Screening for Substance Use Disorders
Disclosures

None.
Objectives

- Demonstrate the ability to use clinical tools to assess risk of substance use disorders in general medical and pain management settings.
- Identify epidemiological and clinical risk factors for aberrant behavior in populations with chronic pain.
- Develop practical strategies to manage aberrant behaviors.
The USPSTF recommends screening by asking questions about unhealthy drug use in ALL adults age 18 years or older.

Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred.

Screening refers to asking questions about unhealthy drug use, not testing biological specimens.

Grade B recommendation
The Purpose of Screening

• Screening tests often have high sensitivity

• Positive screening does not result in substance use disorder (SUD) diagnosis, but indicates importance of further evaluation.

• Universal, quick, non-judgmental tools/methods

• Detect risky or problematic use
Some Common Screening Tools

- CAGE Questionnaire (Etoh specific)
- CRAFFT (General - adolescent)
- AUDIT/AUDIT-C (Etoh specific)
- NIDA Single Question Screener
- DAST (General - adult and adolescent version)
- NM-ASSIST (General)
Start with NIDA Quick Screen

In the past year, how often have you used the following?

- Alcohol: For men, 5 or more drinks/day
- For women: 4 or more drinks/day
- Tobacco products
- Prescription Drugs for Non-Medical Reasons
- Recreational Drugs

“1 or more times” to any is a positive screen, followed by a full screen.

The percent of “pure” alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.
Screening for Alcohol Use Disorders

Other Reasons for a more comprehensive Screen:
- Women >1 drink/day in past 30 days
- Men >2 drinks/day in past 30 days
- Any use in:
  - Under age 21
  - Pregnant
  - Medication interactions
  - Medical Conditions
  - Dangerous Situations
Screening for Alcohol Use Disorders

- **AUDIT:**
  - Full AUDIT is 10 items.
  - AUDIT-C is first 3 questions of full AUDIT.
  - Detects risky drinking or active AUD.

- **CAGE**
  - 4 items.
  - Detects moderate/severe AUD, but may not detect risky drinking.

- AUDIT-C is a better screening tool to detect risky or problematic drinking.

- NIAAA Rethinking Drinking

  https://www.rethinkingdrinking.niaaa.nih.gov/
AUDIT and AUDIT-C

- Alcohol Use Disorder Identification Test
- Developed by the WHO to collect more information than the CAGE
- AUDIT-C (3 questions): >3 for women / >4 for men = + screen
- AUDIT (10 Questions): > 8 = + screen
- Will indicate whether an individual is drinking at increasing or higher risk levels
The following drinks have more than one unit:
A pint of regular beer, lager or cider, a pint of strong/premium beer, lager or cider, 440ml regular can/cider/lager, 440ml “super” lager, 175ml glass of wine (12%)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Scoring system</th>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have a drink containing alcohol?</td>
<td>Never 1 - 2 Monthly or less 3 - 4 5 - 6 7 - 9 10+</td>
<td>0 1 2 3 4 4+</td>
</tr>
<tr>
<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td>Never Less than monthly Monthly Weekly Daily or almost daily</td>
<td>0</td>
</tr>
<tr>
<td>How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?</td>
<td>Never Less than monthly Monthly Weekly Daily or almost daily</td>
<td>0</td>
</tr>
<tr>
<td>How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never Less than monthly Monthly Weekly Daily or almost daily</td>
<td>0</td>
</tr>
<tr>
<td>How often during the last year have you failed to do what was normally expected from you because of your drinking?</td>
<td>Never Less than monthly Monthly Weekly Daily or almost daily</td>
<td>0</td>
</tr>
<tr>
<td>How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never Less than monthly Monthly Weekly Daily or almost daily</td>
<td>0</td>
</tr>
<tr>
<td>How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never Less than monthly Monthly Weekly Daily or almost daily</td>
<td>0</td>
</tr>
<tr>
<td>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</td>
<td>Never Less than monthly Monthly Weekly Daily or almost daily</td>
<td>0</td>
</tr>
<tr>
<td>Have you or somebody else been injured as a result of your drinking?</td>
<td>No Yes, but not in the last year Yes, during the last year</td>
<td>0 1 2 3 4+</td>
</tr>
<tr>
<td>Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?</td>
<td>No Yes, but not in the last year Yes, during the last year</td>
<td>0 1 2 3 4+</td>
</tr>
</tbody>
</table>

**Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence
Drug Abuse Screening Tools

Positive Screen if in past 30-day ANY:
- Non-medical use of medications (e.g., intoxicating effects, getting high, etc.)
- Use of illicit drugs or tobacco
- Use of other substances (solvents, gases, etc.) for intoxication

DAST: 28-item and 10-item, gives “zone” of use, and “indicated action”

CRAFFT: 9-items, gives “probability” of SUD diagnosis for adolescents
DAST

- Drug Abuse Screening Test
- Comes in 10 and 20 item versions
- Adult and adolescent versions
- Aligns with ASAM criteria

<table>
<thead>
<tr>
<th>DAST-10</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you used drugs other than those required for medical reasons?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2. Do you abuse more than one drug at a time?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3. Are you always able to stop using drugs when you want to? (If never used drugs, answer Yes)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4. Have you had blackouts or flashbacks as a result of drug use?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5. Do you ever feel bad or guilty about your drug use? (If never used drugs, answer No)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6. Does your spouse (or parents) ever complain about your involvement with drugs?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7. Have you neglected your family because of your use of drugs?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8. Have you engaged in illegal activities in order to obtain drugs?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>10. Have you had medical problems as a result of your drug use (eg, memory loss, hepatitis, convulsions, bleeding)?</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

DAST, Drug Abuse Screening Test. Copyright © 1982 Addiction Research Foundation.
NM-ASSIST

- NIDA Modified ASSIST V2.01.
- Consists of 8 questions evaluating 10 different substance classes
- Lifetime: which of the following substance have you ever used...? Questions 2-8 are asked about each substance in the prior 3 months
- Comprehensive, but more time investment
- Scoring is complex, but gives a “level of risk” per substance
- Aligns with ASAM criteria
- Provides links to resources for brief intervention and treatment referral (SBIRT)
- Can be completed by clinician or patient using an online or a printed version
- Web-based interactive tool
SBIRT

- **Screening**
  - assesses for risky substance use behaviors using *standardized* screening tools
  - Screening can occur in any healthcare setting

- **Brief Intervention**
  - engages a patient showing risky substance use behaviors in a short conversation
  - provides feedback on current use

- **Referral to Treatment**
  - Levels of treatment matched to screening tool and/or ASAM
Routine – should be done at each encounter

- Low Risk: No Further Intervention
- Moderate Risk: Brief Intervention
- Moderate to High Risk: Brief Treatment
- Severe Risk, Dependency: Referral to Specialty Treatment

Prevention!

- Education
- Education, brief MI/MET
- F/U Appropriate level of care
Screening vs. Assessments

- **Screening:**
  - Occurs soon after seeking services
  - Filters SUD/MH concerns/risks
  - Used in a variety of settings
    - Results can be shared with the patient in a brief intervention format
    - Results can be used to track symptoms overtime
  - Assists in referral to treatment (those who screen positive may need additional assessment)

- **Assessment:**
  - Occurs after screening
  - Consists of gathering key information to collaboratively conceptualize the problem and develop a treatment plan
  - Mental health and substance use disorders are assessed in the context of each other in order to:
    - Establish (or rule out) the presence or absence of a co-occurring disorder
    - Determine the individual’s readiness for change
    - Identify the individual’s strengths or problem areas that may affect the processes of treatment and recovery
    - Begin the development of an appropriate treatment relationship
Components of Assessment

- Demographics
- Current status / Presenting Problem
- Psychiatric Review Of Systems (ROS)
- Medical / Psych History
- Social History
- Legal History
- Education / Employment History
- Summary / conceptualization
- Diagnoses
- Plan

- Collateral interview / chart review / assessments
Screening for Opioid Use Disorders in Chronic Pain Treatment Settings
Physiologic dependence on opioids is an expected response in patients exposed to opioids for more than a few days.

Research estimates that the risk of developing OUD after exposure to opioids is 10-11%, but up to 20-30% may display aberrant behaviors.

Patients at greater risk of overdose and/or opioid use disorder include:

- Patients with a history of any substance use disorder
- Patients with depression or other mental health conditions
- Patients with a history of overdose
- Patients taking $\geq 50$ MME per day
- History of pre-adolescent sexual abuse
- Family history of substance abuse
- History of legal problems
- Younger age [16-45]
- Increased functional impairment
Risk Assessment Tools

- **SOAPP®-R**
  - 24 item patient reported mood sx, family history, legal history, designed to predict which pts require more monitoring, has associated monitoring/treatment recommendations.
  - Sensitivity 81%, specificity 68%, PPV 57%, NPV 87%
  - Cutoff score of 18
  - High risk <21; moderate risk 10-21; low risk <10

- **DAST©**
  - 28 item patient report on prescription use, substance use behaviors.

- **DIRE©**
  - Clinician rated assessment of 4 domains: dx, intractability, risk, efficacy.

- **ORT©**
  - Patient reported personal and family hx substance abuse, age, psychiatric dx, age, hx sexual abuse. Stratifies into low, moderate, high risk.
Ongoing Risk Assessment Tool

**COMM™**

- 17 item patient self-reported medication use behaviors over previous 30 days
- Score of 9 or above has positive LR 3.48 and negative LR 0.08 for medication misuse

All cited risk tools are available online:
- [http://www.painedu.org](http://www.painedu.org)
- [http://www.emergingsolutionsinpain.com](http://www.emergingsolutionsinpain.com)
How to Use risk Assessment Tools

- Should not be used to deprive patients of pain management or opioid therapy but to identify those who are at risk for addiction.

- Use only with informed consent with advisement that refusal may for safety reasons alter treatment plan.

- They should be used to help guide us to determine the frequency and intensity of monitoring during the course of treatment.

- They should be use to develop the most efficacious and safest treatment strategy.

- Intensity and frequency of monitoring- length of prescriptions, UDS frequency, pill count frequency, consultations, collateral information, use of abuse deterrent formulations
If the screening test is positive...

“I’m worried about your safety.” People with opioid use disorder are at higher risk of dying from a drug overdose. Also, dependence on opioids can affect your mood, your ability to work and function, and your relationships.

“I’m worried about the safety of other people around you.” If you are driving under the influence of alcohol and/or drugs, you put other peoples’ lives at risk. You may not be able to safely care for children or others who depend on you.

“We are going to look for safer ways to manage your pain.” As we discussed before, your safety is my paramount concern.

“Let’s find you some additional treatment options.” Opioid use disorder can be treated safely and effectively. Are you willing to consider treatment?
Ongoing monitoring - universal precautions

- Opioid agreements
- Risk screening and ongoing assessment
- Monitoring of urine toxicology
- Prescription monitoring programs
- Pill counts for those at high risk
- Frequent visits with limited number of pills dispensed for those at high risk
Watch for “red flags” (higher risk predictors):

- Patient sees more than one provider (check PDMP)
- Hx. of diverting from family members
- Hx. of obtaining controlled meds from non-medical sources
- Concurrent use of other substances (check UDS)
- Presence of substance-related deterioration @ work or socially
- Frequent reporting of lost or stolen prescriptions
- Any Hx. of Rx forgery or Rx alteration

Solis K, “Ethical, Legal and Professional Challenges Posed by “Controlled Medication Seekers” to Healthcare Providers, Part 2, American Journal of Clinical Medicine, Spring 2010 7(2)
Also consider these “yellow” flags:

- Stated allergy to or intolerance of all other classes of relevant medication
- Early refill requests / unsanctioned dose escalation
- Patient has little interest in Dx. or alternative Tx.
- Patient fails to keep appts. with other providers who are necessary for referral or continuity of care
- History of abuse of alcohol or other substances with respiratory depressant effects

Solis K, “Ethical, Legal and Professional Challenges Posed by “Controlled Medication Seekers” to Healthcare Providers, Part 2, American Journal of Clinical Medicine, Spring 2010 7(2)
Balancing Benefits/Risks

- There are no absolute rules: ongoing analysis of risk/benefit balance in each individual case.
- Involve patient in process of shared decision-making and mutual rights and responsibilities.
- Document your reasoning for continued use based on function and lack of side effects.
- Obtain early and frequent consultation for challenging cases and problem behaviors.
When To Taper Opioids

- Moderate-severe aberrant behavior that continues despite repeated warnings and implementation of more close monitoring.
- Humane, long taper if can be safely done.
- Begin alternative pharmacological and non-pharmacological treatments for pain.
- DO NOT abandon the patient even if you refer.
- Consider treatment with buprenorphine for both pain and for OUD – get your X waivers!
Questions??