Quick Reference #6

Substance Use Disorder Screening

Was your single-question screener for drug or alcohol use positive? Use this quick reference to find tools to further screen and assess patients, and document your findings to improve follow-up care.

FOR ADULTS

Consider using the **Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) Tool**. This tool:

- Can be administered in <5 minutes.
- Is validated for use with adults to generate a risk level for each substance class and offers risk-level guidance derived from expert consensus.
- Can be self-administered or clinician-administered.
- Combines screening and brief assessment of past 90-day problematic use in one tool.
- Provides risk level/implications with suggested actions to help you form the basis of your medical record documentation.

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**Ask the Questions**

**TAPS**

Tobacco, Alcohol, Prescription medication, and other Substance use Tool

<table>
<thead>
<tr>
<th>In the PAST YEAR, how often have you used tobacco or any other nicotine delivery product (i.e., e-cigarette, vaping or chewing tobacco)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
</tbody>
</table>

**Suggested Action**

The suggested intervention for this risk level is to confirm diagnosis through a clinical interview using the DSM-5 Opioid Use Disorder criteria as a guide.

- Express concern and recommend cessation;
- Use the **FRAMES** components and **motivational interviewing techniques** (see references for specific resources) to encourage engagement in treatment.

**Additional Resources**

**Opioid Use Resources**

- [Prescribe to Prevent](#)
- [SAMHSA: Opioid Overdose Prevention Toolkit](#)
FOR ADOLESCENTS

Two options for a teen screening tool include the Brief Screener for Alcohol, Tobacco, and Other Drugs (BSTAD) and Screening to Brief Intervention (S2BI). These tools:

- Can be administered in <2 minutes.
- Are validated for use with adolescents ages 12–17.
- Can be self-administered or clinician-administered.
- Help assess substance use disorder risks among adolescents and offer risk-level guidance.

The difference between the two tools centers on how questions about past-year substance use are asked and answered. The BSTAD asks *how many days* a patient uses a substance, whereas the S2BI asks *how many times* a substance was used. Providers are encouraged to choose the tool that best fits their practice.

### Choose a Tool & Ask the Questions

<table>
<thead>
<tr>
<th>Brief Screener for Tobacco, Alcohol, and Other Drugs</th>
<th>Screening to Brief Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the PAST YEAR, on how many days did you smoke cigarettes or use other tobacco products?</td>
<td>In the PAST YEAR, how many times have you used tobacco?</td>
</tr>
<tr>
<td>0 days</td>
<td>Never</td>
</tr>
</tbody>
</table>

### Review Overall Risk Level, Score Implications, Suggested Clinical Actions, and Additional Suggestions

Document the results, and record them to assist with follow-up care.

### Implications of the Score and Overall Risk Level

Adolescents reporting substance use in the past twelve months with these frequencies are at higher risk of meeting diagnostic criteria for a substance use disorder (SUD), although not all who report at this level meet criteria. This result, with co-occurring declines in academic, social, or family functioning, may indicate a higher problem severity. In a small validation study, patients reporting weekly use or greater were categorized at a higher risk for SUD and should receive additional assessment and interventions. These patients would benefit from an assessment for a diagnosis of Major Depressive Disorder, ADHD, or other psychiatric disorders, since these disorders frequently co-occur with a SUD.

### Suggested Clinician Action

The suggested intervention for this group is further assessment to determine how to best manage care.

### Additional Suggestions

- Assess further through a clinical interview using questions from the CRAFFT as a guide.
- Consider making a diagnosis using the *Diagnostic and Statistical Manual (DSM-5)* SUD criteria.

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