

Screening Tools for SUD

Name	Substances	Number of items	Time to administer	Administers	Additional Notes
ASSIST	Nicotine, Alcohol, & common drug of misuse (CDM)	(2-8) – multiple questions per substance patient using	10 min.	Patient and Staff (Staff scores)	Built-in feedback, patient ed
AUDIT/ AUDIT-C	Alcohol only Alcohol only	10 3	5 min. 3 min.	Patient or Staff Patient or Staff	AUDIT-C for initial screen, full AUDIT if positive
CAGE/ CAGE-AID	Alcohol only Alcohol and CDM	4 4	2 min. 2 min.	Patient or Staff Patient or Staff	Doesn't distinguish between lifetime/current problem

Screening Tools for SUD

Screener Name	Substances	Number of items	Time to administer	Administers	Additional Notes
CRAFFT/ CRAFFT+ N	Alcohol and CDM Nicotine, Alcohol, CDM	4-9 items 5-10 items	2-5 min. 2-5 min.	Patient preferred Patient preferred	Only validated screen for adolescents
DAST-10	CDM only	10	5 min.	Patient or Staff	Often used with AUDIT
SQAS SQDS	Alcohol only CDM only	1 1	1 min. 1 min.	Patient or Staff Patient or Staff	Rapid screens, distinguish excessive use and SUD
TAPS tool	Nicotine, Alcohol, CDM	(4+) – questions per substance patient using	5-10 min.	Patient or Staff (auto scores)	Derived from ASSIST, briefer, online tool

ASSIST: Alcohol, Smoking and Substance Involvement Screening Test

Instrument

QUESTION 1 In your life, which of the following substances have you <i>ever used</i> (non-medical use only)?		
a Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	No	Yes
b Alcoholic beverages (beer, wine, spirits, etc.)	No	Yes
c Cannabis (marijuana, pot, grass, hash, etc.)	No	Yes
d Cocaine (coke, crack, etc.)	No	Yes
e Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	No	Yes
f Inhalants (nitrous, glue, petrol, paint thinner, etc.)	No	Yes
g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	No	Yes
h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	No	Yes
i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	No	Yes
j Other – specify: _____	No	Yes

ASSIST: Alcohol, Smoking and Substance Involvement Screening Test

Scoring

	Alcohol	All other Substances
Lower Risk	0 – 10	0 – 3
Moderate Risk	11 - 26	4 – 26
High Risk	27+	27+

Risk level indicates need for intervention:

- Lower risk = brief advice (health impacts of use)
- Moderate risk = brief intervention
- High risk = treatment or referral to treatment

ASSIST: Alcohol, Smoking and Substance Involvement Screening Test

Additional Notes

- Complex to administer and score
- Developed by World Health Organization
- Available in numerous languages
- Cross-culturally validated
- Median sensitivity and specificity: 80% and 71%



AUDIT/AUDIT-C: Alcohol Use Disorders Identification Test

Instrument

Instructions: Alcohol can affect your health, medications, and treatments, so we ask patients the following questions. Your answers will remain confidential. Place an X in one box to answer. Think about your drinking **in the past year**. A drink means one beer, one small glass of wine (5 oz.), or one mixed drink containing one shot (1.5 oz.) of spirits.

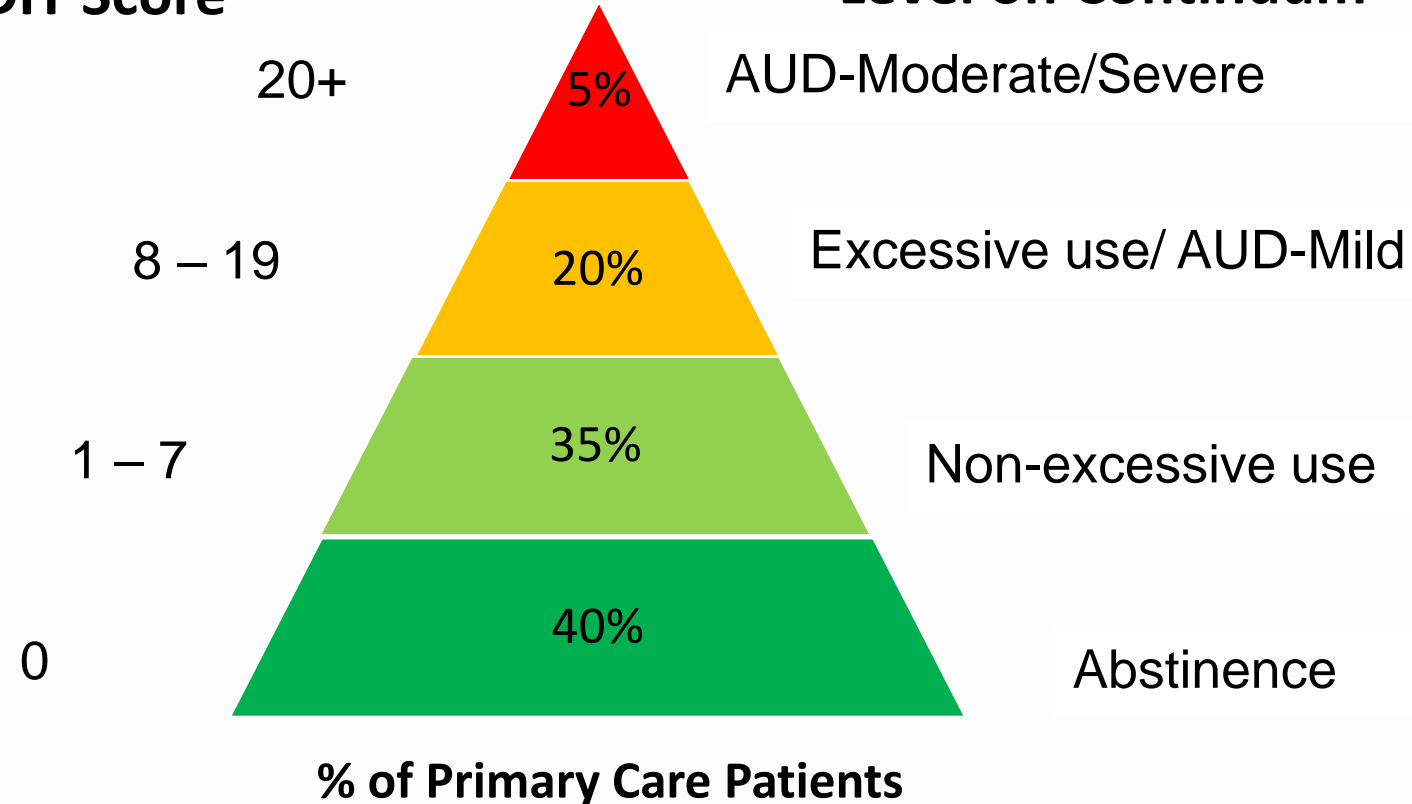
Questions	0	1	2	3	4	5	6	Score
1. How often do you have a drink containing alcohol?	Never	Less than Monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	
2. How many drinks containing alcohol do you have on a typical day you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5-6 drinks	7-9 drinks	10 or more drinks	
3. How often do you have X (5 for men; 4 for women & men over age 65) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	

AUDIT/AUDIT-C: Alcohol Use Disorders Identification Test

Scoring

AUDIT Score

Level on Continuum



AUDIT/AUDIT-C: Alcohol Use Disorders Identification Test

Additional Notes

- Good for detecting current problem
- Developed by World Health Organization
- Available in numerous languages
- AUDIT-C = first 3 questions only
- Median sensitivity and specificity: 86% and 89%

CAGE / CAGE-AID: CAGE-Adapted to Include Drugs

Instrument

CAGE Instrument:

- 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 had a drink first thing in the morning to steady your nerves or get rid of a hangover (EYE OPENER)

CAGE / CAGE-AID: CAGE-Adapted to Include Drugs

Instrument

CAGE-AID Instrument

- Have you ever felt you ought to CUT DOWN on your drinking or drug use?
- Have people ANNOYED you by criticizing your drinking or drug use?
- Have you felt bad or GUILTY about your drinking or drug use?
- Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (EYE OPENER)?

CAGE / CAGE-AID: CAGE-Adapted to Include Drugs

Scoring Interpretation

- One point for each “yes”
- Positive screen = 2+ points

CAGE / CAGE-AID: CAGE-Adapted to Include Drugs

Additional Notes

- Not validated in adolescents, pregnant patients
- No predictive value ranges for use disorders
- Does not assess excessive use
- Cannot distinguish between past and current problem
- Familiar to most health professionals and easy-to-recall acronym
- CAGE –
 - Sensitivity and specificity: 77% and 85%
- CAGE-AID –
 - Sensitivity and specificity: 79% and 77%

CRAFFT/CRAFFT-N (Nicotine)

Instrument

- Part A – During the past 12 months, on how many days did you:
 - Drink alcohol, use marijuana, any drugs to get high, or use a vaping device
- Part B – CRAFFT questions

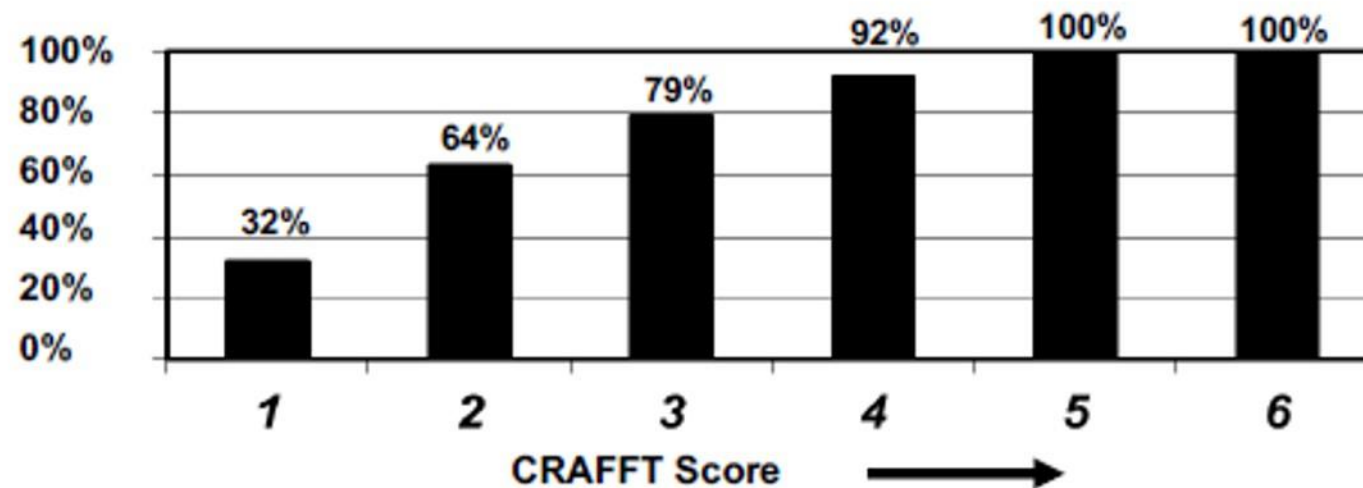
C	Have you ever ridden in a CAR driven by someone (including yourself) who was high or had been using alcohol or drugs?
R	Do you ever use alcohol or drugs to RELAX, feel better about yourself?
A	Do you ever use alcohol or drugs while you are by yourself ALONE?
F	Do you ever FORGET things you did while 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 ever gotten into TROUBLE while you were using alcohol or drugs?

CRAFFT/CRAFFT-N (Nicotine)

Score Interpretation

CRAFFT Score Interpretation

Probability of a DSM-5 Substance Use Disorder by CRAFFT score*



*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.

CRAFFT/CRAFFT-N (Nicotine)

Additional Notes

- Only validated screen for adolescents
- Screens explicitly for vaping
- Easy-to-recall acronym
- Sensitivity and specificity:
 - CRAFFT: 76% and 92%
 - CRAFFT-N: 80%-94%

DAST-10: Drug Abuse Screening TEST-10

Instrument

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you unable to stop using drugs when you want to?
4. Have you ever had blackouts or flashbacks as a result of drug use?
5. Do you ever feel bad or guilty about your drug use?
6. Does your spouse (or parents) ever complain about your involvement with drugs?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?

DAST-10: Drug Abuse Screening TEST-10

Scoring

- Each “Yes” = 1 and each “No” = 0

Sum of “Yes” responses:

- 0-1: No problem
- 1-2: Excessive use
- 3-5: SUD mild/moderate
- 6+: SUD severe

DAST-10: Drug Abuse Screening TEST-10

Additional Notes

- Not well validated in women and cross-culturally
- Doesn't screen for alcohol
- Stigmatizing language (abuse in Q2)
- Sensitivity: 85%-91%
- Specificity: 71%-73%

SQAS/SQDS: Single Question Alcohol/Drug Screens

Instrument

- SQAS:
 - How many times in the last 12 months have you had x or more drinks in a day? ” (where x is 5 for men and 4 for women)
- SQDS:
 - How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons (such as to get high)?

SQAS/SQDS: Single Question Alcohol/Drug Screens

Score Interpretation

Screen	Excessive Use	Use Disorder
SQAS	1-7	8+
SQDS	1-2	8+

SQAS/SQDS: Single Question Alcohol/Drug Screens

Additional Notes

- Short to administer, score and interpret
- Not as robust validation data for cutoffs or across populations
- Sensitivity / specificity:
 - SQAS: 88% / 84%
 - SQDS: 97% / 99%

TAPS Tool: Tobacco, Alcohol, Prescription medication and other Substance use

Instrument

- TAPS-1:
 - Four initial questions asking about each category of substance.
- TAPS-2:
 - Additional questions for each positive TAPS-1 question

TAPS Tool: Tobacco, Alcohol, Prescription medication and other Substance use

Scoring

TAPS SCORE	Risk Category	Intervention
0	No Use in Past 3 Months	Reinforce Abstinence
1	Problem Use	Brief Intervention
2+	Higher Risk	Treatment or Referral to Treatment

TAPS Tool: Tobacco, Alcohol, Prescription medication and other Substance use

Additional Notes

- For tobacco, alcohol, illicit drugs, lower for prescription drugs
- Developed through NIDA (National Institute on Drug Abuse)
- Available as an online tool that can be integrated into EHR
- Sensitivity: 80%-90%
- Specificity: 77%-92%



Common Questions about Screening

What about urine drug screening (UDS)?

- UDS are a POOR SCREEN for SUDs
 - Gives information at one specific point in time
 - SUDs are about patterns of use & consequences of use *over time*
- Useful for:
 - Nonverbal patients, emergent/tox syndromes
 - Confirming, monitoring, and accountability during SUD treatment
- Chain of custody of specimen issues should be addressed
- Know lab cutoffs and what can cause false positives
- Privacy issues

Common Questions about Screening

How accurate is self report? Is self report really reliable?

- Interview is the most accurate source of information
- Accurate assessment is achievable even with minimization
- All the evidence-based screening tools have been validated
- Avoid stigmatizing substance
 - Builds rapport
 - Increases the accuracy of the assessment.

In screening the 19 yo patient who is your colleague's daughter for substance use, you select which of the following screening tools as it is validated for use in adolescence and screens for all substances:

A. ASSIST

B. CRAFFT+N

C. DAST

D. Urine Drug Screen