

# Screening for Substance Use Disorders

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# Disclosures

- Talbott Recovery (salary)
- Emory University School of Medicine (volunteer faculty)
- Nektar Therapeutics (stock)
- GW Pharmaceuticals (stock)

# Objectives

- After today's session, participants will be able to:
  - Determine when substance use disorder (SUD) screening is indicated.
  - Utilize evidence-based screening tools with patients in the primary care or other settings.
  - Determine next best steps based on screening results.

# What is Screening?

- *“Screening is the systematic application of a test or inquiry, to identify individuals at sufficient risk of a specific disorder to benefit from further investigation or direct preventative action, among persons who have not sought medical attention on account of symptoms of that disorder.”*
- - Journal of Medical Screening



# What is Screening?

- *“Screening is the process of identifying people who appear healthy but may be at increased risk of a disease or condition. The screening provider then offers information, further tests and treatment. This is to reduce associated risks or complications.”*
- - National Health Service (England)



England

# We should screen for substance use disorders (SUDs).

- At-risk and problematic substance use is common.
- Many of these individuals do not receive treatment.
- Early intervention and treatment can:
  - Improve disease outcomes
  - Improve quality of life
  - Decrease morbidity and mortality
  - Save money



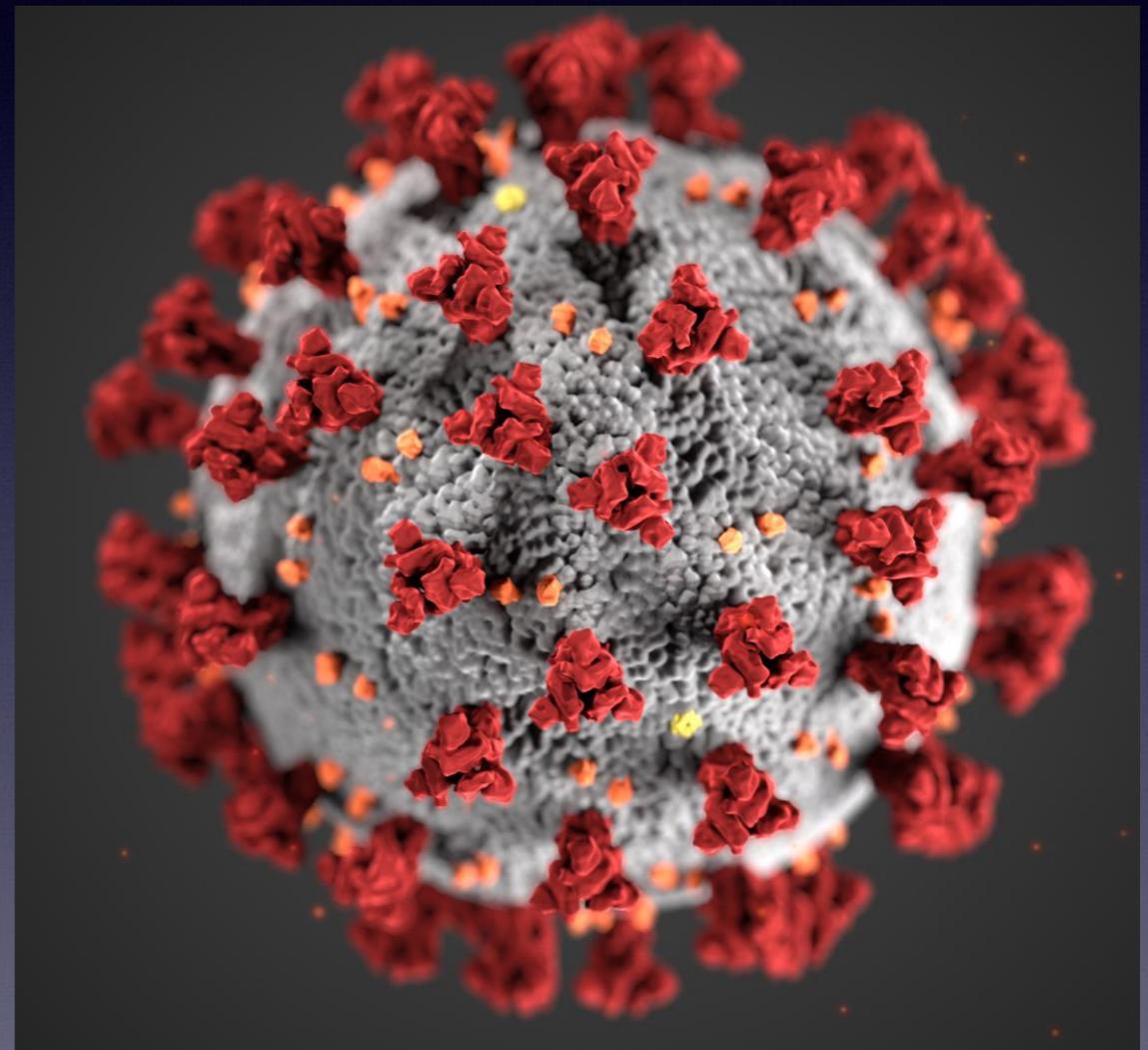
# The primary care setting is optimal for screening for substance use disorders (SUDs).



- Patients presenting for medical care or to address specific issues.
- SUDs can be quickly screened for, in an objective and nonjudgmental manner, in the backdrop of the medical examination.
- Connect substance use to current medical conditions and complications.
- Primary care provider may subsequently follow up on the condition, or refer the patient for specialized treatment.

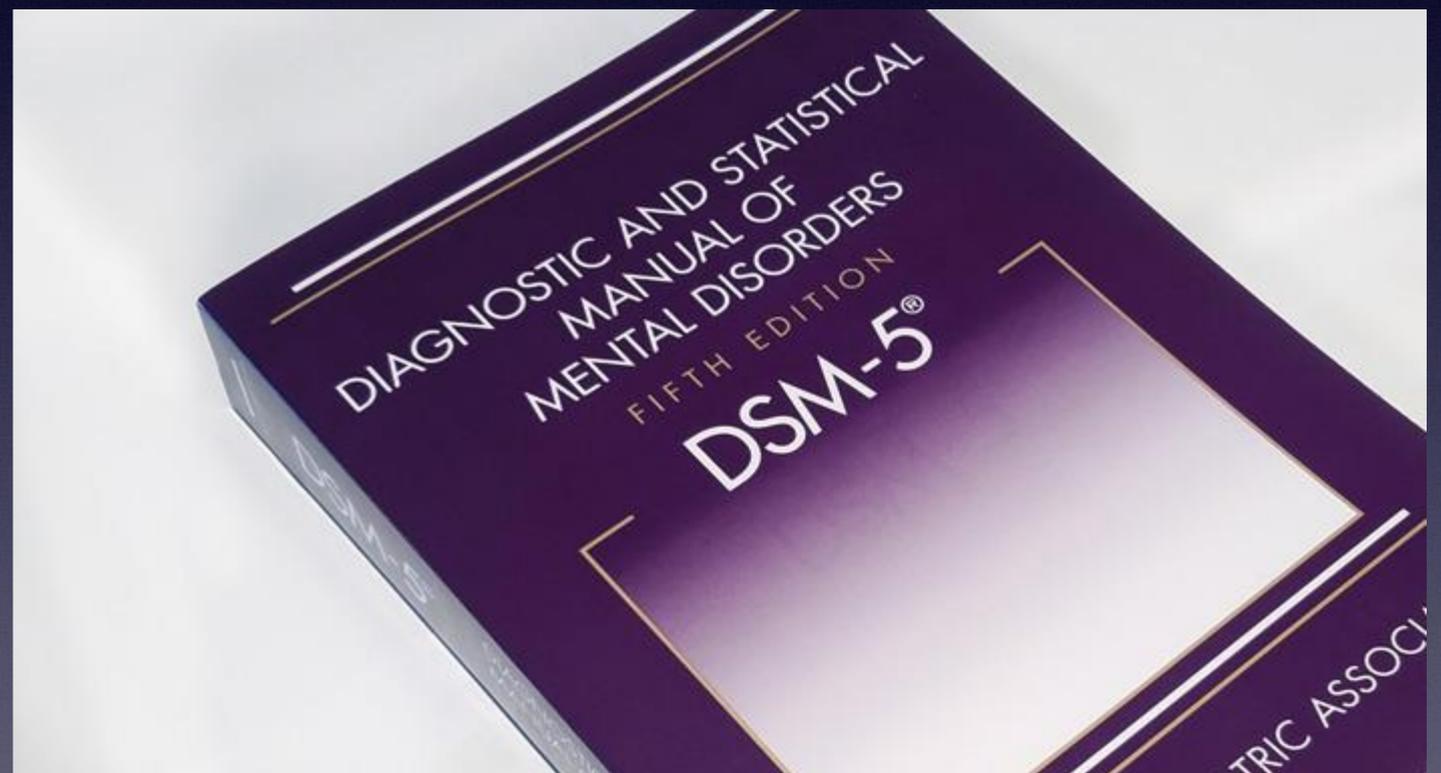
# SUDs and COVID

- Data is showing an increase in drug and alcohol use related to the COVID-19 pandemic.
- Alcohol use increase:
  - Increased online sale of alcohol by 219% (Nielsen Group, 2020)
  - Increased consumption (Pollard, 2020)
- 81,230 drug overdose deaths between May 2019 and May 2020. (CDC HAN December 2020)



# DSM-5 Criteria: Substance Use Disorder

- Problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following within a 12 month period:



# DSM-5 Criteria: Substance Use Disorder

- Taken in larger amounts or over a longer period than intended.
- There is a persistent desire or unsuccessful efforts to cut down or control use.
- A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
- Craving, or a strong desire or urge to use.
- Recurrent use resulting in role obligation failure (work, school, or home).
- Continued use despite persistent or recurrent social or interpersonal problems caused or exacerbated by use.

# DSM-5 Criteria: Substance Use Disorder

- Important activities (social, occupational, recreational) are given up.
- Recurrent use in physically hazardous situations.
- Continued use despite knowledge of physical or psychological problems caused or exacerbated by use.
- Tolerance (increased amounts to maintain effect/diminished effect with continued use of the same amount).
- Withdrawal (symptoms/use of substance to relieve symptoms).

# Addiction: American Society of Addiction Medicine (ASAM)

- Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.
- Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.



**ASAM** American Society of  
Addiction Medicine

# Screening Instruments

# NIAAA Single Question Screen

- National Institute on Alcohol Abuse and Alcoholism, 2005
- One question screen would increase frequency of screening in primary care settings.
- Highly sensitive and specific for unhealthy alcohol use (81.8%, 79.3%) and current alcohol use disorder (87.9%, 66.8%).

# NIAAA Single Question Screen

- *“Do you sometimes drink beer, wine or other alcoholic beverages?”*
- *“How many times in the last year have you had:*
  - *5 or more drinks (men) ?”*
  - *4 or more drinks (women)?”*

# At-Risk Drinking

MEN	WOMEN
More than <b>5</b> ■■■■ drinks per day	More than <b>4</b> ■■■ drinks per day
More than <b>14</b> ■■■■■■■■ drinks per week	More than <b>7</b> ■■■■■■ drinks per week

# Standard Drink

## What Is a Standard Drink?

12 fl oz of  
regular beer

=

8-9 fl oz of  
malt liquor  
(shown in a  
12 oz glass)

=

5 fl oz of  
table wine

=

1.5 fl oz shot of  
distilled spirits  
(gin, rum, tequila,  
vodka, whiskey, etc.)



about 5%  
alcohol



about 7%  
alcohol



about 12%  
alcohol



about 40%  
alcohol

Each beverage portrayed above represents one standard drink of "pure" alcohol, defined in the United States as 0.6 fl oz or 14 grams. The percentage of pure alcohol, expressed here as alcohol by volume (alc/vol), varies within and across beverage types. Although the standard drink amounts are helpful for following health guidelines, they may not reflect customary serving sizes.

# Standard Drink

- *“I drink one glass of wine a day. I heard it’s good for the heart!”*
- Giant Wine Glass: Holds an Entire Bottle of Wine (vat19.com)



# CAGE AID

- Dr. John Ewing, Bowles Center for Alcohol Studies, UNC Chapel Hill, 1984
- Adapted to include drugs.

# CAGE AID

Cut Back	<i>“Have you ever felt that you ought to cut down on your drinking or drug use?”</i>
Annoyed	<i>“Have people annoyed you by criticizing your drinking or drug use?”</i>
Guilt	<i>“Have you ever felt bad or guilty about your drinking or drug use?”</i>
Eye opener	<i>“Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover?”</i>

# CRAFFT

- Dr. John Knight, Center for Adolescent Substance Use and Addiction Research, Boston Children's Hospital, 1999.
- Adolescents age 12 to 21.
- Valid for adolescents from diverse socioeconomic and ethnic backgrounds.
- Score of 4 to 6 had 80% or higher predictive value for future SUD.



# CRAFFT

- PART 1
  - *“During the past 12 months, did you:*
    - *Drink any alcohol?”*
    - *Smoke any marijuana or hashish?”*
    - *Use anything else to get high?”*

# CRAFFT

- PART 2

- *Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?*
- *Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?*
- *Do you ever use alcohol or drugs while you are by yourself?*
- *Do you ever forget things you did while using drugs or alcohol?*
- *Do your family or friends ever tell you that you should cut down on your drinking or drug use?*
- *Have you ever gotten into trouble while you were using alcohol or drugs?*

# AUDIT

- World Health Organization, 1993.
- Interview or self-administered.
- Validated for different cultures.



**World Health  
Organization**

# AUDIT

0 to 7	No or low risk for dependence.	No intervention.
8 to 15	Hazardous or harmful drinking.	Brief intervention.
16 to 19	Harmful use.	Intense intervention with monitoring.
20 or more	Probable dependence	Evaluation for treatment.

## The Alcohol Use Disorders Identification Test: Self-Report Version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year
					<b>Total</b>

# AUDIT-C

	0	1	2	3	4
How often do you have a drink containing alcohol?	Never.	Monthly or less.	2-4 times a month.	2-3 times a week.	4 or more times a week
How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
How often do you have six or more drinks on one occasion?	Never.	Less than monthly.	Monthly.	Weekly.	Daily or almost daily.

# AUDIT-C

- Positive screen, indicating hazardous drinking or active alcohol use disorder:
  - Men = 4 or more.
  - Women = 3 or more.

# TWEAK

- Marcia Russell, 1994.
- Originally developed for periconceptional risk among obstetric outpatients.
- Reduce alcohol intake during pregnancy.
- Also validated in other populations.
- Score 2 or more likely represents at-risk drinking.



# TWEAK

Tolerance	<i>"How many drinks does it take to make you feel high?"</i>	>2 drinks = 2 points
Worry	<i>"Have close friends worried or complained about your drinking in the past year?"</i>	Yes = 1 point
Eye-Opener	<i>"Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?"</i>	Yes = 1 point
Amnesia	<i>"Has anyone ever told you about things that you said or did while you were drinking you do not remember?"</i>	Yes = 1 point
Cut Down	<i>"Have you ever felt you ought to cut down on your drinking?"</i>	Yes = 2 points

# T-ACE

- Modified CAGE, better at detecting problematic drinking behaviors in pregnant women (>90%).



# T-ACE

Tolerance	<i>“How many drinks does it take to make you feel high?”</i>
Annoyed	<i>“Have people annoyed you by criticizing your drinking?”</i>
Cut Down	<i>“Have you felt you ought to cut down on your drinking?”</i>
Eye-opener	<i>“Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?”</i>

# Other Screening

- LFTs
- CBC (macrocytosis)
- Drug Screens
- PDMP
- Injuries
- Gastritis/Ulcers
- Infectious Diseases
- Hypertension
- Weight changes
- Sleep Disturbance
- Sexual Dysfunction
- Problems at Home
- Problems at School
- Problems at Work
- Accidents
- Financial Issues
- Legal Issues
- Psychologic Distress
- Marital/Familial Problems

# Intervention and Treatment

# ASAM Criteria

- American Society of Addiction Medicine Patient Placement Criteria (aka. ASAM Criteria).
- Matching the patient to the least restrictive level of treatment that will safely and effectively meet the patient's individual needs.

**AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT**

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	DIMENSION 3	<b>Emotional, Behavioral, or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
5	DIMENSION 5	<b>Relapse, Continued Use, or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation, and the surrounding people, places, and things

# SBIRT

- **Screening and Brief Intervention, Referral to Treatment.**
- Reduce alcohol use/at-risk drinking by 10-30%.
- Improved drinking may persist for 48 months.
- B recommendation from USPSTF.
- <https://www.samhsa.gov/sbirt>



# SBIRT - Brief Interventions

- Feedback on the results of the screening (include labs).
  - Identify consequences of substance use.
  - Identify potential future risks.
- Identify goal (eg. reduce drinking or abstinence).
  - Provide recommendations.
  - Solicit patient's commitment to implement change behavior.
  - Provide encouragement.

# SBIRT - Referral to Treatment

- Patient may require more extensive/intensive treatment.
- Referral to an addiction specialist for a comprehensive evaluation.

# NIAAA: Helping Patients who Drink Too Much

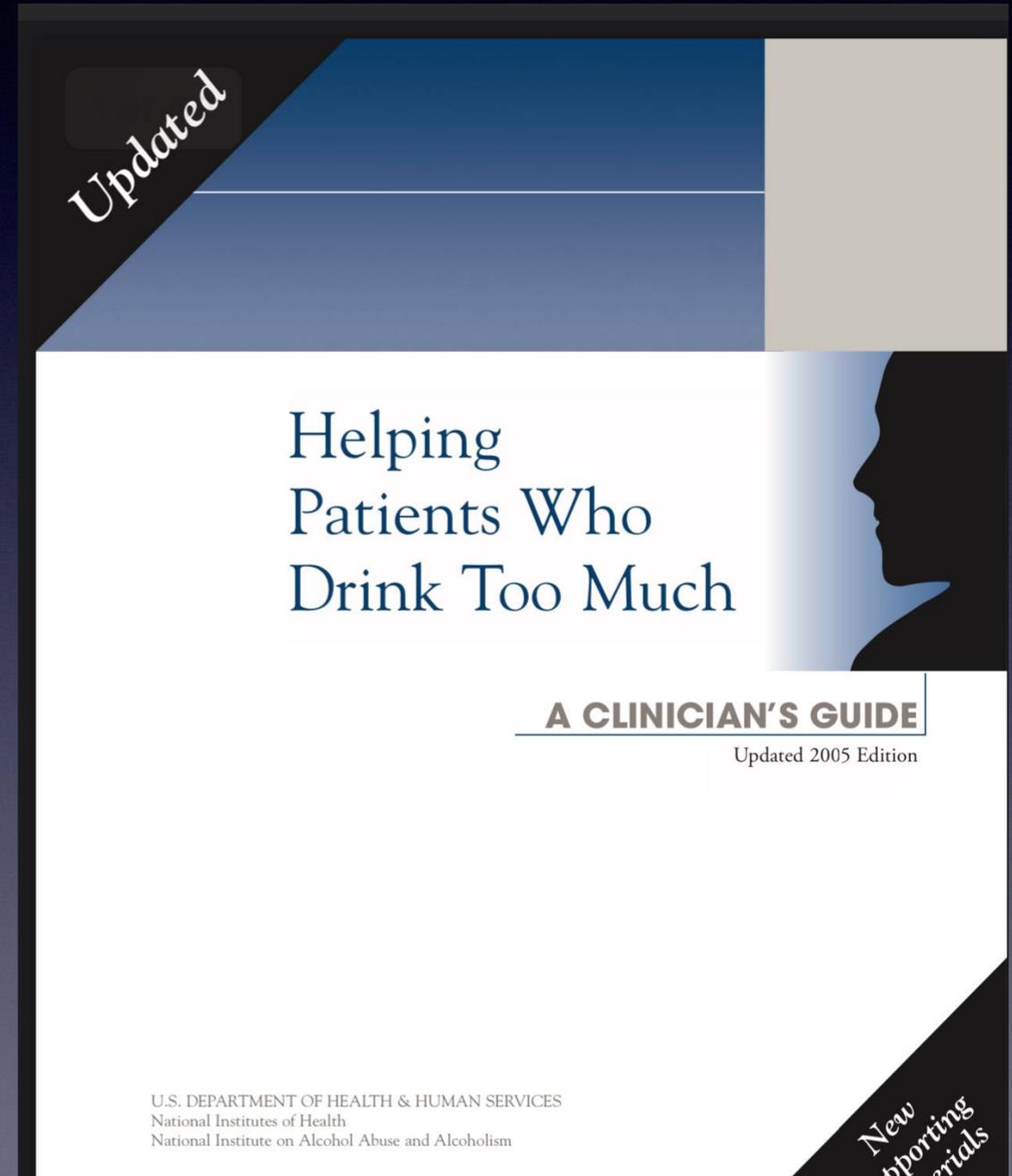
- Education, training and guidelines for working with patients with alcohol use disorders.

- <https://www.niaaa.nih.gov/alcohols-effects-health/professional-education-materials/helping-patients-who-drink-too-much-clinicians-guide>

The screenshot shows the top portion of a website page. At the top, there is a dark teal header with the title "Helping Patients Who Drink Too Much: A Clinician's Guide" in white text. Below the header is a breadcrumb trail: "Home / Alcohol's Effects on Health / Professional Education Materials / Helping Patients Who Drink Too Much: A Clinician's Guide". The main content area has a white background. It starts with the word "Contents" in a large, bold, dark teal font. Below that is the section "Clinician Support and Training" in a smaller, bold, dark teal font. Under this section, there is a list of items: "The Guide", "Medications update (10/08)", "Online training activity", and "Forms for downloading". To the right of this list, there is a box with the text "Online training" and "VIDEO CASES:" below it.

# NIAAA: Helping Patients who Drink Too Much

- “Helping Patients Who Drink Too Much: A Clinician’s Guide”



# NIAAA: Helping Patients who Drink Too Much

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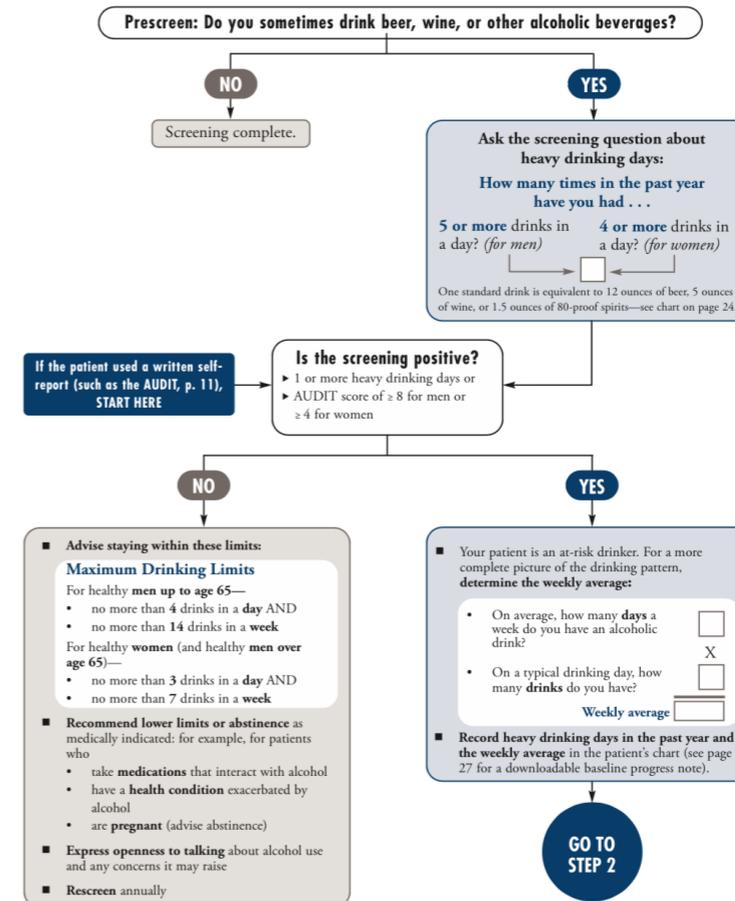
# Helping Patients Who Drink Too Much

STEP 1: Ask about alcohol use.

STEP 2: Assess for Alcohol Use Disorders (AUDs).

## How to Help Patients Who Drink Too Much: A Clinical Approach

### STEP 1 Ask About Alcohol Use



HOW TO HELP PATIENTS: A CLINICAL APPROACH

### STEP 2 Assess for Alcohol Use Disorders

Next, determine whether there is a *maladaptive pattern of alcohol use*, causing *clinically significant impairment or distress*. It is important to assess the severity and extent of all alcohol-related symptoms to inform your decisions about management. The following list of symptoms is adapted from the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV), Revised*. Sample assessment questions are available online at [www.niaaa.nih.gov/guide](http://www.niaaa.nih.gov/guide).

Determine whether, in the past 12 months, your patient's drinking has **repeatedly** caused or contributed to

- risk** of bodily harm (drinking and driving, operating machinery, swimming)
- relationship** trouble (family or friends)
- role failure** (interference with home, work, or school obligations)
- run-ins** with the law (arrests or other legal problems)

If yes to **one or more** → your patient has **alcohol abuse**.

In either case, proceed to assess for dependence symptoms.

Determine whether, in the past 12 months, your patient has

- not been able to stick to drinking limits** (repeatedly gone over them)
- not been able to cut down or stop** (repeated failed attempts)
- shown tolerance** (needed to drink a lot more to get the same effect)
- shown signs of withdrawal** (tremors, sweating, nausea, or insomnia when trying to quit or cut down)
- kept drinking despite problems** (recurrent physical or psychological problems)

# Helping Patients Who Drink Too Much

STEP 3: Advise and Assist (Brief Intervention).

STEP 4: Follow-up/Continued Support.

## AT-RISK DRINKING (no abuse or dependence)

### STEP 3 Advise and Assist (Brief Intervention)

- **State your conclusion and recommendation clearly:**
  - “You’re drinking more than is medically safe.” Relate to the patient’s concerns and medical findings, if present. (Consider using the chart on page 25 to show increased risk.)
  - “I strongly recommend that you cut down (or quit) and I’m willing to help.” (See page 29 for advice considerations.)
- **Gauge readiness to change drinking habits:** “Are you willing to consider making changes in your drinking?”

Is the patient ready to commit to change at this time?

NO

- Don’t be discouraged—ambivalence is common. Your advice has likely prompted a change in your patient’s thinking, a positive change in itself. With continued reinforcement, your patient may decide to take action. For now,
- **Restate your concern** about his or her health.
  - **Encourage reflection** by asking patients to weigh what they like about drinking versus their reasons for cutting down. What are the major barriers to change?
  - **Reaffirm your willingness to help** when he or she is ready.

YES

- **Help set a goal** to cut down to within maximum limits (see Step 1) or abstain for a time.
- **Agree on a plan**, including
  - what specific steps the patient will take (e.g., not go to a bar after work, measure all drinks at home, alternate alcoholic and nonalcoholic beverages).
  - how drinking will be tracked (diary, kitchen calendar).
  - how the patient will manage high-risk situations.
  - who might be willing to help, such as significant others or nondrinking friends.
- **Provide educational materials.** See page 26 for “Strategies for Cutting Down” and page 27 for other materials available from NIAAA.

### STEP 4 At Followup: Continue Support

REMINDER: Document alcohol use and review goals at each visit (see page 27 for downloadable progress notes).

Was the patient able to meet and sustain the drinking goal?

NO

- **Acknowledge that change is difficult.**
- **Support any positive change** and address barriers to reaching the goal.
- **Renegotiate the goal and plan;** consider a trial of abstinence.
- **Consider engaging significant others.**
- **Reassess the diagnosis** if the patient is unable to either cut down or abstain. (Go to Step 2.)

YES

- **Reinforce and support continued adherence** to recommendations.
- **Renegotiate drinking goals** as indicated (e.g., if the medical condition changes or if an abstaining patient wishes to resume drinking).
- **Encourage the patient to return** if unable to maintain adherence.
- **Rescreen** at least annually.

6

## HOW TO HELP PATIENTS: A CLINICAL APPROACH

## ALCOHOL USE DISORDERS (abuse or dependence)

### STEP 3 Advise and Assist (Brief Intervention)

- **State your conclusion and recommendation clearly:**
  - “I believe that you have an alcohol use disorder. I strongly recommend that you quit drinking and I’m willing to help.”
  - Relate to the patient’s concerns and medical findings if present.
- **Negotiate a drinking goal:**
  - Abstaining is the safest course for most patients with alcohol use disorders.
  - Patients who have milder forms of abuse or dependence and are unwilling to abstain may be successful at cutting down. (See Step 3 for At-Risk Drinking.)
- **Consider referring for additional evaluation by an addiction specialist,** especially if the patient is dependent. (See page 23 for tips on finding treatment resources.)

Thank you!

# Quiz

- Which of the following is true of screening for SUDs in the primary care setting?
  - Primary care providers should expect to see less SUDs, and possibly no SUDs, over the coming months.
  - SUDs are uncommon in the primary care setting.
  - Primary care providers play an important role in the evaluation and treatment of SUDs.
  - We are seeing increased SUDs due to increased hand-washing.

# Quiz

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  - SUDs are uncommon in the primary care setting.
  - **Primary care providers play an important role in the evaluation and treatment of SUDs.**
  - We are seeing increased SUDs due to increased hand-washing.

# Quiz

- Which of the following is NOT an evidenced-based screen for SUDs?
  - CAGE-AID
  - AUDIT
  - TWEAK
  - SOUS-VIDE
  - CRAFFT

# Quiz

- Which of the following is NOT an evidenced-based screen for SUDs?
  - CAGE-AID
  - AUDIT
  - TWEAK
  - **SOUS-VIDE**
  - CRAFFT

# Quiz

- True or False: There are no evidence-based guidelines or standards for treating SUDs in the primary care setting.

# Quiz

- True or False: There are no evidence-based guidelines or standards for treating SUDs in the primary care setting.
- **FALSE** (SBIRT, NIAAA)

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- <https://www.gov.uk/guidance/nhs-population-screening-explained>
- [https://pubs.niaaa.nih.gov/publications/assessingalcohol/instrumentpdfs/74\\_tweak.pdf](https://pubs.niaaa.nih.gov/publications/assessingalcohol/instrumentpdfs/74_tweak.pdf)

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