



SCREENING FOR DRUG USE IN GENERAL MEDICAL SETTINGS

Resource Guide

U.S. Department of Health and Human Services
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NIDA NATIONAL INSTITUTE
ON DRUG ABUSE

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This guide is designed to assist clinicians serving adult patients in screening for drug use. The NIDA Quick Screen was adapted from the single-question screen for drug use in primary care by Smith et al. 2010 (available at <http://archinte.ama-assn.org/cgi/reprint/170/13/1155>) and the National Institute on Alcohol Abuse and Alcoholism's Helping Patients Who Drink Too Much: A Clinician's Guide Updated 2005 Edition (available at http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm). The NIDA-modified ASSIST was adapted from the World Health Organization (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), Version 3.0, developed and published by WHO (available at http://www.who.int/substance_abuse/activities/assist_v3_english.pdf).

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Screening for Drug Use in General Medical Settings: A Resource Guide for Providers

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Introduction

This *Resource Guide* is intended to provide clinicians serving adult populations* in general medical settings with the screening tools and procedures necessary to conduct screening, brief intervention, and/or treatment referral for patients who may have or be at risk of developing a substance use disorder. Screening and brief intervention provides an opportunity for clinicians to intervene early and potentially enhance medical care by increasing awareness of the likely impact of substance use on a patient's overall health.

Why screen for drug use (including tobacco, alcohol, illicit [i.e., illegal], and nonmedical use of prescription drugs)?

- ✦ ***Drug use (licit or illicit) is harmful and has many adverse consequences.*** Multiple physical health, emotional, and interpersonal problems are associated with illicit drug use. Cardiovascular disease, stroke, cancer, HIV/AIDS, anxiety, depression, sleep problems, as well as financial difficulties and legal, work, and family problems can all result from or be exacerbated by drug abuse.¹
- ✦ ***The use of illicit drugs is more common than you might think.*** In 2010, an estimated 22.6 million Americans aged 12 or older (~8.9 percent of the population) were current illicit drug users, which means they had used an illicit drug during the month prior to the survey. About 1 in 5 Americans aged 18–25 used illicit drugs in the past month.²
- ✦ ***Only a fraction of individuals who need specialty treatment for drug or alcohol addiction actually receive it each year.***

In 2010, of the 23.1 million persons aged 12 or older who needed specialized treatment for a drug or alcohol problem, most—almost 21 million—did not receive it.³ Routine screening for substance use disorders could alter this statistic and get more people the help they need.

- ✦ ***Using screening and brief intervention procedures in general medical settings can make a difference in drug use behaviors.*** Research has demonstrated that screening and brief intervention can promote significant reductions in alcohol and tobacco use.^{4,5,6} A growing body of literature also suggests benefits of screening and brief intervention for illicit or nonmedical prescription drug use as well.^{7,8}

How do you screen and provide feedback?

As a medical provider, you are an important figure in your patients' lives. In a very short conversation, you have a wonderful opportunity to let your patients know if and how their drug use may be putting their health at risk.

The **Five A's of Intervention** (Ask, Advise, Assess, Assist, Arrange) can be a useful framework for encouraging patients to quit smoking and may also be useful for screening and providing feedback related to other drug use.

ASK – Screening is the first **A** because it asks one or more questions related to drug use.

ADVISE – The second **A** involves strong direct personal advice by the provider to the patient to make a change, if it is clinically indicated.

ASSESS – The third **A** refers to determining how willing a patient is to change his or her behavior after hearing the provider's advice.

* This resource guide does not specifically address the unique considerations that must be taken into account when screening adolescents or pregnant women.

ASSIST – The fourth **A** refers to helping the patient make a change if he/she appears ready.

ARRANGE – The final **A** is to refer the patient for further assessment and treatment, if appropriate, and to set up followup appointments.

If you are not already doing so, we encourage you to incorporate drug use screening and brief intervention into your practice. The remainder of this Resource Guide provides detailed information to begin screening for:

Alcohol



Tobacco



Nonmedical Prescription Drug Use



Illicit Drugs



Before you begin screening patients

While most health care settings have established processes and procedures for patient screening of health conditions such as high blood pressure, cholesterol, breast or prostate cancer, etc., drug abuse screening in general medical settings involves additional practical considerations:^{9,10}

- ✦ Determine staffing roles, including who will administer the screening instrument; discuss results with patients; and intervene and/or refer when necessary.
- ✦ Train designated staff to conduct screening, intervention, and referral.
- ✦ Decide how screening results will be used and develop a procedure for handling positive and negative results.
Note: Screening is not a full assessment; refer patients for a full assessment if a problem is indicated by the screen or through discussion with the patient.
- ✦ Apply existing office procedures to screening practices, including patient documentation, consent procedures, confidentiality and HIPAA procedures, storage of records, and patient flow.
- ✦ Obtain reimbursement information for your State.
 - In 2007, the Centers for Medicare and Medicaid Services (CMS) adopted new codes for alcohol and substance abuse assessment and intervention services in the Healthcare Common Procedure Coding System (HCPCS).
 - In January 2008, the American Medical Association (AMA) adopted Current Procedural Terminology (CPT) codes for screening and brief intervention, and new Medicare “G” codes became available that parallel the CPT codes (see <http://www.samhsa.gov/prevention/>

[SBIRT/coding.aspx](#) for more information).

- ✦ Establish relationships and linkages with external providers who will accept referrals for additional assessment and/or drug treatment.
- ✦ Consider patient reading level when providing educational and support materials. Because it is often difficult to determine reading level, particularly in emergency room situations, consider using materials developed for an 8th grade reading level. An important resource is NIDA’s easy-to-read website for adults with low literacy. This website, which contains information about drugs, addiction, recovery and treatment, is available at <http://easyread.drugabuse.gov>.
- ✦ Deal with severe, immediately life-threatening medical consequences of substance abuse as you would any other medical emergency.
 - If same-day substance abuse treatment assessment is not available, transfer patient to the emergency room or admit to the hospital.
 - Arrange alternative transportation for patients under the influence of drugs, alcohol, or medication that would impair their driving. For these patients, the brief intervention should focus on crisis management.

Screening Your Patients

The NIDA Quick Screen

Step 1: ASK about past year drug use

The NIDA Quick Screen and NIDA-modified ASSIST are appropriate for patients age 18 or older. You may deliver it as an interview and record patient responses, or read the questions aloud and have the patient fill out responses on a written questionnaire. It is recommended that the person administering the screening review the sample script to introduce the screening process. The script offers helpful language for introducing what can be a sensitive topic for patients.

Introduce yourself and establish rapport.

Before you begin the interview, please read the following to the patient:

Hi, I'm _____, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.

- ✦ If the patient declines screening, advise the patient that you respect that decision but would like to inform him/her about the potential harms of drug use.

Ask patients about past year drug use using the NIDA Quick Screen.

- ✦ Without being judgmental or confrontational, ask the patient how many times, within the past year, has he or she used any of the substances listed on the NIDA Quick Screen (<http://www.drugabuse.gov/nmassist/>).
- ✦ If the patient says “**Never**” for all drugs in Quick Screen, reinforce abstinence. For example, you may say “*It is really good to hear you aren't using drugs. That is a very smart health choice.*” **Screening is complete.**
- ✦ If patient says “**Never**” to alcohol use, Advise patient to stay within these limits:

For healthy men under the age of 65: **No more than 4 drinks per day AND no more than 14 drinks per week.**

For healthy women under the age of 65 and not pregnant (and healthy men over the age of 65): **No more than 3 drinks per day AND no more than 7 drinks per week.**



Screening Your Patients:

Step 1: Ask about past year drug use

Step 2: Begin the full NIDA-Modified ASSIST

Step 3: Determine risk level

Reminder:

Patients should be advised of the limits of confidentiality and insurance coverage for conditions occurring under the influence of alcohol or illicit drugs (these vary by State and provider).

Reminder:

Many people don't know what counts as a standard drink (e.g., 12 oz beer, 5 oz wine, 1.5 oz liquor).

For information, please see http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide13_p_mats.htm

- ✦ If patient answers indicate **one or more days of heavy drinking**, patient is an *at-risk drinker*.

Please see NIAAA website “How to Help Patients Who Drink Too Much: A Clinical Approach”:

http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm, for information on how to **Assess, Advise, Assist, and Arrange** help for at risk drinkers or patients with alcohol use disorders



- ✦ If patient answers indicate **use of tobacco**: Any current tobacco use places a patient at risk. Advise *all* tobacco users to quit. For more information on smoking cessation, please see “Helping Smokers Quit: A Guide for Clinicians” <http://www.ahrq.gov/clinic/tobacco/clnhlpsmksqt.htm>



- ✦ If the patient says “**Yes**” for **use of illegal or prescription drugs for nonmedical reasons** proceed to **Step 2** and begin the NIDA-Modified ASSIST.

Step 2: Begin the NIDA-Modified ASSIST

(<http://www.nida.nih.gov/nidamed/screening/nmassist.pdf>).

Ask the patient about *lifetime drug use*.

- ✦ If patient reports “**No**” to lifetime use of all drugs listed in Question 1, remind them that their responses to the NIDA Quick Screen indicate they have used an illegal or prescription drug for nonmedical reasons within the past year. **Repeat Question 1.**
 - If patient indicates that the drug used is **not listed**, please indicate “**Yes**” next to other and continue to **Question 2**.
- ✦ If a patient reports “**Yes**” to lifetime use of substances listed in Question 1, **proceed to Question 2**, which asks questions about use in the last three months.
- ✦ If patient reports “**Never**” to Question 2 (i.e., no use in the past three months), **proceed to Question 6**.
- ✦ If patient reports use of any drugs in the past three months, **complete Questions 3-8**.

Step 3: Determine risk level

Score the NIDA-Modified ASSIST for illicit and nonmedical prescription drug use.

- ✦ For each substance, add up the scores received for Questions 2–7. This is the Substance Involvement (SI) score. Do not include the results from either Step 1 (Quick Screen), Question 1 or Question 8 in your SI score. The patient will receive an SI score for *each* substance endorsed, not a cumulative score. Therefore, the patient’s risk level may differ from drug to drug.
- ✦ **Use the resultant SI score to identify patient’s risk level.** If more than one substance is reported, focus intervention on the substance with the highest score.

High Risk
Score ≥ 27

- ✓ Provide feedback on the screening results
- ✓ **Advise, Assess, and Assist**
- ✓ **Arrange** referral
- ✓ Offer continuing support

Moderate Risk
Score 4-26

- ✓ Provide feedback
- ✓ **Advise, Assess, and Assist**
- ✓ Consider referral based on clinical judgment
- ✓ Offer continuing support

Lower Risk
Score 0-3

- ✓ Provide feedback
- ✓ Reinforce abstinence
- ✓ Offer continuing support

Reminder:

Use clinical judgment if the patient reports use of multiple drugs but does not score highly on any of them (i.e., consider an intervention).

Screen, then Intervene: Conducting a Brief Intervention

Step 4: Advise, Assess, Assist and Arrange

This brief intervention gives patients a chance to learn about their drug use—especially as it pertains to their health—from an objective third party with medical training. It relies on the premise that advice from an expert has been shown to promote change.^{11,12}

Begin by reviewing screening results with the patient.

- ✦ Ask permission to have a short discussion about the screening results.
- ✦ Report back the types and amounts of use reported (giving patients the NIDA-Modified ASSIST tally sheet may be helpful).
 - Allow the patient to correct omissions so you get the full picture of use.
 - Prompt the patient: *“Tell me more about your use of drug X and Y”* (for each drug the patient reported).
- ✦ If the patient has used within the past 3 months, review other ASSIST responses.

Step 4: Brief Intervention

Review results with patient, then:

- **Advise** patient about drug use
- **Assess** readiness to quit
- **Assist** patient in making changes
- **Arrange** treatment or follow-up care

ADVISE - Provide medical advice about the patient’s drug use.

- ✦ Explain that it is your role as his/her medical provider to convey health recommendations.
- ✦ Recommend quitting before problems (or more problems) develop. Give specific medical reasons.
 - Medically supervised detoxification may be necessary for discontinuing use of some drugs (e.g., benzodiazepines).
- ✦ When appropriate, educate patients on the following:
 - Use of even small amounts of drugs, including alcohol or tobacco, may negatively impact health and performance (e.g., driving or operating machinery).
 - Because drug intoxication can lead to impaired

Reminders to improve patient rapport:

- Avoid tone that the patient might think is judgmental or confrontational.
- Show an interest in what the patient’s life is like.
- Acknowledge the patient’s current view of his/her drug use.
- Signal to the patient that having mixed feelings about a drug use problem is normal.
- Highlight patient confidentiality (and its limitations).

Reminder:

The screen is only one indicator of a patient’s potential drug use problem. It is not a substitute for clinical judgment, which you should use to determine when an intervention is warranted.

judgment and risky behaviors, refer all sexually active patients for confidential testing for HIV and other sexually transmitted diseases or provide an onsite testing opportunity, if they do not know their status or have not been tested recently. Encourage all patients to practice safe sex.

- Refer all patients with past or current injection drug use (Question 8) for HIV and Hepatitis B/C testing if they have not been tested twice over a 6-month span following their last injection.
- ✦ Make referrals to evaluate suspected co-occurring conditions (e.g., psychiatric consultation for depressed, inattentive, or anxious patients or pain specialist consultation for patients seeking narcotic prescriptions for chronic nonmalignant pain).
- ✦ Provide recommendations based on risk level:

Risk level	Recommendation
High risk	<p>A strong recommendation to change substance use is essential. Consider making a statement such as: “Based on the screening results, you are at high risk of having or developing a substance use disorder. It is medically in your best interest to stop your use of [insert specific drugs here]. I am concerned that if you do not make a change quickly, the consequences to your health and well-being may be serious.” Include a referral for additional assessment (the NIDA-Modified ASSIST provides a risk level, but not a diagnosis of abuse or dependence). Let the patient know that the assessment will determine whether they have a diagnosis of substance abuse or dependence and if substance abuse treatment is indicated. Whether to attend treatment will be the patient’s decision.</p> <ul style="list-style-type: none"> ● Specific examples of harm for different problem drug categories may be helpful. ● Emphasize that there are many ways to change substance use behavior (e.g., community treatment programs, self-help groups, medications, etc.). ● Emphasize that treatment is often on an outpatient basis and programs are often accommodating of concerns like maintaining employment, insurance reimbursement, child care, etc., depending on the patient’s concerns.
Moderate risk	<p>Consider beginning the discussion by saying, “Based on the screening results, you are at moderate risk of having or developing a substance use disorder. It is medically in your best interest to change your use of [insert specific drugs here].”</p> <ul style="list-style-type: none"> ● Add information that is specific to the drugs the patient uses. ● Express your concern about specific ways drugs might negatively impact your patient’s life (e.g., health, relationships, work, etc.). ● Emphasize that there are many ways to change substance use behavior (e.g., community treatment programs, self-help groups, medications, etc.).

Lower risk

Consider having a discussion about acceptable levels of use and the potential for future problems. You may begin the discussion by saying **“Your screening results show you are unlikely to have a substance use disorder. However, people with any history of substance use can be at some risk of adverse consequences and developing a disorder especially in times of stress or if they have just started to use recently. It is impossible to know in advance whether or not a person will become addicted. As your physician I encourage you to only use alcohol moderately and responsibly and to avoid using other substances.”**

- Intervention duration may be minimal
- Use your clinical judgment based on the medical status of the patient and drug being used. For example, pregnant women,* youth, people with histories of substance use disorders, and others for whom any drug use could potentially pose a serious risk may benefit from a complete intervention regardless of apparent risk level.

ASSESS the patient’s readiness to quit.

- ✦ Have a conversation about whether the patient is ready to quit. For example, you might say something like, *“Given what we’ve talked about, do you want to change your drug use?”*
- ✦ If the patient is unwilling to quit, raise awareness about drugs as a health problem. Let patients who are not ready know that you will revisit the issue at future visits and have resources available when he/she decides to pursue making a change.
- ✦ If the patient is ready to quit, reinforce current efforts and then assist patient in their efforts to make changes that will help them reduce and/or quit their drug use.

ASSIST patient in making a change.

- ✦ Jointly complete a progress note form (Appendix 2) with the patient to document the screening results and create a followup plan.
- ✦ Help set concrete (and reasonable) goals for making a change (see Appendix 3: Change Plan Worksheet, for more information).
 - Ask interested patients to complete a change plan before they go home.
 - Make a copy without their name or the name of your office on it, give it to them to take home, and tell them you will check in on their progress at the next visit.
 - For patients who do not complete a change plan, schedule a second appointment to continue the discussion and to complete the change plan. You may provide a blank copy for them to take home and ask them to return with it, but some patients may need to start again with a fresh copy during their second appointment.
 - For patients **not** interested in completing a change plan, encourage them to set a few brief change goals (e.g., cutting back, trying a self-help group); record the goals to check progress at the next visit.
- ✦ Prescribe medications for office-based treatment of tobacco, alcohol, or opiate addiction, as appropriate.

* Providers should be aware that many States mandate reporting of drug use during pregnancy and that failure to do so may be a prosecutable offense.

ARRANGE specialty assessment, drug treatment, followup visit.

- **Refer patients as appropriate.**

- ✦ Because the screening does not provide a diagnosis of abuse or dependence, refer high-risk patients for a full assessment. For moderate-risk patients and low-risk patients with special concerns (e.g., pregnant women, past injection drug users), use clinical judgment to determine whether additional assessment is necessary. Use SAMHSA’s treatment locator (see Appendix 5, <http://findtreatment.samhsa.gov/>) or NIDA’s National Drug Abuse Treatment Clinical Trials Network List of Associated Community Treatment Programs (see Appendix 5, <http://www.drugabuse.gov/ctn/>) to locate assessment resources.
- ✦ If nearby treatment resources are not available, consider providing support group contact information and self-change materials, as well as counseling resources—clergy or mental health referrals.
- ✦ Obtain a written information release to send the screening results to all providers who will receive referrals.

Offer continuing support at followup visits.

- Refer patients as appropriate
- Schedule follow-up
- Offer continuing support at follow-up

- **Schedule a followup appointment within 1–2 weeks for moderate - and high-risk patients and low -risk patients in certain groups.**

- **Offer continuing support at followup visits.**

- ✦ Annual rescreening is indicated for patients who report *any* drug use at baseline (even with scores of 0–3) and for any other patients about whom you remain concerned. For moderate- and high-risk patients, rescreen at next appointment.
- ✦ At followup, make targeted recommendations to moderate-, high- and select lower-risk patients accordingly:

Risk level	Targeted Recommendations				
High risk	Determine whether the patient followed through with the referral.	Offer additional brief intervention for patients who did not attend the referral.	Make additional referrals for patients who missed referral.	Obtain records of assessment and/or treatment for patients who attended referral and/or treatment.	Discuss ways to help support recommendations of referral source.
Moderate risk	Determine whether the patient reduced or abstained from use.	For patients who did not make progress with change efforts, acknowledge change is hard, repeat brief intervention, and discuss additional ways to support the patients' efforts.	For patients who have made changes, reinforce efforts and encourage additional goal-setting.	Follow up at subsequent visits.	
Lower risk	If the patient indicated that he/she wanted to make a change, ask what, if anything, the patient decided to do about substance use.	Encourage abstinence from tobacco and illicit drugs and advise low-risk alcohol users to remain within acceptable drinking levels.	On evidence of escalation of use, conduct brief intervention.		

Appendix 1—Recommendations to Address Patient Resistance (may not be applicable in every case)

Patient Resistance Scenario	Physician Response
Patient answers “no,” seemingly without considering it thoughtfully or is reluctant to give details.	<ul style="list-style-type: none"> Gently probe with a question like: “Not even when you were in school?” Encourage discussion by saying “go on” or “tell me more.”
Patient is uncomfortable disclosing personal substance use on a form.	<ul style="list-style-type: none"> Let the patient know you will follow up in person about the screening. Reinforce that all information provided will be kept confidential when possible. If patient is still uncomfortable, skip screening but provide information about harms associated with drug use.
Patient appears ashamed or embarrassed about recommendations to change substance use behaviors.	<ul style="list-style-type: none"> State that this is a health-related medical recommendation and is not meant to judge or stigmatize them. Remind the patient of your role—that physicians have a duty to share test results with their patients.
At-risk patient appears ambivalent to the idea of changing his/her substance use behavior.	<ul style="list-style-type: none"> Acknowledge the patient’s ambivalence and the fact that ambivalence is common. State your concern about specific ways that drugs may negatively affect your patient’s health or personal life.
Patient becomes upset, argumentative.	<ul style="list-style-type: none"> Do not argue with the patient. Give the patient time to make a decision (unless the condition is life-threatening). Discuss his/her concerns and reflect them back (e.g., convey that you understand the patient’s claim that drugs make them feel better or that their peers use them).
Patient resists referral for additional assessment	<ul style="list-style-type: none"> Explore concerns about the assessment. Emphasize that <i>referral for an assessment</i> may not mean entering substance abuse treatment—and that treatment, if recommended, likely will include different options.
Patient cites barriers to attending the referral appointment.	<ul style="list-style-type: none"> Problemsolve about barriers and offer support, such as reminder calls, assistance arranging transportation, and child care.
Patient resists the idea of going into formal substance abuse treatment.	<ul style="list-style-type: none"> Clearly state that you are not insisting on formal treatment. Explain that treatment is often easier than quitting “cold turkey” and that stopping the use of certain drugs (e.g., alcohol, benzodiazepines) without medical supervision can be dangerous.
In followup visits, patient shows no progress with change efforts.	<ul style="list-style-type: none"> Acknowledge that change is difficult. Repeat the brief intervention and discuss other ways to support the patient’s efforts. Make additional referrals for patients who did not attend the referral.

Appendix 2—Sample Progress Note

DATE: _____

Time with patient (min): _____

Performed by: _____

Primary Physician: _____

SCREENING: Circle each substance used and record Substance Involvement Score

IF ALCOHOL USE (circle below):

Substance List:

- a. cannabis _____ f. Inhalants _____
- b. cocaine _____ g. Sedatives _____
- c. prescription amphetamines _____ h. prescription opioids _____
- d. street opioids _____ i. hallucinogens _____
- e. methamphetamine _____
- j. Other _____

How many times in the past year have you had:



For men: 5 or more drinks in a day?



For women: 4 or more drinks in a day?

Past 3 months (list substances): _____

Biological Test Results: _____

Level of risk associated with different Substance Involvement Score ranges for illicit or nonmedical prescription drug use	
0–3	Low Risk
4–26	Moderate Risk
27+	High Risk

PLAN:

Discussed screening results with patient (check if completed) _____

Provided a Brief Intervention (check if completed) _____

How ready is patient to change behavior? Unwilling _____ Tentative _____ Ready _____

Change Plan completed? Yes _____ (attach) No _____ N/A _____

Change Plan appointment? Yes _____ No _____ N/A _____

REFERRAL STATUS:

Refer for further assessment? _____ Refused? _____ N/A _____

Refer to detox? _____ Refused? _____ N/A _____

FOLLOWUP PLANS:

Date of next appointment to check progress _____

Or, for low-risk patients, rescreen on next RTC _____, or one year (if negative).

Provider Signature: _____ **Patient Signature:** _____

Appendix 3—Change Plan Worksheet

See http://www.hhs.gov/opa/familylife/tech_assistance/resources/ami-materials.pdf for more information and examples.

<p>The changes I want to make (or continue making) are:</p>
<p>The reasons why I want to make these changes are:</p>
<p>The steps I plan to take in changing are:</p>
<p>The ways other people can help me are:</p>
<p>I will know that my plan is working if:</p>
<p>Some things that could interfere with my plan are:</p> <p>What I will do if the plan isn't working:</p> <p>As my doctor, you can help me keep these changes by:</p>

Appendix 4—Biological Specimen Testing

Introduction to Biological Testing

Urine drug testing is the most common toxicological test of body fluid samples in general medical settings, but you do not need to have a biological testing program to implement a drug screening program. The purpose of a biological testing program is to:

- ✦ Confirm the presence of a drug or the use of multiple drugs.
- ✦ Augment screening and followup conversations (i.e., biological testing should not preclude screening).

Users of biological tests should be aware that:

- ✦ Biological tests have different windows of detection. For example:
 - A positive urine or saliva screen for cocaine and/or heroin likely indicates very recent use (past few days/past week), whereas one for marijuana could detect marijuana use one month or more in the past.
 - It is almost impossible to determine the time of use from hair samples.
- ✦ Not all biological screens test for all commonly abused drugs (e.g., MDMA, methadone, fentanyl, and other synthetic opioids are not included in many drug screens, and these tests must be ordered separately).
- ✦ Biological tests examine a sample with a drug concentration at a specific cutoff level (see <http://workplace.samhsa.gov/DrugTesting/pdf/2010GuidelinesAnalytesCutoffs.pdf>). Therefore, a negative result does not mean drugs have not been used, and a positive result may at times reflect consumption of other substances (such as hemp or poppy products).
- ✦ If tampering is a concern, specimens should be monitored for temperature or adulterants; and programs should implement and follow accurate chain-of-custody procedures.

Feedback for biological screening results:

- ✦ Present results in a matter-of-fact way in conjunction with NIDA-Modified ASSIST feedback.
- ✦ Re-administer the test if the patient believes the result showed a false positive.
- ✦ If the second biological test results are positive, categorize the patient as high risk and offer a brief intervention and referral for additional assessment and possible treatment.

Appendix 5—Additional Resources

Screening Information:

Henry-Edwards, S.; Humeniuk, R.; Ali, R.; Poznyak, V.; and Monteiro, M. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care*. Geneva, Switzerland: World Health Organization (WHO), 2008. Available at http://www.who.int/substance_abuse/activities/en/Draft_The_ASSIST_Guidelines.pdf.

Center for Substance Abuse Treatment. *Alcohol Screening and Brief Intervention (SBI) for Trauma Patients: Committee on Trauma Quick Guide*. Substance Abuse and Mental Health Services Administration, DHHS Publication No. (SMA) 07-4266. Washington, DC: U.S. Government Printing Office, 2007. Available at <http://www.samhsa.gov/csatdisasterrecovery/featuredReports/01-alcohol%20SBI%20for%20Trauma%20Patients.pdf>.

Center for Substance Abuse Treatment. *A Guide to Substance Abuse Services for Primary Care Clinicians. Treatment Improvement Protocol (TIP) Series, Number 24*. Substance Abuse and Mental Health Services Administration, DHHS Publication No. (SMA) 97-3139. Washington, DC: U.S. Government Printing Office, 1997. Available at <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.45293>.

Brief Intervention Instruction and Additional Information:

World Health Organization. *Brief Intervention for Substance Use: A Manual for Use in Primary Care*—http://www.who.int/substance_abuse/activities/en/Draft_Brief_Intervention_for_Substance_Use.pdf.

National Institute on Alcohol Abuse and Alcoholism’s Helping Patients Who Drink Too Much: A Clinician’s Guide:

http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm.

SAMHSA’s Treatment Facility Locator:

- Searchable directory of drug and alcohol treatment programs around the country that treat drug abuse, alcoholism, and alcohol abuse problems.
- Simply enter an address into the “quick search” feature, and you will see a list of substance abuse treatment facilities closest to the address. Additional instructions available at http://findtreatment.samhsa.gov/images/loc_short.pdf.

NIDA’s National Drug Abuse Treatment Clinical Trials Network List of Associated Community Treatment Programs:

<http://www.drugabuse.gov/CTN/ctps.html>.

Resources on Certification in Office-Based Buprenorphine:

<http://buprenorphine.samhsa.gov/howto.html>.

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