

SIGNS OF SUBSTANCE ABUSE

*screening tools that professionals use
discover if you have red flags*



GUIDE: SIGNS OF SUBSTANCE ABUSE

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INTRODUCTION

let's get started

NOTE

Copies of the AUDIT and DAST are provided here as an informational tool only. Being familiar with some of the tools that professionals use will take some of the stigma and fear out of seeking help for yourself or loved one.

WARNING

See a medical professional prior to stopping your substance use. If you abruptly cease drinking or using there can be deadly consequences. You and your doctor can come up with the best detox and treatment plan for you. This can include admission to the hospital, medically managed detox, and referrals to local treatment. The content of this book is provided for informational purposes only. Nothing contained within is a substitute for qualified professional, medical or mental health advice, diagnosis, or treatment.

AUDIT AND DAST

explained

SCREENING AND ASSESSMENT TOOLS

Screening and assessment tools have been developed in conjunction with leading government agencies to provide a quick overview of drug and alcohol abuse risk factors in a short amount of time.

They were developed to provide a standardized and consistent method of screening and scoring for health professionals. These tools are used in medical, mental health, substance abuse treatment, jails, social work, outreach, military, EAP and associated professions.

Screening and assessment will identify possible hazardous substance use, potential abuse, and dependence on substances.

The versatility of these tools allows for self-reporting or verbal interview methods. They can be used alone or as part of a complete health record.

Scoring of these tools provides a starting point for brief interventions, more in-depth assessment, or referral to appropriate treatment.

WHAT ARE THE AUDIT AND DAST?

The AUDIT and DAST are the two most widely used self-reporting questionnaires to gauge alcohol and drug use, misuse, dependence, and possible addiction.

The AUDIT was developed by the World Health Organization to measure alcohol use. There are several versions to choose from. The simple 3 question, a brief 10 question, and a more in depth 23 question format are commonly used.

The DAST was developed to gauge drug use. The DAST was developed by Harvey Skinner, PhD., and the Center for Addiction and Mental Health, Toronto, Canada and became copy right in 1982. The DAST has a 10 question and a 28 question format.

AUDIT AND DAST

explained cont.

WHAT DO THEY DO?

Screening tools immediately bring up red flags for substance abuse. These tools also eliminate substance use disorders if answers are negative or below a certain threshold.

Although scoring appears to be straight forward, it is the health professionals training and expertise that comes into play in eliciting further information and making informed decisions.

Diagnosis of any condition requires specialized knowledge that the general public does not possess. To get an accurate diagnosis you must see a professional.

WHY ARE THEY USED?

Alcohol and drug use exacerbates physical and mental health symptoms and complicates existing conditions, and interferes with effective treatment. Knowing whether the client has an issue with substances helps appropriate treatment planning and placement.

Early or Brief interventions are a form of harm reduction and follow precise guidelines. The professional first asks about substance use, then outlines the dangers of use, assesses the client's willingness to change and then assists them to develop a plan.

If further assessment, follow-up, or referral is required, this will be scheduled. Educational material will also be provided including self-help meeting information.

Professionals can advise their clients to use caution when drinking or using and explain the dangers of substance use when pregnant, with prescription medications, and how substance use affects existing health conditions.

AUDIT AND DAST

explained cont.

WHAT HAPPENS NEXT?

High scores as a result of AUDIT or DAST indicate that further assessment, referral, or treatment is required.

The environment that screening was administered in dictates what happens next. Each type of health provider will have their own protocols and preferred service providers and referral processes.

Many factors influence your reaction to the results and recommendations provided to you. It is in your best interest to follow up and participate in services.

DSM-5 SELF-RATED

level 1 cross-cutting symptoms measure - adult (alcohol)

Name: _____ Age: _____ Sex: Male Female Date: _____

If this questionnaire is completed by an informant, what is your relationship with the individual? In a typical week, approximately how much time do you spend with the individual? _____ hours/week

Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the past TWO (2) WEEKS.

		None Not at all	Slight Rare, less than a day or two	Mild Several days	Moderate More than half the days	Severe Nearly every day	Highest Domain Score (Clinician)
	During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?						
I.	1. Little interest or pleasure in doing things?	0	1	2	3	4	
	2. Feeling down, depressed, or hopeless?	0	1	2	3	4	
II.	3. Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4	
III.	4. Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
	5. Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
IV.	6. Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
	7. Feeling panic or being frightened?	0	1	2	3	4	
	8. Avoiding situations that make you anxious?	0	1	2	3	4	
V.	9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	0	1	2	3	4	
	10. Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
VI.	11. Thoughts of actually hurting yourself?	0	1	2	3	4	
VII.	12. Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	
	13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4	
VIII.	14. Problems with sleep that affected your sleep quality over all?	0	1	2	3	4	
IX.	15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	0	1	2	3	4	
X.	16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4	
	17. Feeling driven to perform certain behaviors or mental acts over and over again?	0	1	2	3	4	
XI.	18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4	
XII.	19. Not knowing who you really are or what you want out of life?	0	1	2	3	4	
	20. Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4	
XIII.	21. Drinking at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
	22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0	1	2	3	4	
	23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?	0	1	2	3	4	

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CLINICAL SCORING

and interpretation

INSTRUCTIONS TO CLINICIANS

The DSM-5 Level 1 Cross-Cutting Symptom Measure is a self- or informant-rated measure that assesses mental health domains that are important across psychiatric diagnoses. It is intended to help clinicians identify additional areas of inquiry that may have significant impact on the individual's treatment and prognosis. In addition, the measure may be used to track changes in the individual's symptom presentation over time.

This adult version of the measure consists of 23 questions that assess 13 psychiatric domains, including depression, anger, mania, anxiety, somatic symptoms, suicidal ideation, psychosis, sleep problems, memory, repetitive thoughts and behaviors, dissociation, personality functioning, and substance use. Each item inquires about how much (or how often) the individual has been bothered by the specific symptom during the past 2 weeks. If the individual is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable adult informant may complete the measure. The measure was

found to be clinically useful and to have good test-retest reliability in the DSM-5 Field Trials that were conducted in adult clinical samples across the United States and in Canada.

SCORING AND INTERPRETATION

Each item on the measure is rated on a 5-point scale (0=none or not at all; 1=slight or rare, less than a day or two; 2=mild or several days; 3=moderate or more than half the days; and 4=severe or nearly every day). The score on each item within a domain should be reviewed. Because additional inquiry is based on the highest score on any item within a domain, the clinician is asked to indicate that score in the "Highest Domain Score" column. A rating of mild (i.e., 2) or greater on any item within a domain (except for substance use, suicidal ideation, and psychosis) may serve as a guide for additional inquiry and follow up to determine if a more detailed assessment for that domain is necessary.

CLINICAL SCORING

and interpretation cont.

For substance use, suicidal ideation, and psychosis, a rating of slight (i.e., 1) or greater on any item within the domain may serve as a guide for additional inquiry and follow-up to determine if a more detailed assessment is needed. The DSM-5 Level 2 Cross-Cutting Symptom Measures may be used to provide more detailed information on the symptoms associated with some of the Level 1 domains (see Table 1).

FREQUENCY OF USE

To track change in the individual's symptom presentation over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. For individuals with impaired capacity, it is preferable that the same knowledgeable informant completes the measures at follow-up appointments. Consistently high scores on a particular domain may indicate significant and problematic symptoms for the individual that might warrant further assessment, treatment, and follow-up. Clinical judgment should guide decision making.

CLINICAL SCORING

and interpretation cont.

Table 1:

Adult DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure: domains, thresholds for further inquiry, and associated Level 2 measures for adults ages 18 and over

Domain	Domain Name	Threshold to guide further inquiry	DSM-5 Level 2 Cross-Cutting Symptom Measure available online
I.	Depression	Mild or greater	LEVEL 2—Depression—Adult (PROMIS Emotional Distress—Depression—Short-Form) ¹
II.	Anger	Mild or greater	LEVEL 2—Anger—Adult (PROMIS Emotional Distress—Anger—Short Form) ¹
III.	Mania	Mild or greater	LEVEL 2—Mania—Adult (Altman Self-Rating Mania Scale)
IV.	Anxiety	Mild or greater	LEVEL 2—Anxiety—Adult (PROMIS Emotional Distress—Anxiety—Short Form) ¹
V.	Somatic Symptoms	Mild or greater	LEVEL 2—Somatic Symptom—Adult (Patient Health Questionnaire 15 Somatic Symptom Severity [PHQ-15])
VI.	Suicidal Ideation	Slight or greater	None
VII.	Psychosis	Slight or greater	None
VIII.	Sleep Problems	Mild or greater	LEVEL 2—Sleep Disturbance - Adult (PROMIS—Sleep Disturbance—Short Form) ¹
IX.	Memory	Mild or greater	None
X.	Repetitive Thoughts and Behaviors	Mild or greater	LEVEL 2—Repetitive Thoughts and Behaviors—Adult (adapted from the Florida Obsessive-Compulsive Inventory [FOCI] Severity Scale [Part B])
XI.	Dissociation	Mild or greater	None
XII.	Personality Functioning	Mild or greater	None
XIII.	Substance Use	Slight or greater	LEVEL 2—Substance Abuse—Adult (adapted from the NIDA-modified ASSIST)

¹ The PROMIS Short Forms have not been validated as an informant report scale by the PROMIS group.

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AUDIT 10 QUESTION

verbal interview version

THE ALCOHOL USE DISORDERS IDENTIFICATION TEST: INTERVIEW VERSION

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 to 4	5 or 6	7 to 9	10 or more	
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					TOTAL	

(AUDIT: The Alcohol Disorders Identification Test, WHO).

Note: This questionnaire (the AUDIT) is reprinted with permission from the World Health Organization and the Generalitat Valenciana Conselleria De Benestar Social. To reflect standard drink sizes in the United States, the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care is available online at www.who.org.

AUDIT 10 QUESTION

verbal interview version cont.

SCORING AND INTERPRETATION

Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use, as well as possible alcohol dependence. (A cut-off score of 10 will provide greater specificity but at the expense of sensitivity.)

Since the effects of alcohol vary with average body weight and differences in metabolism, establishing the cut off point for all women and men over age 65 one point lower at a score of 7 will increase sensitivity for these population groups.

Selection of the cut-off point should be influenced by national and cultural standards and by clinician judgment, which also determine recommended maximum consumption allowances. Technically speaking, higher scores simply indicate greater likelihood of hazardous and harmful drinking. However, such scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment.

DAST

drug abuse screening test explained

The Drug Abuse Screening Test (DAST) was developed in 1982 and is still an excellent screening tool. It is a 28-item self-report scale that consists of items that parallel those of the Michigan Alcoholism Screening Test (MAST). The DAST has “exhibited valid psychometric properties” and has been found to be “a sensitive screening instrument for the abuse of drugs other than alcohol.

THE DRUG ABUSE SCREENING TEST (DAST)

Directions: The following questions concern information about your involvement with drugs. Drug abuse refers to (1) the use of prescribed or “over-the-counter” drugs in excess of the directions, and (2) any non-medical use of drugs. Consider the past year (12 months) and carefully read each statement. Then decide whether your answer is YES or NO and check the appropriate space. Please be sure to answer every question.

DAST

drug abuse screening test

		YES	NO
1.	Have you used drugs other than those required for medical reasons?		
2.	Have you abused prescription drugs?		
3.	Do you abuse more than one drug at a time?		
4.	Can you get through the week without using drugs (other than those required for medical reasons)?		
5.	Are you always able to stop using drugs when you want to?		
6.	Do you abuse drugs on a continuous basis?		
7.	Do you try to limit your drug use to certain situations?		
8.	Have you had "blackouts" or "flashbacks" as a result of drug use?		
9.	Do you ever feel bad about your drug abuse?		
10.	Does your spouse (or parents) ever complain about your involvement with drugs?		
11.	Do your friends or relatives know or suspect you abuse drugs?		
12.	Has drug abuse ever created problems between you and your spouse?		
13.	Has any family member ever sought help for problems related to your drug use?		
14.	Have you ever lost friends because of your use of drugs?		
15.	Have you ever neglected your family or missed work because of your use of drugs?		
16.	Have you ever been in trouble at work because of drug abuse?		
17.	Have you ever lost a job because of drug abuse?		
18.	Have you gotten into fights when under the influence of drugs?		
19.	Have you ever been arrested because of unusual behavior while under the influence of drugs?		
20.	Have you ever been arrested for driving while under the influence of drugs?		
21.	Have you engaged in illegal activities in order to obtain drug?		
22.	Have you ever been arrested for possession of illegal drugs?		
23.	Have you ever experienced withdrawal symptoms as a result of heavy drug intake?		
24.	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?		
25.	Have you ever gone to anyone for help for a drug problem?		
26.	Have you ever been in a hospital for medical problems related to your drug use?		
27.	Have you ever been involved in a treatment program specifically related to drug use?		
28.	Have you been treated as an outpatient for problems related to drug abuse?		

DAST

drug abuse screening test cont.

SCORING AND INTERPRETATION

A score of “1” is given for each YES response, except for items 4,5, and 7, for which a NO response is given a score of “1.” Based on data from a heterogeneous psychiatric patient population, cutoff scores of 6 through 11 are considered to be optimal for screening for substance use disorders.

Using a cutoff score of 6 has been found to provide excellent sensitivity for identifying patients with substance use disorders as well as satisfactory specificity (i.e., identification of patients who do not have substance use disorders). Using a cutoff score of <11 somewhat reduces the sensitivity for identifying patients with substance use disorders, but more accurately identifies the patients who do not have a substance use disorders.

Over 12 is definitely a substance abuse problem. In a heterogeneous psychiatric patient population, most items have been shown to correlate at least moderately well with the total scale scores. The items that correlate poorly with the total scale scores appear to be items 4,7,16,20, and 22.

DAST 10

verbal interview version

DRUG ABUSE SCREENING TEST, DAST-10

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months.

“Drug abuse” refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any non-medical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin).

Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

		YES	NO
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 unable to stop abusing drugs when you want to?		
4.	Have you ever had blackouts or flashbacks as a result of 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)?		
	Scoring: Score 1 point for each question answered “Yes,” except for question 3 for which a “No” receives 1 point.	Score:	

Interpretation of Score		
Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low Level	Monitor, re-assess at a later date
3-5	Moderate Level	Further Investigation
6-8	Substantial Level	Intensive assessment
9-10	Severe Level	Intensive assessment

Drug Abuse Screening Test (DAST-10). (Copyright 1982 by the Addiction Research Foundation.)

RESOURCES

for more information

- Herron, A., Brennan, T. (Eds.). (2015). The ASAM Essentials of Addiction Medicine (Second ed.). Philadelphia, PA: Wolters Kluwer.
- Ncadd [https://www.ncadd.org/get-help/take-the-test/ am-i-drug-addicted](https://www.ncadd.org/get-help/take-the-test/am-i-drug-addicted)
- Skinner HA (1982). The Drug Abuse Screening Test. Addict Behave 7(4):363-371. Yudko E, Lozhkina O, Fouts A (2007). A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. J Subst Abuse Treatment 32:189-198.
- World Health Organization. (2001). A U D I T: The Alcohol Use Disorders Identification Test Guidelines for Use in Primary Care

what's NEXT?

BE PROUD OF YOURSELF FOR TAKING A LOOK AT YOUR RELATIONSHIP WITH ALCOHOL. BUT THIS ISN'T THE END!

Join the FREE Facebook Group "The Recovery Realm Room" for daily support on your journey to improving your life. You will always have help and support throughout your recovery journey. Reach out at any time to ask questions, to vent (or rant), to run ideas by the ladies, or to just spend some time building relationships and connecting with others.

ENROLL IN SOBER SUCCESS: THE FIRST 30 DAYS

For a fraction of the price of an inpatient rehab you can enroll in the self paced course that will walk you from day 1 of sobriety to day 30 and beyond. You will examine your what, why, how, when, where and who of your drinking. You will learn invaluable coping skills and develop strategies to remain clean and sober. You will also gain lifetime access to the Facebook support group. There is workbooks for each step of the way. I am always available to answer any questions or offer support.

1:1 COACHING - WORK WITH ME

Any time you feel you need additional support, are stuck, are in the middle of a possible relapse, or you want more structure and more accountability... just say the word.

As a coaching client you will get direct access to me through facetime/zoom calls, unlimited email, and of course the VIP group.

Together we can come up with solutions to obstacles that are getting in the way of your recovery progress. We can dig deep for your what, why, how, when, where... your particular brand of substance abuse.

Message me for more information.

KEEP IN TOUCH - FOLLOW ON SOCIAL MEDIA

There are recovery resources on the blog at therecoveryrealm.com. If you have not already bookmarked the site jump on over and check it out.



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