

VERSION 2



SCREENING FOR DRUG USE IN GENERAL MEDICAL SETTINGS

Quick Reference Guide



NIDAMED +

This guide is designed to assist clinicians serving adult patients in screening for drug use. The NIDA Quick Screen was adapted from the single-question screen for drug use in primary care by Smith et al. 2010 (available at <http://archinte.ama-assn.org/cgi/reprint/170/13/1155>) and the National Institute on Alcohol Abuse and Alcoholism's Helping Patients Who Drink Too Much: A Clinician's Guide Updated 2005 Edition (available at http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm). The NIDA-modified ASSIST was adapted from the World Health Organization (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), Version 3.0, developed and published by WHO (available at http://www.who.int/substance_abuse/activities/assist_v3_english.pdf).

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Why Screen for Drug Use in General Medical Settings?

- » **Identify drug users early** and briefly educate them about the adverse consequences of continued drug use and available resources for quitting
- » **Enhance medical care** by increasing awareness of the potential impact of substance use on physical health—more specifically, the interaction of substance use with a patient's medical care, including potentially fatal drug interactions
- » **Improve linkages** between primary and secondary health care services and specialty drug and alcohol treatment services

How do you screen and provide feedback? *The Five As:*

- » **Ask**
- » **Assist**
- » **Advise**
- » **Arrange**
- » **Assess**

STEP 1

Using the *NIDA Quick Screen*, ask the patient about past-year drug use.

In the past year, how many times have you used the following?

	Never	Once or Twice	Monthly	Almost Weekly	Daily or More
Alcohol (For men, 5 or more drinks in a day; for women, 4 or more drinks in a day)					
Tobacco Products					
Prescription Drugs for Nonmedical Reasons					
Illegal Drugs					

Patient reports no past-year drug use:

Reinforce abstinence. Screening is complete.

For more information on use of tobacco and/or alcohol: Go to page 3.

Patient reports past-year use of illegal drugs or prescription drugs for nonmedical reasons: Go to page 4.

Tobacco and Alcohol

TOBACCO USE

Any current tobacco use places a patient at risk.

Advise all tobacco users to quit.

For more information on smoking cessation, please see “Helping Smokers Quit: A Guide for Clinicians” at <http://www.ahrq.gov/clinic/tobacco/clnhlpsmsqst.htm>.

ALCOHOL USE

If the answer is:

☐ **Never—Advise** patient to stay within these limits:

- ✓ For healthy **men** under the age of 65:
No more than 4 drinks per day AND no more than 14 drinks per week.
- ✓ For healthy **women** under the age of 65:
No more than 3 drinks per day AND no more than 7 drinks per week.
- ✓ Encourage talking openly about alcohol and any concerns it may raise, and rescreen annually.

☐ **One or more days of heavy drinking**
Patient is an at-risk drinker.

Please see “Helping Patients Who Drink Too Much: A Clinician’s Guide” at http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm for information to help **assess**, **advise**, and **assist** at-risk drinkers or patients with alcohol use disorders.

STEP 2

Ask the patient about lifetime drug use.

Q1. Which one of the following substances have you ever used *in your lifetime*?

- a. **Cannabis** (marijuana, pot, grass, hash, etc.)
- b. **Cocaine** (coke, crack, etc.)
- c. **Prescription stimulants*** (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)
- d. **Methamphetamine** (speed, ice, etc.)
- e. **Inhalants** (nitrous, glue, gas, paint thinner, etc.)
- f. **Sedatives or sleeping pills*** (Valium, Serepax, Xanax, etc.)
- g. **Hallucinogens** (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)
- h. **Street opioids** (heroin, opium, etc.)
- i. **Prescription opioids*** (fentanyl, oxycodone, hydrocodone, methadone, buprenorphine, etc.)
- j. **Other—Specify**

* Please report nonmedical use only: Do not record medications that are used as prescribed by a doctor.

Patient reports no lifetime drug use:

Given the patient's response to the *NIDA Quick Screen*, the patient *should not indicate "NONE"* for all drugs in Question 1. If they do, remind them that their answers to the NIDA Quick Screen indicated they used an illegal or prescription drug for nonmedical reasons within the past year and then **repeat Question 1**.

If the patient indicates that the drug used is not listed, please note name of drug next to '**Other**.'

If the patient says "**Yes**" to any of the drugs, proceed to **next page**.

Patient reports lifetime use of one or more substances:

Ask the following questions for each drug mentioned (scores will be tallied at the end)

		Never	Once or Twice	Monthly	Weekly	Almost Daily or Daily
Q2. In the past 3 months, how often have you used each of the substances you mentioned [first drug, second drug, etc.]?		0	2	3	4	6
If the answer to Question 2 is "never," skip to Question 6. Otherwise, continue: In the past three months...						
Q3. How often have you had a strong desire or urge to use?		0	3	4	5	6
Q4. How often has your use of [first drug, second drug, etc.] led to health, social, legal, or financial problems?		0	4	5	6	7
Q5. How often have you failed to do what was normally expected of you because of your use of [first drug, second drug, etc.]?		0	5	6	7	8
For each substance ever used (i.e., those mentioned in the "lifetime" question):		NO	YES, but not in the past three months		YES, in the past three months	
Q6. Has a friend or relative or anyone else ever expressed concern about your use of [first drug, second drug, etc.]?		0	3		6	
Q7. Have you ever tried and failed to control, cut down, or stop using [first drug, second drug, etc.]?		0	3		6	
Q8. Have you ever used any drug by injection? (nonmedical use only)			Recommend HIV/ hepatitis B & C testing		Ask about pattern of injecting. Recommend HIV/ hepatitis B & C testing	

STEP 3

Determine risk level

For *each* substance (except tobacco and alcohol), add up the scores for Questions 2 through 7. To determine patient's risk level and the respective recommendations, see below:

High Risk

Score ≥ 27

- ✓ Provide feedback on the screening results
- ✓ **Advise, Assess, and Assist**
- ✓ **Arrange** referral
- ✓ Offer continuing support

Moderate Risk

Score 4–26

- ✓ Provide feedback
- ✓ **Advise, Assess, and Assist**
- ✓ Consider referral based on clinical judgment
- ✓ Offer continuing support

Lower Risk

Score 0–3

- ✓ Provide feedback
- ✓ Reinforce abstinence
- ✓ Offer continuing support

STEP 4

Depending on risk level:



Advise—Provide medical advice related to patient's drug use.



Assess—Determine patient's readiness to change.



Assist—Offer help based on patient's readiness level.



Arrange—Refer patient for specialty assessment and/or drug treatment, if necessary.

RESOURCES

- 1. World Health Organization—The ASSIST Project: Alcohol, Smoking and Substance Involvement Screening Test**
http://www.who.int/substance_abuse/activities/assist_v3_english.pdf
- 2. Substance Abuse and Mental Health Services Administration SBIRT Web site:** <http://www.samhsa.gov/prevention/sbirt>
- 3. NIAAA's *Helping Patients Who Drink Too Much: A Clinician's Guide*:**
http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm
- 4. SAMHSA's Substance Abuse Treatment Facility Locator:** <http://findtreatment.samhsa.gov>
- 5. NIDA's National Drug Abuse Treatment Clinical Trials Network Community Treatment Programs:**
<http://www.drugabuse.gov/CTN/ctps.php>
- 6. For Certification in Office-Based Buprenorphine:**
http://buprenorphine.samhsa.gov/waiver_qualifications.html
- 7. AHRQ's *Helping Smokers Quit: A Guide for Clinicians*:**
<http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm>
- 8. Smith P.C., Schmidt S.M., Allensworth-Davies D., Saitz R. A Single-Question Screening Test for Drug Use in Primary Care.** *Arch Intern Med* 170:1155-1160, 2010.
<http://archinte.ama-assn.org/cgi/reprint/170/13/1155>
- 9. Coding for SBI Reimbursement:**
<http://www.samhsa.gov/prevention/SBIRT/coding.aspx>

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