

The Connection Between Substance Use/Addictions and STIs: Moving from Evidence to Action

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Disclosures

- I have no disclosures or financial interests to disclose.

DRUG and ALCOHOL USE— A SIGNIFICANT RISK FACTOR FOR HIV

A third of the 1.2 million Americans with HIV currently use drugs or binge on alcohol. Many people are unaware that the increased risk of HIV infection among substance users can result from **BOTH** the sharing of contaminated injection equipment as well as impaired judgment that can lead to risky sexual behavior and HIV transmission. This is why substance abuse treatment can play an important role in preventing the spread of HIV.

1.2 MILLION PEOPLE IN THE U.S. ARE LIVING WITH HIV¹

FROM 2005 TO 2009, **1 IN 3** PERSONS
WITH HIV WAS A CURRENT DRUG USER
OR BINGED ON ALCOHOL.²



{ DRUG AND ALCOHOL
USE ARE ASSOCIATED
WITH LESS FREQUENT
CONDOM USE.³ }

HIV INCIDENCE BY TRANSMISSION, 2010¹



24%

OF ALL PERSONS WITH HIV ARE IN
NEED OF SUBSTANCE ABUSE
TREATMENT²

**Substance Use in Patients with Sexually Transmitted Infections:
Results from a National U.S. Survey**

Jeanette M. Tetrault, MD, David A. Fiellin, MD, Linda M. Niccolai, PhD, Lynn E. Sullivan, MD

Little is known about the prevalence and correlates of substance use in patients diagnosed with sexually transmitted infections (STIs) in the general population. We examined the relationship between STIs and substance use. Of the 54,623 respondents, 1% reported a past-year STI. STI was associated with alcohol abuse/dependence (AOR 1.8, 95% CI 1.1–3.3), and marijuana use (AOR 2.0, 95% CI 1.4–3.0); but not with past-year alcohol use, cocaine use, nonmedical use of prescription opioids, or past-month binge or heavy drinking. A diagnosis of an STI should prompt clinicians to screen for substance use, in particular, alcohol abuse/dependence and marijuana use.

Objectives

- Discuss the relationship between substance use disorders and sexual risk behaviors.
- Review current data on alcohol and drug use.
- Describe the importance of alcohol and/or other drug screening and early intervention in populations at risk.
- Identify national, state and local substance use resources for health care practitioners.

THE GOOD NEWS/ AOD USE IN YOUTH - 2015

- Cigarette and alcohol use among 8th, 10th and 12th graders, are at the lowest point since 1975.
- Five-year trends show significant decreases in alcohol use among nearly all grades and across all prevalence periods.
- Binge use of alcohol declined among 8th, 10th and 12 graders over the past year.
- In 2012, there was an increase in perceived risk of smoking among 8th, 10th and 12th graders.

THE BAD NEWS/ AOD USE IN YOUTH - 2015

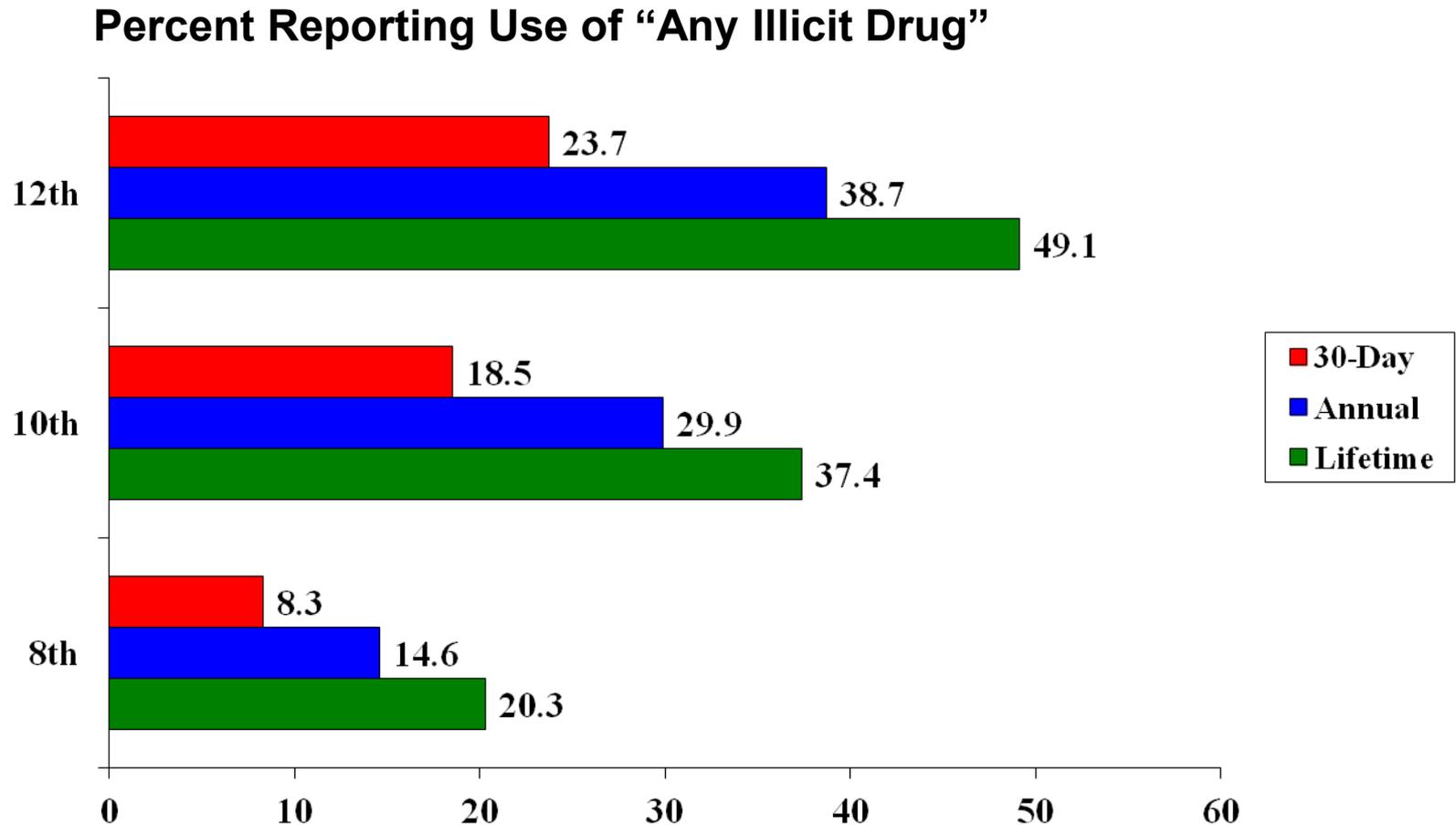
- Alcohol & other drugs are readily available.
- One out of 2 seniors has tried an illicit drug; 7 out of 10 have used alcohol at some time.
- Students as young as those in grades 3 and 4 have used alcohol and tobacco; many even younger have been exposed to illicit drugs by peers, older siblings and parents.
- Five-year trends show significant increases in marijuana use, which now exceeds tobacco use.
- After marijuana, prescription OTC medications account for most of the illicit drug use by teens.

Substance Use in Patients with Sexually Transmitted Infections: Results from a National U.S. Survey, J Tetrault, DA Fiellin, LM. Niccolai, LE. Sullivan, *The American Journal on Addictions*, 19: 504–509, 2010

Adjusted associations between STI and substance use				
Variable	Alcohol Abuse/Dep OR (95% CI)	Marijuana Use OR (95% CI)	Cocaine Use OR (95% CI)	NMUPO OR (95% CI)
Past Year STI	1.8 (1.1–3.3)	2.0 (1.4–3.0)	1.5 (.9–2.4)	1.4 (.9–2.2)
Age				
12-17	1.7 (1.1–2.6)	5.1 (4.2–6.3)	0.7 (.5–1.1)	2.3 (1.7–3.1)
18-25	1.4 (1.2–1.8)	4.6 (4.0–5.2)	1.3 (1.0–1.7)	2.7 (2.3–3.2)
26-34	1.7 (1.2–2.3)	2.4 (2.0–2.8)	(0.9–1.5) 2.0	2.0 (1.6–2.4)
Past Year Cig. Use	-	4.7 (4.3-5.3)	3.8 (2.8-5.1)	1.6 (1.4-1.9)
Past Mo. Heavy Alc.	-	2.4 (2.0-3.0)	1.1 (0.8-1.5)	1.3 (1.0-1.7)

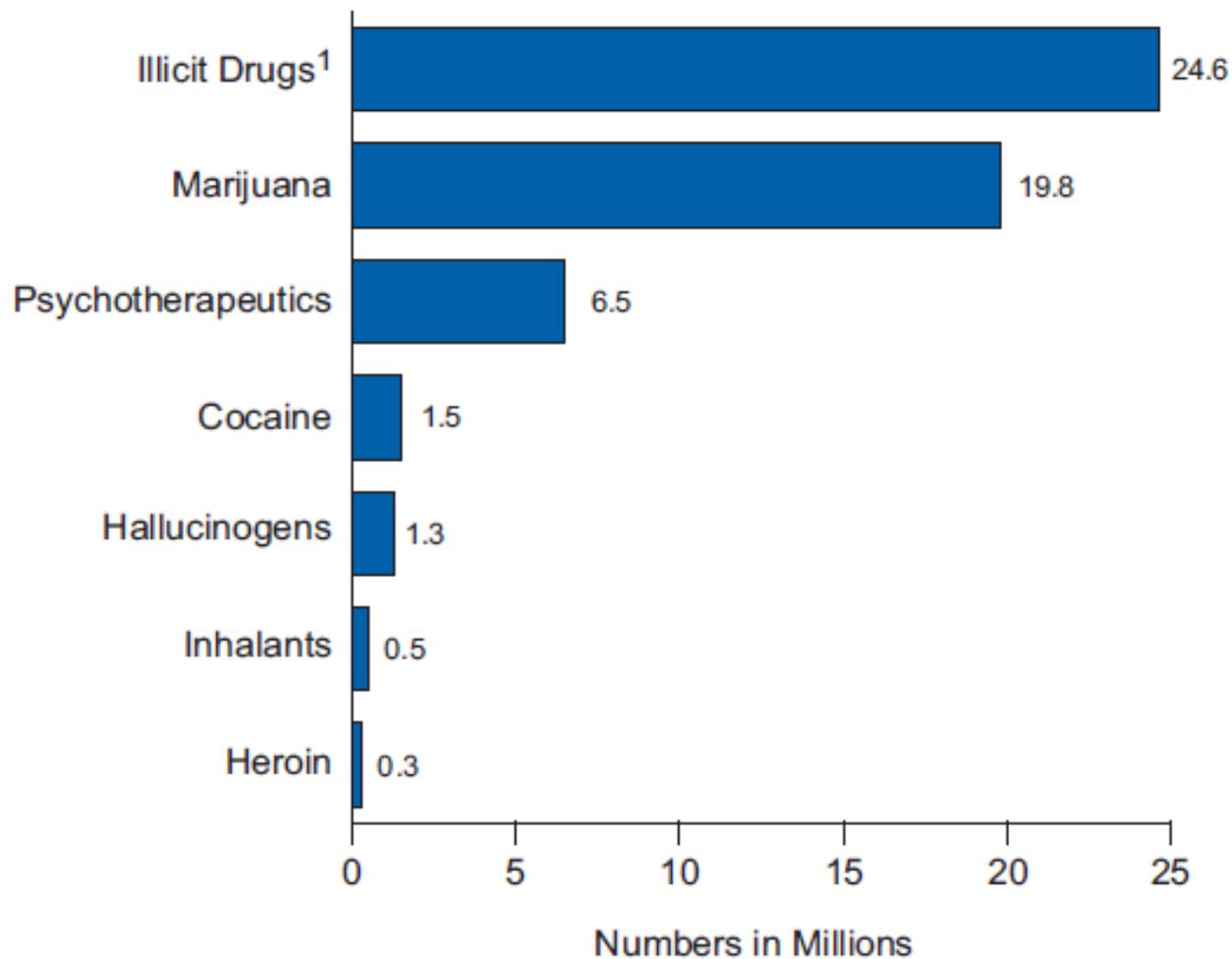
Epidemiology

Drug use remains highest among 12th graders. Almost fifty percent of seniors have tried an illicit drug, and one in four are current users.



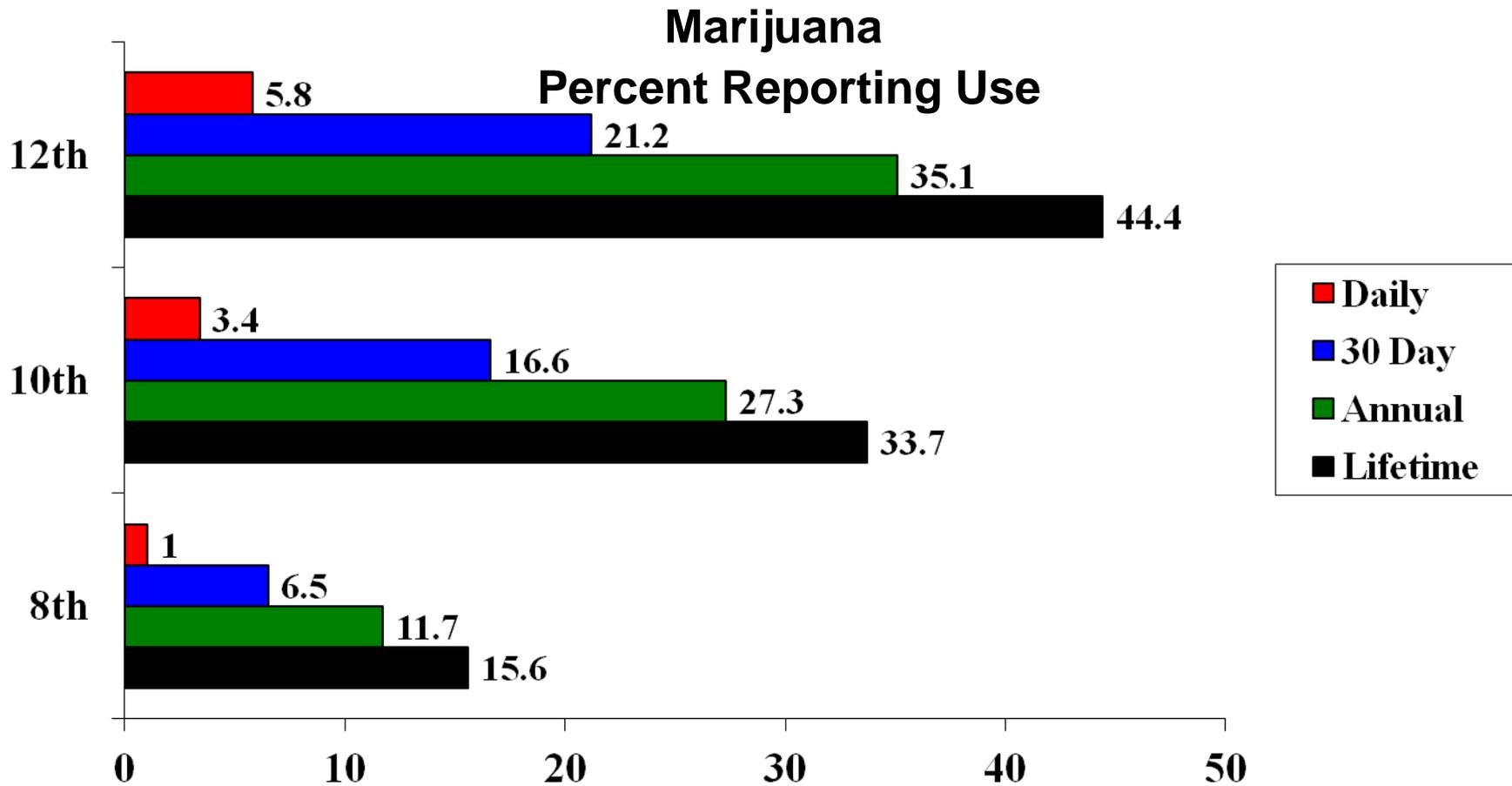
Source: Monitoring the Future Study, 2014

Figure 2.1 Past Month Illicit Drug Use among Persons Aged 12 or Older: 2013

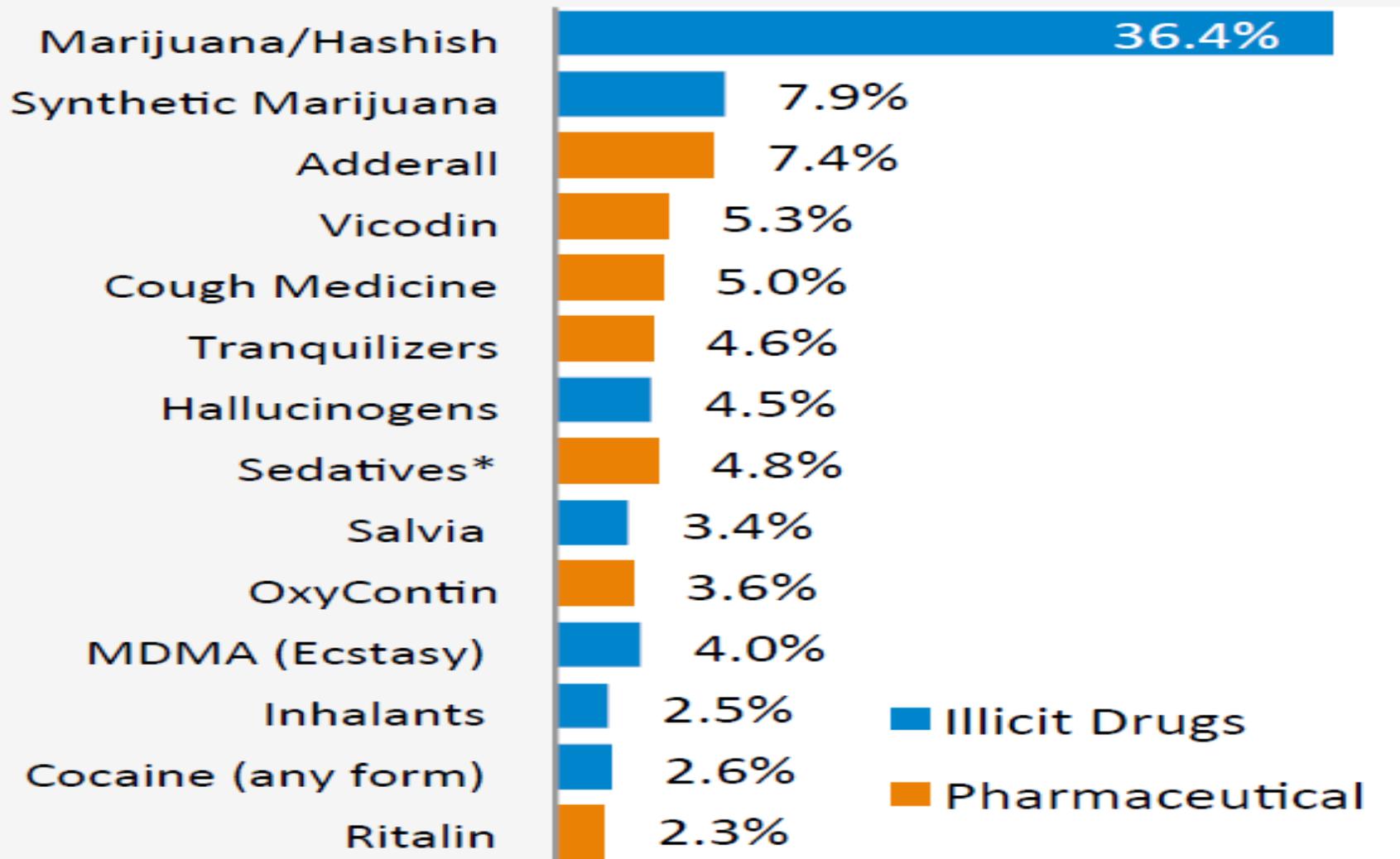


¹ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

By the time they are seniors, one out of five youth are current marijuana users and 1 in 17 use every day.



Past-Year Use of Various Drugs by 12th Graders (Percent)



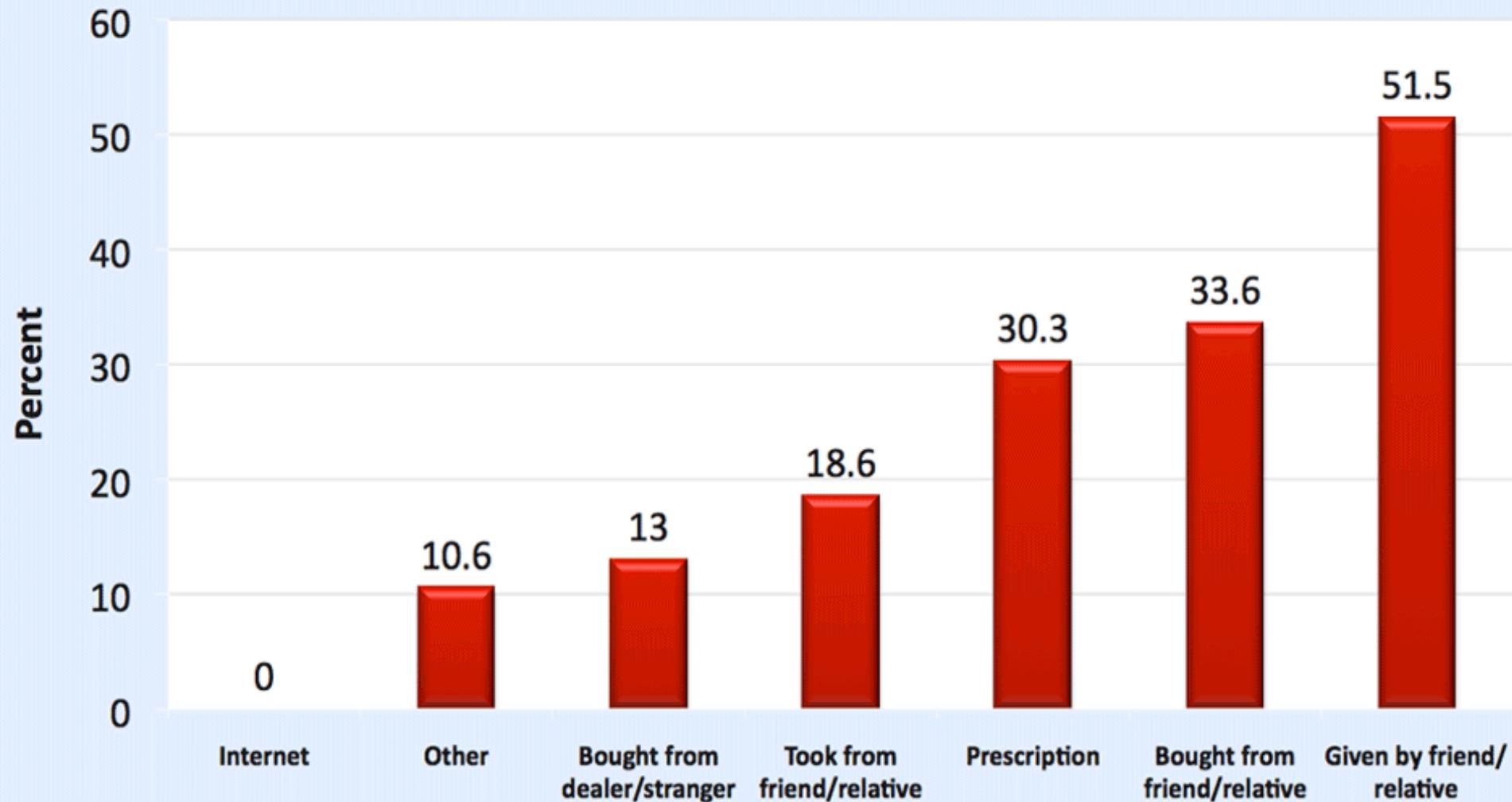
SOURCE: University of Michigan, 2013 Monitoring the Future Study

Prescription and OTC Drugs

Although illicit drug use by teens is declining, now there is a new threat, the family medicine cabinet.



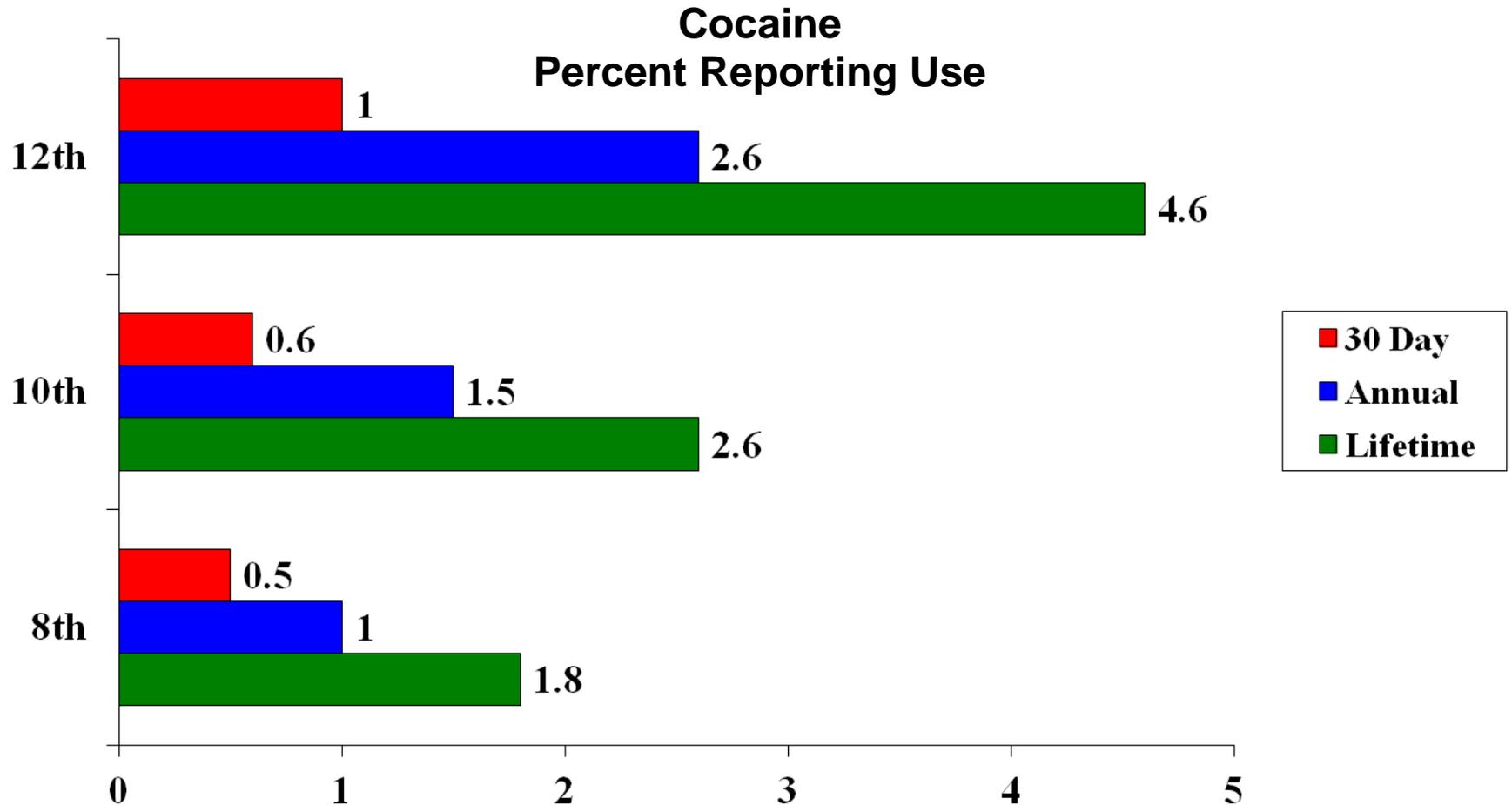
Source of Prescription Narcotics Used Non-medically by 12th graders* in the Past Year



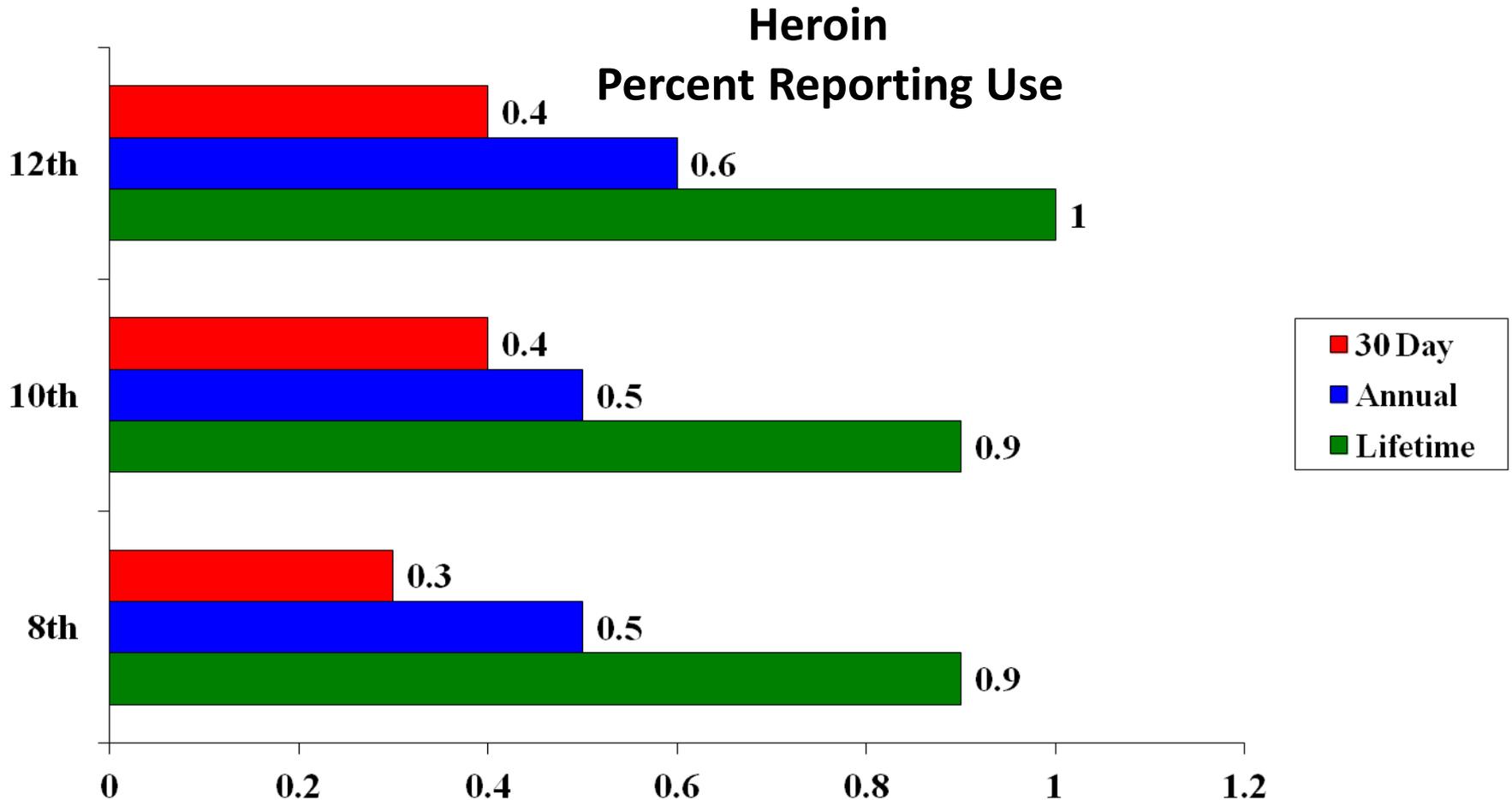
*Categories not mutually exclusive

SOURCE: University of Michigan, 2009 Monitoring the Future Study

Cocaine use is less prevalent, but almost 1 in 20 seniors have used cocaine during their lifetime.

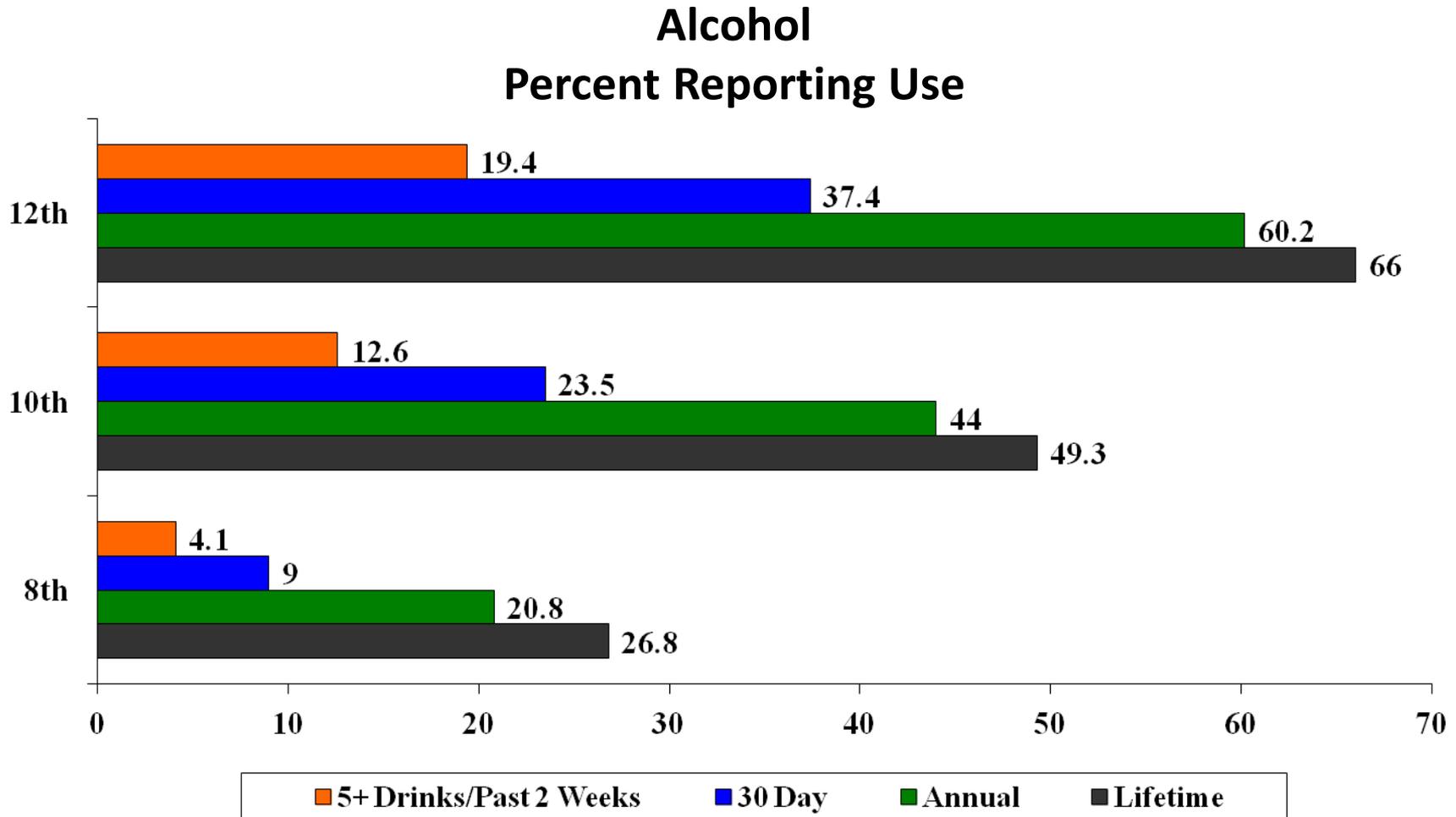


Heroin use among students is low, but any use among students is a cause for great concern.



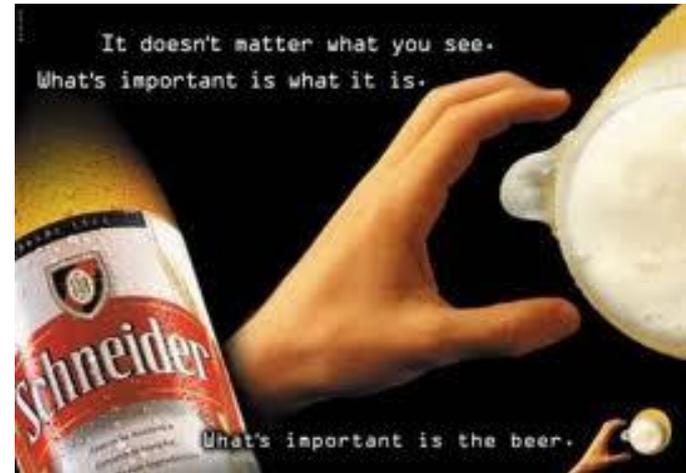
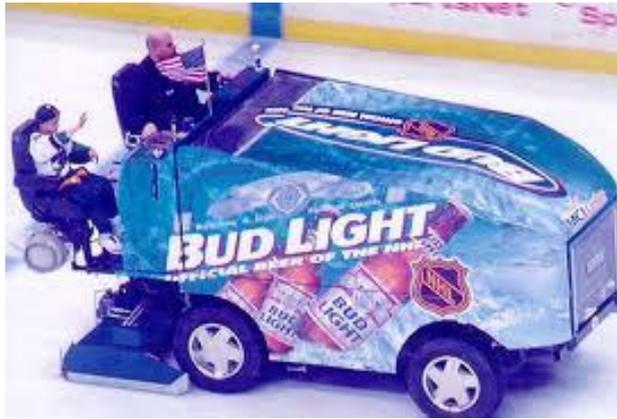
Source: Monitoring the Future Study, 2014

Alcohol is a serious problem among youth – almost 20 percent of high school seniors and over 10 percent of 10th graders are heavy, binge drinkers.

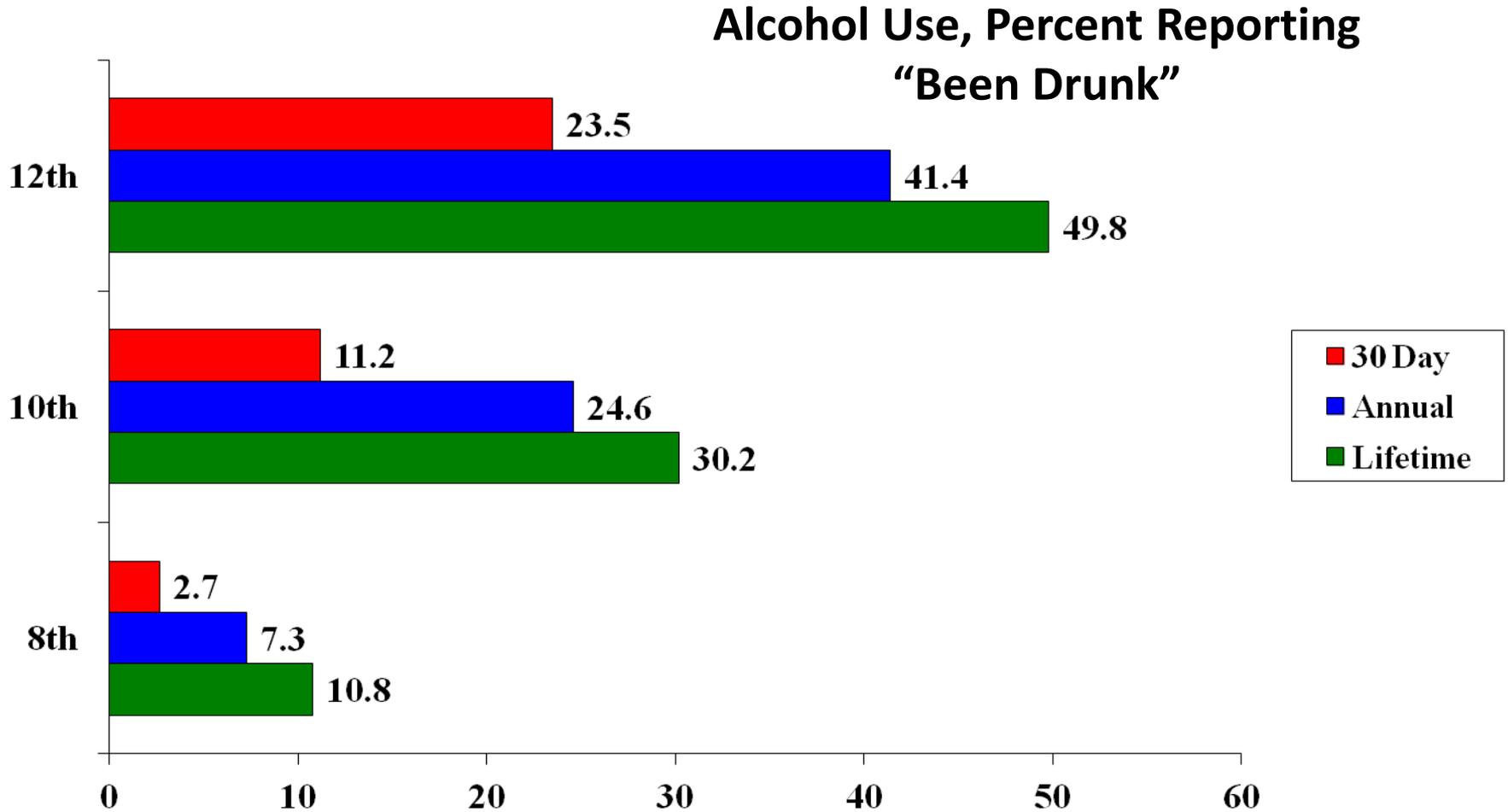


Source: Monitoring the Future Study, 2014

Alcohol use is a serious problem.



The number of adolescents who report having been drunk is of great concern.



Source: Monitoring the Future Study, 2014

MAY 26, 2014

Nigeria's Stolen Girls / Botched Executions / Plus: My Kid Hates
Frozen by Joel Stein

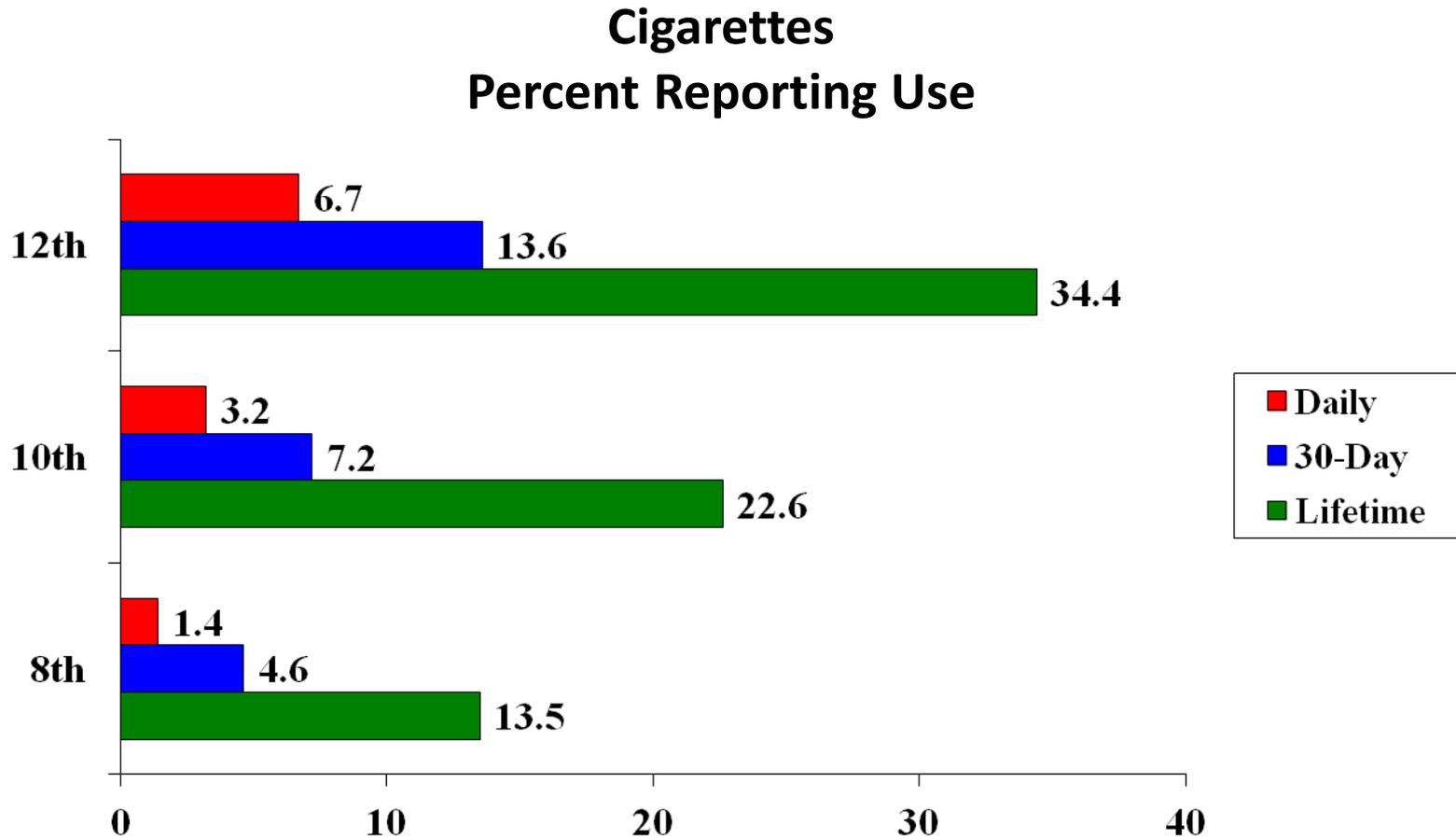
TIME



THE CRISIS IN HIGHER EDUCATION

BY ELIZA GRAY

Despite significant declines, still almost one out of every ten high school seniors are daily smokers.



Source: Monitoring the Future Study, 2014

Illicit Drugs Declining in Use

- Inhalants
- Powder/Crack Cocaine
- Vicodin
- Adderall (↑12 graders*)
- Sedatives (barbiturates)
- Tranquilizers
- Cough and Cold Medications

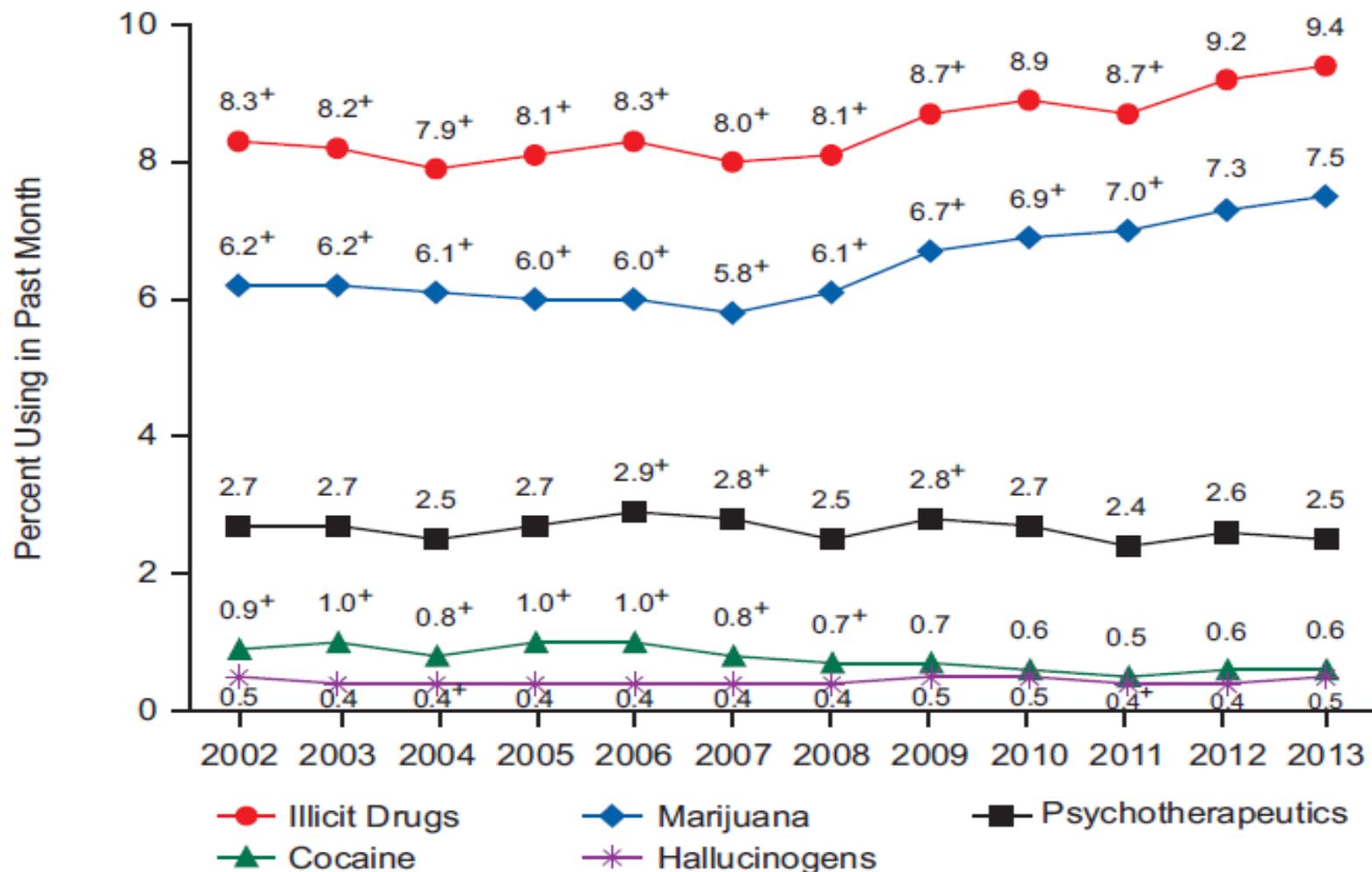
Drugs Holding Steady in 2013

- Illicit drugs other than marijuana
- LSD and other Hallucinogens
- Salvia
- Heroin
- Oxycontin
- Amphetamines and Ritalin
- Club Drugs (Rohypnol, GHB, Ketamine)
- Provigil



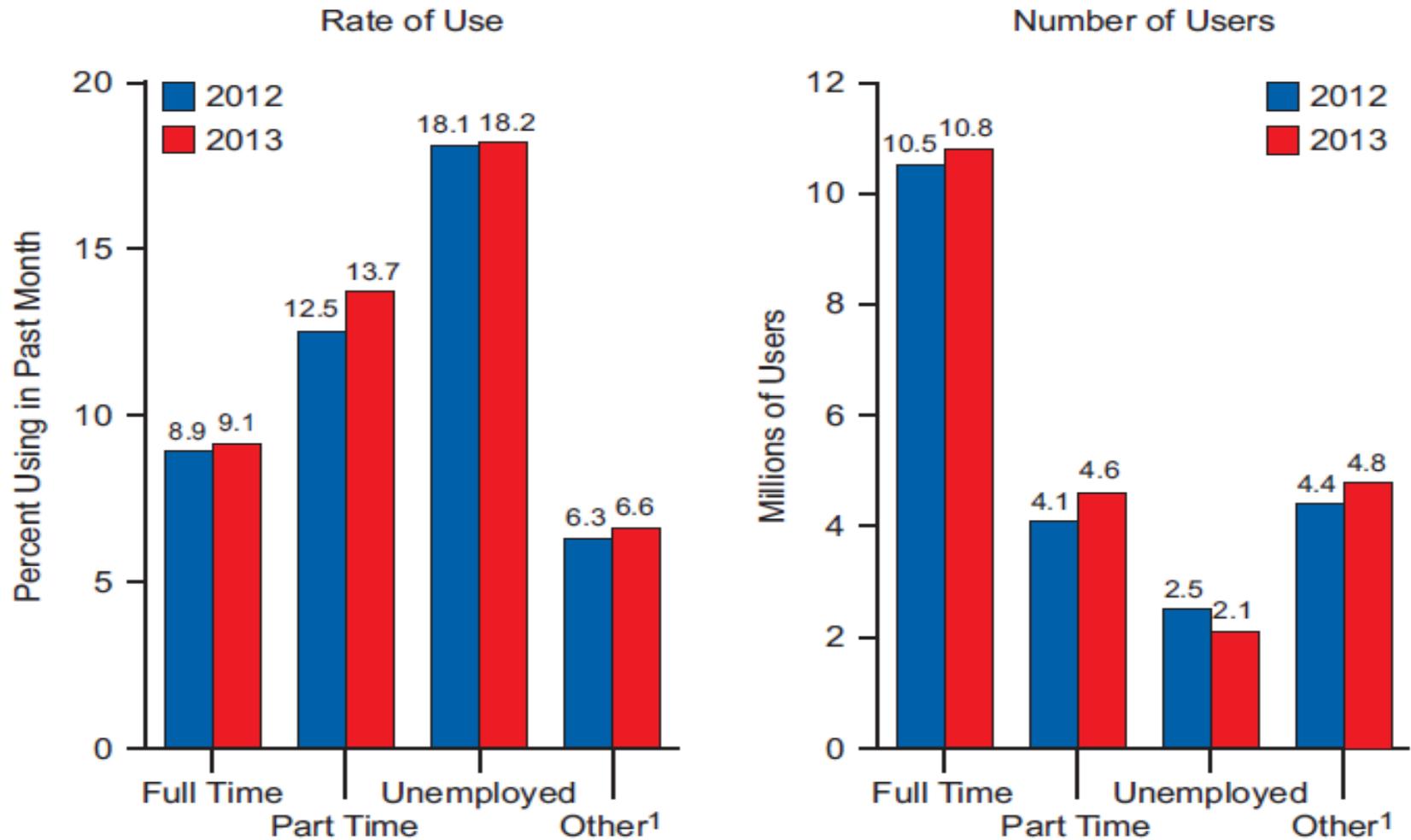
*Trends in Drug Use and
Health Impacts*

Figure 2.2 Past Month Use of Selected Illicit Drugs among Persons Aged 12 or Older: 2002-2013



⁺ Difference between this estimate and the 2013 estimate is statistically significant at the .05 level.

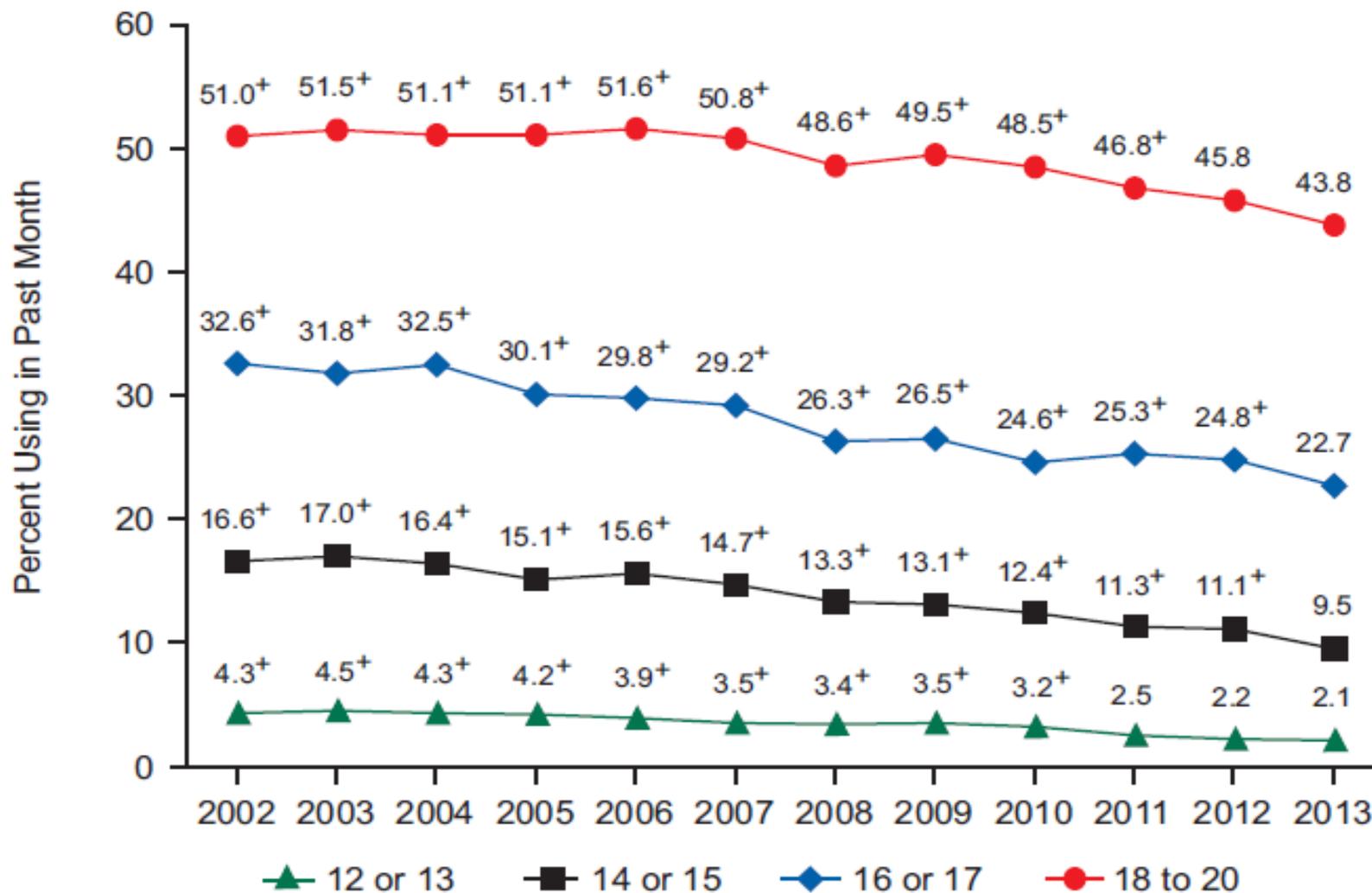
Figure 2.13 Past Month Illicit Drug Use among Persons Aged 18 or Older, by Employment Status: 2012 and 2013



⁺Difference between this estimate and the 2013 estimate is statistically significant at the .05 level.

¹The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

Figure 3.7 Current Alcohol Use among Persons Aged 12 to 20, by Age: 2002-2013



⁺ Difference between this estimate and the 2013 estimate is statistically significant at the .05 level.

Figure 7.4 Alcohol Dependence or Abuse in the Past Year among Adults Aged 21 or Older, by Age at First Use of Alcohol: 2013

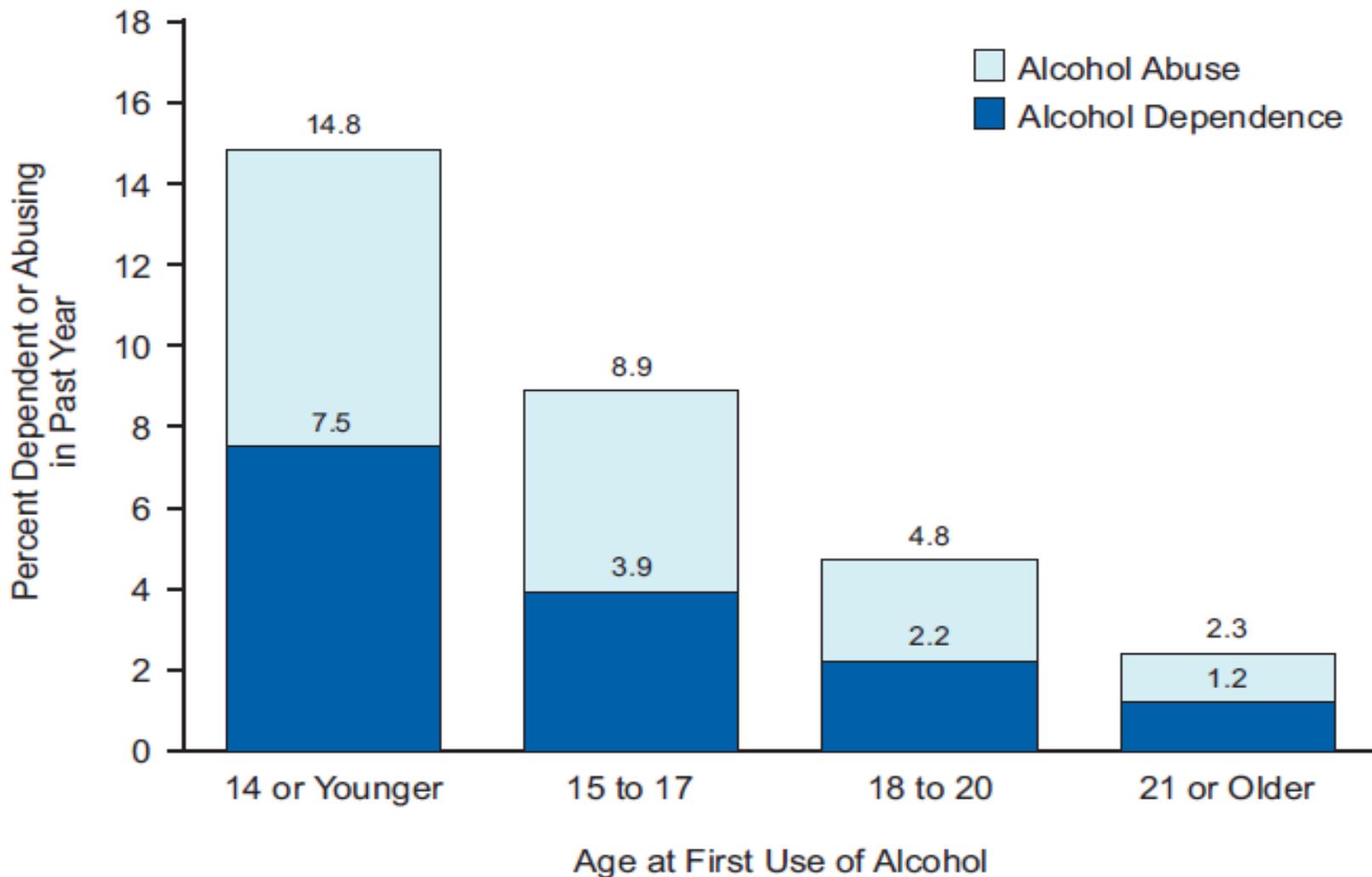
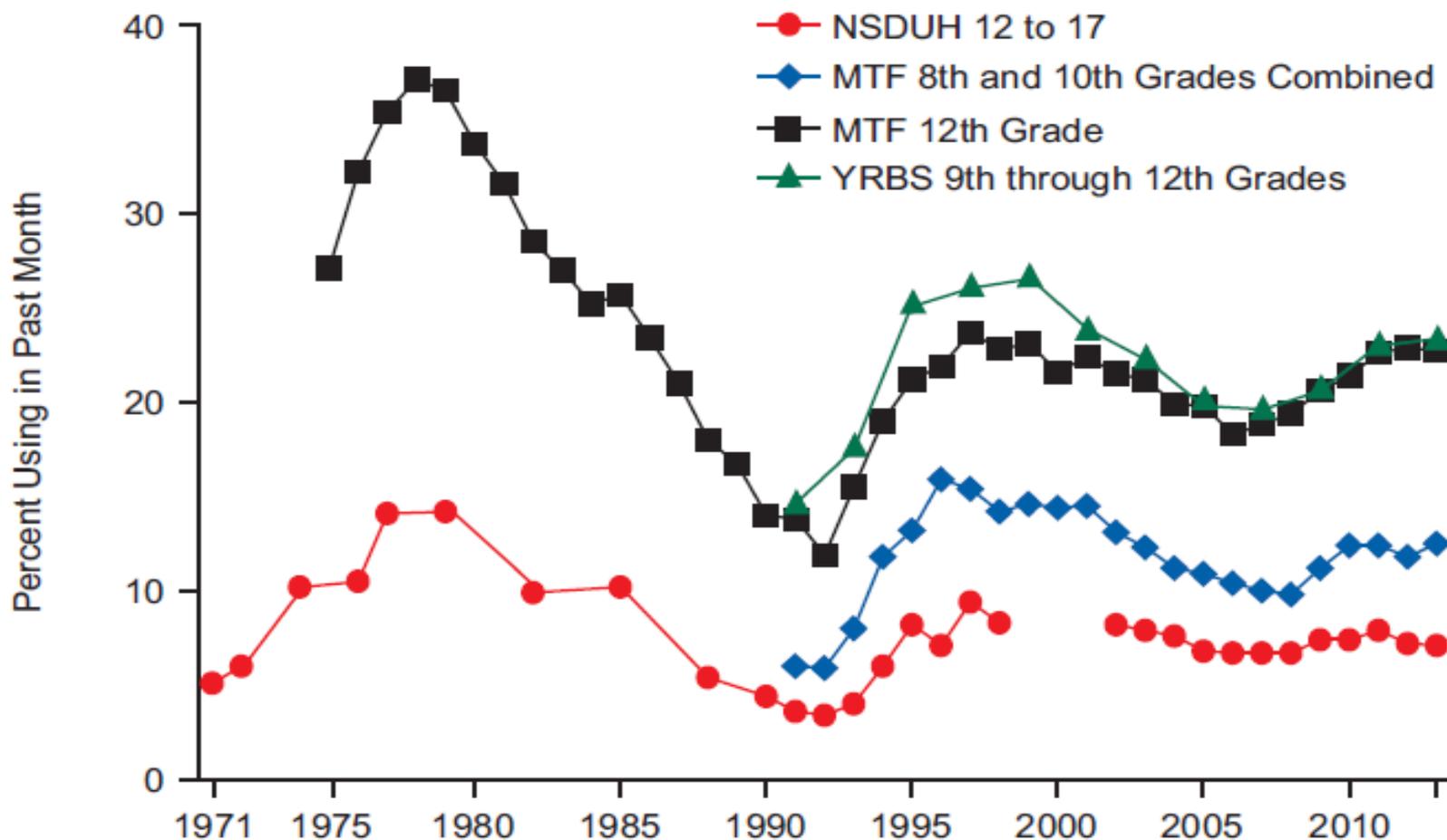


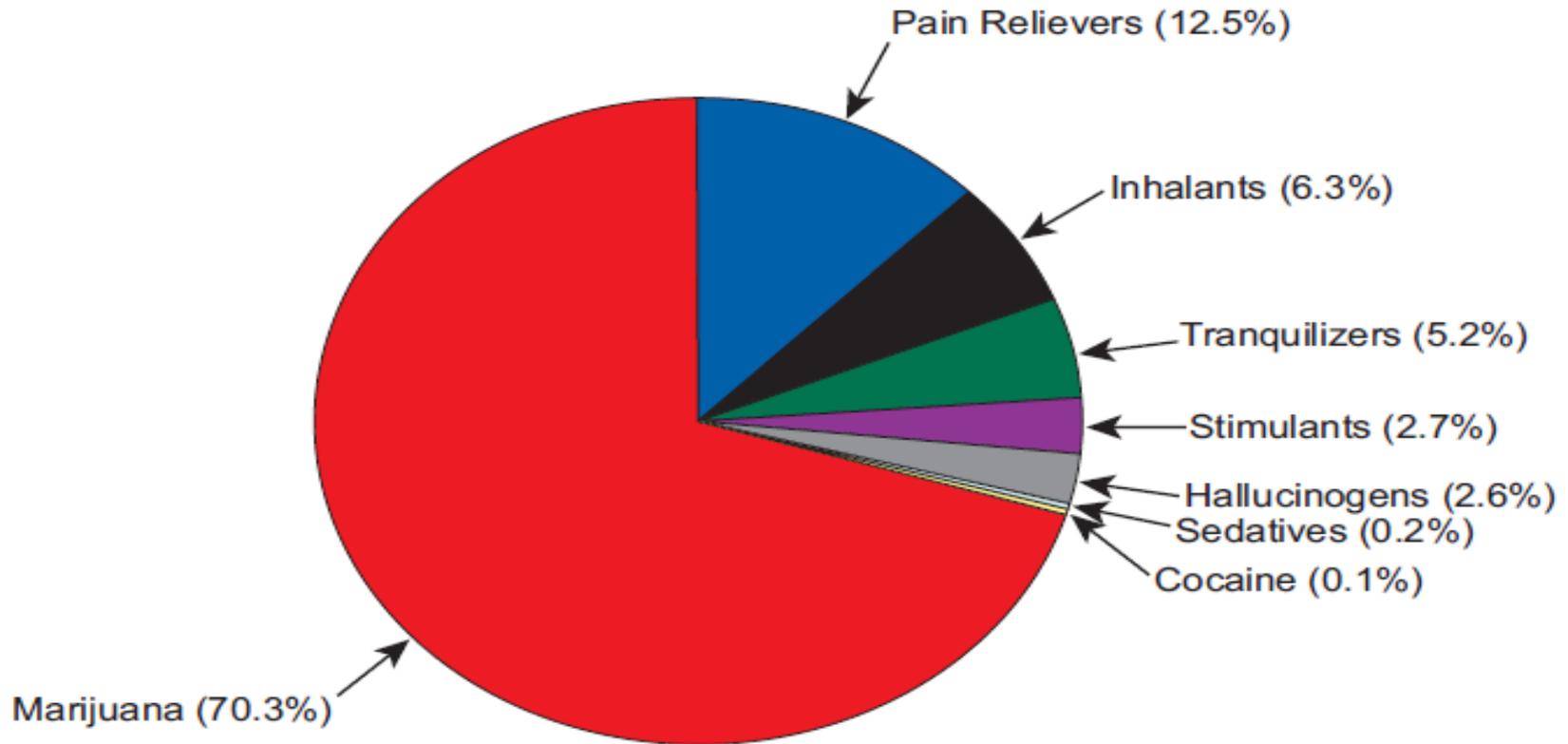
Figure 8.4 Past Month Marijuana Use among Youths in NSDUH, MTF, and YRBS: 1971-2013



MTF = Monitoring the Future; NSDUH = National Survey on Drug Use and Health; YRBS = Youth Risk Behavior Survey.

Note: NSDUH data for youths aged 12 to 17 are not presented for 1999 to 2001 because of design changes in the survey. These design changes preclude direct comparisons of estimates from 2002 to 2013 with estimates prior to 1999.

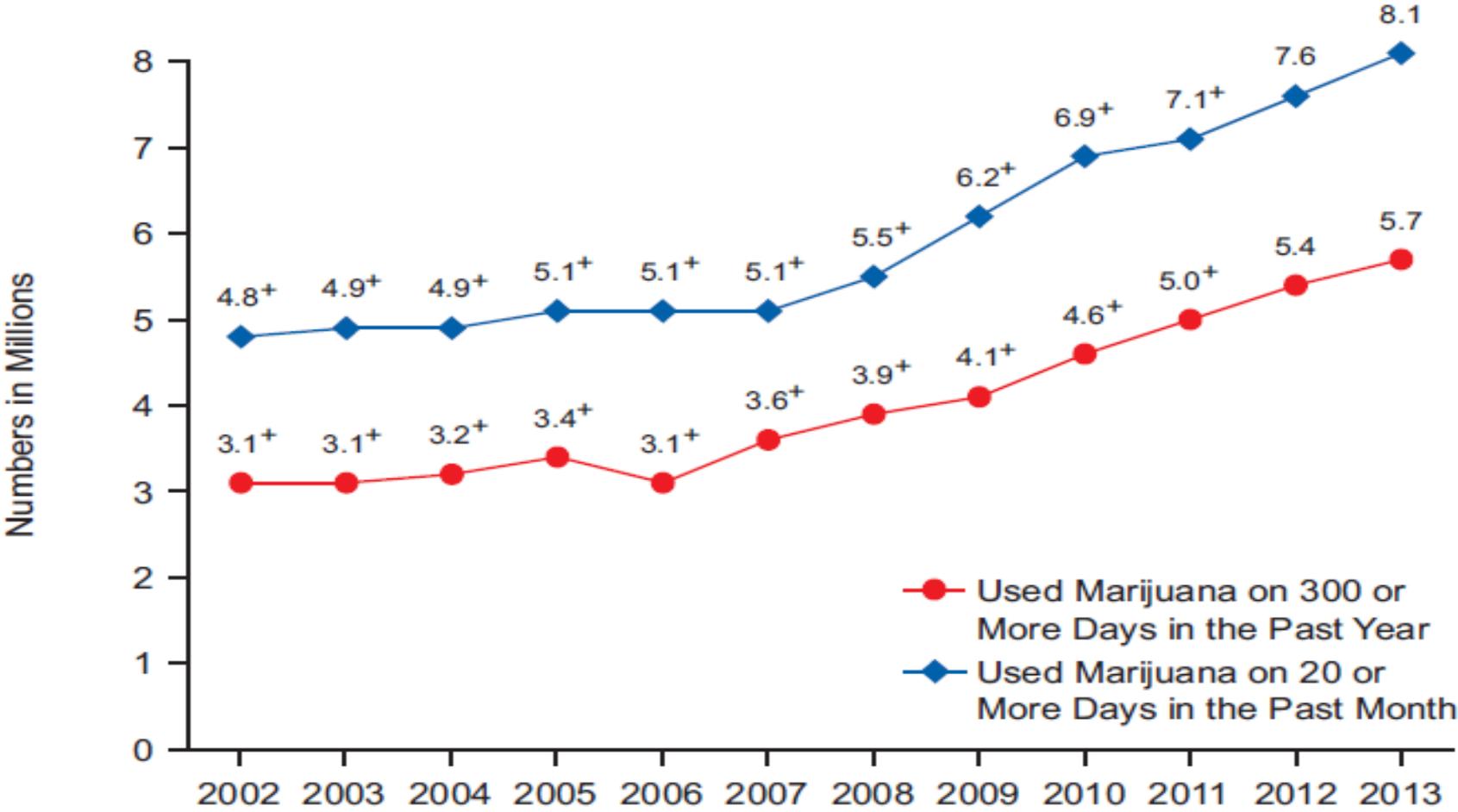
Figure 5.1 First Specific Drug Associated with Initiation of Illicit Drug Use among Past Year Illicit Drug Initiates Aged 12 or Older: 2013



2.8 Million Initiates of Illicit Drugs

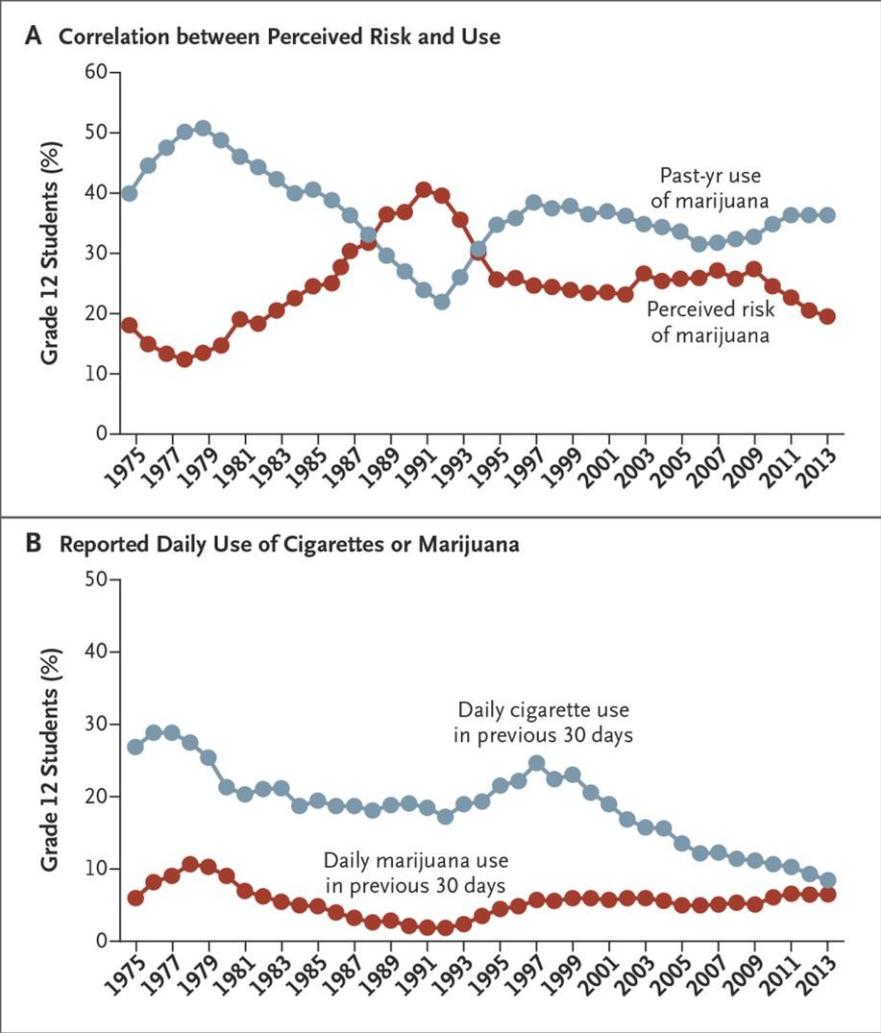
Note: The percentages do not add to 100 percent due to rounding or because a small number of respondents initiated multiple drugs on the same day. The first specific drug refers to the one that was used on the occasion of first-time use of any illicit drug.

Figure 2.15 Daily or Almost Daily Marijuana Use in the Past Year and Past Month among Persons Aged 12 or Older: 2002-2013

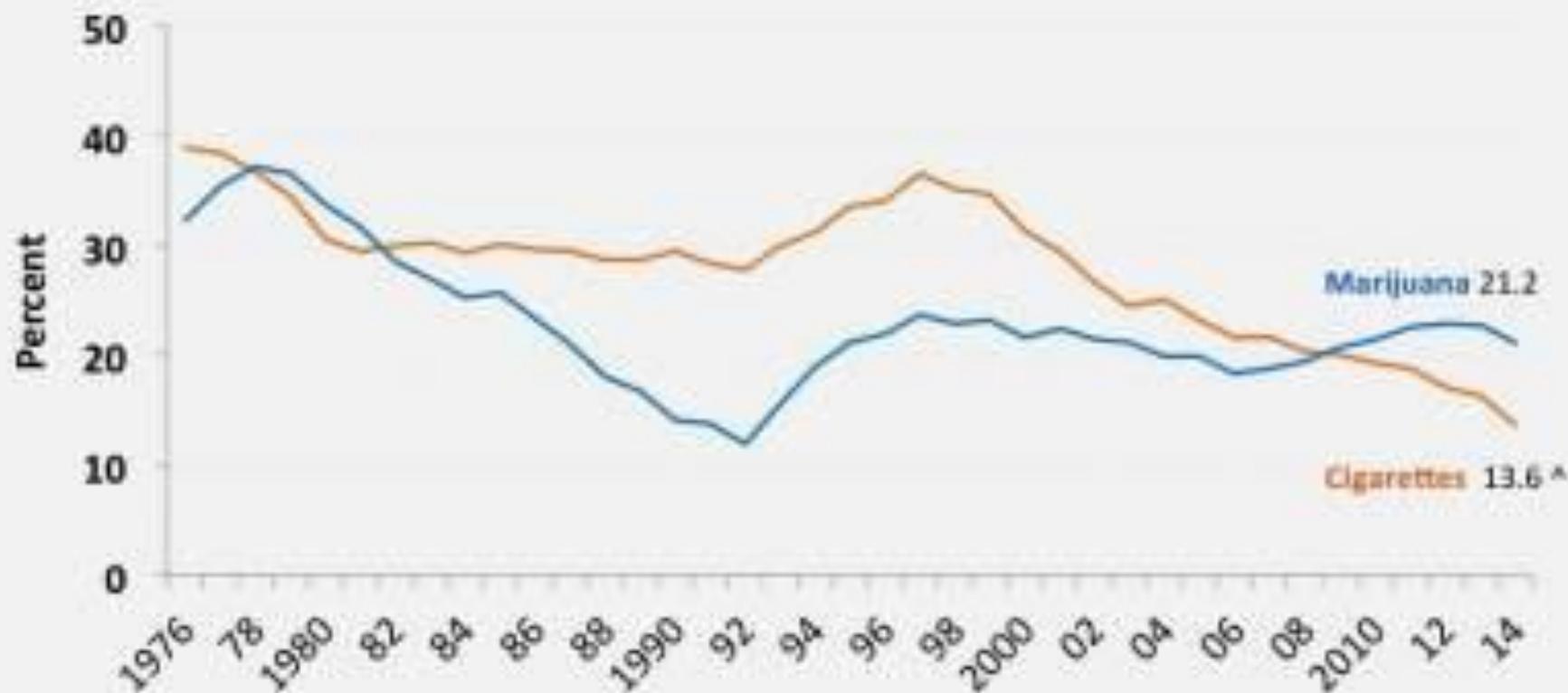


⁺ Difference between this estimate and the 2013 estimate is statistically significant at the .05 level.

Use of Marijuana in Relation to Perceived Risk and Daily Use of Tobacco Cigarettes or Marijuana among U.S. Students in Grade 12, 1975–2013.

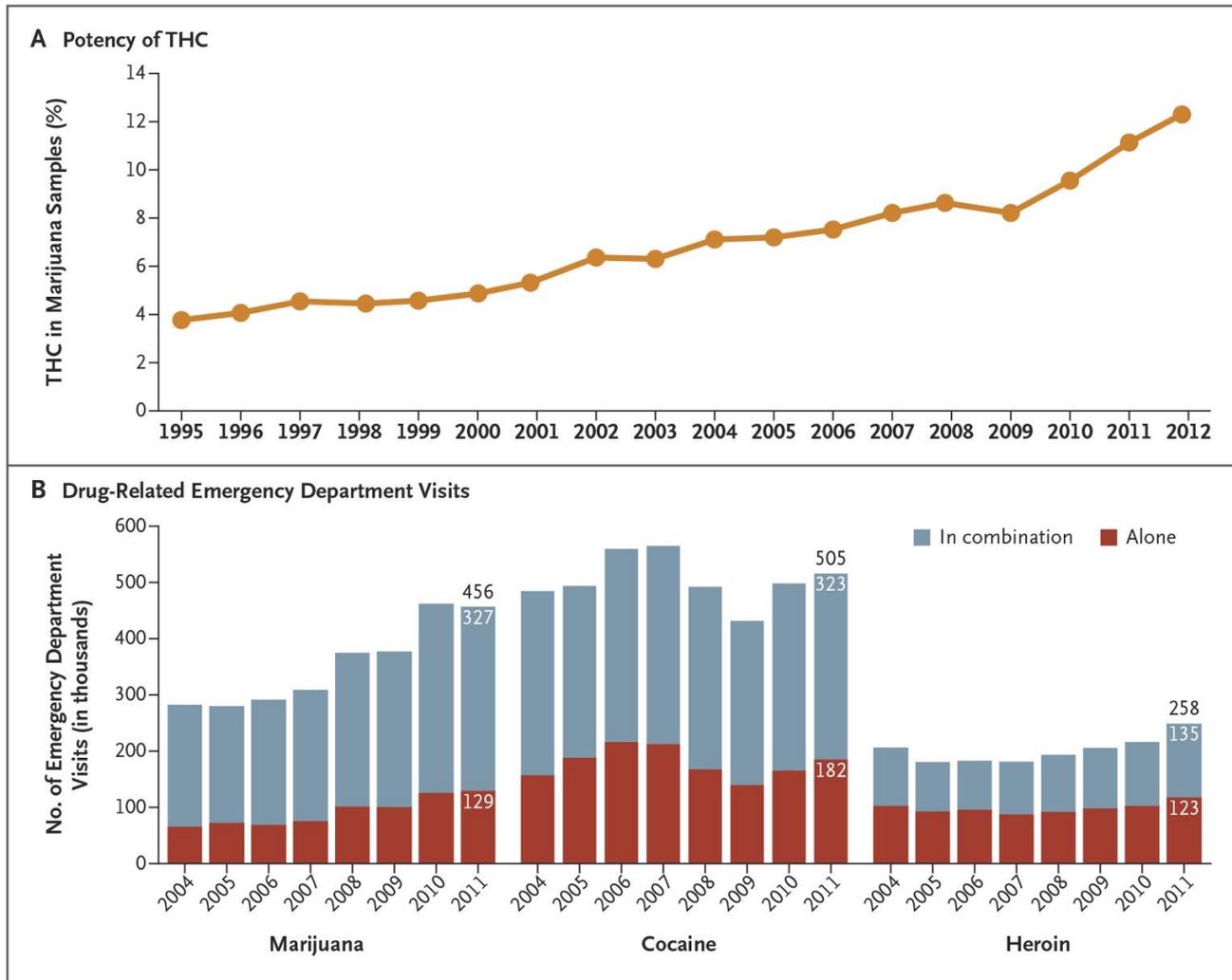


Past Month Use of Cigarettes and Marijuana among 12th graders, 1975-2014



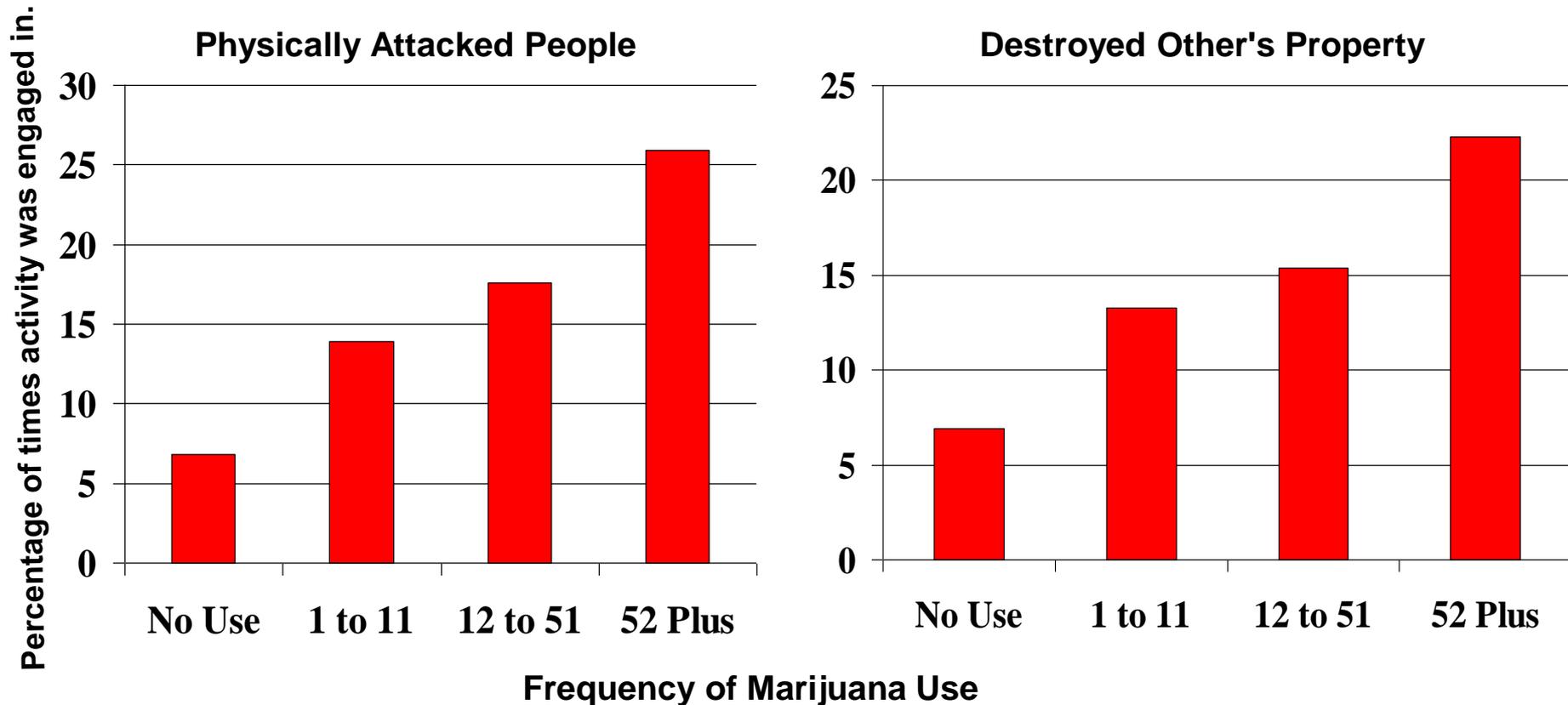
Significant * increase or ^ decrease from 2009

Increases over Time in the Potency of Tetrahydrocannabinol (THC) in Marijuana and the Number of Emergency Department Visits Involving Marijuana, Cocaine, or Heroin.



Aggressive Anti-Social Behavior Among Youth is Clearly Linked to Frequency of Marijuana Use

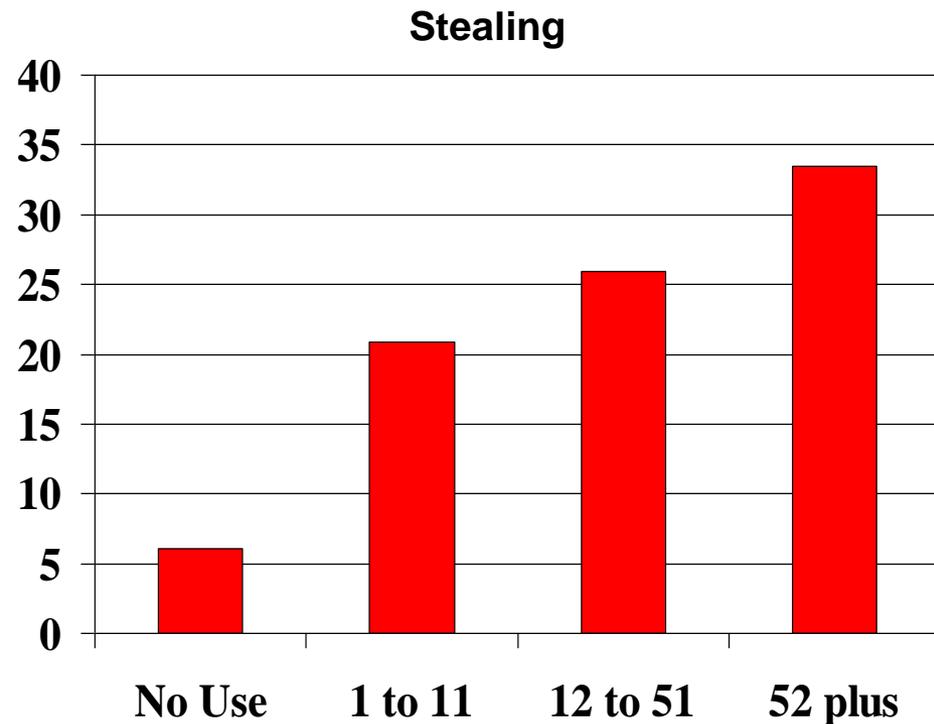
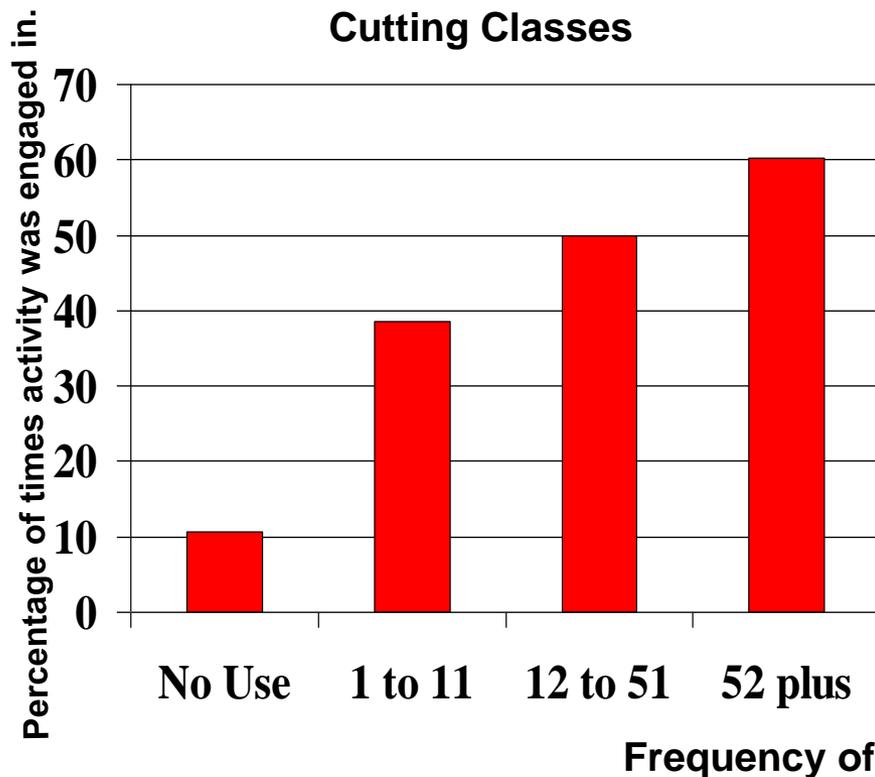
Percentage of those ages 12 to 17 who reported aggressive behavior in past 6 months, by number of days marijuana was used in the past year



Source: NHSDA Household Survey Data, 1994-1996

Marijuana use is also related to other delinquent behaviors

Percentage of those ages 12 to 17 who reported delinquent behavior in past 6 months, by number of days marijuana was used in the past year



Adverse Effects of Short-Term Use and Long-Term or Heavy Use of Marijuana.

Table 1. Adverse Effects of Short-Term Use and Long-Term or Heavy Use of Marijuana.

Effects of short-term use

Impaired short-term memory, making it difficult to learn and to retain information

Impaired motor coordination, interfering with driving skills and increasing the risk of injuries

Altered judgment, increasing the risk of sexual behaviors that facilitate the transmission of sexually transmitted diseases

In high doses, paranoia and psychosis

Effects of long-term or heavy use

Addiction (in about 9% of users overall, 17% of those who begin use in adolescence, and 25 to 50% of those who are daily users)*

Altered brain development*

Poor educational outcome, with increased likelihood of dropping out of school*

Cognitive impairment, with lower IQ among those who were frequent users during adolescence*

Diminished life satisfaction and achievement (determined on the basis of subjective and objective measures as compared with such ratings in the general population)*

Symptoms of chronic bronchitis

Increased risk of chronic psychosis disorders (including schizophrenia) in persons with a predisposition to such disorders

* The effect is strongly associated with initial marijuana use early in adolescence.

Level of Confidence in the Evidence for Adverse Effects of Marijuana on Health and Well-Being.

Table 2. Level of Confidence in the Evidence for Adverse Effects of Marijuana on Health and Well-Being.

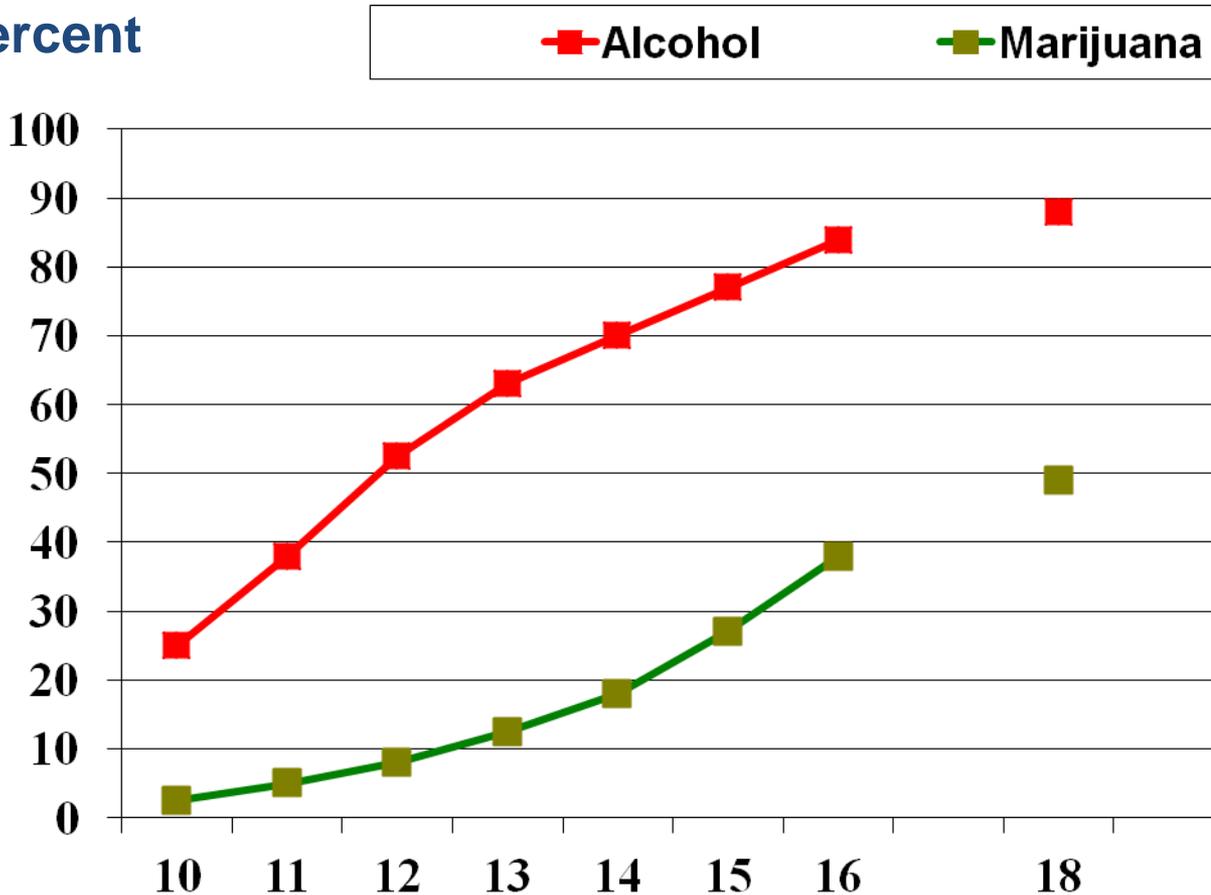
Effect	Overall Level of Confidence*
Addiction to marijuana and other substances	High
Abnormal brain development	Medium
Progression to use of other drugs	Medium
Schizophrenia	Medium
Depression or anxiety	Medium
Diminished lifetime achievement	High
Motor vehicle accidents	High
Symptoms of chronic bronchitis	High
Lung cancer	Low

* The indicated overall level of confidence in the association between marijuana use and the listed effects represents an attempt to rank the strength of the current evidence, especially with regard to heavy or long-term use and use that starts in adolescence.



Cumulative alcohol and marijuana initiation, by age: Seattle Social Development Project, 1985-93.

Percent



Am J Pub Health, 90(3): 361, 2000

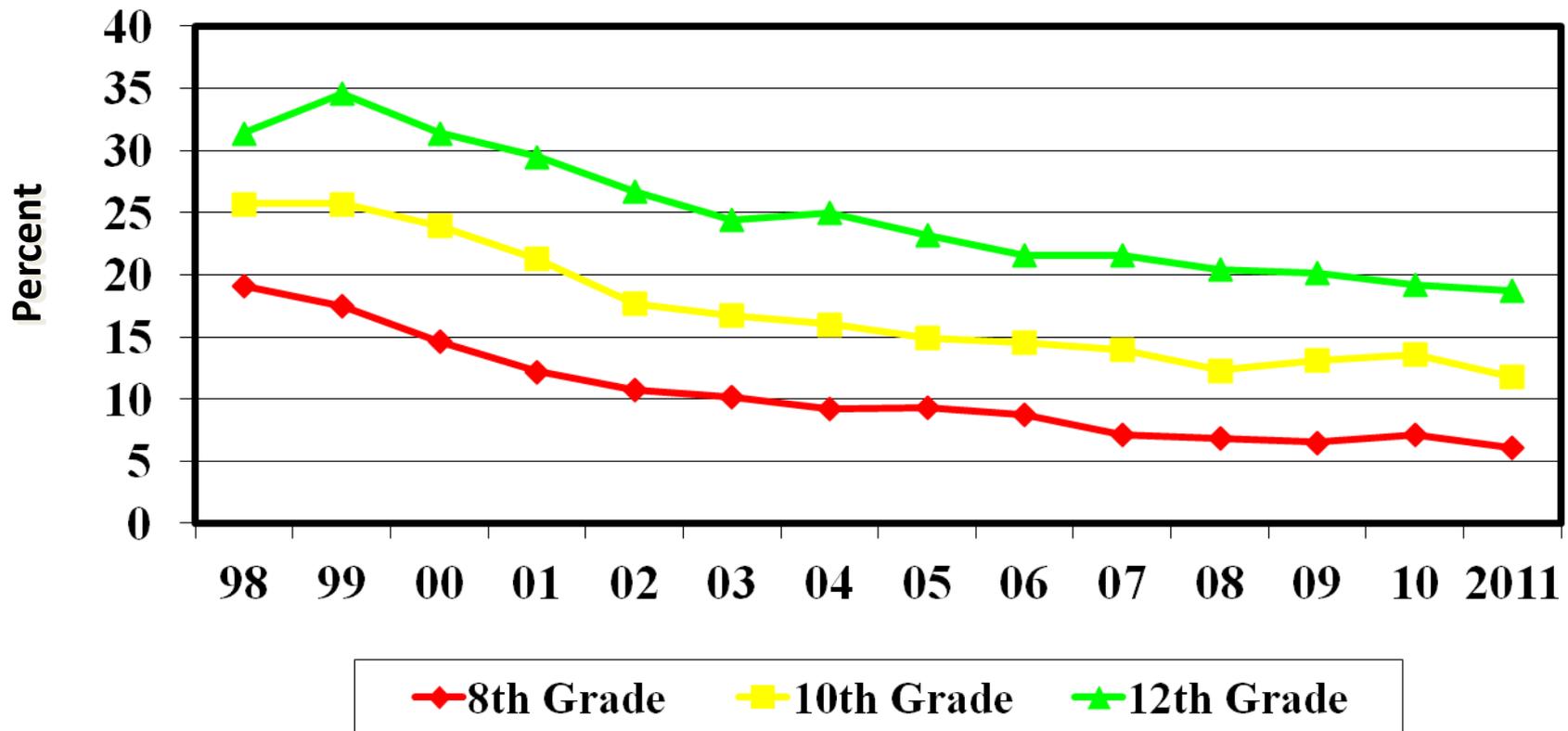
***Age of Drinking Onset Predicts Future
Alcohol Abuse and Dependence***

Grant BF, Dawson, DA. Journal of Substance Abuse, 1998

- Young people who began drinking before age 15 are four times more likely to develop alcohol dependence than those who began drinking at age 21.
- The risk of alcohol abuse was double for persons who began drinking before age 15 compared to those who began drinking at age 21.

Tobacco Use

Percent of 8th, 10th and 12th Graders Reporting Past Month Use of Cigarettes

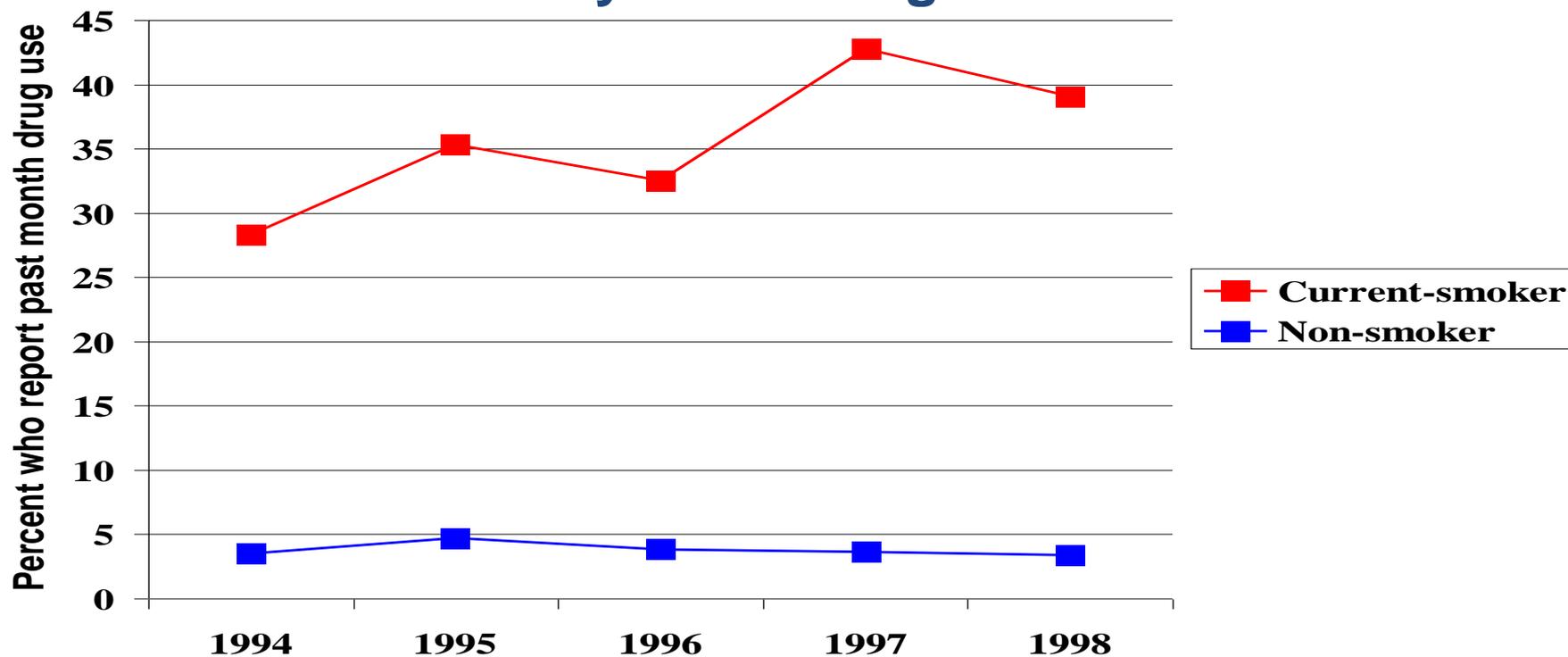


While the rates of cigarette use is going down, rates of use of small cigars and tobacco use by hookahs (waterpipes) is increasing.



For those age 12 to 17, there is also a clear relationship between smoking cigarettes and current illicit drug use.

Past Month Illicit Drug Use by Whether or not They Smoke Cigarettes



Source: 1998 National Household Survey on Drug Abuse

So what does this all mean and what should we do about it?

- Strong link between substance use and STI
- Potential opportunities for preventive care, early recognition of problems and appropriate interventions for substance use and mental health disorders

Comparison of Substance Use Typologies as Predictors of Sexual Risk Outcomes in African American Adolescent Females A Swartzendruber , J M Sales, JL. Brown, RJ. DiClemente, ES Rose
Arch Sex Behav, 2015

Table 5 Unadjusted and adjusted comparisons of substance use outcomes during 18 months of follow-up among 182 African-American female adolescents, by baseline substance use typology

Outcome	Reference: alcohol only						Reference: marijuana only		
	Marijuana only			Alcohol and marijuana			Alcohol and marijuana		
	OR	CI	<i>p</i>	OR	CI	<i>p</i>	OR	CI	<i>p</i>
Unadjusted									
Neither alcohol nor marijuana	1.54	0.55, 4.34	ns	0.50	0.22, 1.13	.095	0.32	0.11, 0.93	.036
Both alcohol and marijuana	3.39	0.97, 11.90	.056	14.1	4.89, 40.8	<.001	4.15	1.27, 13.56	.018
Adjusted ^a									
Neither alcohol nor marijuana	0.93	0.31, 2.75	ns	0.41	0.18, 0.94	.036	0.44	0.15, 1.28	ns
Both alcohol and marijuana	5.31	1.39, 20.2	.014	16.41	5.55, 48.51	<.001	3.09	0.94, 10.2	.064

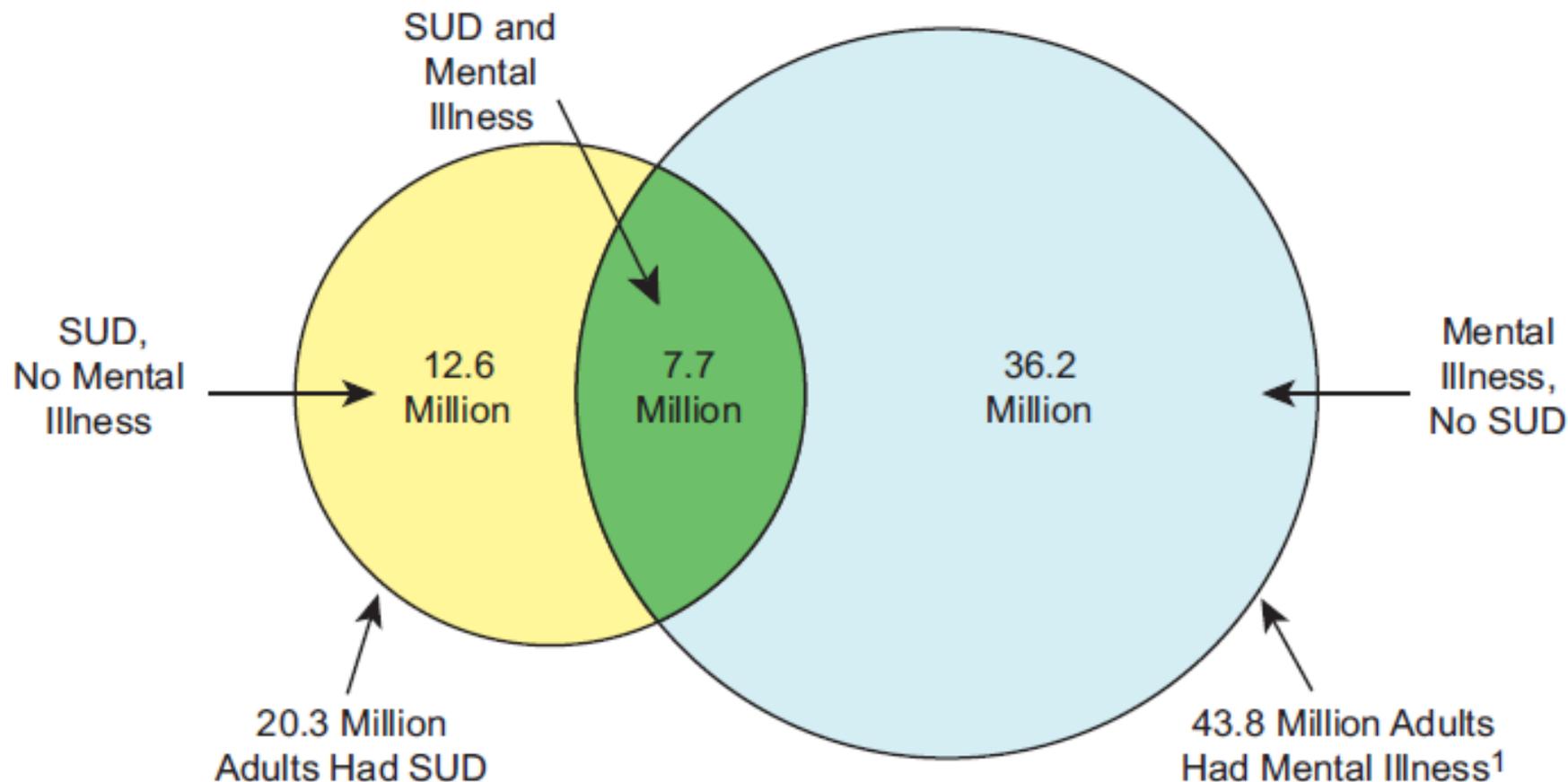
^a Adjusted for baseline age

The link between substance use *and* reproductive health service utilization among young U.S. women

KS Hall, C Moreau, J Trussell , *Substance Abuse* 2013 ; 34(3): 283–291.

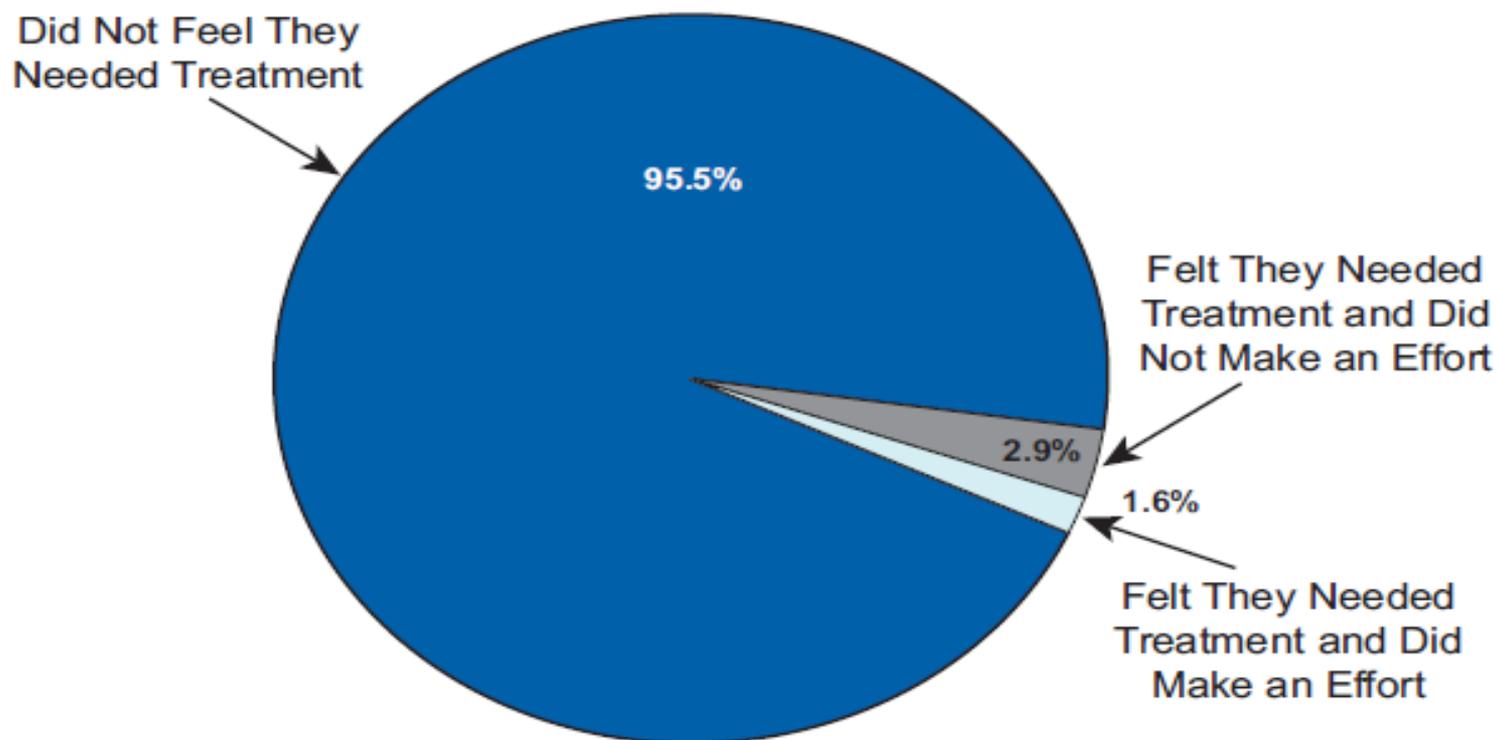
- **Methods**—We used data from 4,421 young women ages 15-24yrs in the National Survey of Family Growth, 2002-2008. We examined frequency of tobacco, alcohol, marijuana and illicit drug use and SRH service use in the past year with logistic regression.
- **Results**—Over half (59%) young women used SRH services including contraception (48%), gynecological exam (47%), and STI testing/treatment (17%) services. Proportions of SRH service use increased with higher frequencies of substance use (all p-values<0.001); service use was particularly common among daily substance users (range: 72% of daily marijuana users to 83% of daily binge drinkers). In multivariable analyses, weekly marijuana (OR 2.5, CI 1.4-4.3, p=0.002) and alcohol (OR 1.7, CI 1.1-2.4, p=0.01) use were positively associated with gynecological service use. All substances were positively associated with STI service use.
- **Conclusion**—SRH service use was common among women reporting frequent substance use. SRH settings provide an opportunity to deliver substance use screening and preventive care to young women.

Figure 5.2 Past Year Substance Use Disorders and Mental Illness among Adults Aged 18 or Older: 2013



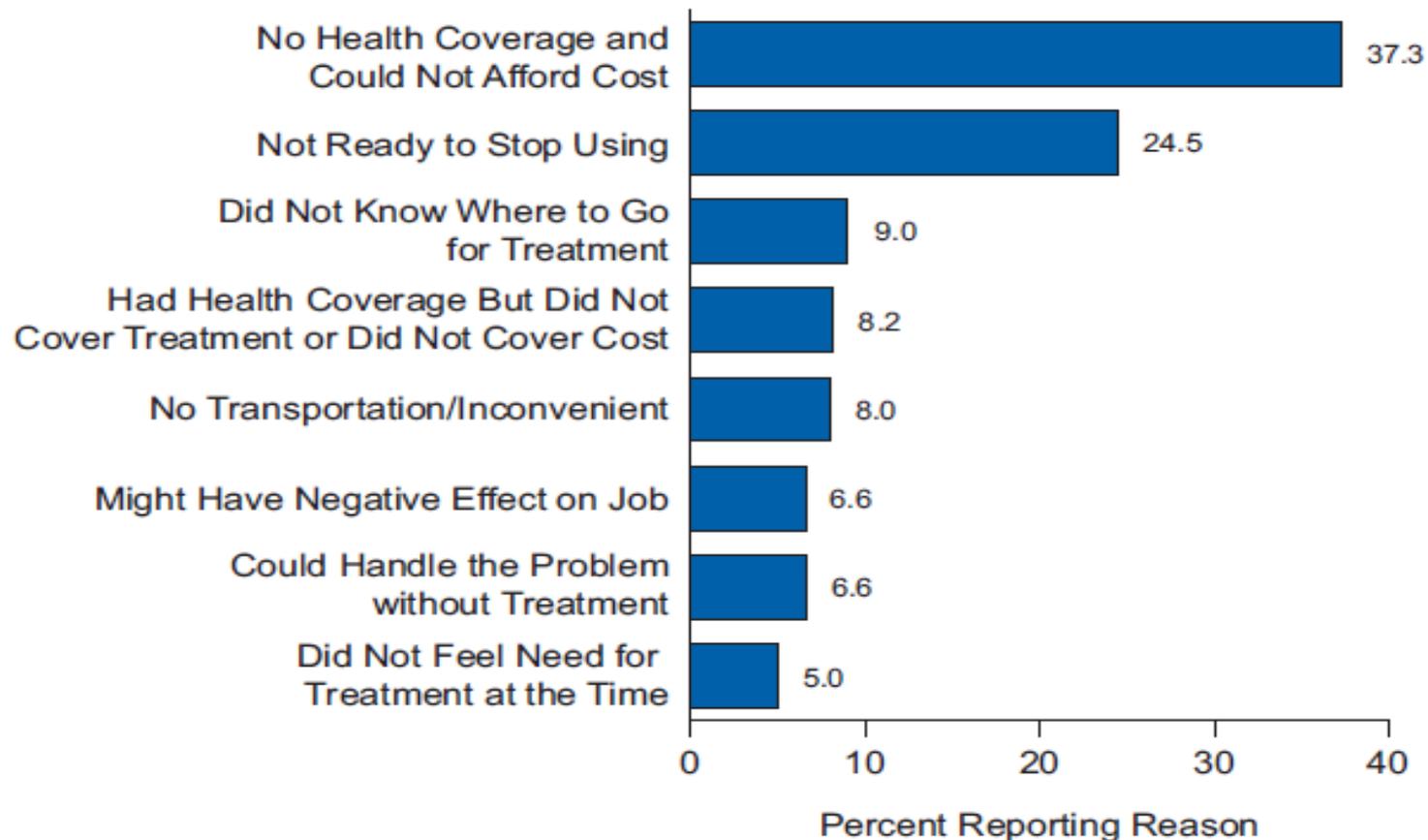
SUD = substance use disorder.

Figure 7.10 Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2013



20.2 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

Figure 7.11 Reasons for Not Receiving Substance Use Treatment among Persons Aged 12 or Older Who Needed and Made an Effort to Get Treatment But Did Not Receive Treatment and Felt They Needed Treatment: 2010-2013 Combined



Role of the Health Care Provider

- Health providers should educate their patients & families about the dangers of substance use and risk factors for problem use and addiction.
- Routinely screen for risky substance use and identify early affected individuals.
- Provide interventions to reduce risky use that are tailored to age and personal characteristics.
- Provide referral for assessment and diagnosis and assist with connection to treatment services.

Core Competencies for Involvement of Health Care Providers in the Care of Children and Adolescents Affected by Substance Abuse-Level I

- Be aware of medical, psychiatric, and behavioral syndromes and symptoms
- Be aware of benefit of timely and early intervention
- Be familiar with community resources
- Include appropriate screening for AOD use
- Determine resource needs and services being provided
- Communicate appropriate concern and offer information, support and follow-up

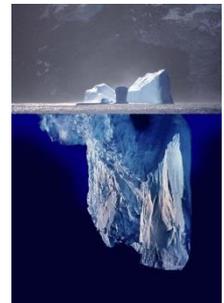
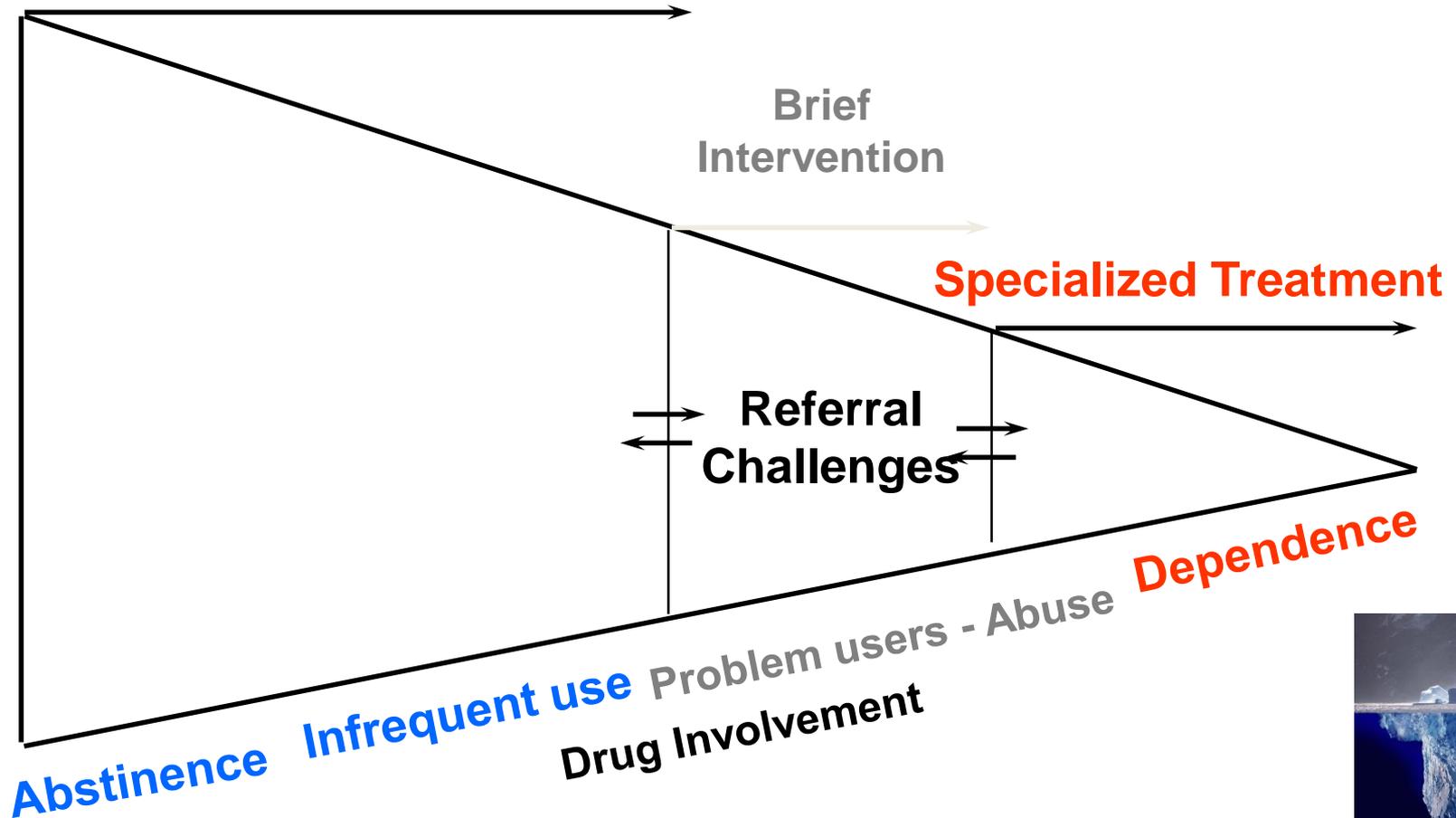
Skill Competencies

- Recognize early manifestations of substance use disorders
- Screen patients and families effectively
- Provide prevention, motivational enhancement for behavior change, or referral, as appropriate

Why Care About Prevention, Screening, Brief Intervention and Referral to Treatment ?

Adapted from Broadening the Base of Alcohol Treatment (IOM)

Primary Prevention (Intensive for High Risk)



CURRENT MODELS OF IDENTIFYING AND RESPONDING TO SUBSTANCE USE

The most widely used approach to early detection and response is the Screening, Brief Intervention and Referral to Treatment (SBIRT) model. It consists of the following steps:



Screening

- Quickly assesses the presence and severity of risky substance use and identifies the appropriate level of response.



Brief Intervention

- For those who are risky users but do not meet medical criteria for addiction, brief interventions focus on increasing insight and awareness regarding substance use and motivation toward behavioral change.



Referral

- Provides those identified as needing treatment for addiction with a comprehensive assessment and diagnosis and access to specialty care.



Treatment

- Involves psychosocial and pharmaceutical therapies to help patients reduce and eliminate substance use, stabilize their condition and manage their disease.

SCREENING FOR ALCOHOL PROBLEMS

ASK CURRENT DRINKERS (NIAAA questions)

- On average, how many days per week do you drink alcohol?
- On a typical day when you drink, how many drinks do you have?
- What's the maximum number of drinks you had on a given occasion in the last month?

CAGE

C: Have you felt you ought to *CUT* down on your drinking or drug use?

A: Have people *ANNOYED* you by criticizing your drinking or drug use?

G: Have you ever felt *GUILTY* about your drinking or drug use?

E: Have you ever had a drink or used drugs first thing in the morning (*EYE OPENER*) to steady your nerves, rid hangover, or get your day started?

CRAFFT

C: Have you ever ridden in a *CAR* by someone (including yourself) who was high or was using alcohol or drugs?

R: Do you ever use alcohol or drugs to *RELAX*, feel better about yourself or fit in?

A: Do you ever use alcohol or drugs with you by yourself? (*ALONE*)

F: Do your family or *FRIENDS* ever tell you should cut down on your drinking or drug use?

F: Do you ever *FORGET* things that you were doing while using alcohol or drugs?

T: Have you gotten in *TROUBLE* while using alcohol or drugs?

AT-RISK DRINKING

	PER WEEK	PER OCCASION
MEN	> 14 DRINKS	> 4 DRINKS
WOMEN	> 7 DRINKS	> 3 DRINKS
AGE > 65	> 7 DRINKS	> 3 DRINKS

Standard Drink = 12g of pure alcohol

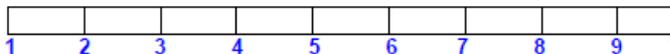
1.5 oz of liquor

5 oz glass of wine

12 oz of beer



READINESS TO CHANGE RULER



ALCOHOL SCREENING AND BRIEF INTERVENTION FOR YOUTH A PRACTITIONER'S GUIDE



Elementary School (ages 9–11)

Ask the *friends* question first.

Friends: Any drinking?

"Do you have any friends who drank beer, wine, or any drink containing alcohol in the *past year*?"

ANY drinking by friends heightens concern.

Patient: Any drinking?

"How about you—have you *ever* had more than a few sips of beer, wine, or any drink containing alcohol?"

ANY drinking: Highest Risk

Middle School (ages 11–14)

Ask the *friends* question first.

Friends: Any drinking?

"Do you have any friends who drank beer, wine, or any drink containing alcohol in the *past year*?"

ANY drinking by friends heightens concern.

Patient: How many days?

"How about you—in the *past year*, on how many days have you had more than a few sips of beer, wine, or any drink containing alcohol?"

ANY drinking: Moderate or Highest Risk

(see chart on page 10)

High School (ages 14–18)

Ask the *patient* question first.

Patient: How many days?

"In the *past year*, on how many days have you had more than a few sips of beer, wine, or any drink containing alcohol?"

Lower, Moderate, or Highest Risk

(see chart on page 10)

Friends: How much?

"If your friends drink, how many drinks do they usually drink on an occasion?"

Binge drinking by friends heightens concern.

(3 to 5+ drinks; see page 15)

+ NIDA Drug Screening Tool

Quick Screen

Clinician's Screening Tool for Drug Use in General Medical Settings*



In the past year, how often have you used the following?

Alcohol (For men, 5 or more drinks a day. For women, 4 or more drinks a day)

Never
 Once or Twice
 Monthly
 Weekly
 Daily or Almost Daily

Tobacco Products

Never
 Once or Twice
 Monthly
 Weekly

Prescription Drugs for Non-Medical Reasons

Never
 Once or Twice
 Monthly
 Weekly

Illegal Drugs

Never
 Once or Twice
 Monthly
 Weekly

Question 1 of the NIDA-Modified ASSIST V1.0

Instructions: Patients may fill in the following form themselves but screening personnel should offer to read the questions aloud in a private setting and complete the form for the patient (circle number in appropriate row/column). To preserve confidentiality, a protective sheet should be placed on top of the questionnaire so it will not be seen by other patients after it is completed but before it is filed in the medical record.

1. <u>In the past three months</u> , how often have you used the substances you mentioned (first drug, second drug, etc.)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	2	3	4	6
b. Alcoholic beverages (beer, wine, liquor, etc.)	0	2	3	4	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
d. Cocaine (coke, crack, etc.)	0	2	3	4	6
e. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	2	3	4	6
f. Methamphetamine (speed, crystal meth, ice, etc.)	0	2	3	4	6
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	2	3	4	6
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	2	3	4	6
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	2	3	4	6
j. Street opioids (heroin, opium, etc.)	0	2	3	4	6
k. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	2	3	4	6
l. Other – Specify:	0	2	3	4	6

AUDIT and DAST

(10 Questions)

ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

Total

AUDIT

For the following questions about drinking, please keep in mind that for our purposes, one equals: one 12 oz. beer, or one 5 oz. glass of wine, or one 12 oz. wine cooler, or one 1 ½ oz. liquor or one mixed drink containing 1 shot of liquor

1. How often do you have a drink containing alcohol?

- ...Never [0]
- ...Monthly or less [1]
- ...Two to four times a month [2]
- ...Two to three times a week [3]
- ...Four or more times a week [4]

2. How many drinks containing alcohol do you [Code number of standard drinks]

- ...1 or 2 [0]
- ...3 or 4 [1]
- ...5 or 6 [2]
- ...7 to 9 [3]
- ...10 or more [4]

3. How often do you have six or more drinks

- ...Never [0]
- ...Less than monthly [1]
- ...Monthly [2]
- ...Weekly [3]
- ...Daily or almost daily [4]

4. How often during the last year have you had started?

- ...Never [0]
- ...Less than monthly [1]
- ...Monthly [2]
- ...Weekly [3]
- ...Daily or almost daily [4]

Drug Abuse Screening Test (DAST-10)

The questions below are about your possible involvement with drugs during the past 12 months.

"Drug use" means (1) Using your medications in excess of the directions or (2) Using your medications to get high. "Drug use" does not include alcoholic beverages

In the past 12 months

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time
3. Are you always able to stop using drugs when you want to?
4. Have you had "blackouts" or "flashbacks" as a result of your drug use
5. Do you ever feel bad or guilty about your drug use?
6. Does your spouse (or parents) ever complain about your involvement with drugs?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?

Yes	No

Score 1 point for each question answered "yes," except for question 3 for which a "no" receives 1 point.

STEP 1

Using the *NIDA Quick Screen*, ask the patient about past-year drug use.

In the past year, how many times have you used the following?

	Never	Once or Twice	Monthly	Almost Weekly	Daily or Daily
Alcohol (For men, 5 or more drinks in a day; for women, 4 or more drinks in a day)					
Tobacco Products					
Prescription Drugs for Nonmedical Reasons					
Illegal Drugs					

Patient reports no past-year drug use:
Reinforce abstinence. Screening is complete.

For more information on use of tobacco and/or alcohol: Go to page 3.

Patient reports past-year use of illegal drugs or prescription drugs for nonmedical reasons: Go to page 4.

Tobacco and Alcohol

TOBACCO USE

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” at <http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm>.

ALCOHOL USE

If the answer is:

- Never—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:
No more than 3 drinks per day AND no more than 7 drinks per week.
 - ✓ Encourage talking openly about alcohol and any concerns it may raise, and rescreen annually.
- One or more days of heavy drinking**
Patient is an at-risk drinker.

Please see “Helping Patients Who Drink Too Much: A Clinician’s Guide” at http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm for information to help **assess**, **advise**, and **assist** at-risk drinkers or patients with alcohol use disorders.

STEP 2

Ask the patient about lifetime drug use.

Q1. Which one of the following substances have you ever used in your lifetime?

- a. Cannabis** (marijuana, pot, grass, hash, etc.)
- b. Cocaine** (coke, crack, etc.)
- c. Prescription stimulants*** (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)
- d. Methamphetamine** (speed, ice, etc.)
- e. Inhalants** (nitrous, glue, gas, paint thinner, etc.)
- f. Sedatives or sleeping pills*** (Valium, Serepax, Xanax, etc.)
- g. Hallucinogens** (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)
- h. Street opioids** (heroin, opium, etc.)
- i. Prescription opioids*** (fentanyl, oxycodone, hydrocodone, methadone, buprenorphine, etc.)
- j. Other—Specify**

* Please report nonmedical use only; Do not record medications that are used as prescribed by a doctor.

Patient reports no lifetime drug use:

Given the patient's response to the NIDA Quick Screen, the patient should not indicate "NONE" for all drugs in Question 1. If they do, remind them that their answers to the NIDA Quick Screen indicated they used an illegal or prescription drug for nonmedical reasons within the past year and then **repeat Question 1.**

If the patient indicates that the drug used is not listed, please note name of drug next to 'Other.'

If the patient says "Yes" to any of the drugs, proceed to **next page.**

Patient reports lifetime use of one or more substances:

Ask the following questions for each drug mentioned (scores will be tallied at the end)

	Never	Once or Twice	Monthly	Weekly	Almost Daily	Daily or
Q2. In the past 3 months, how often have you used each of the substances you mentioned [first drug, second drug, etc.]?	0	2	3	4	6	
If the answer to Question 2 is "never," skip to Question 6. Otherwise, continue: In the past three months...						
Q3. How often have you had a strong desire or urge to use?	0	3	4	5	6	
Q4. How often has your use of [first drug, second drug, etc.] led to health, social, legal, or financial problems?	0	4	5	6	7	
Q5. How often have you failed to do what was normally expected of you because of your use of [first drug, second drug, etc.]?	0	5	6	7	8	
For each substance ever used (i.e., those mentioned in the "lifetime" question):	NO	YES, but not in the past three months		YES, in the past three months		
Q6. Has a friend or relative or anyone else ever expressed concern about your use of [first drug, second drug, etc.]?	0	3	6			
Q7. Have you ever tried and failed to control, cut down, or stop using [first drug, second drug, etc.]?	0	3	6			
Q8. Have you ever used any drug by injection? (nonmedical use only)			Recommend HIV/hepatitis B & C testing	Ask about pattern of injecting. Recommend HIV/hepatitis B & C testing		

STEP 3

Determine risk level

For *each* substance (except tobacco and alcohol), add up the scores for Questions 2 through 7. To determine patient's risk level and the respective recommendations, see below:

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

STEP 4

Depending on risk level:



Advise—Provide medical advice related to patient's drug use.



Assess—Determine patient's readiness to change.



Assist—Offer help based on patient's readiness level.



Arrange—Refer patient for specialty assessment and/or drug treatment, if necessary.

So what does this all mean and what should we do about it?

- There is a lot that we can do as health providers.
- Strong link between substance use and STI.
- Potential opportunities for preventive care, early recognition of problems and appropriate interventions for substance use and mental health disorders.
- Moving to action - Take the Nike approach



RESOURCES

- 1. World Health Organization—The ASSIST Project: Alcohol, Smoking and Substance Involvement Screening Test**
http://www.who.int/substance_abuse/activities/assist_v3_english.pdf
- 2. Substance Abuse and Mental Health Services Administration SBIRT Web site:** <http://www.samhsa.gov/prevention/sbirt>
- 3. NIAAA's Helping Patients Who Drink Too Much: A Clinician's Guide:**
http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm
- 4. SAMHSA's Substance Abuse Treatment Facility Locator:** <http://findtreatment.samhsa.gov>
- 5. NIDA's National Drug Abuse Treatment Clinical Trials Network Community Treatment Programs:**
<http://www.drugabuse.gov/CTN/ctps.php>
- 6. For Certification in Office-Based Buprenorphine:**
http://buprenorphine.samhsa.gov/waiver_qualifications.html
- 7. AHRQ's Helping Smokers Quit: A Guide for Clinicians:**
<http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm>
- 8. Smith P.C., Schmidt S.M., Allensworth-Davies D., Saitz R. A Single-Question Screening Test for Drug Use in Primary Care.** *Arch Intern Med* 170:1155–1160, 2010.
<http://archinte.ama-assn.org/cgi/reprint/170/13/1155>
- 9. Coding for SBI Reimbursement:**
<http://www.samhsa.gov/prevention/SBIRT/coding.aspx>

Related Links from Md DHMH:

SBIRT Research

<http://www.ncbi.nlm.nih.gov/www.ena.org>
www.attcnetwork.org
www.ireta.org

Screening Tools

AUIDIT-C
NIDA Quick Screen Question
www.drugabuse.gov

Understanding Screening Scores

www.integration.samhsa.gov
www.drugabuse.gov/about-nida

Resources

<http://pubs.niaaa.nih.gov>
(Treatment Improvement Protocol (TIP) Series, #35)

<https://findtreatment.samhsa.gov/>

[Compendium of screening tools and approaches for Adolescents and adults:](http://www.abamfoundation.org/wp-content/uploads/2015/04/ABAMF-Compendium-Final.pdf)

<http://www.abamfoundation.org/wp-content/uploads/2015/04/ABAMF-Compendium-Final.pdf>

