

Assessment and Screening Tools

SSA SOCIETY FOR THE
STUDY OF
ADDICTION



 **Drug
Science**

Learning outcomes



How to undertake a comprehensive assessment for substance use



Be aware of the range of tools available to screen and assess substance problems

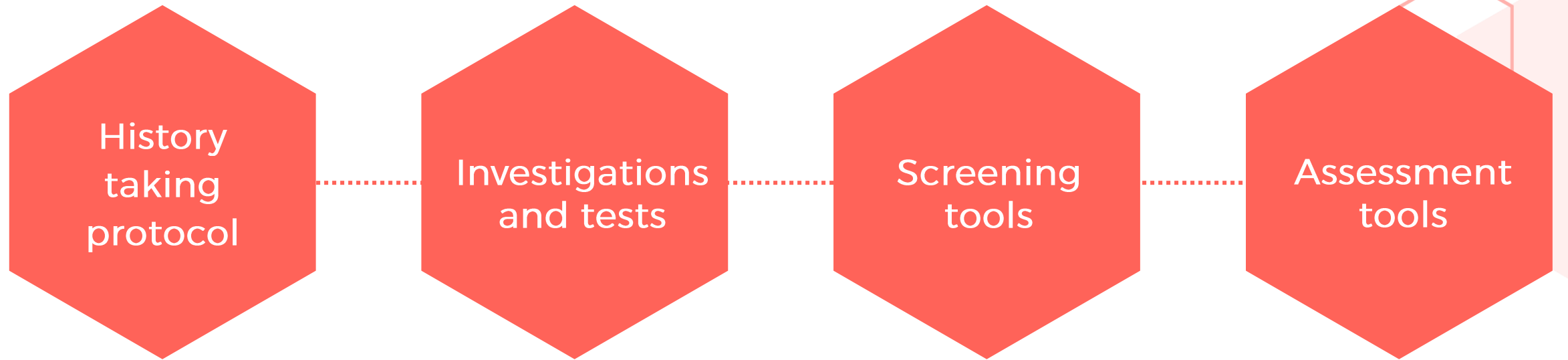


Appreciate what tests and investigations are useful for diagnostic purposes



Differentiate between substance use, harmful use and dependence

Components



Purpose of screening and assessment

Screening and assessment are not the same:



Screening is an initial, simple enquiry about indications of problems results of which may lead to a fuller assessment and it takes place when an individual first presents to services



The assessment determines the level of impact substance use has on an individual's health -physical, mental, and social

Process – Initial screening

Initial screening	Biological testing	Physical examination	Mental state examination	
Brief assessment of presenting problems, identification of immediate risks (e.g. safeguarding, urgent mental health problems, medical emergencies), screening tools, blood tests and biological markers	Urinalysis, saliva, hair tests, fingernail clippings, blood tests	Medical emergencies, infections, neurological deficits, cardio-respiratory, withdrawal and intoxication	Attitude, appearance and behaviour, speech, mood, thought processes, suicidal ideas/intentions, delusions, perceptual disturbances, cognition, judgement, insight	Use of appropriate tools to monitor pattern of substance use, estimation of problems associated with substance use, assessment of dependence and degree of dependence

Process – Assessment

- Purpose of assessment its to determine the level of impact of substance use on the individual's health, wider social network and functioning

- IN-DEPTH comprehensive history

- Ongoing

- Sometimes protracted over several interviews, and regular

- Formulation of the case and monitor progress on the basis of the history, tools and biological tests

Comprehensive History Taking

History taking should cover the following:

✓ Substance use: legal, illegal, prescribed, over the counter

✓ Treatment episodes

✓ Medical history & presenting symptoms - substance related issues - complications: abscesses, venous thromboses, septicaemia, endocarditis, constipation

✓ Psychiatric history

✓ History of accidental/deliberate over-dose; risk factors

✓ Family/social history

✓ Living arrangements – alone, with friends, carers, family..

✓ Lifestyle – financial/ employed/ unemployed/retired

✓ Personal history – education, criminal

✓ Contact with other services – social services/ child protection....

Questions to ask



Substance Use

How much, how often, route of use, length of use, pattern of use, triggers to relapse



Treatment

Contact with services – how long, interventions, reason for discontinuing



Family history/ affects

Is there history of substance use, history of psychiatric problems, how does it affect life, work, family?



Does the patient they think they have a problem

Do they want help?



Medical history

Any chronic conditions, medications, any screening for BBV

Further reading: Assessment and Screening Factsheet
https://www.addictionssa.org/images/uploads/Clin_111_Assessment_Screening.pdf

Investigations and tests

Substances can be tested in blood, urine, hair, saliva and breath but should be in the context of a full history and examination



Blood

Detect recent use e.g. accidents, injuries and incidents



Urine

Collection in a cup sometimes observed, use dipstick or sent to a laboratory. Widely used. Indicates that a drug has been used but does not denote dependence. User can provide a 'fake' (either positive or negative) specimen.



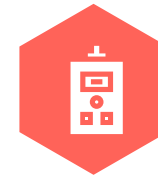
Hair

Do not measure current use. Appear in the hair after about 7-10 days and remain for months afterwards



Saliva

Used in specialist clinics



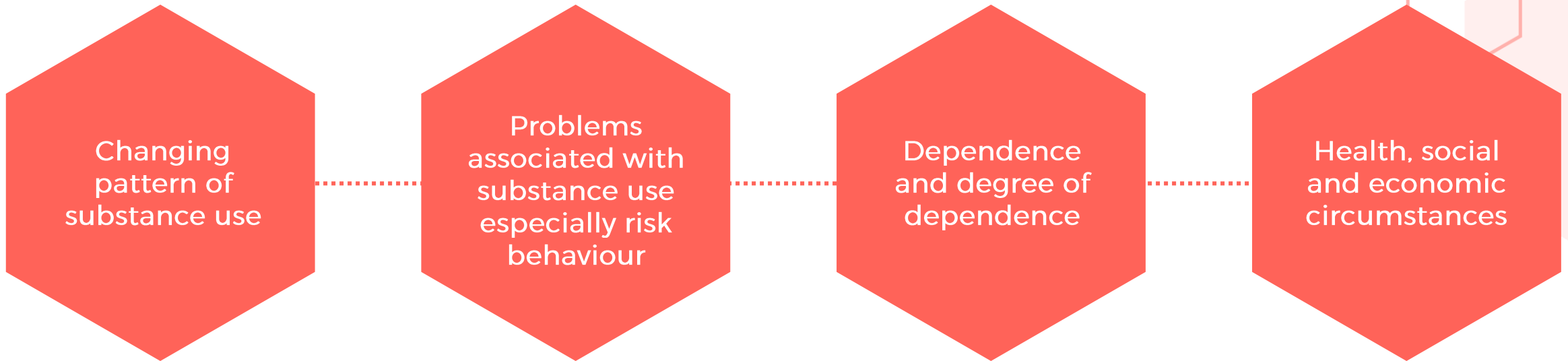
Breathalyser

Blow into a breathalyser reflects alcohol in the blood

[Click here for more information](#)

Tools

Designed to assist in detection of problem and provide information on:



Tools for identifying alcohol misuse

Alcohol use Disorders Identification Test (Full AUDIT): consisting of ten questions

Fast Alcoholic Screening Test (FAST) another abbreviated version of the full AUDIT: 4 questions – useful in A&E

Michigan Alcohol Screening Test (MAST): 22 item questionnaire, with shorter one (S-MAST-G) for use with older people

Full AUDIT shows: if an individual is likely to be a lower risk drinker, increasing risk drinker, higher risk drinker or alcohol dependent

Paddington Alcohol Test (PAT): clinical tool for use in A&E, detect alcohol use

CRAFFT: screening tool developed specifically for use with young people

AUDIT-C briefer version uses first three questions of the full AUDIT: assess level of risk of drinking pattern

FIVE Shot: questions about heavy drinking

CAGE- brief 4: item assessment tool

Tools for identifying drug use & nicotine use

DRUGS

CAGE-Aid: version of the CAGE alcohol tool adapted to include drug use

Drug Abuse Screening Test (DAST): 28 questions about drug use

CRAFFT: aimed at young people and questions about both drug and alcohol use

DAST 10: shorter version of DAST-10 questions

NICOTINE

Fagerstrom Nicotine Tolerance Questionnaire: Used to assess the intensity of physical addiction to nicotine.

Adolescent Smoking Consequences Questionnaire (ASCQ)

Brief Smoking Consequences Questionnaire: Adult (Brief SCQ-A)

Evaluation Instruments Bank (EIB): <http://www.emcdda.europa.eu/eib>

Substance Use Screening & Assessment Instruments Database: <http://lib.adai.washington.edu/instruments/>

Assessment tools

Wide range of tools for undertaking comprehensive assessment for a range of objectives – such as severity of dependence, treatment needs etc

Opiate Treatment Index (OTI)

For use in specialist substance misuse services and explores all aspects of drug use and treatment

Severity of Alcohol Dependence Questionnaire (SADQ) designed by WHO to measure severity of alcohol dependency

Severity of Dependence Scale (SDS) 5 questions to indicate severity of opioid dependency.

References/useful resources

Crome I and Ghodse A.H (2012) Drug Misuse in medical patients; pp180-220 in Handbook of Liaison Psychiatry, eds. Geoffrey Lloyd and Elspeth Guthrie, Cambridge University Press

Ghodse H (2010). Ghodse's Drugs and Addictive Behaviour; a guide to treatment. 4th edn ,Cambridge University Press. Chapter 6 Assessment pp 131-159

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Alcohol tools <http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/>

For more information go to -> <https://www.addiction-ssa.org/knowledge-hub/reading-around-screening-and-assessment/>