

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 Daily
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/clnhlpsmsqt.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: <i>In the past three months...</i>					
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? (<i>nonmedical use only</i>)		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>

NOTES

NOTES



Please visit www.drugabuse.gov/NIDAMED for an interactive screening tool, screening resources guide, and additional resources.



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