

# Screening Patients for Substance Use in Your Practice Setting

# Learning Objectives

By the end of this session, participants will—

- Understand the rationale for universal screening.
- Identify potential health impact of substance misuse and abuse.
- Identify substance use risk limits.
- Identify how screening is conducted in a practice setting, including prescreening and screening.
- Practice how to use two screening tools.
- Understand how screening is used in brief intervention.

# Rationale for Universal Screening

- Drinking and drug use are common.
- Drinking and drug use can increase the risk for health problems, safety risks, and a host of other issues.
- Drinking and drug use often go undetected.
- People are more open to change than you might expect.

# Why Screen Universally?

- Detect current health problems related to at-risk alcohol and substance use at an early stage—before they result in more serious disease or other health problems.
- Detect alcohol and substance use patterns that can increase future injury or illness risks.
- Intervene and educate about at-risk alcohol and other substance use.
- Research has shown that approximately 90 percent of substance use disorders go untreated. (NSDUH, 2007).

# Detecting Risk Factors Early

Screening can be a significant step toward effective intervention:

- The clinician is often the first point of contact.
- Early identification and intervention lead to better outcomes.
- Patients are often seen by a clinician because of a related physical problem.

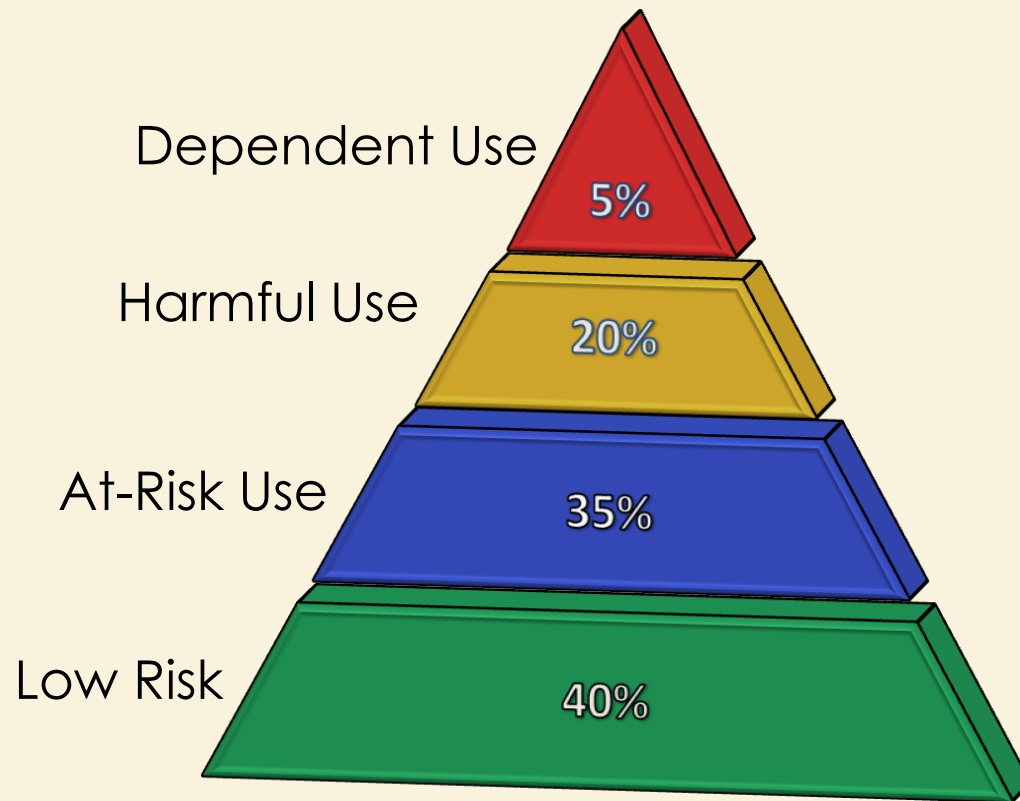
Source: Treatnet. (2008). *Screening, assessment and treatment planning*. Retrieved from <http://www.unodc.org/ddt-training/treatment/a.html>

# Prevalence of Substance Use

Substance	Female	Male
Tobacco	22.5%	32.5%
Alcohol (current drinkers)	45.9%	57.7%
Illicit Drugs	6.3%	9.9%
Misuse of Prescription Drugs	2.4%	2.6%

SAMHSA, National Survey on Drug Use and Health, 2008, Ages 12+ in the US, past month use

# Based on Findings of Screening



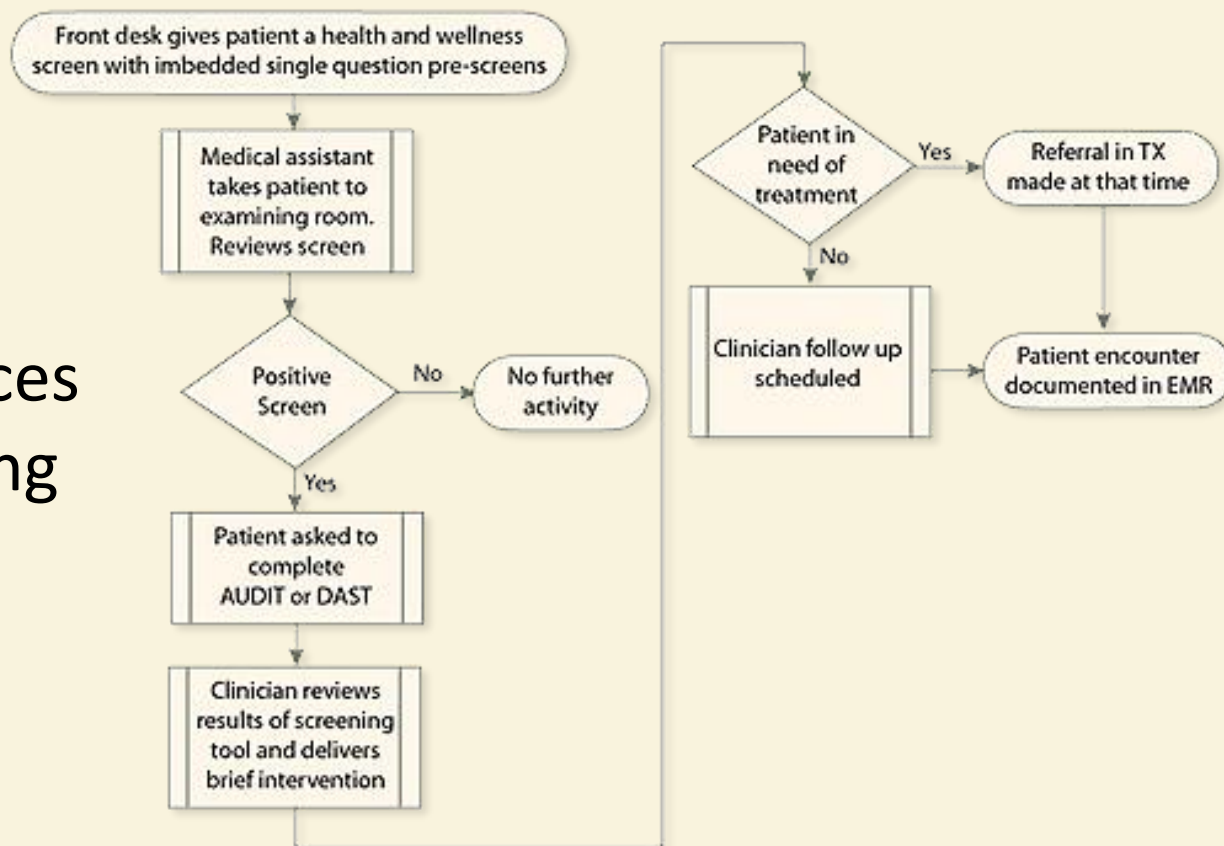
# Health Impacts: Alcohol/Drugs

- Hypertension, dyslipidemia, heart disease
- Liver disease, gastritis, pancreatitis
- Depression, sleep dysfunction
- Risk for breast, colon, esophageal, head, and neck cancers
- HIV/AIDS, other STIs, and other infectious diseases
- Trauma, disability



# Screening in a Practice Setting

- Most practices use a teaming approach



# Prescreening Strategy

## Use brief yet valid prescreening questions:

- The NIAAA Single-Question Screen or the AUDIT C
- The NIDA Single-Question Drug Screen

Negative

- Based on previous experiences with SBIRT, screening will yield 75% **negative** responses.

Positive

- If you get a positive screen, you should ask further assessment questions.

# Alcohol Prescreening

Prescreen: *Do you sometimes drink beer, wine, or other alcoholic beverages?*

NO

YES

NIAAA Single Screener: *How many times in the past year have you had five (men) or four (women or patients over age 65) drinks or more in a day?*

Sensitivity/Specificity: 82%/79%

If one or more affirmative answers, move on to full screen.

Source: Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., & Saitz, R. (2009). Primary care validation of a single-question alcohol screening test. *J Gen Intern Med* 24(7), 783-788

# Prescreening Drinking Limits

Determine the average drinks per day and average drinks per week—ask:

On average, how many days a week do you have an alcoholic drink?

On a typical drinking day, how many drinks do you have? (**Daily average**)

**Weekly average** = days X drinks

## Recommended Limits

Men = 2 per day/14 per week  
Women/anyone 65+ = 1 per day or 7 drinks per week

> Regular limits = at-risk drinker

# A Positive Alcohol Screen = At-Risk Drinker

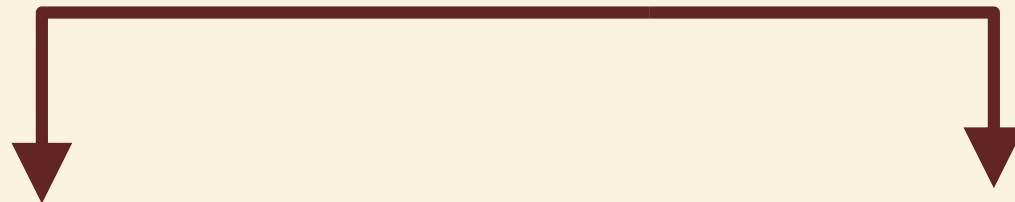
## Binge drink

( $\geq 5$  for men or  $\geq 4$  for women/anyone 65+)

**Or patient exceeds regular limits?**

(Men: 2/day or 14/week)

Women/anyone 65+: 1/day or 7/week)



**NO**

Patient is at low risk.

**YES**

Patient is at risk. Screen for maladaptive pattern of use and clinically significant alcohol impairment using AUDIT.

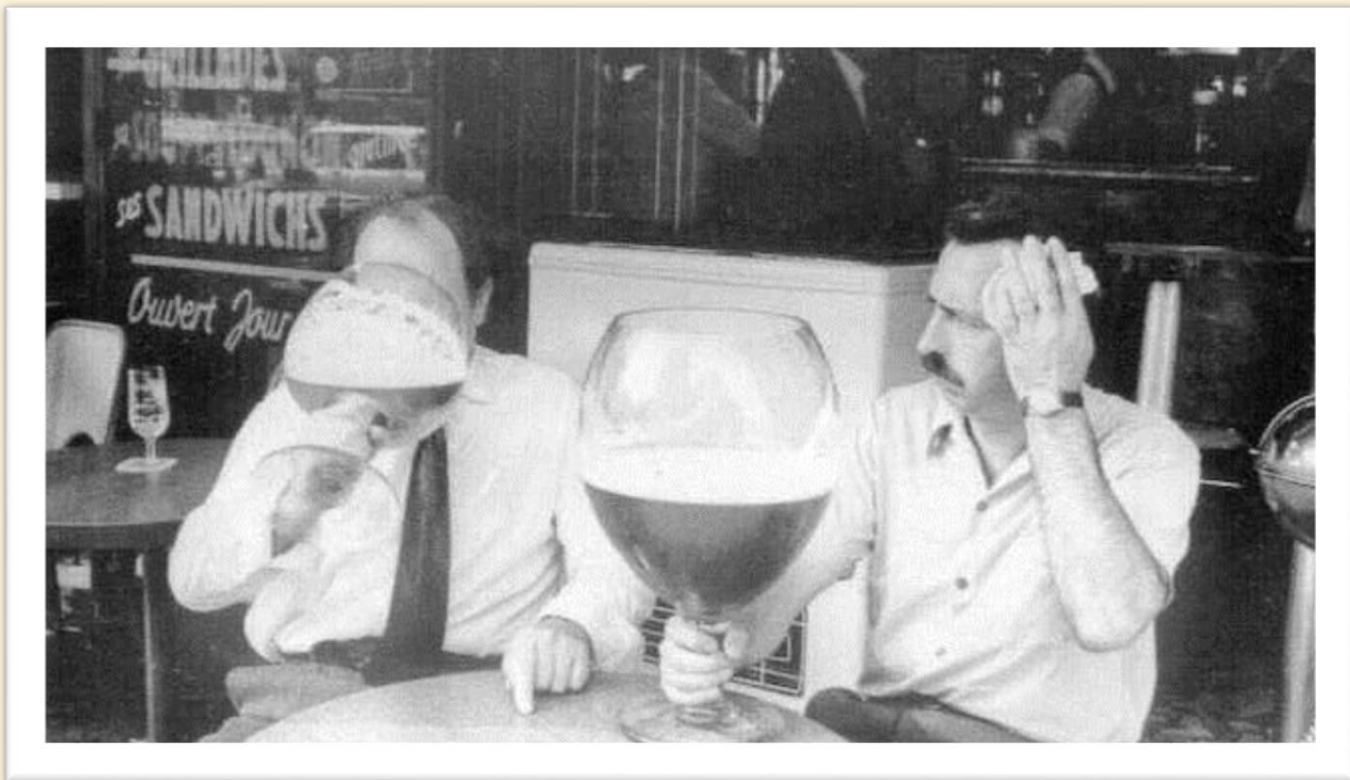
# Evidence Behind the Numbers

- Studies demonstrate that the 5+/4+ limits accurately reflect the amount of alcohol consumed at which psychomotor and cognitive impairment is notably increased in both men and women.
- Epidemiologic risk curve analyses reveal significant and rapid increases in the risks of—
  - Unintentional injuries
  - Deaths resulting from external causes
  - Being a target of aggression or taking part in an aggression-related event
  - Alcohol use disorders
  - Unfavorable medical, work-related, legal, and social consequences related to drinking
- As the frequency of exceeding NIAAA'S guidelines increases, the likelihood of developing these problems increases.

# NIAAA Epidemiologic Studies

- NIAAA conducted extensive, nationally representative, epidemiologic surveys including—
  - National Longitudinal Alcohol Epidemiologic Survey—NLAES (1992)
  - National Epidemiologic Survey on Alcohol and Related Conditions—NESARC (2001–2002)
  - NESARC 3-year followup (2004–2005)
- The surveys included questions regarding the frequency with which people drank more than five drinks in a given day.
- Findings indicated that exceeding these drinking limits can significantly increase alcohol-related health problems.

# When Screening, It's Useful To Clarify What One Drink Is!





# How Much Is “One Drink”?

5-oz glass of wine  
(5 glasses in one bottle)



12-oz glass of beer (one can)



1.5-oz spirits  
80-proof  
1 jigger



*Equivalent to 14 grams pure alcohol*

# AUDIT

## Alcohol Use Disorders Identification Test

- What is it?
  - Ten questions, self-administered or through an interview; addresses recent alcohol use, alcohol dependence symptoms, and alcohol-related problems
  - Developed by World Health Organization (WHO)

# AUDIT

## Alcohol Use Disorders Identification Test

- What are the strengths?
  - Public domain—test and manual are free
  - Validated in multiple settings, including primary care
  - Brief, flexible
  - Focuses on recent alcohol use
  - Consistent with ICD-10 and DSM IV definitions of alcohol dependence, abuse, and harmful alcohol use
  
- Limitations?
  - Does not screen for drug use or abuse, only alcohol

# AUDIT Questionnaire

<h2 style="text-align: center; margin: 0;">AUDIT</h2>	Client _____ Date _____ Score _____
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<p>1. How often do you have a drink containing alcohol (Score)</p> <p style="text-align: center;">             Never (0)              Monthly or less (1)              Two to four times a month (2)              Two to three times a week (3)              Four or more times a week (4)           </p> <p>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p style="text-align: center;">             1 or 2 (0)              3 or 4 (1)              5 or 6 (2)              7 to 9 (3)              10 or more (4)           </p> <p>3. How often do you have six or more drinks on one occasion?</p> <p style="text-align: center;">             Never (0)              Less than monthly (1)              Monthly (2)              Weekly (3)              Daily or almost daily (4)           </p> <p>4. How often during the last year have you found that you were not able to stop drinking once you had started?</p> <p style="text-align: center;">             Never (0)              Less than monthly (1)              Monthly (2)              Weekly (3)              Daily or almost daily (4)           </p> <p>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</p> <p style="text-align: center;">             Never (0)              Less than monthly (1)              Monthly (2)              Weekly (3)              Daily or almost daily (4)           </p>	<p>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?</p> <p style="text-align: center;">             Never (0)              Less than monthly (1)              Monthly (2)              Weekly (3)              Daily or almost daily (4)           </p> <p>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</p> <p style="text-align: center;">             Never (0)              Less than monthly (1)              Monthly (2)              Weekly (3)              Daily or almost daily (4)           </p> <p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p> <p style="text-align: center;">             Never (0)              Less than monthly (1)              Monthly (2)              Weekly (3)              Daily or almost daily (4)           </p> <p>9. Have you or someone else been injured as a result of your drinking?</p> <p style="text-align: center;">             No (0)              Yes, but not in the last year (2)              Yes, during the last year (4)           </p> <p>10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking, or suggested you cut down?</p> <p style="text-align: center;">             No (0)              Yes, but not in the last year (2)              Yes, during the last year (4)           </p>
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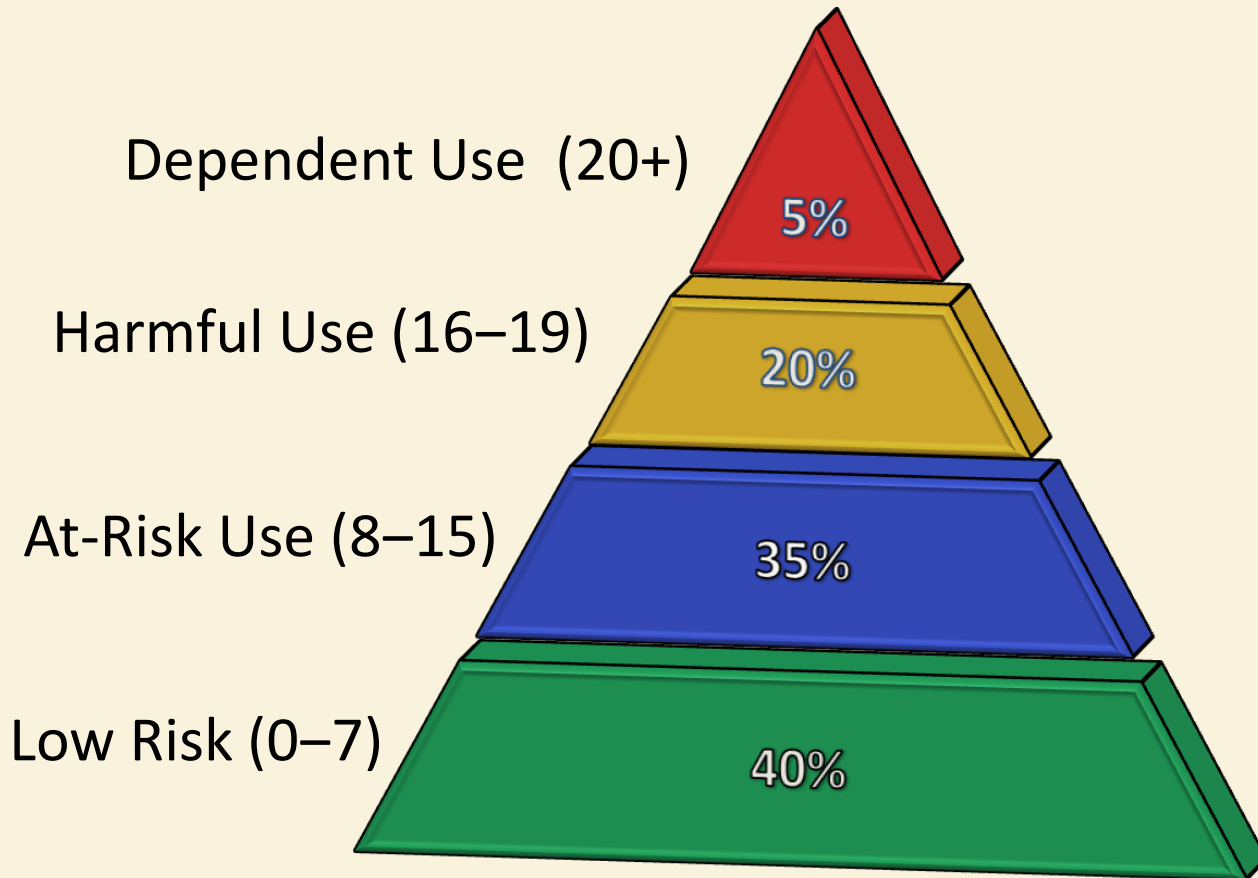
# AUDIT Domain

## Domains and Item Content of the AUDIT

Domains	Question Number	Item Content
Hazardous Alcohol Use	1	Frequency of drinking
	2	Typical quantity
	3	Frequency of heavy drinking
Dependence Symptoms	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful Alcohol Use	7	Guilt after drinking
	8	Blackouts
	9	Alcohol-related injuries
	10	Others concerned about drinking

WHO, 1992

# Scoring the AUDIT



# Practice Session

## Screening Using the AUDIT

# Prescreening for Drugs

*“How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?”  
(...for instance because of the feeling it caused or experiences you have...)*

If response is, “None,” screening is complete.

If response contains suspicious clues, inquire further.

Sensitivity/Specificity: 100%/74%

Source: Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., & Saitz, R. (2010). A single-question screening test for drug use in primary care. *Arch Intern Med*, 170(13), 1155–1160.



# A Positive Drug Screen

*ANY positive on the drug prescreen question puts the patient in an “at-risk” category. The followup questions are to assess impact and whether substance use is serious enough to warrant a substance use disorder diagnosis.*

Ask which drugs the patient has been using, such as cocaine, meth, heroin, ecstasy, marijuana, opioids, etc.

Determine frequency and quantity.

Ask about negative impacts.

# Prescription Drug Misuse

Although many people take medications that are not prescribed to them, we are primarily concerned with—

- Opioids (oxycodone, hydrocodone, fentanyl, methadone)
- Benzodiazepines (clonazepam, alprazolam, diazepam)
- Stimulants (amphetamine, dextroamphetamine, methylphenidate)
- Sleep aids (zolpidem, zaleplon, eszopiclone)
- Other assorted (clonidine, carisoprodol)

# DAST (10)

- What is it?
  - Shortened version of DAST 28, containing 10 items, completed as self-report or via interview. DAST(10) consists of screening questions for at-risk drug use that parallel the MAST (an alcohol screening instrument)
  - Developed by Addiction Research Foundation, now the Center for Addiction and Mental Health
  - Yields a quantitative index of problems related to drug misuse
- What are the strengths?
  - Sensitive screening tool for at-risk drug use
- What are the weaknesses?
  - Does not include alcohol use

# DAST(10) Questionnaire

## These Questions Refer to the Past 12 Months

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

Source: Yudko et al., 2007

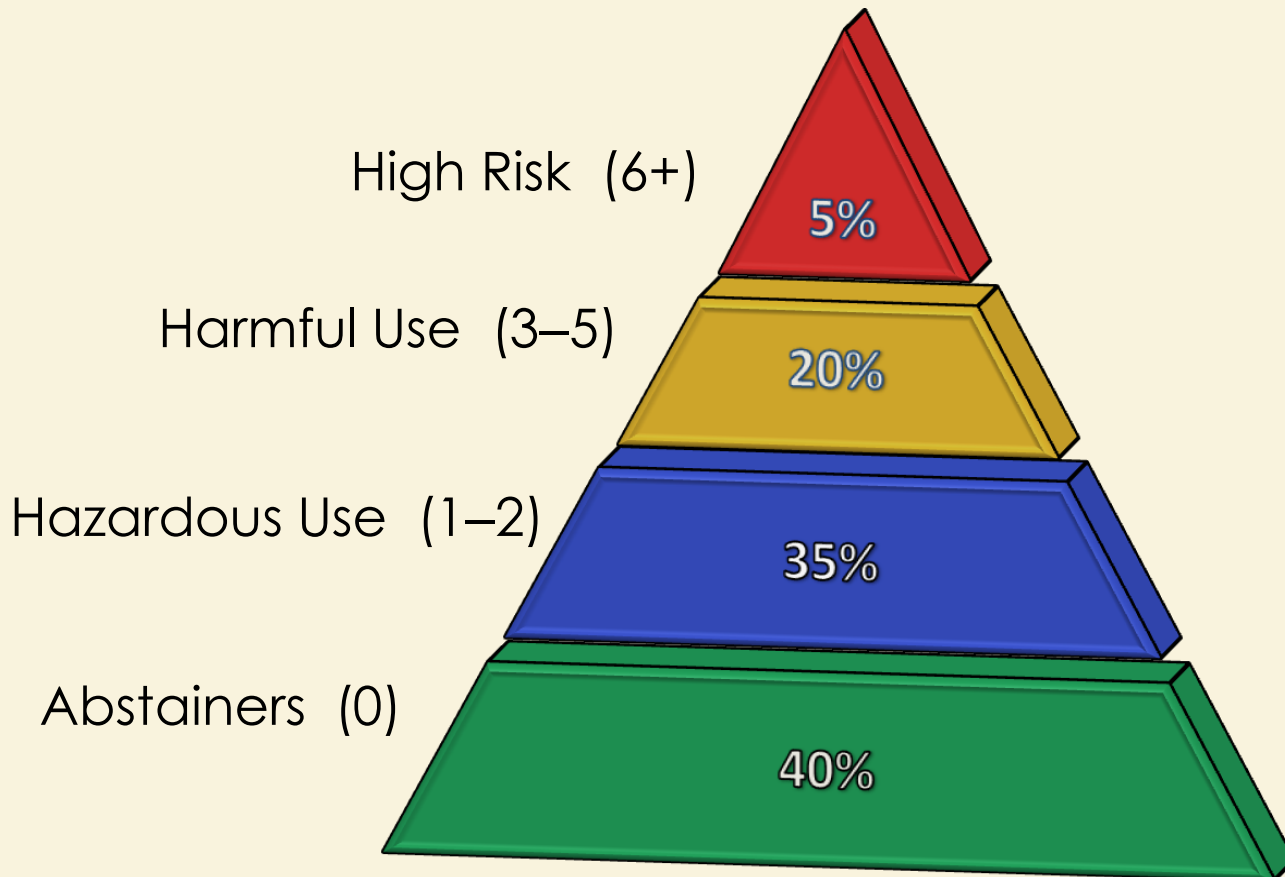
# DAST(10) Interpretation

Interpretation (Each "Yes" response = 1)

<i>Score</i>	<i>Degree of Problems Related to Drug Abuse</i>	<i>Suggested Action</i>
0	No Problems Reported	None At This Time
1-2	Low Level	Monitor, Reassess At A Later Date
3-5	Moderate Level	Further Investigation
6-8	Substantial Level	Intensive Assessment

Yudko et al., 2007

# Scoring the DAST(10)



# Key Points for Screening

- Screen **everyone**.
- Screen **both** alcohol and drug use including prescription drug abuse and tobacco.
- Use a validated tool.
- Prescreening is usually part of another health and wellness survey.
- Explore **each** substance; many patients use more than one.
- **Follow up** positives or "red flags" by assessing details and consequences of use.
- Use your MI skills and show **nonjudgmental, empathic** verbal and nonverbal behaviors during screening.

# Screening: Summary

- Screening is the first step of the SBIRT process and determines the severity and risk level of the patient's substance use.
- The result of a screen allows the provider to determine if a brief intervention or referral to treatment is a necessary next step for the patient.



# Based on Findings of Screening

- The clinician has valid, patient self-reported information that is used in brief intervention.
- Often the process of screening sets in motion patient reflection on their substance use behavior.

# Question?

