



# SCREENING FOR DRUG USE IN GENERAL MEDICAL SETTINGS

*Quick Reference Guide*



*This guide is designed to assist clinicians serving adult patients in screening for drug use. This screening tool 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](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 A’s:*

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



Please visit [www.drugabuse.gov/NIDAMED](http://www.drugabuse.gov/NIDAMED) for a complete screening resource guide, interactive screening tool, a PDF download of the complete screening tool, and additional resources.

# STEP 1

## Ask the patient about past drug use.

Which of the following substances have you used *in your lifetime*?

- a. Tobacco products**  
(cigarettes, chewing tobacco, cigars, etc.)
  - b. Alcoholic beverages**  
(beer, wine, liquor, etc.)
  - c. Cannabis** (marijuana, pot, grass, hash, etc.)
  - d. Cocaine**  
(coke, crack, etc.)
  - e. Prescription stimulants\*** (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)
  - f. Methamphetamine**  
(speed, ice, etc.)
  - g. Inhalants** (nitrous, glue, gas, paint thinner, etc.)
  - h. Sedatives or sleeping pills** (Valium, Serepax, Xanax, etc.)
  - i. Hallucinogens** (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)
  - j. Street opioids**  
(heroin, opium, etc.)
  - k. Prescription opioids\***  
(fentanyl, oxycodone, hydrocodone, methadone, buprenorphine, etc.)
  - l. 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:

Reinforce abstinence. Screening is complete.

## Patient reports lifetime use of one or more substances:

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

*For Tobacco and Alcohol, go to page 6.*

	Never	Once or Twice	Monthly	Weekly	Almost Daily	Daily or
1. In the <i>past 3 months</i> , how often have you used each of the substances you mentioned [first drug, second drug, etc.]?	0	2	3	4	6	
<b>If the answer to Question 1 is “Never,” skip to Question 5. Otherwise, continue: <i>In the past three months...</i></b>						
2. How often have you had a strong desire or urge to use?	0	3	4	5	6	
3. How often has your use of [first drug, second drug, etc.] led to health, social, legal, or financial problems?	0	4	5	6	7	
4. 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	
<b>For each substance ever used (i.e., those mentioned in the “lifetime” question):</b>		<b>NO</b>	<b>YES, but not in the past three months</b>	<b>YES, in the past three months</b>		
5. Has a friend or relative or anyone else ever expressed concern about your use of [first drug, second drug, etc.]?	0	3	6			
6. Have you ever tried and failed to control, cut down, or stop using [first drug, second drug, etc.]?	0	3	6			
7. Have you ever used any drug by injection? ( <i>nonmedical use only</i> )			Recommend HIV/ Hepatitis B & C Testing	Ask about pattern of injecting. Recommend HIV/ Hepatitis B & C Testing		

## Tobacco and Alcohol

For any frequency of use *in the past 3 months*:

### 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/clinhpsmksqt.htm>.*

### ALCOHOL USE

Question the patient in more detail about frequency and quantity of use:

**How many times in the past year have you had:**



**For men:** 5 or more drinks in a day?



**For women:** 4 or more drinks in a day?

### **If the answer is:**

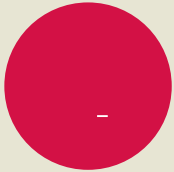
- None—Advise** patient to stay within these limits:
  - ✓ For healthy **men** under the age of 65:  
No more than 4 drinks per day AND no more than 14 drinks per week.
  - ✓ For healthy **women** under the age of 65:  
No more than 3 drinks per day AND no more than 7 drinks per week.
  - ✓ Encourage talking openly about alcohol and any concerns it may raise and rescreen annually.
- One or more times 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](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

## Determine Risk Level

For *each* substance (except tobacco and alcohol), add up the scores for questions 1 through 6. To determine patient's risk level and the respective recommendations, see below:



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



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



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

# STEP 3

## 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. NIDAMED:** <http://www.drugabuse.gov/NIDAMED>
- 2. World Health Organization—The ASSIST Project:** [http://www.who.int/substance\\_abuse/activities/assist/en/index.html](http://www.who.int/substance_abuse/activities/assist/en/index.html)
- 3. Substance Abuse and Mental Health Services Administration SBIRT Web site:** <http://sbirt.samhsa.gov/index.htm>
- 4. NIAAA's *Helping Patients Who Drink Too Much: A Clinician's Guide*:** [http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians\\_guide.htm](http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm)
- 5. SAMHSA's Treatment Facility Locator:** <http://dasis3.samhsa.gov>
- 6. NIDA's National Drug Abuse Treatment Clinical Trials Network List of Associated Community Treatment Programs:** <http://www.drugabuse.gov/CTN/ctps.html>
- 7. AHRQ's *Helping Smokers Quit: A Guide for Clinicians*:** <http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm>

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