Tools and Best Practices for Patient Drug Use Screening

EXAMPLES OF SCREENING TOOLS FOR PATIENT DRUG USE

Tool	Focus	Target Population	Number of Items	Mode	URL
American Psychiatric Association Adapted NIDA Modified ASSIST Tools	Substance use, psychiatric symptoms	Adolescents, adults, and parents of minor children	Varies	Self-report	https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/screening-assessment-drug-testing-resources/american-psychiatric-association-adapted-nida
ASSIST (Alcohol, Smoking and Substance Involvement Screening Test)	Use of substances and associated problems	Adults	10 screening Up to 61 follow-up	Interview	https://www.integration.samhsa.gov/clinical-practice/sbirt/ASSIST_Manual,2.pdf
BSTAD (Brief Screener for Tobacco, Alcohol, and other Drugs)	Friends' and personal substance use	Adolescents	11	Interview or self-report	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4006430/pdf/peds.2013-2346.pdf https://www.drugabuse.gov/ast/bstad/#/
CAGE-AID (CAGE Adapted to Include Drugs)	Drug and alcohol problems	Adults and adolescents	4	Interview	https://www.integration.samhsa.gov/images/res/CAGEAID.pdf https://www.hiv.uw.edu/page/substance-use/cage-aid
CRAFFT	Use of substances and associated problems	Adolescents	9	Interview	https://jamanetwork.com/journals/jamapediatrics/fullarticle/347094 https://www.integration.samhsa.gov/clinical-practice/sbirt/CRAFFT_Screening_interview.pdf

(continued)

Tool	Focus	Target Population	Number of Items	Mode	URL
DAST (Drug Abuse Screening Test)	Use of substances other than alcohol and associated problems	Adolescents or adults	10 or 20	Interview or self-report	https://cde.drugabuse.gov/sites/nida_cde/files/DrugAbuseScreeningTest_2014Mar24.pdf https://sbirt.webs.com/DAST%20multiple%20versions.pdf
GAIN (Global Appraisal of Individual Needs)	Behavioral health issues, including substance use	Adolescents and adults	Varies	Self-report	http://gaincc.org/
NIDA Quick Screen	Past-year substance use	Not specified	4	Interview	https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf
NMASSIST (NIDA-modified ASSIST)	Use of substances and associated problems	Not specified	71	Interview or self-report	https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf
NMASSIST Prescreen (NIDA-modified ASSIST)	Lifetime use of substances	Not specified	12	Interview	https://www.integration.samhsa.gov/clinical-practice/sbirt/NIDA_-Modified_ASSIST_prescreen.pdf
ORT (Opioid Risk Tool)	Risk factors for opioid abuse	Adults in opioid pain management	10	Self-report	https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/opioidrisktool.pdf
RAAPS (Rapid Assessment for Adolescent Preventive Services©) Note: Has associated costs	Risk behaviors, including use of prescription and street drugs	Adolescents	21	Self-report	https://possibilitiesforchange.org/raaps/
S2BI (Screening to Brief Intervention)	Substance use	Adolescents	7	Interview or self-report	https://www.drugabuse.gov/ast/s2bi/#/ https://www.mcpap.com/pdf/S2BI_postcard.pdf
TAPS (Tobacco, Alcohol, Prescription medication, and other Substance use)	Substance use and associated problems	Adults	Part 1: 5 Part 2: 27	Interview or self-report	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5291717/pdf/nihms842256.pdf https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f
YRI (Youth Risk Index©)	Detecting early forms of, and high risk for, substance use and conduct problems before high school	Ages 8 to 13	23	Computerized illustrated, audio computer-assisted self-interview (IACASI)	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4405881/pdf/nihms668731.pdf

SCREENING BEST PRACTICES

Before Screening

1. Use an interprofessional team (e.g., physicians, medical assistants, IT staff, front desk staff).[1]
2. Designate one staff member as the screening coordinator/champion.[1–3]
3. Involve all practice staff in planning.[2]
4. Implement ongoing training for all staff who will be involved in screening.[1-3]
5. Integrate screening in standard patient flow.[1]
6. Integrate screening in electronic health records.[1,3]
7. Pilot test screening process before full implementation.[3]

During Screening

8. Make patients aware of your confidentiality policy.[3]
9. Emphasize that your role is to keep patients healthy, not to get them in trouble.[3]
10. Use a brief prescreen; administer longer screens only to patients flagged in the prescreen.[1]
11. Administer screening tools privately to help ensure honest answers.[3]
12. Hold the questionnaire during a clinician-administered screen so the client isn't able to read the questions or your responses.[2]
13. Ask screener questions as written.[3]

After Screening

14. Monitor metrics such as percentage of eligible patients who are screened, percentage of screened patients who are at risk, and percentage of at-risk patients who receive designated intervention.[2]
15. Provide feedback to, and solicit feedback from, screening staff.[2]
16. Periodically (e.g., annually) re-administer screen to assess client progress.[2]

REFERENCES

1. Hargraves D, White C, Frederick R, et al. Implementing SBIRT (Screening, Brief Intervention and Referral to Treatment) in primary care: Lessons learned from a multi-practice evaluation portfolio. Public Health Reviews. 2017;38(31). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5809898/pdf/40985_2017_Article_77.pdf

2. Humeniuk R, Henry-Edwards S, Ali R, Posnyak V, Monteiro MG. The Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST): Manual for use in primary care. Geneva: Word Health Organization; 2010. https://www.who.int/substance_abuse/publications/assist/en/

3. American Academy of Pediatrics. Substance use screening and intervention implementation guide. no date. https://www.aap.org/en-us/Documents/substance_use_screening_implementation.pdf

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More Information
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