

# Screening & Assessment

PRESENTED BY:  
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# PRESENTERS



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# LEARNING OBJECTIVES

Describe the difference between **screening** and **assessment** for substance use disorder (SUD)

Identify several evidence-based screening and assessment tools

Understand the importance of screening for other related co-morbidities

# WHY SHOULD WE SCREEN FOR SUBSTANCE USE?

- United States Preventive Services Task Force (USPSTF) recommends screening all individuals aged 18 and over for “unhealthy drug use”
  - Grade B recommendation

[Recommendation: Unhealthy Drug Use: Screening | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](https://www.uspreventiveservicestaskforce.org)

# WHEN TO SCREEN

- Screening helps identify who has, or is at risk of, a medical condition
- You can't treat what you do not know exists
  - Therefore, we screen
  - Key is to *screen all patients to determine who should have further assessment*
- This population clearly **WARRANTS SCREENING** for substance use issues for all clients.



Source:  
<https://nida.nih.gov/publications/drugfacts/criminal-justice>

# PURPOSE OF AN ASSESSMENT

- Process to determine:
  - Presence or absence of a medical condition
  - Severity
  - Co-morbid conditions
  - Treatment planning (including initial level of care [LOC])



# WHAT IS INVOLVED IN AN ASSESSMENT FOR SUD?

Diagnostic  
criteria for the  
disease  
(DSM-5)

Presence of  
intoxication

Withdrawal  
potential

Medical/  
psychiatric  
co-morbidities

Overdose risk

Readiness for  
change

Complete  
**substance use**  
history

Clinical  
judgement



# DISCUSSION QUESTIONS

- Why is it important to screen, rather than going right into an assessment?
- Who does the SUD screenings and assessments in your jail?





# SCREENING TOOLS.....AND MORE.....

# THE IMPERATIVE OF SCREENING IN CALIFORNIA JAILS?

- In CA, Proposition 47 (2014) and SB 10 (2018) has resulted in people arrested for substance-related crimes spending less time in jail.
- Many counties are increasing reliance on diversion to treatment for people arrested on these crimes.
- Screening and assessment at the earliest opportunity, as well as collaboration with justice partners, can provide information that can help clients move from custodial to treatment settings.
- AND NOW.....CAL AIM requirements!!!!

# WHICH SCREENING TOOL SHOULD I USE?

- Some considerations when deciding on a tool
  - “Home grown” versus standardized/validated?  
(We have been doing it this way since.....)
  - Time allotted for screening  
(YOU ARE DOING IT ALREADY!!!)
  - Ability to complete online assessments in your jail?
  - Use of results
    - Referral to Medical/BH
    - Treatment planning
    - Do we use a positive or negative screen for legal purposes?  
NO!!!

# WHY A STANDARDIZED SCREENING TOOL

- Beneficial for jails
  - Facilitates identification of high-risk users whose symptoms may not be evident
  - **Identification is the first step to preventing withdrawal and mitigating risk**
  - Using a standardized tool allows jails to reliably assess prevalence of substance use disorders
  - Allows for rapid assessment
  - Comprehensive interviews can provide more “whole person” information, but **not always practical** in jail settings

# SENSITIVITY AND SPECIFICITY

**Sensitivity** refers to the ability of a test to positively designate a person's disease.

- A highly sensitive test means there are few false negatives
- Fewer positive cases are missed

**Specificity** is the ability of a test to designate an individual who does not have a disease as negative.

- A highly specific test means there are few false positive test results
- If a test has low specificity, it may not be an effective screening tool

# WHAT DO WE DO WITH THIS SCREENING INFORMATION

- If a patient **screens** positive, best practice is to assess for the presence of the disorder
- If the disorder is present, we can determine the severity
- Many tools we use for screening do offer value as assessments as well depending on setting



# SUBSTANCE MISUSE SCREENING TOOLS

## NIDA Quick Screen and Modified ASSIST

- Great screener and first level assessment tool

## TAPS (1 and 2)

- Screener plus mini-assessment (P 1 and P2)
- Self-report or interview format
- Based on NIDA products
- Developed for primary care

## TCU-5

- 13 items
- Takes about 20 minutes to administer
- Can be self-administered

## SSI

- 10 items
- CSAT Treatment Improvement Protocols in 1994
- Simple Screening Instruments for Outreach for AOD and Infectious Disease



# NIDA QUICK SCREEN

- Validated instrument designed to assist providers in screening adults for substance use
- Adapted from a single-question screen for drug use in primary care
- Simple screening for **past year** use of Alcohol, Tobacco, Prescription Drugs, Illegal Drugs



[Download NIDA  
Quick Screen](#)

# NIDA ASSIST: ALCOHOL, SMOKING AND SUBSTANCE INVOLVEMENT SCREENING TEST

- 8 item questionnaire, although each item asks about several different substances
- Takes about ten minutes to administer
- **The modified ASSIST is used with the NIDA Quick Screen**
- If a person answers yes to question 3 and/4 on **NIDA Quick Screen**, **THEN** modified ASSIST is used
- The modified ASSIST asks only about illegal or prescription drug misuse, not about tobacco or alcohol
- Hybrid screening/assessment package-

# NIDA QUICK SCREEN

## NIDA Quick Screen Question:

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

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
<b>Alcohol</b>					
<ul style="list-style-type: none"> <li>For men, 5 or more drinks a day</li> <li>For women, 4 or more drinks a day</li> </ul>					
<b>Tobacco Products</b>					
<b>Prescription Drugs for Non-Medical Reasons</b>					
<b>Illegal Drugs</b>					

- If the patient says “**NO**” for all drugs in the Quick Screen, reinforce abstinence. **Screening is complete.**
- If the patient says “**Yes**” to **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](http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm), for information to **Assess, Advise, Assist, and Arrange** help for at risk drinkers or patients with alcohol use disorders
- If patient says “**Yes**” to **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/clinhlpsmksqt.htm>
- If the patient says “**Yes**” to **use of illegal drugs or prescription drugs for non-medical reasons**, proceed to **Question 1** of the NIDA-Modified ASSIST.

## Questions 1-8 of the NIDA-Modified ASSIST V2.0

**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. 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.

### Question 1 of 8, NIDA-Modified ASSIST

Yes

No

In your **LIFETIME**, which of the following substances have you ever used?

*\*Note for Physicians: For prescription medications, please report nonmedical use only.*

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, crystal meth, ice, etc.)		
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)		
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)		
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)		
h. Street opioids (heroin, opium, etc.)		
i. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)		
j. Other – specify:		

- Given the patient's response to the Quick Screen, the patient *should not indicate "NO"* for all drugs in Question 1. If they do, remind them that their answers to the 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 mark 'Yes' next to 'Other' and continue to **Question 2** of the NIDA-Modified ASSIST.
- If the patient says "Yes" to any of the drugs, proceed to **Question 2** of the NIDA-Modified ASSIST.

Question 2 of 8, NIDA-Modified ASSIST

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

3. <b>In the past 3 months</b> how often have you had a strong desire or urge to use (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
b. Cocaine (coke, crack, etc.)	0	3	4	5	6
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	3	4	5	6
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	3	4	5	6
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	3	4	5	6
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	3	4	5	6
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3	4	5	6
h. Street Opioids (heroin, opium, etc.)	0	3	4	5	6
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	3	4	5	6
j. Other – Specify:	0	3	4	5	6

- For patients who report “Never” having used any drug in the past 3 months: **Go to Questions 6-8.**
- For any recent illicit or nonmedical prescription drug use, go to **Question 3.**



4. During the past 3 months, how often has your use of (first drug, second drug, etc) led to health, social, legal or financial problems?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
b. Cocaine (coke, crack, etc.)	0	4	5	6	7
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	4	5	6	7
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	4	5	6	7
e. Inhalants (nitrous oxide, glue, gas, pain thinner, etc.)	0	4	5	6	7
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	4	5	6	7
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	4	5	6	7
h. Street opioids (heroin, opium, etc.)	0	4	5	6	7
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	4	5	6	7
j. Other – Specify:	0	4	5	6	7

5. During the past 3 months, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
b. Cocaine (coke, crack, etc.)	0	5	6	7	8
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	5	6	7	8
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	5	6	7	8
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	5	6	7	8
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	5	6	7	8
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	5	6	7	8
h. Street Opioids (heroin, opium, etc.)	0	5	6	7	8
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	5	6	7	8
j. Other – Specify:	0	5	6	7	8

Instructions: Ask Questions 6 & 7 for all substances **ever used** (i.e., those endorsed in the Question 1).

6. Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of (first drug, second drug, etc)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	6
b. Cocaine (coke, crack, etc.)	0	3	6
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	3	6
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	3	6
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	3	6
f. Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	0	3	6
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3	6
h. Street opioids (heroin, opium, etc.)	0	3	6
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	3	6
j. Other – Specify:	0	3	6



7. Have you ever tried and failed to control, cut down or stop using (first drug, second drug, etc.)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	6
b. Cocaine (coke, crack, etc.)	0	3	6
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0		
d. Methamphetamine (speed, crystal meth, ice, etc.)	0		
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0		
f. Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	0		
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0		
h. Street opioids (heroin, opium, etc.)	0		
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0		
j. Other – Specify:	0		

8. Have you ever used any drug by injection (NONMEDICAL USE ONLY)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
<ul style="list-style-type: none"> <li>▪ Recommend to patients reporting any prior or current intravenous drug use that they get tested for HIV and Hepatitis B/C.</li> <li>▪ If patient reports using a drug by injection in the past three months, ask about their pattern of injecting during this period to determine their risk levels and the best course of intervention.               <ul style="list-style-type: none"> <li>○ If patient responds that they inject once weekly or less OR fewer than 3 days in a row, provide a brief intervention including a discussions of the risks associated with injecting.</li> <li>○ If patient responds that they inject more than once per week OR 3 or more days in a row, refer for further assessment.</li> </ul> </li> </ul> <p><b>Note:</b> Recommend to patients reporting any current use of alcohol or illicit drugs that they get tested for HIV and other sexually transmitted diseases.</p>			

**Instructions:** Ask Question 8 if the patient endorses any drug that might be injected, including those that might be listed in the other category (e.g., steroids). Circle appropriate response.

# TAPS: TOBACCO, ALCOHOL, AND OTHER SUBSTANCES

- The Tobacco, Alcohol, Prescription Medication, and other Substance Use (TAPS)
  - Combines a screening tool with a brief assessment (TAPS-1 and TAPS-2)
    - TAPS-1 adapted from the NIDA quick screen
    - TAPS-2 is modified version of the ASSIST.
  - Created for use in primary care settings
  - Online tool (<https://nida.nih.gov/taps2/>)
  - Can be self-administered or administered by professional

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5291717/>

# NIDA Clinical Trials Network The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool

## TAPS Tool Part 1

Web Version: 2.0; 4.00; 09-19-17

### General Instructions:

The TAPS Tool Part 1 is a 4-item screening for tobacco use, alcohol use, prescription medication misuse, and illicit substance use in the past year. Question 2 should be answered only by males and Question 3 only by females. Each of the four multiple-choice items has five possible responses to choose from. Check the box to select your answer.

### Segment:

Visit number:

- In the PAST 12 MONTHS,** how often have you used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco)?  
 Daily or Almost Daily       Weekly       Monthly  
 Less Than Monthly       Never
- In the PAST 12 MONTHS,** how often have you had 5 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by males).  
 Daily or Almost Daily       Weekly       Monthly  
 Less Than Monthly       Never
- In the PAST 12 MONTHS,** how often have you had 4 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by females).  
 Daily or Almost Daily       Weekly       Monthly  
 Less Than Monthly       Never
- In the PAST 12 MONTHS,** how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?  
 Daily or Almost Daily       Weekly       Monthly  
 Less Than Monthly       Never
- In the PAST 12 MONTHS,** how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you? Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone) Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin) Medications for ADHD (for example, Adderall or Ritalin)  
 Daily or Almost Daily       Weekly       Monthly  
 Less Than Monthly       Never

## NIDA Clinical Trials Network The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool

### TAPS Tool Part 2

Web Version: 2.0; 4.00; 09-19-17

#### General Instructions:

The TAPS Tool Part 2 is a brief assessment for tobacco, alcohol, and illicit substance use and prescription medication misuse in the PAST 3 MONTHS ONLY. Each of the following questions and subquestions has two possible answer choices- either yes or no. Check the box to select your answer.

1. In the PAST 3 MONTHS, did you smoke a cigarette containing tobacco?  Yes  No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you usually smoke more than 10 cigarettes each day?  Yes  No

b. In the PAST 3 MONTHS, did you usually smoke within 30 minutes after waking?  Yes  No

2. In the PAST 3 MONTHS, did you have a drink containing alcohol?  Yes  No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you have 4 or more drinks containing alcohol in a day?\* (Note: This question should only be answered by females).  Yes  No

b. In the PAST 3 MONTHS, did you have 5 or more drinks containing alcohol in a day?\* (Note: This question should only be answered by males).  Yes  No

\*One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

c. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop drinking?  Yes  No

d. In the PAST 3 MONTHS, has anyone expressed concern about your drinking?  Yes  No

3. In the PAST 3 MONTHS, did you use marijuana (hash, weed)?  Yes  No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you had a strong desire or urge to use marijuana at least once a week or more often?  Yes  No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of marijuana?  Yes  No

4. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth)?  Yes  No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often?  Yes  No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of cocaine, crack, or methamphetamine (crystal meth)?  Yes  No

5. In the PAST 3 MONTHS, did you use heroin?  Yes  No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using heroin?  Yes  No

# TAPS 2 (CONT.)

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of heroin?  Yes  No

6. In the PAST 3 MONTHS, did you use a prescription opiate pain reliever (for example, Percocet, Vicodin) not as prescribed or that was not prescribed for you?  Yes  No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using an opiate pain reliever?  Yes  No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of an opiate pain reliever?  Yes  No

7. In the PAST 3 MONTHS, did you use a medication for anxiety or sleep (for example, Xanax, Ativan, or Klonopin) not as prescribed or that was not prescribed for you?  Yes  No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you had a strong desire or urge to use medications for anxiety or sleep at least once a week or more often?  Yes  No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of medication for anxiety or sleep?  Yes  No

8. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) not as prescribed or that was not prescribed for you?  Yes  No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) at least once a week or more often?  Yes  No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of a medication for ADHD (for example, Adderall or Ritalin)?  Yes  No

9. In the PAST 3 MONTHS, did you use any other illegal or recreational drug (for example, ecstasy/molly, GHB, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana ('spice'), whip-its, etc.)?  Yes  No

If "Yes", answer the following questions:

In the PAST 3 MONTHS, what were the other drug(s) you used?

Comments:

# TCU 5

- Updated version of the TCU Drug Screen II and is based on the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM-5).
- Screens for mild to severe substance use disorder.
- Useful when determining placement and level of care in treatment.
- Offers an “Opioid Supplement” if one of three questions are answered more than “Never”



## **TCU Drug Screen 5** *Scoring & Interpretation Guide*

**Scoring Instructions.** The TCU Drug Screen 5 is scored to produce a single total score which can range from 0 to 11. To compute the total TCU Drug Screen 5 score:

1. Assign 1 point to each “yes” response to items 1 through 9.
2. For items 10 and 11,
  - a. assign 1 point if respondent answers “yes” to either 10a or 10b;
  - b. assign 1 point if respondent answers “yes” to either 11a or 11b.
3. Sum 1-point “yes” responses for items 1 through 11, yielding a total score ranging between 0 and 11.
4. Note that items 12 through 17 are not included as part of the total TCUDS V score; they provide additional information that may be useful in guiding treatment decisions.

**Interpreting Scores.** Interpretation of the TCU Drug Screen 5 score corresponds with the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* criteria, and is based on a single disorder measured on the following continuum from mild to severe:

Mild disorder:	Score of 2-3 points (presence of 2-3 symptoms)
Moderate disorder:	Score of 4-5 points (presence of 4-5 symptoms)
Severe disorder:	Score of 6 or more points (presence of 6 or more symptoms)

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**Note:** Data currently are being collected to establish the psychometric properties of the TCU Drug Screen 5.

TCU Drug Screen 5-sg (v.Aug17)  
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## TCU Drug Screen V

During the last 12 months (before being locked up, if applicable) –

	No	Yes
1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended? .....	<input type="radio"/>	<input type="radio"/>
2. Did you try to control or cut down on your drug use but were unable to do it? .....	<input type="radio"/>	<input type="radio"/>
3. Did you spend a lot of time getting drugs, using them, or recovering from their use? .....	<input type="radio"/>	<input type="radio"/>
4. Did you have a strong desire or urge to use drugs? .....	<input type="radio"/>	<input type="radio"/>
5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children? .....	<input type="radio"/>	<input type="radio"/>
6. Did you continue using drugs even when it led to social or interpersonal problems? ...	<input type="radio"/>	<input type="radio"/>
7. Did you spend less time at work, school, or with friends because of your drug use? ....	<input type="radio"/>	<input type="radio"/>
8. Did you use drugs that put you or others in physical danger? .....	<input type="radio"/>	<input type="radio"/>
9. Did you continue using drugs even when it was causing you physical or psychological problems? .....	<input type="radio"/>	<input type="radio"/>
10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before? .....	<input type="radio"/>	<input type="radio"/>
10b. Did using the same amount of a drug lead to it having less of an effect as it did before? .....	<input type="radio"/>	<input type="radio"/>
11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug? .....	<input type="radio"/>	<input type="radio"/>
11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms? .....	<input type="radio"/>	<input type="radio"/>
12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE]		
<input type="radio"/> None		<input type="radio"/> Stimulants – Methamphetamine (meth)
<input type="radio"/> Alcohol		<input type="radio"/> Bath Salts (Synthetic Cathinones)
<input type="radio"/> Cannabinoids – Marijuana (weed)		<input type="radio"/> Club Drugs – MDMA/GHB/Rohypnol (Ecstasy)
<input type="radio"/> Cannabinoids – Hashish (hash)		<input type="radio"/> Dissociative Drugs – Ketamine/PCP (Special K)
<input type="radio"/> Synthetic Marijuana (K2/Spice)		<input type="radio"/> Hallucinogens – LSD/Mushrooms (acid)
<input type="radio"/> Opioids – Heroin (smack)		<input type="radio"/> Inhalants – Solvents (paint thinner)
<input type="radio"/> Opioids – Opium (tar)		<input type="radio"/> Prescription Medications – Depressants
<input type="radio"/> Stimulants – Powder Cocaine (coke)		<input type="radio"/> Prescription Medications – Stimulants
<input type="radio"/> Stimulants – Crack Cocaine (rock)		<input type="radio"/> Prescription Medications – Opioid Pain Relievers
<input type="radio"/> Stimulants – Amphetamines (speed)		<input type="radio"/> Other (specify) _____

TCUDS V (v.Sept14)

1 of 2

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Institute of Behavioral Research.  
 (2020). Texas Christian University Drug  
 Screen 5. Fort Worth: Texas Christian  
 University, Institute of Behavioral  
 Research. Available at [ibr.tcu.edu](http://ibr.tcu.edu)

13. How often did you use each type of drug during the last 12 months?	Never	Only a few Times	1-3 Times per Month	1-5 Times per Week	Daily
a. Alcohol .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cannaboids – Marijuana (weed).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cannaboids – Hashish (hash) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Synthetic Marijuana (K2/Spice) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Opioids – Heroin (smack) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Opioids – Opium (tar) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Stimulants – Powder cocaine (coke) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Stimulants – Crack Cocaine (rock) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Stimulants – Amphetamines (speed) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Stimulants – Methamphetamine (meth) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Bath Salts (Synthetic Cathinones) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Club Drugs – MDMA/GHB/Rohypnol (Ecstasy) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Dissociative Drugs – Ketamine/PCP (Special K) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Hallucinogens – LSD/Mushrooms (acid) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Inhalants – Solvents (paint thinner) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Prescription Medications – Depressants .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Prescription Medications – Stimulants .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Prescription Medications – Opioid Pain Relievers .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Other (specify) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How many times before now have you ever been in a drug treatment program?  
 [DO NOT INCLUDE AA/NA/CA MEETINGS]

Never     1 time     2 times     3 times     4 or more times

15. How serious do you think your drug problems are?

Not at all     Slightly     Moderately     Considerably     Extremely

16. During the last 12 months, how often did you inject drugs with a needle?

Never     Only a few times     1-3 times/month     1-5 times per week     Daily

17. How important is it for you to get drug treatment now?

Not at all     Slightly     Moderately     Considerably     Extremely

CUDS V (v.Sept14) 2 of 2  
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# SIMPLE SCREENING INSTRUMENT

- The Simple Screening Instrument for Substance Abuse (SSISA) was developed by the consensus panel of TIP 11, Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases (Center for Substance Abuse Treatment 1994c ).
- VERY popular in correctional institutions in early 2000's
- Peters et al. (2000) found the SSISA to be effective in identifying substance dependent inmates.
- Demonstrated high sensitivity (92.6 percent for alcohol or drug dependence disorder, 87.0 percent for alcohol or drug abuse or dependence disorder) and excellent test retest reliability (.97)

Peters et al. (2000)

**Simple Screening Instrument for AOD Abuse  
Self-Administered Form**

Directions: The questions that follow are about your use of alcohol and other drugs. Your answers will be kept private. Mark the response that best fits for you. Answer the questions in terms of your experiences in the past 6 months.

During the last 6 months...

1. Have you used alcohol or other drugs? (Such as wine, hard liquor, pot, coke, heroin or other opiates, uppers, downers, hallucinogens, or inhalants)  
 Yes  No
2. Have you felt that you use too much alcohol or other drugs?  
 Yes  No
3. Have you tried to cut down or quit drinking or using alcohol or other drugs?  
 Yes  No
4. Have you gone to anyone for help because of your drinking or drug use? (Such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program.)  
 Yes  No
5. Have you had any health problems? For example, have you:  
 Had blackouts or other periods of memory loss?  
 Injured your head after drinking or using drugs?  
 Had convulsions, delirium tremens ("DTs")  
 Had hepatitis or other liver problems?  
 Felt sick, shaky, or depressed when you stopped?  
 Felt "coke bugs" or a crawling feeling under the skin after you stopped using drugs?  
 Been injured after drinking or using?  
 Used needles to shoot drugs?

6. Has drinking or other drug use caused problems between you and your family or friends?  
 Yes  No
7. Has your drinking or other drug use caused problems at school or at work?  
 Yes  No
8. Have you been arrested or had other legal problems? (Such as bouncing bad checks, driving while intoxicated, theft, or drug possession.)  
 Yes  No
9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs?  
 Yes  No
10. Are you needing to drink or use drugs more and more to get the effect you want?  
 Yes  No

# SCREENING FOR ALCOHOL USE DISORDERS

## AUDIT:

<https://www.sbirt.care/pdfs/tools/AUDIT.PDF>

- Full AUDIT is 10 items (0-40)
- Can be clinician administered, self-report, or online version
- Provides a framework for intervention

AUDIT C is a better screening tool to detect risky or problematic drinking

- AUDIT C is first 3 questions of full Audit
- How often, how many, how often more than 6 drinks a day?
- Detects risky drinking or active AUD



### 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.

<p>1. How often do you have a drink containing alcohol? (0) Never [Skip to Qs 9-10] (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week</p>	<p>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? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>
---	--



<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking? (0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more</p>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>
---	--



<p>3. How often do you have six or more drinks on one occasion? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily <i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i></p>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>
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<p>4. How often during the last year have you found that you were not able to stop drinking once you had started? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>	<p>9. Have you or someone else been injured as a result of your drinking? (0) No (2) Yes, but not in the last year (4) Yes, during the last year</p>
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<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>	<p>10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down? (0) No (2) Yes, but not in the last year (4) Yes, during the last year</p>
--	---



Record total of specific items here

# URINE TOXICOLOGY

- Limitations of Urine Toxicology:
  - Typically, does not test for alcohol or tobacco use
  - Unless specifying for Fentanyl or Xylazine, most urine screens will not test for these substance. **KNOW WHAT YOU ARE ORDERING**
  - Potential for false positive and false negative results
  - Interpretation for clinicians versus interpretation for law enforcement.....

***Urine drug testing has been used to detect or confirm suspected opioid use but should be performed only with the patient's consent and in compliance with state laws.***



**Recording:  
Understanding  
Best Practices in  
Toxicology to  
Support an  
Integrated Team  
Approach to MAT  
(9-21-2023)**



# **SOME FOCUSED ASSESSMENT INSTRUMENTS**

Addiction Severity Index - 5th Edition

Clinical/Training Version

A. Thomas McLellan, Ph.D.  
 Deni Carise, Ph.D.  
 Thomas H. Coyne, MSW  
 T. Ron Jackson, MSW

*Remember: This is an interview, not a test*

*\*Item numbers circled are to be asked at follow-up.\**

*\*Items with an asterisk \* are cumulative and should be rephrased at*

- HOLLINGSHEAD CATEGORIES:**
1. Higher execs, major professionals, owners of large businesses.
  2. Business managers if medium sized businesses, lesser professions, i.e., nurses, opticians, pharmacists, social workers, teachers.
  3. Administrative personnel, managers, minor professionals, owners/ proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.
  4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary).
  5. Skilled manual - usually having had training (baker, barber, brakeperson, chef, electrician, fireman, machinist, mechanic, paperhanger, painter, repairperson, tailor, welder, police, plumber).
  6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).
  7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed).

**ALCOHOL/DRUGS**

Route of Administration Types:  
 1 - Oral    2 - Nasal    3 - Smoking    4 - Non-IV injection    5 - IV  
*Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.*

		A. Past 30 Days	B. Lifetime (Years)	C. Route of Admin
D1.	Alcohol (any use at all)	---	---	
D2.	Alcohol (to intoxication)	---	---	
D3.	Heroin	---	---	---
D4.	Methadone	---	---	---
D5.	Other Opiates/Analgesics	---	---	---
D6.	Barbiturates	---	---	---
D7.	Other Sedatives/Hypnotics/ Tranquilizers	---	---	---
D8.	Cocaine	---	---	---

**ALCOHOL/DRUGS COMMENTS**  
 (Include the question number with your notes)

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## PSYCHIATRIC STATUS

How many times have you been treated for any psychological or emotional problems:

P1. \* In a hospital or inpatient setting? \_\_\_ \_\_\_

P2. \* Outpatient/private patient? \_\_\_ \_\_\_

Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days. Enter diagnosis in comments if known.

P3. Do you receive a pension for a psychiatric disability? \_\_\_  
0 - No 1 - Yes

Have you had a significant period of time (that was not a direct result of drug/alcohol use) in which you have:

0 - No 1 - Yes Past 30 Days In Your Life

P4. Experienced serious depression  
Sadness, hopelessness, loss of interest, difficulty with daily functioning \_\_\_ \_\_\_

P5. Experienced serious anxiety or tension  
Uptight, unreasonably worried, inability to feel relaxed \_\_\_ \_\_\_

P6. Experienced hallucinations  
Saw things/heard voices that others didn't see/hear \_\_\_ \_\_\_

P7. Experienced trouble understanding, concentrating or remembering \_\_\_ \_\_\_

P8. Experienced trouble controlling violent behavior including episodes or rage or violence  
Patient can be under the influence of alcohol/drugs. \_\_\_ \_\_\_

P9. Experienced serious thoughts of suicide  
Patient seriously considered a plan for taking his/her life. Patient can be under the influence of alcohol/drugs. \_\_\_ \_\_\_

P10. Attempted suicide  
Include actual suicidal gestures or attempts. Patient can be under the influence of alcohol / drugs. \_\_\_ \_\_\_

P11. Been prescribed medication for any psychological or emotional problems  
Prescribed for the patient by a physician. Record "Yes" if a medication was prescribed even if the patient is not taking it. \_\_\_ \_\_\_

P12. How many days in the past 30 have you experienced these psychological or emotional problems? \_\_\_ \_\_\_  
Refers to problems noted in Questions P4-P10.

For Questions P13 & P14, ask the patient to use the Patient Rating Scale

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? \_\_\_  
Patient should be rating the problem days from Question P12.

P14. How important to you now is treatment for these psychological problems? \_\_\_

### PSYCHIATRIC STATUS COMMENTS

(Include the question number with your notes)

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The Adult SASSI-4  
User Guide  
& Manual

SUBSTANCE ABUSE SUBTLE SCREENING INVENTORY

SASSI

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# ASAM ASSESSMENT INSTRUMENTS

# ASAM CRITERIA METHODS OF DELIVERY

## Structured interview

- High variability
- Not always accepted
- Write-ups vary in sophistication

## On-line Continuum

- Asymmetrical Branching
- Improves interrater reliability
- Has a dashboard
- Information is transmittable

## Co-triage

- 20 questions (about 10-15 min)
- Provisional level of care

**IMPORTANT TO  
REMEMBER.....**

# WITHDRAWAL POTENTIAL

- Risk of withdrawal symptoms determined by many factors
  - Specific substance
  - Duration of use
  - Quantity
  - Route
- Important to assess
  - Withdrawal can be life threatening
  - Very important factor in relapse prevention



# WITHDRAWAL ASSESSMENT

Clinical Institute Withdrawal Assessment for Alcohol (CIWA)



Clinical Institute Withdrawal Assessment – Benzodiazepines (CIWA-B)



Clinical Opiate Withdrawal Scale (COWS)



# SUICIDAL/HOMICIDAL IDEATION

Substance use, and especially withdrawal, increase risk of suicidal ideation. Important to use the process you have in place to assess and document.



# MEDICAL CO-MORBIDITIES

- Consider the possible medical conditions that may be present along with the substance use disorder
- Medical consequences of substance use
  - Liver disease
  - Infection
    - HIV, HCV
    - Skin infection
    - Endocarditis
    - TB
  - Metabolic/nutrition

# PSYCHIATRIC CO-MORBIDITIES

- 40% of individuals with a substance use disorder have a co-occurring psychiatric disorder (source: <https://www.recoveryanswers.org/resource/co-occurring-disorders/>)
- Very often, people can have a substance induced psychiatric disorder, such as psychotic symptoms. These must be treated even if there is no underlying psychiatric disorder. (source: <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf>)
- Critical to screen and treat psychiatric symptoms when they are present
  - Clinical interview/observations
  - PHQ-9
  - GAD-7
  - History

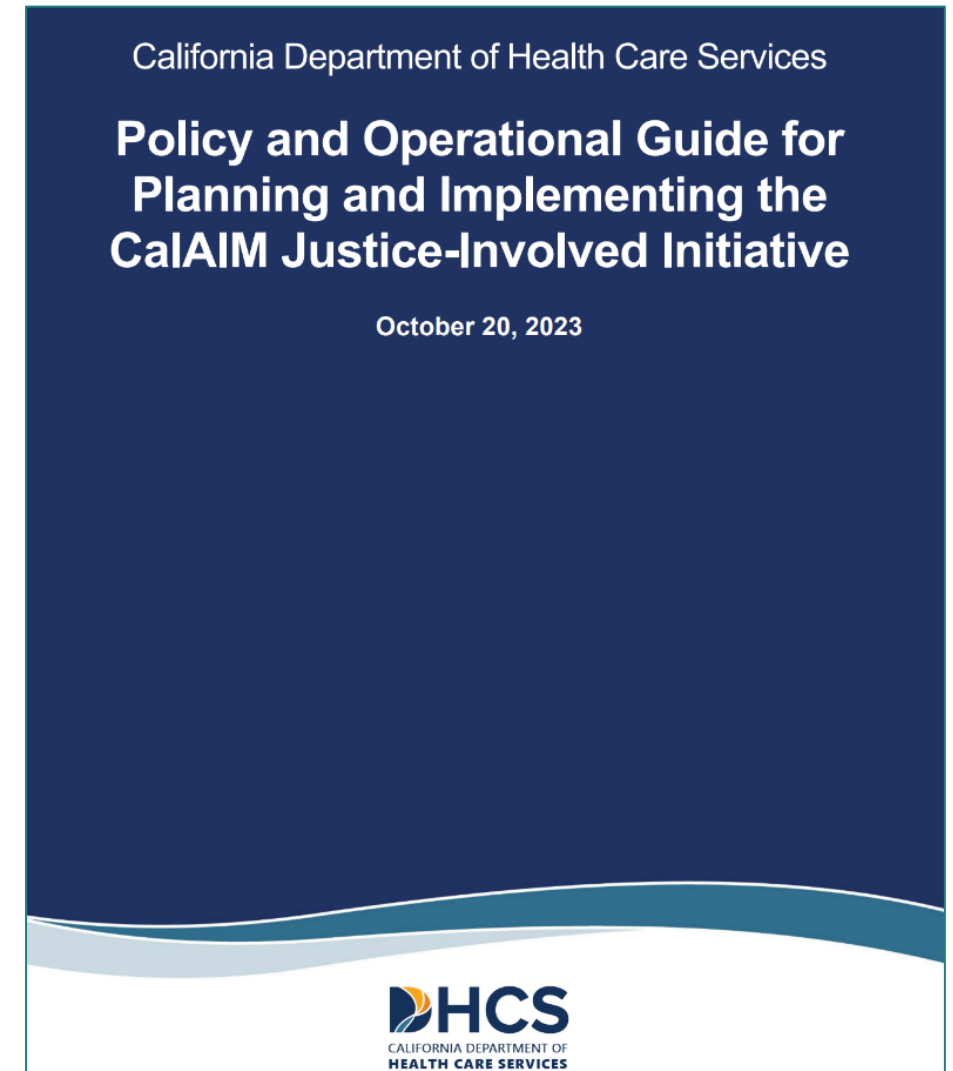
# DHCS POLICY AND OPERATIONAL GUIDE FOR PLANNING AND IMPLEMENTING THE CALAIM JUSTICE-INVOLVED INITIATIVE

## 6.4. Screening for SMHS/DMC/DMC-ODS/Non-SMHS

“To ensure individuals with behavioral health needs are identified and behavioral health links are provided, as required by AB 133, DHCS will require that CFs systematically screen all individuals entering the CF for mental illness and SUD, including any history of alcohol, sedative or opioid withdrawal.”

### **Recommended SUD Screening tools:**

- Texas Christian University Drug Screen V (TCUDS V)
- Alcohol Smoking and Substance Involvement Screening Test (ASSIST)
- Simple Screening Instrument (SSI)



# POLLING QUESTIONS

1. Overall, today's webinar was:
  - A. Very useful
  - B. Somewhat useful
  - C. Not very useful
  - D. Not useful at all
  
2. The material presented today was:
  - A. At the right level
  - B. Too basic
  - C. Too detailed



# CONTACT US

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**FOR ANY QUESTIONS OR COMMENTS**  
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# LINKS – ASSESSMENTS

- NIDA Quick Screen
  - [https://nida.nih.gov/sites/default/files/pdf/screening\\_qr.pdf](https://nida.nih.gov/sites/default/files/pdf/screening_qr.pdf)
- ASSIST
  - <https://nida.nih.gov/sites/default/files/pdf/nmassist.pdf>
- CAGE-AID
  - [https://www.hopkinsmedicine.org/johns\\_hopkins\\_healthcare/downloads/all\\_plans/CAGE%20Substance%20Screening%20Tool.pdf](https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/all_plans/CAGE%20Substance%20Screening%20Tool.pdf)
- TAPS
  - <https://nida.nih.gov/taps2/>
- AUDIT
  - <https://www.sbirt.care/pdfs/tools/AUDIT.PDF>
- DAST
  - [https://cde.drugabuse.gov/sites/nida\\_cde/files/DrugAbuseScreeningTest\\_2014Mar24.pdf](https://cde.drugabuse.gov/sites/nida_cde/files/DrugAbuseScreeningTest_2014Mar24.pdf)
- TCUD-5
  - <https://ibr.tcu.edu/wp-content/uploads/2020/09/TCU-Drug-Screen-5-Sept20.pdf>