TALKING ABOUT SUBSTANCE USE WITH PEOPLE WITH SERIOUS MENTAL ILLNESS

FACT SHEET #4

SCREENING FOR SUBSTANCE USE AND SUBSTANCE USE DISORDERS IN PEOPLE WITH SMI

PART 1: BASIC FACTS

1. ***What does the evidence say about integrated screening and assessment of co-occurring substance use in people with SMI receiving MH services?***

   - *Screening for substance use, including caffeine, nicotine, over the counter and prescription medication misuse, and other addictive behaviors such as gambling (e.g., lottery tickets), should be routinely integrated into any assessment. Successful screening involves not only asking questions, but also helping the person you are working with to feel comfortable sharing accurate answers.* **Therefore: The screening process should be welcoming and combine structured screening questions (as prompts) with an interviewing style that facilitates disclosure. Remember that it is as interesting if the person denies substance use, as if they acknowledge substance use; both types of answers require follow up. INSERT: If the person denies use of any substance (including tobacco), be appreciative and inquire about why and how the person made this decision, and how the person has been successful in implementing the decision.**

   - For individuals with SMI, it is important to not only identify whether the person is using substances, but also to describe the pattern of substance use, whether the substance use is causing harm, and the degree to which the individual is in control of the substance use. Some individuals will have patterns of harmful use that are "in control" and do not meet criteria for the diagnosis of addiction. This is because for individuals with a chronic psychiatric disability, any persistent substance use is likely to be harmful, even if there is no obvious intoxication or lack of control, as the substance use can interfere with the person's fragile brain equilibrium. Other individuals may have patterns of "out of control" substance use that are consistent with moderate to severe SUD (addiction). These require different levels of intervention. **Therefore: Once substance use is identified, the assessment should inquire –for each type of substance - about the pattern of use: experiences and perceptions of harm as a result of that use pattern and the degree to which the individual experiences control – or lack of control – over that use.**

1.1 A Guide to Screening:

   a. ***Screening requires practice.*** *Developing a "welcoming" style to facilitate screening takes practice. It is common to be concerned that the person you are interviewing does not want to talk about their substance use, and that they might not tell the truth. In fact, most people who use substances talk about their substance use all the time; they just don't think it's a good idea to talk to you! How can you convey to the person you are screening that you would be a good person with whom to talk to about their substance use? The key is in the concept of welcoming. If you are genuinely open when the person shares their substance use with you (rather than disapproving or disappointed) they will be much less likely to conceal information. But it takes practice to do that, and to*

balance the fact that you don't recommend that they use substances with welcoming the opportunity to discuss their substance use openly. Remember that you can't help them make better choices if they don't discuss their choices at all.

b. ***Screening works best when it is integrated into the person's story.*** *Pulling out a "screening tool" and asking questions one after the other often feels less personal and reinforces the person's natural inclination to say "no" to all the questions, just to get the painful process over with. Some clients may feel more comfortable answering questions on a screening form, rather than face to face, but many will not.Using a tool is helpful for the interviewer to remember things to ask about, (and not to forget what to ask), but the art of doing this is to work the questions into the flow of the story so that the person can progressively feel more comfortable sharing (and that areas where the person is uncomfortable sharing can be more clearly identified)*

2. SCREENING TOOLS

It is helpful for MH programs to provide routine screening tools to assist their staff with both structure and consistency in SUD screening, as well as providing clear instructions on what staff should do when there is a positive screen. It is recommended to approach the process of choosing screening tools with the following objectives in mind:

- The screening process should be efficient in terms of time spent by staff and likely yield. That is, asking more questions may provide more yield, but for busy staff, the additional yield may not be worth the additional time.

- The screening process should be matched to the population served and the setting.

- The screening process should be designed as a general approach to identifying all types of substance use, substance use problems, and substance use/addictive disorders, rather than designing separate approaches for each type of substance.

- The screening process should be designed to find to address the following questions for each substance (as described above): Is there substance use? Is it greater than would be recommended? Is it currently causing harm? Is there lack of control? Is there a past or present SUD?

Remember that there is no single correct approach to SUD screening for individuals with SMI in a MH setting. In the following discussion, we will illustrate various evidence-based strategies to general SUD screening, ranging in length and detail. A complete list of evidence-based screening tools can be found at this link available through the National Institute on Drug Abuse. In addition, we will describe screening approaches for specific substances that may be appropriate for certain situations, as well as describing ways of measuring progress in addressing co-occurring substance use problems and disorders.

2.1 Simple Screening Approaches:

- **Screening for past/present Substance use disorder:** If the client has already been diagnosed and/or treated for SUD, general SUD screening should not be repeated, so it is helpful to ask this question before launching into the routine screening questions,

- ***Before I ask you about where substance use fits into your life, please let me know if you have ever been diagnosed or treated for SUD.***

- ***OR: I notice in your chart/referral form, that you have a diagnosis and/or treatment history for SUD. Is that accurate?***

Instructions will be provided below for modifying standard SUD screening for individuals with SMI who acknowledge a current or past diagnosis of SUD.

- **1 or 2 Question Screenings:** Simple questions for drug use (and by extension alcohol use, tobacco use, caffeine use, etc.) have been found to be effective and efficient in primary care settings. They have not been extensively studied in MH settings with SMI individuals. These simple questions can be part of a two-tiered process, where a positive answer to the first question leads to utilization of a more detailed set of questions relevant to the positive answer. Examples of a 2 question screening tools for drug use include:

    - Single Question Screen tested in primary care settings (1) – "How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons? A response of at least x1 misuse was considered positive for drug use.

    - 2-Question Screen tested in primary care settings (2) – 1st question: "How many days in the past 12 months have you used drugs other than alcohol?" Patients meet that criterion with a response of 7 or more days. 2nd question: "How many days in the past 12 months have you used drugs more than you meant to?" A response of 2 or more days meets that criterion (2).

2.2 Brief Screenings: Brief Screenings are more thorough than simple 1 or 2 question screenings, ranging from 4 to 20 questions, but still covering a wide range of substances. Brief screenings may be an appropriate first step for MH settings serving individuals with SMI, where it is important to screen efficiently for multiple types of substances in a non-burdensome manner. Further, a brief screen helps to teach MH workers who may not have formal SUD training how to ask simple and appropriate screening questions regarding multiple categories of substances. A recommended example is the following:

Tobacco, Alcohol, Prescription Medication, and Other Substance Use Tool (TAPS): This is a 2-stage brief assessment (4 questions in Part 1, 9 questions in part 2) adapted from NIDA quick screen and brief assessment (adapted ASSIST-lite) assessing commonly used substances and past 3-month problem use, accessible in electronic format. May be administered by clinician or completed by patient self-assessment. This tool makes intuitive sense for SMI settings, but has been studied more extensively in primary care (3). LINK TO TOOL

2.3 Comprehensive Screenings: Comprehensive screenings not only cover multiple types of substance use issues, they also quickly screen for problematic use patterns, harmful use, and lack of control for each substance, thus quickly providing the information needed to determine the seriousness of the issue that may need to be addressed as well as the

likelihood of an SUD diagnosis. The recommended framework for a comprehensive screen is the NIDA Modified ASSIST and its derivatives, as these were developed and normed for busy medical practices, and therefore can be readily adapted into workflows in a MH center. It is particularly helpful to use the version that can be self-administered electronically:

Audio Computer Assisted Self-Interview Version of the Alcohol, Smoking and Substance Involvement Screening Test (ACASI ASSIST): This covers all the substance categories of the TAPS, with more sensitivity to delineation of specific subcategories of illicit drugs. A feasibility study demonstrated ease of administration with an average time of 5.2 minutes for patients to complete in a sample from a large safety net hospital (4). It may have benefits in reducing stigma, and can be completed pre-visit, but it is not clear if it may be too complex for SMI populations, as it has been primarily tested in primary care settings. Nonetheless, it is the best choice for a comprehensive screening for this population.

2.4 Substance Use or Severity Screenings Adapted for SMI: Because it may be helpful in MH settings to screen for specific problems associated with substance use, there is potential utility in a screening tool specifically designed for the types of problems experienced by substance using individuals with serious mental illness, such as psychiatric emergency visits resulting from substance use, in addition to the types of problems experienced by the general population (job loss or family issues). One such tool is described here.

- **Mental Illness Drug and Alcohol Screening (MIDAS):** The MIDAS (Minkoff, 2004) is a 17-question tool that is designed only for use in MH treatment settings with people with SMI. The tool incorporates problem questions related to alcohol use, drug use, and gambling that may be specific to the experiences of people with serious mental illness as well as problems that may be experienced by anyone. Validity studies were conducted by Fratzke (2005).

2.5 Table: General Substance Use Screening Tools

Screening Tool	Purpose	Clinical Utility	Format	Administrator	Administration Time
Simple Screening					
Single Question Screen	Single question screen for concerning substance use	Rapid screen for problematic substance use	1-question	Clinician	< 1 minute
2-Question Screen	Two question screen for substance use tested primarily in primary care settings	Rapid screen for problematic substance use that assesses more general use and days used of substances	2-question	Clinician	< 1 minute
Brief Screening					
TAPS	Brief assessment of commonly used substances and past 3-month problematic substance use	Assesses substance use in the past 3 months	2-stage brief assessment; 13 items	Clinician or self-administered	10 minutes
Comprehensive Screening					
ACASI ASSIST	Assessment of substance use, risky behaviors, and can be completed pre-visit, tested primarily in primary care settings	Assesses substance use and risky behaviors. Complex and can be done pre-visit	Computer and online assessment	Self-administered	5 – 15 minutes

Generic Substance Use or Severity Screening					
CAGE-AID	Adapted from the CAGE assessment and includes screens for all substance use	Rapid screen for problematic substance use	4-item questionnaire	Clinician	2 – 5 minutes
DAST-10	Shortened version of DAST and a brief screen for problematic substance use	Brief screen for problematic substance use	10-item questionnaire	Clinician or self-administered	5 minutes
Substance Use or Severity Screenings Adapted for SMI					
MIDAS	Designed for substance use screening in MH treatment settings for SMI population	SMI-specific screening tool for problematic substance use and gambling	17-item questionnaire	Self-administered	10 – 15 minutes

3. **Adaptation of Screening for Individuals with SMI and Known SUD:** For individuals who acknowledge a "problem" with use of one or more substances (including tobacco) or acknowledge having been diagnosed with an SUD, do NOT use tools whose sole purpose is to detect the presence of an SUD. The screening process shifts from asking questions to detect the presence of an SUD to screening to understand the status of the SUD, as follows:

    - **For the problem substance(s): Are you currently using, or have you been able to discontinue use**? **If you are using, are you attempting (with or without success) to control your use? What is your current use pattern?**

    - **If the person indicates they are no longer using, then inquire about how they have been successful.** Are you receiving or have you received treatment for your SUD? What type of treatment? What tools are you using to help yourself not to use? Are you participating in any support groups or recovery programs? How do you manage cravings or risky situations?

    - **If the person indicates they are still using, then screen for their interest in controlling or discontinuing use**. If they indicate that they are attempting to be in more control, inquire about what they are doing, what has worked previously, and what additional help they might need to be more successful.

    - **For other substances that may be identified as "not a problem":** Apply the usual screening process to assess the status of those substances, as well as other addictive behaviors like gambling.

4. ADJUNCTIVE SCREENING TOOLS

4.1 **Urine Toxicology:** Urine drug testing can provide another source of information and complement patient self-report and provider assessment. Urine toxicology screening and monitoring should be tailored to each patient's needs and should function as a therapeutic tool and not a punitive measure. Providers should use neutral terminology when discussing urine toxicology results such as "positive" or "negative" and avoid stigmatizing terms like "clean" or "dirty." Providers should be familiar with local urine drug testing, substances

targeted by the test, and detection method used (including whether or not confirmatory testing is done for positive results). Test results that do not align with a patient's self-report should lead to an open therapeutic discussion. Patients self-report of substance use is more likely to be valid when the patient does not fear negative sequelae or feel stigmatized for substance use (5).

4.2 Prescription Drug Monitoring Programs (PDMPs): A PDMP is an electronic database that tracks controlled substance prescriptions in a state. Providers can access this database to review controlled substance prescriptions, patterns of use (i.e., increasing doses), and if receiving prescriptions from multiple providers. PDMPs should serve as an adjunctive tool in the initial screening process for substance use disorders and providers must recognize limitations. For instance, prescriptions may not be up-to-date, or a patient may be obtaining controlled substance prescriptions from a friend or relative.

5. Screening Follow Up

Whether screening is conducted through a conversation, or through use of a tool, or both, it is important to **document the results**.

IF THE SCREENING IS POSITIVE FOR ONE OR MORE SUBSTANCES IT IS IMPORTANT TO DO THE FOLLOWING:

- **Document the positive results in the client record, and if possible, in the data system**
- **Document the presence of a known SUD (by history or self-report) as well as evidence of a not yet diagnosed substance use issue that may require further assessment.**
- **Document severity of use pattern for each substance used: past and current**
- **Document the client's interest in addressing the issue (stage of change) for each substance for which problematic use is identified, including tobacco.**

Once this is completed, there should be enough information to determine next steps in the client's assessment and treatment. Other fact sheets (reference) can provide guidance for stage matched interventions for various substances that can be integrated into ongoing SMI services.

References

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