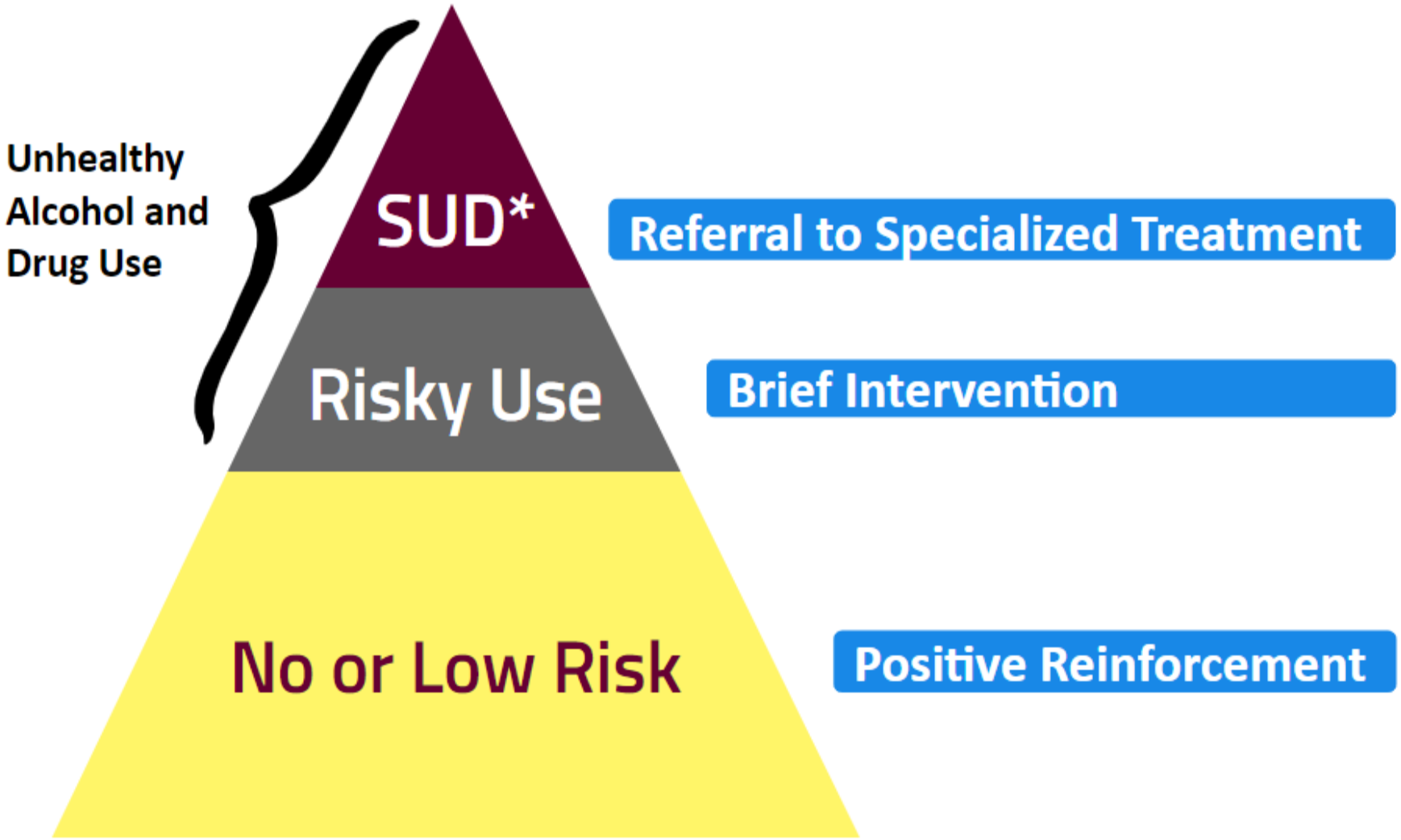
INTERVENTIONS AND ZONES



*Substance Use Disorder

Substance Use Screening Tool

- Modified from NIDA 2 Quick Screen (does not include tobacco screening question)
- Annual screening (at physical exams, annual wellness visits) for patients ages 18 and older

NIDA *Quick Screen* Question: <u>In the past year</u>, how often have you used the following?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Alcohol • For men, 5 or more drinks a day • For women, 4 or more drinks a day					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

Positive screen criteria for all sections: Any answer other than 'Never'

AUDIT

- The test contains 10 multiple choice questions on quantity and frequency of alcohol consumption, drinking behavior and alcohol-related problems or reactions.
- The answers are scored on a point system
- **A score of more than eight indicates an alcohol problem**

Questions	0	1	2	3	4	Total
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 five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
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	
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	
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	
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	
Have you or someone else been injured because of your drinking?	No	Less than monthly	Yes, but not in the last year		Yes, during the last year	
Has a relative, friend, doctor, or other healthcare worker been concerned about your drinking or suggested you cut down?	No	Less than monthly	Yes, but not in the last year		Yes, during the last year	
					Total	

DAST 10

Scoring: Score 1 point for each question answered “Yes,” except for question 3 for which a “No” receives 1 point.

Have you used drugs other than those required for medical reasons?

0=No 1=Yes

Do you abuse more than one drug at a time?

0=No 1=Yes

Are you always able to stop using drugs when you want to? (if never use drugs answer "yes")

1=No 0=Yes

Have you had "blackouts" or "flashbacks" as a result of drug use?

0=No 1=Yes

Do you ever feel bad or guilty about your drug use? (if never use drugs, choose "no")

0=No 1=Yes

Does your spouse (or parents) ever complain about your involvement with drugs?

0=No 1=Yes

Have you neglected your family because of your use of drugs?

0=No 1=Yes

Have you engaged in illegal activities in order to obtain drugs?

0=No 1=Yes

Have you ever experienced withdrawl symptoms (felt sick) when you stopped taking drugs?

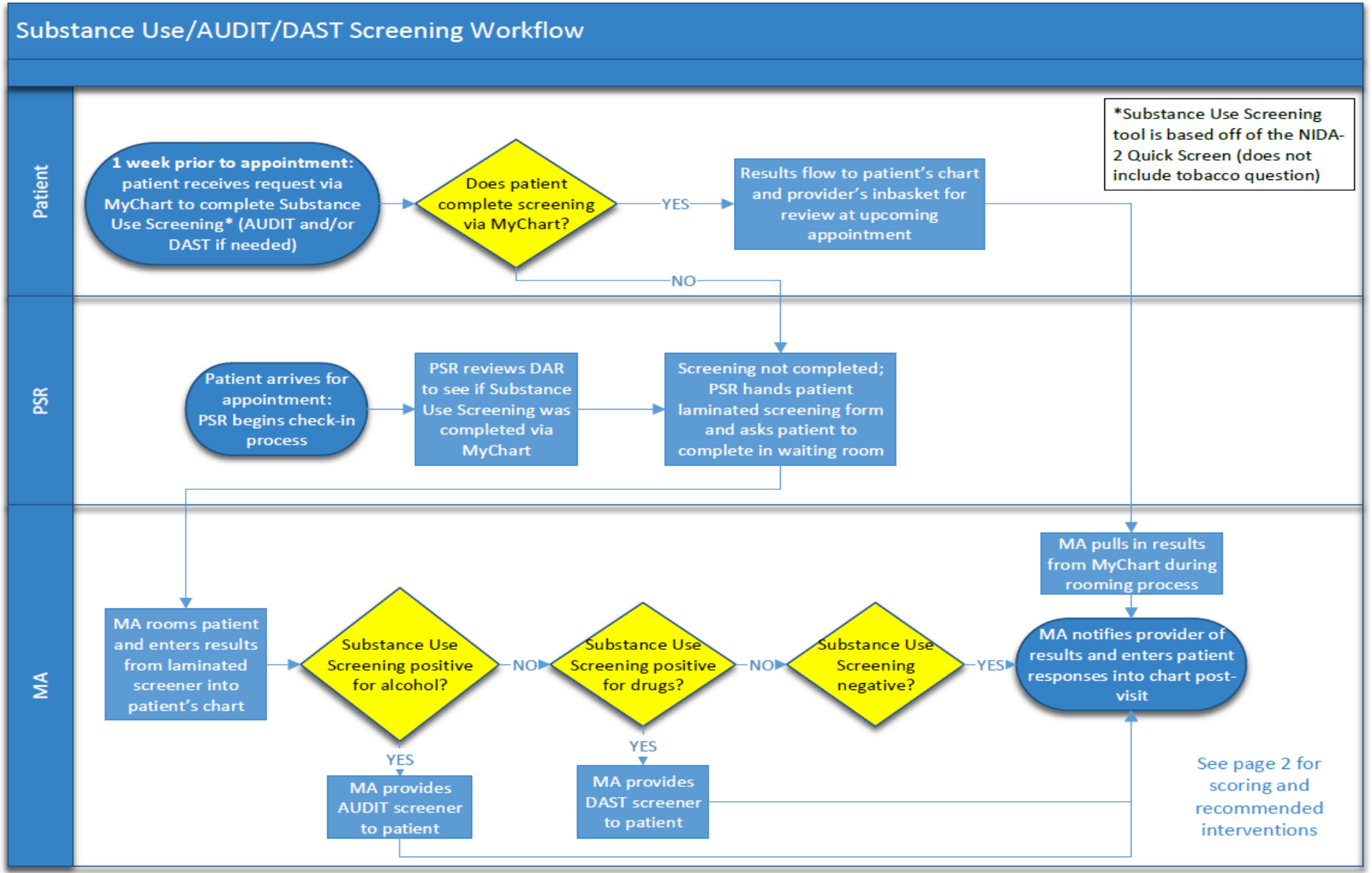
0=No 1=Yes

Have you had medical problems as a result of your drug use?

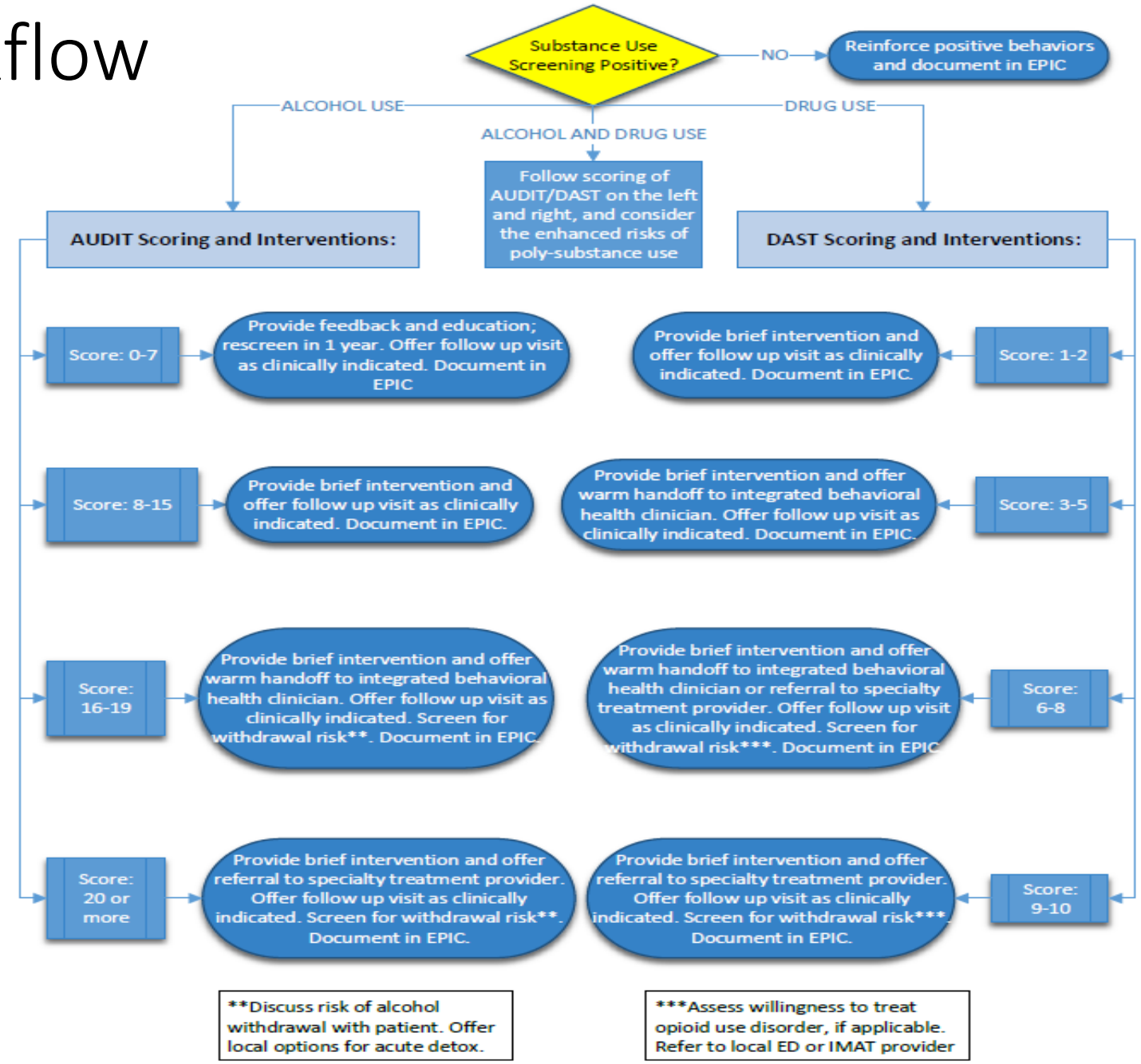
0=No 1=Yes

DAST Score

Screening Workflow



Scoring Workflow



CRAFFT Tool

- Screening tool that helps identify substance use and substance use disorder, as well as risks related to substance-related riding/driving
- Validated for adolescents and young adults ages 12 to 26
- Allows for early intervention and counseling of adolescents and young adults
- “Studies shows that relying on non-validated screening question or one’s “gut” impressions can lead to underestimating the presence of adolescent substance use problems.” (The Center for Adolescent Substance Use Research, 2018)

Screening: Questions 1-4

Questions for Ages 12 and Older: To be completed by patient only.

Stressful experiences can affect the health of many young people. Answering the following questions will help your provider to better understand you. The questions are designed to be completed by you alone and you can choose to answer them or not.

How often have you been bothered by each of the following symptoms during the past two weeks?

Feeling down, depressed irritable or hopeless?	☐ Not at all	☐ Several days	☐ More than half the days	☐ Nearly every day
Little interest or pleasure in doing things?	☐ Not at all	☐ Several days	☐ More than half the days	☐ Nearly every day

During the PAST 12 MONTHS, on how many days did you (please list # of days in each box; put "0" if none):*

Drink more than a few sips of beer, wine, or any drink containing **alcohol?** ☐

Use any **marijuana** (weed, oil, or hash by smoking, vaping, or in food) or **"synthetic marijuana"** (like "K2," "Spice")? ☐

Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? ☐

Have you ever ridden in a CAR driven by someone (including yourself) who was "high" had been using alcohol or drugs? ☐ Yes ☐ No

CRAFFT Scoring

Score of **1 or more** in Part A

Patient completes CRAFFT Part B

CRAFFT Part B

- Slides and screening tool will be sent out after meeting. Please order laminated screener through MMC Print Shop. Order number: 149739
- PHQ-A on reverse

CRAFFT 2.1 Adolescent Substance Use Screening Tool

To be completed by patient

Please answer the following questions **honestly**, they will help your provider better understand you. You can choose to answer these questions or not.

	Yes	No
Have you ever used alcohol or drugs to **RELAX**, feel better about yourself, or fit in?	☐	☐
Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?	☐	☐
Do you ever **FORGET** things you did while using alcohol or drugs?	☐	☐
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?	☐	☐

Risk and Actions

Risk level	CRAFFT Score	Clinical Action
Low	No use past 12 mo. & CRAFFT score of 0	Provide info. about risks of substance use; related riding/driving; offer praise and encouragement
Medium	No use past 12 mo. + yes to CAR question OR Use in past 12 mo. + CRAFFT less than 2	Provide info. about risk of substance use; related riding/driving; brief advices; possible follow-up visit
High	Use in past 12 mo. + CRAFFT equal or more than 2	Provide info about risks of substance use; related riding/driving; brief advice; f/u visit; possible referral to counseling