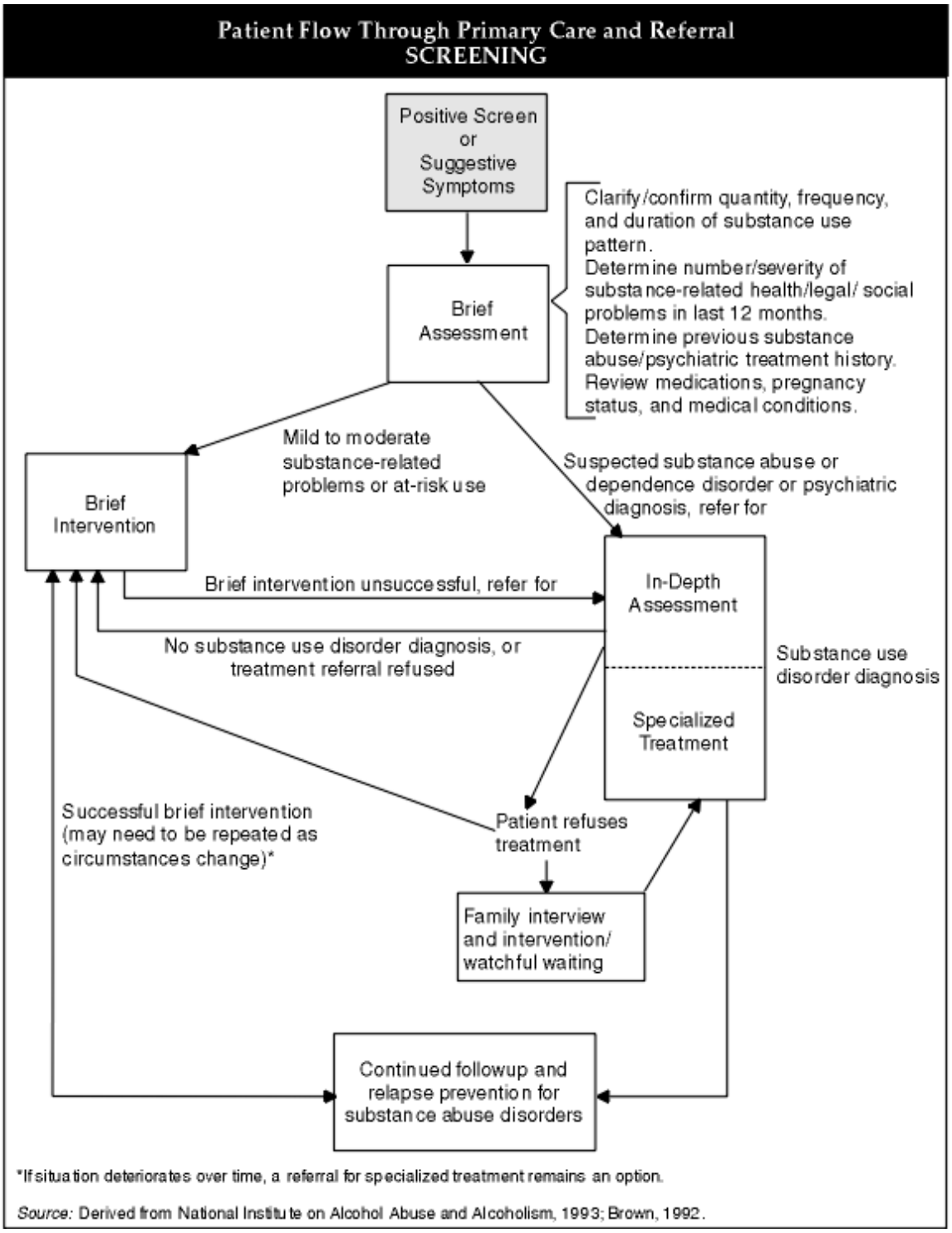
Substance Abuse Screening



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Substance Abuse Screening

The Goal of Substance Abuse Screening
The goal of substance abuse screening is to identify individuals who have or are at risk for developing alcohol or drug-related problems, and within that group, identify patients who need further assessment to diagnose their substance use disorders and develop plans to treat them.

Factors To Consider in Selecting a Screening Instrument
In the primary care setting, substance abuse screening is done using brief written, oral or computerized questionnaires, referred to throughout this TIP as *screening instruments.*

Patient Acceptance
Simply raising the subject of substance abuse with patients can be useful. Evidence indicates that asking questions about alcohol or other drugs "primes" patients to disclose information and results in a two- to threefold increase in their stated intention to discuss substance abuse problems with their health care provider in the future (Skinner et al., 1985).

While opinions vary about whether to integrate substance abuse screening into a standard history, asking potentially sensitive questions about substance abuse in the context of other behavioral and lifestyle questions appears to be less threatening to patients. Studies have found that screening for alcohol-related disorders is more acceptable to patients if it is part of a comprehensive health-risk evaluation that covers topics like exercise, diet, weight control and medication use (Allen et al., 1995). Placing the questions within the larger context of preventive health care can help both patient and clinician feel more comfortable, reduce any perceived stigma or bias about the questions and decrease anxiety in the patient.

Screening Instruments
Typically people with substance use disorders drink, so asking; "Please tell me about your drinking" serves as an effective filter. If the patient replies that he does not drink, the clinician should ask, "What made you decide not to drink?" If the answer is that the patient is a life-long abstainer or has been in recovery for 5 years or more, the clinician can conclude the screening process (Steinweg and Worth, 1993).

Alcohol Screening Instruments
Alcohol screening instruments question patients about how much and how often they drink and/or the consequences of their drinking. Answers to quantity/frequency questions indicate whether a patient was, is, or may be at risk for becoming a problem drinker, a binge drinker and/or an alcoholic, distinctions important in determining the clinician's response. A hallmark of alcoholism (and drug addiction) is continued use of a substance despite adverse consequences. Questionnaires focusing on consequences generally are

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quite successful in detecting dependent users; without quantity/frequency questions; however, these instruments tend to miss early stage problem drinkers and at-risk drinkers. Since no single screening instrument can be used with all primary care patients, clinicians will want to select those options that best meet the needs of their patient population.

Supplementary Laboratory Tests

Although several laboratory tests can detect alcohol and other drugs in urine and blood, these tests measure recent substance use rather than chronic use or dependence. At this time, there is no test like the blood sugar test for diabetes or the blood pressure test for hypertension to identify substance use disorders. For this reason, the Consensus Panel does not recommend the routine use of laboratory tests as screening tools in the primary care setting (Babor et al., 1989;Beresford et al., 1990;Bernadt et al., 1982). Laboratory tests, however, may be useful during the assessment process to confirm a diagnosis, to establish a baseline, and later, to monitor progress (Schuckit and Irwin, 1988). Positive test results can be a powerful incentive for changing behavior or motivating patients to accept referrals for treatment.

Pregnant Women

It is generally accepted that quantity/frequency criteria should be lower for females than males and pregnant women should abstain from all alcohol and other drug use. Because of the potential risk to the fetus, primary care clinicians should ask all pregnant patients about their drug use. The Panel recommends asking directly, "Do you use street drugs?" If the patient answers yes, advise her about possible negative effects on the fetus and recommend abstinence.

Of the alcohol screening instruments that have been modified for pregnant women, the TWEAK (Russell, 1994) (a phonetic acronym for its five questions: "tolerance," "worried," "eye-openers," "amnesia," "cut down") has been found to be the most effective for this population, for whom any use is relevant (Chan et al., 1993). Based on best clinical judgment, the Panel recommends the use of the TWEAK (reproduced below) for pregnant patients in the primary care setting:

- How many drinks can you hold?
- Have close friends or relatives worried or complained about your drinking in the past year?
- Do you sometimes take a drink in the morning when you first get up?
- Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?
- Do you sometimes feel the need to cut down on your drinking?

Older Adults

A recent study found that for patients age 65 and older, the prevalence of hospitalizations for alcohol-related medical conditions and for myocardial infarctions are similar (Adams et al., 1993). Since warning signs of substance abuse (e.g., sleep problems, falls and

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confusion) can be easily confused with or masked by other concurrent illnesses and chronic conditions associated with aging, the Consensus Panel recommends that all adults age 60 and older be screened for alcohol and prescription drug abuse as part of their regular physical examination. The Consensus Panel recommends the use of the CAGE, again with a cutoff score of 1:

- **C** Have you ever thought you should **Cut down** on your drinking?
- **A** Have you ever felt **Annoyed** by others' criticism of your drinking?
- **G** Have you ever felt **Guilty** about your drinking?
- **E** Do you have a morning **Eye-opener**?

To screen for prescription drug use, a clinician can ask questions such as:

- "Do you see more than one health care provider regularly?" "Why?" "Have you switched doctors recently?" "Why?"
- "What prescription drugs are you taking?" "Are you having any problems with them?"
- "Where do you get your prescriptions filled?" "Do you go to more than one pharmacy?"
- "Do you use any other nonprescription medications?" "If so, what, why, how much, how often, and how long have you been taking them?"

Adolescents and Young Adults

Because epidemiological evidence indicates high risk among adolescents and young adults, and since early intervention among this group can greatly reduce future health and other social costs, primary care clinicians should routinely screen these patients. According to the American Medical Association's *Guidelines for Adolescent Preventive Services* (GAPS), all adolescents should be asked annually about their use of alcohol, tobacco and illicit drugs and about their use of over-the-counter and prescription drugs for non-medical purposes, including anabolic steroids (Elster and Kuznets, 1994). However, since many teens do not receive annual physical examinations, the Panel recommends that screening occur every time they seek medical services, including visits necessitated by acute illness and accidents or other injuries.

If any of the following risk factors or "red flags" is revealed during questioning and examination, the adolescent should be referred to a substance abuse treatment specialist with expertise in adolescent issues for a comprehensive assessment.

Adolescents & Young Adults Risk Factors

- Physical or sexual abuse
- Parental substance abuse
- Parental incarceration
- Dysfunctional family relationships

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- Peer involvement with drugs or alcohol or with serious crime
- Smoking tobacco

Red Flags

- Marked change in physical health
- Deteriorating performance in school or job
- Dramatic change in personality, dress or friends
- Involvement in serious delinquency or crimes
- HIV high-risk activities (e.g., injection drug use or sex with injection drug user)
- Serious psychological problems (e.g., suicidal ideation or severe depression)

Asking the Questions

To overcome discomfort with alcohol and drug screening questions and increase the likelihood of honest answers, clinicians should pose screening questions and accept patient responses matter-of-factly without judgment. Some clinicians report that assumptive questioning yields more accurate responses: For example, "When was the last time you were high?" is a better question than "Do you drink?" Other helpful questions are, "At what age did you first use?", "At what age did you use most frequently?" and "How many times did you use last month?" Ensuring privacy during the screening also reassures patients that the information they provide will be kept confidential and enhances the rapport between patients and clinicians.

Documenting Screening

It is important to remember that a positive screen does not constitute a diagnosis, even if the screen suggests a high probability of risky alcohol or drug-related behavior. If and when the positive screen is confirmed by further assessment *and* discussed with the patient, clinicians should then explain the implications of including positive screening results in the medical record. The Consensus Panel recommends that clinicians flag charts with positive results, but because of confidentiality concerns, chart reminders should remain neutral and not identify the problem being flagged. Appendix B details three recordkeeping systems that protect patients' privacy.

Negative Screens

Even if the screen is negative, the Consensus Panel recommends periodic re-screening for substance abuse because problematic use of alcohol, illicit drug use and their consequences can vary over an individual's lifetime.

Positive Screens

Clinicians should present results of positive screens in a non-threatening manner. For example, a clinician might say, "After reviewing your answers on the screening questionnaire, there are some things I'd like to follow up with you," or, "Your answers to

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this questionnaire are similar to the answers of people who may be having a problem with alcohol."

Three possible approaches are suggested based on severity of the problem and possible risk:

1. The clinician can follow up immediately with a brief assessment during the initial visit.
2. The clinician can schedule a subsequent visit for assessment if the screening results are inconclusive.
3. The clinician can decide to refer to another source for assessment. It is recommended that high-risk patients be referred for assessment as soon as possible.

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