focus of each item. Please note that we ask you to only use the DUDIT items in the copyrighted layout that you find in the Appendix and which is available in an Acrobat Reader (pdf) file upon request (see correspondence details on first page).

Table1 Focus for each DUDIT item

Nr.	Item	Focus
1	How often do you use drugs other than alcohol? (See list of drugs on back side.)	**Frequency per week/month**
2	Do you use more than one type of drug on the same occasion?	**Polydrug use**
3	How many times do you take drugs on a typical day when you use drugs?	**Frequency per day**
4	How often are you influenced heavily by drugs?	**Heavy use**
5	Over the past year, have you felt that your longing for drugs was so strong that you could not resist it?	**Craving**

6	Has it happened, over the past year, that you have not been able to stop taking drugs once you started?	**Loss of control**
7	How often over the past year have you taken drugs and then neglected to do something you should have done?	**Priorization of drug use**
8	How often over the past year have you needed to take a drug the morning after heavy drug use the day before?	**"Eye-opener"**
9	How often over the past year have you had guilt feelings or a bad conscience because you used drugs?	**Guilt feelings**
10	Have you or anyone else been hurt (mentally or physically) because you used drugs?	**Harmful use**
11	Has a relative or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs?	**Concern from others**

Scoring

The DUDIT was developed as a parallel instrument to the AUDIT, and both instruments are similarly scored. The DUDIT scoring method is presented in Table 2.

Table 2 Scoring for each DUDIT item

Items	Scoring
1-9	**0, 1, 2, 3, 4**
10-11	**0, 2, 4**

The maximum score for the DUDIT items is 44 points (11 x 4). Sum up the points for each item. The result is the DUDIT score.

Evaluation

When the DUDIT is used in a group where one does not expect to find many drug users, we suggest that *men with drug-related problems* be identified at a cut-off score of 6 or more. *Women with drug-related problems* are identified at a cut-off score of 2 points or more. Corresponding scores for the AUDIT are 8 points for men and 6 points for women (of a maximum of 40 points).

These cut-off scores are based on our DUDIT study of drug use among the Swedish general population. The cut-off scores have been placed at two standard deviations from the mean score on the DUDIT; in other words, at a T-score of 70 points where 50 is the mean and each standard deviation equals 10 points. The T-score values between 50 and 100 for the Swedish population sample are shown in Appendix 2 for men and women in different age groups. At the time of this writing, the DUDIT has been tested in two population samples, one the random sample of 1500 respondents from the general population, and the other a sample of 154 individuals from the Prison and Probation Administration and from a detoxification unit at the Stockholm Addiction Center. The latter sample was one with a very high prevalence of drug-related problems.

The DUDIT was developed with the intention of being applied in groups where the prevalence of drug use is considerably lower, e.g., in schools, primary care, employee assistance, social services, psychiatry and other settings. The DUDIT has not yet been validated in these groups. More data need to be collected in order to make reliable recommendations on specific cut-off scores for sub-groups. With regard to the above, the cut-off scores that we recommend are highly preliminary. The table in Appendix 2 shows T-scores for men and women in three different age groups, indicating further differentiation of possible cut-off scores. In addition, cut-off scores can be adjusted to one or three standard deviations from the means presented in Table 2, according to the respondents' characteristics.

In the high-prevalence group which we have studied, the cut-off score for drug dependence with a sensitivity of 90% according to both DSM-IV and ICD-10 is 25 points; specificity is 78% for DSM-IV diagnoses and 88% for ICD-10. Sensitivity reflects the proportion of individuals identified by the DUDIT as dependent in the first stage of the screening procedure, who later are confirmed as drug dependent by diagnostic interviews. Specificity reflects the proportion of individuals screened out as not dependent in the first stage, and who in our study later were confirmed as not dependent.

Summary: If a male client shows a score of 6 or more points, he probably has drug-related problems – either *substance abuse/harmful use* or *dependence*. A woman with a score of 2 or more points probably has drug-related problems. If a client (both sexes) shows a score of 25 points or more, it is highly probable that he or she is *dependent* on one or more drugs.

4. Further assessment of drug-related problems

When signs of drug-related problems have been identified by means of the DUDIT and confirmed with the DUDIT-E (see Figure 1), more information is needed prior to decision-making on treatment referral. We have had positive experiences with three interview schedules that elaborate on personal problems beyond specific drug-related areas. For in-depth diagnosis of drug-related problems, we recommend chapter 12 of the SCAN. For investigation of problems in other life areas, we recommend the ASI. For detailed analysis of motivation to change in various problem areas we recommend the innovative MAPS interview schedule (Öberg & Sallmén, 1999).

Individuals who are substance abusers generally also use alcohol as one of their drugs of choice. Assessment of drug use should always be complemented by thorough assessment of alcohol use. Recommendations for suitable instruments are the AUDIT, as well as chapter 11 of the SCAN.

The next section briefly describes the SCAN, the ASI and MAPS.

SCAN – chapter 12
SCAN (Schedules for Assessment in Neuropsychiatry) is an interview schedule developed by the WHO for diagnosis of psychiatric problems. The entire interview schedule consists of 21 chapters but individual chapters on particular disorders can

be used independently. We used chapter 12 on substance abuse for psychometric evaluation of the DUDIT. The SCAN text can be edited to a certain extent and we created a user-friendly version of chapter 12 for our study, with a feedback form for diagnosis of the various drugs used by the respondent. The interview takes 20-60 minutes and covers detailed information on the drugs used, the method of ingestion and criteria for diagnosis of drug-related problems. The SCAN results can be entered into a computer program, available from the WHO, which generates DSM-IV and ICD-10 diagnoses based on algorithms.

ASI

The Addiction Severity Index (ASI) can appropriately be used for matching treatment interventions to client characteristics, for follow-up and evaluation of treatment programs, and for epidemiologically-oriented characterization of and comparison between drug using groups. The interview schedule can also be used for allocation of resources based on an analysis of aid and treatment needs in various problem areas. The ASI contains 180 questions giving in-depth information on seven areas that are particularly important in the addiction treatment context: physical health, work and self-support, alcohol and drug use, criminality/anti-social behavior, family and social relations as well as family history of psychological health. The interview takes about an hour. The follow-up version is somewhat shorter. The ASI is not only a method for assessing clients' problem areas: it builds a basis for working with clients based on the seven problem areas. One important characteristic of the ASI is that the degree of problem severity and the need for help/treatment is based on feedback from both the client and the interviewer. The ASI also includes other indicators of problem areas: a load index is calculated based on the most "objective" questions in each area, and on the client's assessment on how worried or troubled they have been by the problem over the past 30 days, as well as how great the need for help is perceived to be. At the end of the interview, the interviewer also assesses the perceived reliability of the client's responses in each of the seven areas. An example of an aggregated client description is available in Andrén, Bergman, Schlyter & Laurell (2001). ASI has been psychometrically tested for validity and reliability and has become extremely popular in both Europe and the U.S. ASI can be viewed as the standard assessment instrument in current research and clinical care of alcohol and drug users.

MAPS

MAPS (Monitoring Area and Phase System) is a method for identifying a client's stage of change, i.e., his or her readiness to change problem behaviors (Prochaska & DiClemente, 1986). This instrument is preferably used as an adjunct to the ASI: the MAPS identifies the client's attitude towards the problems in each life area identified by the ASI.

MAPS consists of four modules:

- MAPS-unit analyses the conditions for providing care in each ASI area, as well as in each phase of change in the client. The unit's resources are thus described in the same dimensions as the client's problems
- MAPS-in is an intake interview that covers basic administrative data and identifies the stage of change in each ASI area. In addition, it identifies which phase of change can realistically be attained as a treatment goal, in view of

resources, problem severity, timing of the intake interview, and the length of proposed treatment.
- MAPS-out describes the interventions given, the client's situation at discharge, as well as the stage of change at treatment termination (these are treatment outcomes).
- MAPS-up complements ASI post-treatment assessment by documenting treatment interventions given after discharge, as well as measuring stage of change at the follow-up interview.

The intake interview takes 20-60 minutes, the discharge interview takes about 25-40 minutes, and the follow-up interview takes about 30 minutes.

Assessment of alcohol-related problems

A number of instruments are available for evaluating the existence of alcohol-related problems. The screening instrument of choice is the AUDIT, and diagnosis can be set with chapter 11 of the SCAN or the substance use section of the SCID. The AUDIT is a natural complement to the DUDIT. International experience indicates the AUDIT has very good psychometric characteristics and is a reliable and valid screening instrument. A total of 10 items on alcohol habits and alcohol-related problems are included. The cut-off score for positive screening is 8 points for men and 6 for women. Comparative data from several population samples are available (see Bergman & Källmén, 2003, for Swedish data).

Instruments are also available for the self-report type of information needed in Step 2 of the assessment procedure, such as drinking habits, reasons for drinking and various types of alcohol-related problems. The AVI-R-2, based on the Alcohol Drinking Inventory, is the recommended Swedish-language instrument at this stage (Bergman et al., 2002). For English-language instruments we refer you to the literature.

5. Follow-up

Follow-up in Step 4 of drug-related problem assessment (see Figure 1), occurs after a certain time has passed since the completion of Steps 1-3. The timing of the follow-up - 1, 3, 6, or 12 months after the beginning of the assessment procedure – should be chosen based on clinical judgment at the local clinic. It is important to keep in mind that follow-up is partly based on documentation recorded during the treatment process. When data are missing from this period, a reliable follow-up becomes more difficult. In order to identify client changes, it is important that the same instruments used in the initial assessment are available at follow-up. These data can serve as a basis for evaluation research on the treatment interventions given. The follow-up version of ASI could also be used at this stage. With time, the results can be presented to the treatment providers as well as to the clients, so the whole assessment process attains the status of a narrative, with a beginning, a middle and an end, where the client is the major character and the treatment provider is his or her professional companion.

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DUDIT

Drug Use Disorders Identification Test

Here are a few questions about drugs. Please answer as correctly and honestly as possible by indicating which answer is right for you.

☐ **Man** ☐ **Woman** **Age** ☐☐

1. How often do you use drugs other than alcohol? (See list of drugs on back side.)	Never ☐	Once a month or less often ☐	2-4 times a month ☐	2-3 times a week ☐	4 times a week or more often ☐
2. Do you use more than one type of drug on the same occasion?	Never ☐	Once a month or less often ☐	2-4 times a month ☐	2-3 times a week ☐	4 times a week or more often ☐
3. How many times do you take drugs on a typical day when you use drugs?	0 ☐	1-2 ☐	3-4 ☐	5-6 ☐	7 or more ☐
4. How often are you influenced heavily by drugs?	Never ☐	Less often than once a month ☐	Every month ☐	Every week ☐	Daily or almost every day ☐
5. Over the past year, have you felt that your longing for drugs was so strong that you could not resist it?	Never ☐	Less often than once a month ☐	Every month ☐	Every week ☐	Daily or almost every day ☐
6. Has it happened, over the past year, that you have not been able to stop taking drugs once you started?	Never ☐	Less often than once a month ☐	Every month ☐	Every week ☐	Daily or almost every day ☐
7. How often over the past year have you taken drugs and then neglected to do something you should have done?	Never ☐	Less often than once a month ☐	Every month ☐	Every week ☐	Daily or almost every day ☐
8. How often over the past year have you needed to take a drug the morning after heavy drug use the day before?	Never ☐	Less often than once a month ☐	Every month ☐	Every week ☐	Daily or almost every day ☐
9. How often over the past year have you had guilt feelings or a bad conscience because you used drugs?	Never ☐	Less often than once a month ☐	Every month ☐	Every week ☐	Daily or almost every day ☐
10. Have you or anyone else been hurt (mentally or physically) because you used drugs?		No ☐	Yes, but not over the past year ☐		Yes, over the past year ☐
11. Has a relative or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs?		No ☐	Yes, but not over the past year ☐		Yes, over the past year ☐

Turn the page to see the list of drugs

LIST OF DRUGS

(Note! Not alcohol!)

Cannabis	Amphetamines	Cocaine	Opiates	Hallucinogens	Solvents/inhalants	GHB and others
Marijuana Hash Hash oil	Methamphetamine Phenmetraline Khat Betel nut Ritaline (Methylphenidate)	Crack Freebase Coca leaves	Smoked heroin Heroin Opium	Ecstasy LSD (Lisergic acid) Mescaline Peyote PCP, angel dust (Phencyclidine) Psilocybin DMT (Dimethyltryptamine)	Thinner Trichlorethylene Gasoline/petrol Gas Solution Glue	GHB Anabolic steroids Laughing gas (Halothane) Amyl nitrate (Poppers) Anticholinergic compounds

PILLS – MEDICINES

Pills count as drugs when you take

- more of them or take them more often than the doctor has prescribed for you
- pills because you want to have fun, feel good, get ”high”, or wonder what sort of effect they have on you
- pills that you have received from a relative or a friend
- pills that you have bought on the ”black market” or stolen

SLEEPING PILLS/SEDATIVES

Alprazolam	Glutethimide	Rohypnol
Amobarbital	Halcion	Secobarbital
Apodorm	Heminevrin	Sobril
Apozepam	Iktorivil	Sonata
Aprobarbital	Imovane	Stesolid
Butabarbital	Mephobarbital	Stilnoct
Butalbital	Meprobamate	Talbutal
Chloral hydrate	Methaqualone	Temesta
Diazepam	Methohexital	Thiamyal
Dormicum	Mogadon	Thiopental
Ethcholorvynol	Nitrazepam	Triazolam
Fenemal	Oxascand	Xanor
Flunitrazepam	Pentobarbital	Zopiklon
Fluscand	Phenobarbital	

PAINKILLERS

Actiq	Durogesic	OxyNorm
Coccilana-Etyfin	Fentanyl	Panocod
Citodon	Ketodur	Panocod forte
Citodon forte	Ketogan	Paraflex comp
Dexodon	Kodein	Somadril
Depolan	Maxidon	Spasmofen
Dexofen	Metadon	Subutex
Dilaudid	Morfin	Temgesic
Distalgesic	Nobligan	Tiparol
Dolcontin	Norflex	Tradolan
Doleron	Norgesic	Tramadul
Dolotard	Opidol	Treo comp
Doloxene	OxyContin	

Pills do NOT count as drugs if they have been prescribed by a doctor and you take them in the prescribed dosage.

Appendix 2

T-score values for the DUDIT, men and women from the general Swedish population (n=1109).

DUDIT score	T-scores for men				T-scores for women			
	16-25 years	26-45 years	45 years or older	All ages	16-25 years	26-45 years	45 years or older	All ages
0	47.93	48.22	49.07	48.47	48.75	48.89	49.10	49.06
1	51.21	51.67	54.97	52.55	59.36	65.70	118.07	67.41
2	54.49	55.12	60.87	56.63	69.98	82.50		85.76
3	57.77	58.57	66.77	60.71	80.59	99.31		104.11
4	61.06	62.01	72.67	64.80	91.21	116.12		
5	64.34	65.46	78.57	68.88	101.83			
6	67.62	68.91	84.47	72.96				
7	70.91	72.36	90.37	77.04				
8	74.19	75.81	96.27	81.12				
9	77.47	79.26	102.17	85.20				
10	80.76	82.70		89.29				
11	84.04	86.15		93.37				
12	87.32	89.60		97.45				
13	90.60	93.05		101.53				
14	93.89	96.50						
15	97.17	99.94						
16	100.45	103.39						

Appendix 3

Quick scoring guide for the DUDIT

For items 1-9 the responses are coded 0, 1, 2, 3 or 4. Items 10 and 11 are coded 0, 2 or 4. Sum up all the points for the 11 items. The maximum score is 44.

A male client with 6 points or more probably has drug-related problems, i.e., risky or harmful drug habits that might be diagnosed as substance abuse/harmful use or dependence. A female client with 2 points or more probably has drug-related problems. (These numbers are preliminary but can be used as guidelines until more data are available.)

A client with 25 points or more is probably heavily dependent on drugs.

Appendix 3 in Berman, Bergman, Palmstierna & Schlyter (2003)
DUDIT (Drug Use Disorders Identification Test) Manual
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