



MASSACHUSETTS  
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

# Screening for Alcohol and Substance Use

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# Disclosures

“Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.”

# MGH to screen all patients for substance (abuse) use disorder (SUD)

Querying part of effort to treat addiction

By [Globe Staff](#), June 30, 2014, 12:00 a.m.



Massachusetts General Hospital will take the unusual step of questioning all patients about their use of alcohol and illegal drugs beginning this fall, whether they are checking in for knee surgery or visiting the emergency department with the flu.

The mandatory screening program is part of a broad plan to improve addiction treatment at the Boston teaching hospital and its community health centers and is an example of an expanding national and statewide effort to reach substance abusers earlier and in mainstream medical settings.

Liz Kowalczyk [Boston Globe](#), June 30, 2014

# Rationale for Screening

- Alcohol and SUD associated with significant morbidity and mortality
- Before explosion of opioid epidemic in America approximately one-quarter of hospitalized patients had an active SUD
- Early identification can reduce problems associated with acute sequelae and with chronic illness
- Screening programs are intended to reach patients before their illness becomes serious

# Despite toll SUD takes on individuals/families, about 10 percent of people w/SUD in treatment

Cultural shift is needed to identify those at risk

- “Experts alone cannot handle this” (Dr Joji Suzuki)
- For that to happen, he added, nurses and doctors must be trained how to question patients without sounding judgmental.
- The time of the medical visit is a valuable moment for education and treatment interventions and this can’t happen without first screening patients
- “We need our regular medical colleagues to become comfortable with disclose drinking habits and drug use”

Dr. Joji Suzuki, director of addiction psychiatry at the Brigham.

# Universal Screening

- In the medical setting, regardless of medical complaint
- Universal and routine use of validated screening tools.
- Consideration of substance use as a continuum
- Facilitate smooth, bidirectional transitions between primary care and specialty addiction treatment

# Why do this in a medical setting?

- Identify early use and briefly educate about consequences of continued use provide available resources for quitting
- Promoting awareness enhances medical care, reduces SUD negative impact on health—including potentially fatal drug interactions and overdose risk
- Improves linkages between primary and secondary health services and specialty drug and alcohol treatment services

# How do you screen and provide feedback?

*NIDA Recommends using the Five A's as a guide:*

- Ask - ask the patient about their use
- Advise- by providing 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.

[www.drugabuse.gov/NIDAMED](http://www.drugabuse.gov/NIDAMED)

# Screening Protocol

- Standardized protocol or procedure to follow determining who needs further assessment
- Details the actions taken when patient scores in positive range
- Provides standard for documentation
- Can reveal information but does not result in diagnosis

# Brief Screen

- Identifies adult patients who warrant full screen
- Primary care: administered via paper form, tablet, or kiosk in the waiting area
- Emergency department: verbal interview by nurse during triage
- Inpatient hospitalization: part of admission assessment
- One question screens for unhealthy alcohol use and one question screens for recreational or illicit drug use

# - Single Question

- Validated by the National Institute on Drug Abuse (NIDA)
- In the past year have you used an illegal or prescription drug for non-medical reasons? Yes/No
- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- How many times in the past year have you had X or more drinks in a day?
- X=5 for men and 4 for women

# Full Screen

- Patients who answer positive on the brief screen
- Administered by form or interview as part of overall evaluation
- Private and confidential
- The AUDIT is a Full screen that assesses severity of alcohol use
- DAST is a full screen that assesses severity of non-medical drug use
- Other validated full screening tools are available

# Drug Screening Questionnaire (DAST)

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

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# Scoring of DAST

Score	Zone of use	Indicated action
0	<b>I – Healthy</b> (no risk of related health problems)	None
<b>1 - 2</b> , plus the following criteria:  No daily use of any substance; no weekly use of drugs other than cannabis; no injection drug use in the past 3 months; not currently in treatment.	<b>II – Risky</b> (risk of health problems related to drug use)	Offer advice on the benefits of abstaining from drug use. Monitor and reassess at <u>next visit</u> . Provide educational materials.
<b>1 - 2</b> (without meeting criteria)		Brief intervention
<b>3 - 5</b>	<b>III – Harmful</b> (risk of health problems related to drug use and a possible mild or moderate substance use disorder)	Brief intervention or Referral to specialized treatment
<b>6+</b>	<b>IV – Severe</b> (risk of health problems related to drug use and a possible moderate or severe substance use disorder)	Referral to specialized treatment

# Interventions

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- Prevention and support
- Education and monitoring
- Increasing support system
- Referral to specialist or higher level of care
- Medication management (MOUD)
- Harm reduction

# CAGE questions

- Have you ever felt you should *Cut down* on your drinking?
- Have people *Annoyed* you by criticizing your drinking?
- Have you ever felt bad or *Guilty* about your drinking?
- Have you ever taken a drink first thing in the morning (*Eye-opener*) to steady your nerves or get rid of a hangover?

# AUDIT-C

## AUDIT-C Questionnaire for Detecting Alcoholism

**1. How often do you have a drink containing alcohol?**

- a. Never
- b. Monthly or less
- c. 2-4 times a month
- d. 2-3 times a week
- e. 4 or more times a week

**2. How many standard drinks containing alcohol do you have on a typical day?**

- a. 1 or 2
- b. 3 or 4
- c. 5 or 6
- d. 7 to 9
- e. 10 or more

**3. How often do you have six or more drinks on one occasion?**

- a. Never
- b. Less than monthly
- c. Monthly
- d. Weekly
- e. Daily or almost daily

The AUDIT-C is scored on a scale of 0-12.

Each AUDIT-C question has 5 answer choices. Points allotted are: a = 0 points, b = 1 point, c = 2 points, d = 3 points, e = 4 points

**Men**, a score of 4 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders.

**Women**, a score of 3 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders.

# What is in a standard drink?

- 0.6 fluid ounces, or approximately 14 grams, of alcohol

## Approximate drink equivalents:

- 12 oz. of beer or wine cooler
- 8-9 oz. of malt liquor
- 5 oz. of table wine
- 3-4 oz. of fortified wine
- 2-3 oz. of cordial or liqueur
- 1.5 oz. of brandy or spirits
- *NOTE: A mixed drink or full glass of wine often is often more than one standard drink!*



# What the score means

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- A positive AUDIT-C score (>4 for men, >3 for women) predicts a higher probability of hazardous alcohol use or an alcohol use disorder (sensitivity 66 – 86% and specificity 72 – 94% in outpatient studies)
- A score of >8 correlates with high clinical risk.

# What is at Risk Drinking?

- Drinking level that puts patient at greater risk for injuries & adverse health outcomes related to alcohol use
- High Risk –Score of 8 or >
- Moderate Risk- Score of 5-7
- Low Risk- Score of 0-4
- The more drinks on any day and the more heavy drinking days over time, the greater the risk

**Too much + too often = too risky**

# Low-Risk/Abstinent

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- Drinking level is below NIAAA guidelines
- Alcohol use unlikely to affect health or result in problems
- Drinks no alcohol
- Approximately 70-75% of general population

# Moderate Risk

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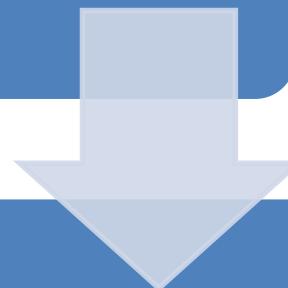
- Pattern puts individual & others at-risk for injury, illness, social, or psychological problems
- Approximately 20%-23% of general US population
- Motivate patient to cut back or quit and to eliminate risky behaviors
- Referral to further assessment and treatment as needed

# High Risk

- Severe health , social, and psychological problems related to alcohol use
- Approximately 3% - 5% of general US population
- Motivate patient to accept a referral
- Referral for further assessment and treatment
- Withdrawal management
- Medications post detoxification

# Adolescent Work Flow

Full Screen



Response

# CRAFFT

- Screening using the CRAFFT begins by asking adolescent to answer these next questions honestly and assure confidentiality
- If answers are "No" to 3 questions, only ask 1 additional question, the CAR question.
- If answer is "Yes" to any one or more of 3 questions, ask all six CRAFFT questions.

# CRAFFT Part A

During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)?

(Do not count sips of alcohol taken during family or religious events.)

2. Smoke any marijuana or hashish?

3. Use anything else to get high?

("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")

# CRAFFT 6 screening questions

- C -Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- R -Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
- A -Do you ever use alcohol/drugs while you are by yourself, **ALONE**?
- F -Do you ever **FORGET** things you did while using alcohol or drugs?
- F -Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- T -Have you gotten into **TROUBLE** while you were using alcohol or drugs?

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*Be curious,  
not judgmental.*

-Walt Whitman

# Response

- Score full screen and explain to patient
- Brief advice/education is given to patients with low-risk alcohol/substance use
- Referrals/consults for specialized treatment for patients experiencing a moderate or severe substance use disorder
- Assess for symptoms of withdrawal
- Medication initiation for treatment if appropriate

# Give Results

- Your score was.... which puts you at risk for many types of medical problems or injuries
- Elicit reaction
- How do you feel this information relates to you?
- Interventions employ principles of motivational interviewing, and are delivered to patients likely experiencing risky use; mild or moderate alcohol/substance use disorder

# Screening, Intervention, and Treatment

- Quickly assess the severity of substance use and identifies treatment needs
- Focus on increasing insight/awareness regarding substance use and motivation toward behavioral change
- Referral to specialty care
- Extend services to individuals who need help but may not seek it through SUD programs
- Provide treatment

# DSM-5: 11 Diagnostic Criteria for SUD



**MILD ADDICTION:  
2 OR 3 SYMPTOMS**



**MODERATE ADDICTION:  
4 OR 5 SYMPTOMS**



**SEVERE ADDICTION:  
6 OR MORE SYMPTOMS**

Diagnostic Criteria for Substance Use Disorders	
	Using in larger amounts or for longer than intended
	Wanting to cut down or stop using, but not managing to
	Spending a lot of time to get, use, or recover from use
	Craving
	Inability to manage commitments due to use
	Continuing to use, even when it causes problems in relationships
	Giving up important activities because of use
	Continuing to use, even when it puts you in danger
	Continuing to use, even when physical or psychological problems may be made worse by use
	Increasing tolerance
	Withdrawal symptoms

# Criteria for Substance Abuse Disorders



Cravings to use the substance



Wanting to cut down or stop but not managing to



Taking the substance in larger amounts or for longer than you're meant to

verywell



Neglecting other parts of your life because of substance use



Continuing to use, even when it causes problems in relationships



Using substances even when it puts you in danger

# Ongoing Assessment

- A process for defining the nature of a problem and developing specific treatment recommendations for addressing the problem
- Substance Use Patterns are on a Continuum
- Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) The World Health Organization (WHO)- screens for all levels of problem substance use
- Addiction Severity Index (ASI)
- Short Form Health Survey (SF-36)

# Addiction Severity Index (ASI)

- Widely used standardized instruments
- Can be used for various purposes in assessing substance use disorder:
  - Assess the problem severity
  - Periodic repeated administrations to monitor and quantify change in problems commonly associated with SUD
- 200 items

# Short Form Health Survey (SF-36) tool

- Measure of self-reported patient quality of life
- Tool consists of eight scaled scores that rate vitality, physical functioning, bodily pain, general health perceptions, physical role functioning, emotional role functioning, social role functioning, and mental health
- Provides evidence of the relevance of quality of life in substance use disorder treatment

# Clinical Application

- Clinical judgment about risk should always supersede screening scores
- Don't make things too complex to be useful
- Seek expert consultation when you need it
- Be prepared to facilitate or start treatment
- Become familiar with services where you are referring patients
- The purpose of screening and assessment is to collect information that will permit individualized treatment options

# References

- Liz Kowalczyk Boston Globe, June 30, 2014
- Injection Drug Use and Hepatitis C Virus Infection in Young Adult Injectors: Using Evidence to Inform Comprehensive Prevention, Kimberly Page, Meghan D. Morris, Judith A. Hahn, Lisa Maher, Maria Prins Clin Infect Dis. 2013 Aug 15; 57(Suppl 2): S32–S38.
- Bush, K., Kivlahan, D.R., McDonell, M.B., Fihn, S.D., and Bradley, K.A., (1998). The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP). Alcohol Use Disorders Identification Test. *Arch Intern Med.* 14;158(16):1789-95.
- Butler SF, Redondo JP, Fernandez KC, Villapiano A. Validation of the Spanish Addiction Severity Index Multimedia Version (S-ASI-MV). *Drug Alcohol Depend* 2009; 99(1):18-27.
- Saitz, R., Freedner, N., Palfai, T.P., Horton, N.J., and Samet, J.H., (2006). The Severity of Unhealthy Alcohol Use in Hospitalized Medical Patients. *J Gen Intern Med.* 21(4): 381–385.
- [www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm](http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm)
- Magill M, Apodaca TR. Client Language Assessment for Proximal and Distal Targeted Behavior Change (CLA-PD). (Unpublished Manual, 2011)
- McLellan AT, Luborsky L, O'Brien CP, Woody GE. An improved diagnostic instrument for substance abuse patients: The Addiction Severity Index. *J Nerv Ment Dis* 1980;168:26-33.
- McLellan AT, Kushner H, Metzger D, et al. The fifth edition of the Addiction Severity Index. *J Subst Abuse Treat* 1992;9:199-213.