ATODA
Alcohol Tobacco & Other Drug Association ACT

Screening for substance use and related issues by specialist alcohol, tobacco and other drug treatment and support services in the ACT:

Discussion paper

Prepared by LeeJenn Health Consultants
for the Alcohol Tobacco and Other Drug Association ACT (ATODA)

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This paper (and containing models) was endorsed by the ACT ATOD Specialist Executive Group on 16 July 2013

ABOUT ATODA

The Alcohol Tobacco and Other Drug Association ACT (ATODA) is the peak body representing the non-government and government alcohol, tobacco and other drug (ATOD) sector in the Australian Capital Territory (ACT). ATODA seeks to promote health through the prevention and reduction of the harms associated with ATOD.

ATODA works collaboratively to provide expertise and leadership in the areas of social policy, sector and workforce development, research, coordination, partnerships, communication, information and resources. ATODA is an evidence informed organisation that is committed to the principles of public health, human rights and social justice.

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ABOUT LEEJENN HEALTH CONSULTANTS

LeeJenn Health Consultants is a specialist health consultancy focused on health service development through research and evaluation, training and workforce development, and translation of research to practice. Directors, A/Prof Nicole Lee and Linda Jenner, have worked in the mental health and drug treatment fields in clinical practice, research, training and management, and have a combination of skills that enables a balance of academic research knowledge, an understanding of the realities of frontline practice and an ability to make complex concepts accessible to a range of audiences.

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- Canberra Recovery Service, Salvation Army
- CatholicCare Canberra and Goulburn
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- Directions
- Drug and Alcohol Services South Australia (DASSA)
- Karralika Programs Inc
- Ted Noffs Foundation ACT
- Toora Women Inc

The contributions of all members of the ACT ATOD Specialist Executive Group and ACT ATOD Workers Group are gratefully acknowledged:

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- Drug and Alcohol Services, ACT Health
- Gugan Gulwan Youth Aboriginal Corporation
- Karralika Programs Inc
- Salvation Army Canberra Recovery Service
- Ted Noffs Foundation ACT
- Toora Women Inc
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1. BACKGROUND

1.1. Context

In recent years, the ACT's specialist alcohol, tobacco and other drug (ATOD) treatment and support services have sought to strengthen their capacity to screen for ATOD and associated issues (including mental and physical health), implement brief interventions, match treatment and support needs, communicate services and referral pathways, and provide ATOD information, including that with a harm reduction focus.

Within the *ACT Comorbidity Strategy 2010-2014* and through the ACT Comorbidity Strategy Working Group, co-chaired by ATODA, the Mental Health Community Coalition ACT and ACT Health, screening was further identified as a priority for action across the ATOD, mental health and allied health sectors.

In response to this, specialist ATOD treatment and support services prioritised ATOD screening in the first instance, and identified the e-ASSIST as a cross-cultural validated screening tool that would be useful and provide consistency across the sector and cross-sectorally. To support services to implement the e-ASSIST, ATODA established a partnership with Drug and Alcohol Services South Australia (DASSA) to develop an ACT specific version of the tool, and undertook an implementation pilot with five specialist ATOD treatment and support services. This included the development and delivery of a training package to 61 workers, development of the e-ASSIST to the ACT context, and a pilot implementation project which included an external evaluation by David McDonald, Social Research and Evaluation Pty Ltd and consultant to ATODA.

Building on this work, ATODA and its key partners including specialist ATOD treatment and support services are seeking to identify the range of opportunities to strengthen evidence-based and consistent screening across health and community services in the ACT through developing and implementing an ongoing Screening Project. The ACT ATOD Workers Group has engaged in screening discussions and work; and the services that participated in the e-ASSIST pilot suggested that an initial scoping of opportunities related to screening, and some clarification regarding best practice processes would be useful, resulting in the development of this paper.

1.2. Purpose of this paper

This discussion paper is designed to support the next stage of the Screening Project, which has included the development of the e-ASSIST for the ACT and the ACT e-ASSIST Implementation Pilot (Stage One). This paper examines the range and feasibility of using screening tools within specialist ATOD treatment and support services and the ATOD sector more broadly.

As necessary, this discussion paper will be followed by other papers such as one that describes how the identified screening tools may be implemented consistently across the specialist ATOD treatment and support and allied services in the ACT.

The current discussion paper examines:

- Purpose of screening in specialist ATOD treatment and support services

- The relationship between triage, screening and assessment
- Screening instruments available for common issues of concern for ATOD service consumers
- Follow-up after screening
- Suitable screening tools for specialist ATOD treatment and support services
- Suitable triage questions for specialist ATOD treatment and support services

1.3. Building on the Screening Project and Future Developments

As noted above, the Screening Project will be undertaken through a range of stages. As such, some discussions are beyond the scope of this paper, but will warrant further consideration. This includes:

- Having a facility to produce summary statistics, aggregating experience with instruments at the agency level and sector as a whole (including ease of reporting).
- Alignments with the new online version of the ACT ATOD Services Directory (expected for release in June 2013).
- Conducting a data and outcomes management project across services.
- Liaising with ACT Health and the Australian Institute of Health and Welfare regarding linkages with the National Minimum Data Set.
- Engaging with agencies and sectors outside of the specialist ATOD services, including through expanding screening initiatives.
- Reviewing and implementing the recommendations from the ACT eASSIST Implementation Pilot Project (Stage 1).
- Engaging in processes to align this work with the ACT Specialist ATOD Executive Group's Rehabilitations Services Review Implementation Plan.
- Engaging in processes to align this work with the ACT Specialist ATOD Executive Group's comprehensive response to blood-borne viruses, with a particular focus on hepatitis C.
- Linking with the work on progressing tobacco and harm reduction initiatives.
- Linking this work with the:
    - ACT ATOD Information and Harm Reduction Module
    - ACT ATOD Information and Harm Reduction Module (Prison Specific)

1.4. The ACT e-ASSIST Implementation Pilot (Stage one)

ACT specialist ATOD services recently conducted an implementation pilot of the ACT e-ASSIST in five agencies, which was completed in February 2013. Part of the background of the decision to conduct the pilot was the fact that the ACT has a relatively high level of interventions provided to service consumers that are classified as 'assessment only'. There was an increase in the proportion of assessment only episodes from 13% in 2009–10 to 20% in 2010–11. Some service consumers failed to attend treatment or were assessed as unsuitable, increasing the apparent assessment only episode rate. It was hypothesised that more extensive use of screening and brief intervention instruments would reduce the number and proportion of assessment only with consequent benefits to both the agencies and service users.

The objectives of the e-ASSIST Implementation Pilot included:

- A higher proportion of people in contact with ACT ATOD agencies (in the first instance) will be screened and given a targeted brief intervention, including harm reduction information, if warranted.
- People will be better matched and referred to ACT ATOD services based on identified risk and the severity of the problems they are experiencing (in line with the continuum of care approach identified in the ACT Comorbidity Strategy).
- Efficiencies will be found, as screening will reduce the number of unnecessary assessment-only interventions.
- Higher satisfaction of staff and agencies will be attained regarding efficient and effective use of resources (in line with previously identified efficiencies).
- Service consumers will receive regular feedback related to harm attributable to different risk categories.
- Services will be better placed to implement outcome measurement, related to screening, in line with Commonwealth Government funding requirements.
- As a mechanism for facilitating referrals, participating agencies will use more consistent language describing the results of screening.

The ACT e-ASSIST was developed through a partnership between Drug and Alcohol Services South Australia (DASSA) and the Alcohol Tobacco and Other Drug Association ACT (ATODA) and is an electronic version of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), designed by the World Health Organization.

The ASSIST is designed for primary health care providers to screen for the use of tobacco, alcohol, cannabis, cocaine, amphetamine type stimulants, sedatives, hallucinogens, inhalants, opioids and 'other' drugs. Upon completion, the screen is scored and feedback on each drug is given to the consumer based on his or her individual scores. The ASSIST was favourably evaluated in several large scale, international studies. DASSA adapted the ASSIST for an online environment and created the 'e-ASSIST'. Both the ASSIST and e-ASSIST are in the public domain and easily completed. However, the ACT version of the e-ASSIST is currently only accessible through ATODA, who can provide associated training and establish a Memorandum of Understanding for its use with any interested stakeholders.

Findings of the ACT e-ASSIST evaluation and discussions indicated that:

- The instrument is valuable when used in the settings, and with the target groups, with which it is designed to be used (e.g. Sobering Up Shelter, drop-in settings and during outreach). It is not intended for use after service consumers have already received comprehensive assessments as the basis for their admission.
- The instrument has particular promise for the use in telephone contacts.
- Screening should be tailored and flexibly applied to ensure it meets the needs of service consumers.
- All participating services have expressed keenness to have the instrument embedded into operating procedures in some way (which could include familiarity with the tool to accept referrals from outside agencies, and providing leadership in this area).

Note: The e-ASSIST evaluation report will also be circulated for stakeholder consideration in 2013.

1.5. The alcohol, tobacco and other drugs workforce and screening

The structure of the ATOD workforce is an important consideration in deciding which screening tools are suitable and how they should be implemented. In the 2010 report, *AOD Workforce development issues and imperatives: Setting the scene*, the National Centre for Education and Training on Addiction (NCETA) described the structure of the Australian ATOD workforce using the best available data from each jurisdiction in Australia.

According to the report, the ATOD workforce nationally comprises two distinct groups:

1) frontline ATOD specialist workers (who may work in ATOD specialist organisations agencies or in ATOD programs within non-ATOD specialist organisations)
2) generalist workers (who work in the mainstream workforce, not the ATOD sector, but have extensive contact with the wider community and are thereby well placed to implement ATOD prevention and intervention strategies)

Specialist ATOD treatment and support services comprise a diverse range of non-government and government services that work to prevent and reduce harms associated with ATOD use in the ACT community. These services offer a range of programs and supports including assessment, information, drop in, education, counselling, case management, detoxification, pharmacotherapy support, outreach support, rehabilitation and relapse prevention [1]. The workers within these specialist services possess diverse qualifications, with 56% having a health, social or behavioural science tertiary qualification, and 41% having an ATOD specific qualification at a Certificate or Diploma level or above [2].

The ATOD specialist workforce currently provides services from prevention to acute care to a range of people. However, the workforce is required to respond to a more complex and increasingly changing client group, especially as public health and prevention activities become more effective in responding to the less complex presentations.

1.6. Common issues of concern for ATOD service consumers

The most common issues of concern for consumers of alcohol, tobacco and other drugs services are:

- Problematic use of alcohol, tobacco and other drugs
- Mental health and trauma
- Acquired brain injury and other cognitive impairment
- Physical health problems

Problematic use of alcohol, tobacco and other drugs

About 80% of Australians drink alcohol [3]. Approximately 20% are at risk of alcohol related harm [3] and around 7% are likely to be dependent [4]. Close to 15% have used an illicit drug in the last year with cannabis accounting for the larger proportion of that figure; approximately 10% of Australians over 14 years smoked cannabis, 2.5% used amphetamine and 0.3% used heroin [3]. About 18% smoked cigarettes, 15% daily. Daily smoking is indicative of nicotine dependence [5].

In the ACT, alcohol (53.8%), cannabis (16.9%), heroin (15.7%) and amphetamines (6.4%), accounted for the majority of closed treatment episodes by ATOD services in 2011-12.

Among specialist ATOD services in the ACT, 98.5% of episodes were for personal drug use issues and 1.5% for someone else (compared to 95.7% and 4.3% respectively for the average across Australia). Around 14.5% of presentations to ATOD services in the ACT were for information and education only and 19.9% for assessment only (compared to 7.7% and 13.6% respectively for the average across Australia) [6].

Across Australia, 13% (nearly 20,000) of closed episodes in mainstream ATOD services were for Aboriginal and Torres Strait Islander People, with a further 90,000 episodes completed within OATSIH-funded services [6].

Mental health and trauma

Mental health and substance use disorders frequently co-occur in the general community [7, 8] and are even more prevalent among service consumers in ATOD settings [9]. Mental health issues most commonly seen in ATOD services include the 'high prevalence' disorders (i.e., disorders that have a high prevalence in the community) of anxiety (20% to 36%) and depression (25%) [10, 11], as well as suicidality (37%) [12], personality disorders (10% to 65%) [13] and trauma symptoms (45%)[14]. Psychotic spectrum disorders (referred to as 'low prevalence disorders' because they have a relatively low prevalence in the community) are found in a relatively small proportion (3%) of substance users [15], although among particular groups, such as methamphetamine users, the presence of psychotic *symptoms,* such as mild auditory or visual hallucinations or paranoid thinking, occur substantially more frequently [16]. These symptoms usually resolve in the context of abstinence or substantially reduced use, as do symptoms of depression and anxiety in many people following substance use treatment [17].

Among people with co-occurring mental health and ATOD symptoms, service utilisation is high and relapse to both disorders common [18]. Services must be able to detect mental health issues and respond in a sensitive way to ensure appropriate assessment is conducted and to avoid aggravating symptoms. In particular, those who experience trauma symptoms are highly sensitive to re-traumatisation, and trauma-informed practices are important.

Acquired brain injury and other cognitive impairment

Acquired brain injury (ABI) is the term used to describe cognitive (brain) impairment acquired after birth. It can be caused by many factors such as disease, infection, traumatic injury, stroke and ATOD use. ABI affects around 2.2% of the population but rates are substantially higher among people who use ATOD and those in populations where ATOD use is high such as prisons, where estimates of between 50-80% have been made [19]. The use of alcohol and other drugs increases risk of acquiring a brain injury through accidents, malnourishment and overdose, and through drug use during pregnancy and trauma and neglect in childhood.

ATOD service consumers may also be affected by other types of cognitive impairment. Many developmental disorders, for example, such as Autism/Asperger's syndrome and Adult Deficit Hyperactivity Disorder (ADHD), which appear to be more prevalent among those receiving ATOD treatment, are accompanied by a range of cognitive deficits. Common cognitive deficits include inability to inhibit impulsive tendencies; reduced ability to integrate thought and emotion; poor planning and decision-making abilities; problems with attention, working memory and recall; difficulty goal setting; and reduced reinforcement from rewards

[19]. That is, brain impairment affects many of the skills that are required for engagement in ATOD treatment. These deficits may manifest in difficulty getting to appointments, unexpected mood swings, impulsive behaviour including relapse, failure to complete tasks and assignments, irritability and pessimism as cognitive and physical demands increase and reduced reinforcement from rewards.

Specialist ATOD treatment and support services should be able to a) identify cognitive impairment and b) adjust their service environment to ensure they are suited to the needs of these service consumers.

Physical health problems

The problematic use of alcohol, tobacco and other drugs adversely affects people's physical health and wellbeing. Alcohol misuse is associated with a range of physical consequences such as gastro-intestinal disorders, some cancers, cirrhosis of the liver, diabetes, cognitive impairment, and cardiovascular disease [20]. Smoking is causally linked to morbidity from lung disease and some cancers [21], while people who inject drugs are at high risk of infection with blood borne viruses such as hepatitis B and C and HIV [22].

The physical health status of ATOD service consumers should be considered as part of a comprehensive treatment plan, and while careful questioning about health status during assessment is usually sufficient to elicit consumer's concerns in the main, several screening instruments are available that may be suitable for use by ATOD workers if required.

2. METHODS

A brief review of the literature was conducted to identify the most common issues of concern for people who use alcohol, tobacco and other drugs. The most common issues include substance use, mental health including trauma symptoms, acquired brain injury and physical health problems.

A search for available instruments designed to screen for each of these issues was undertaken. The most commonly used tools were reviewed and assessed for suitability by the ACT ATOD sector to inform the conclusions drawn in this paper. Primary sources for information about suitable screening instruments were:

- Deady, M. 2009. A Review of Screening, Assessment and Outcome Measures for Drug and Alcohol Settings, NADA NSW.
- Dawe, S. et al. 2002. Review of Review of diagnostic screening instruments for alcohol and other drug use and other psychiatric disorders. Commonwealth of Australia Monograph Series Number 48.
- Substance Use Screening & Assessment Instruments Database, Alcohol and Drug Abuse Institute (ADAI) Library, University of Washington http://lib.adai.washington.edu/instruments/
- Alberta Alcohol and Drug Abuse Commission (AADAC) 2004. A review of addictions-related screening and assessment instruments: Measuring the measurements.
- Baer, L. Blais, M (eds). 2010. Handbook of clinical rating scales and assessment in psychiatry and mental health. Humana Press, New York.
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Evaluation Instruments Bank. www.emcdda.europa.eu/eib.

In assessing the suitability of the screening tools, the following questions were posed:

- What does the tool screen for?
- Is the screening tool in the public domain or it is subject to copyright restrictions?
- Has the tool been validated among ATOD service consumers?
- Which workers can use the tool?
- When is best to use the screening tool?
- Is the screen suitable for particular client groups (or unsuitable for any particular group) such as adults, young people, Aboriginal and/or Torres Strait Islander people, those from culturally and linguistically diverse (CALD) backgrounds, women?

The original reference for the screening tools and references for important validation studies were also consulted during the course of the review.

3. TRIAGE, SCREENING AND ASSESSMENT

Triage, screening and assessment are related processes and all involve careful questioning. Each process is designed to gain varying levels of understanding about a person's issues and the most appropriate response.

- **Triage** is the least intensive level of questioning and is the initial step taken to 'sort' people into those that may be suitable for the service on offer and those that are not.
- **Screening** is a step-up in intensitiy from triage and is designed to detect the likely presence of symptoms or issues, especially in a setting that does not specialise in treating that problem, and is used typically to direct the person to a specific service type or to determine the need for further assessment.
- **Assessment** is the most intensive level of questioning and is a specialist activity designed to gain detailed insight into a person's presenting issues with the aim of developing a treatment plan.

3.1. Triage in specialist ATOD treatment and support services

Triage is used to determine a person's **suitability and priority** for a service and involves workers asking a series of brief 'gateway' questions designed to allow them to determine if screening or assessment is warranted.

For specialist ATOD treatment and support services, triage is usually undertaken at the time of the service consumer's initial telephone or personal contact with the service to determine if:

1) the contact is related to the use of alcohol, tobacco or other drugs
2) the person is a previous service consumer
3) the contact is in relation to the enquirer or another person
4) the person is seeking information only, referral or treatment
5) the person is seeking the type of treatment offered by that particular service.

Taking appropriate action in response to the information gained from triage will ensure that only those people that are suitable for the service are offered further contact, such as telephone or face-to-face contact with a worker on duty or an appointment for assessment. A simple triage procedure should be sufficient to screen out those people who may not need, or indeed desire, further assistance as well those seeking a different type of service other than that on offer. In the latter case, the triage worker would refer the person to the most appropriate service for their needs. **Adequate records should be kept of each triage contact and the actions taken**.

Triage can help sort people into categories quickly and easily.

Which services should triage?

Specialist ATOD treatment and support services, both government and NGO, should triage as the first step in the treatment process. Allied services (e.g. homelessness, mental health or primary care services) can undertake screening for ATOD issues (discussed in the next section), but will not usually need to conduct ATOD-related triage.

Which service consumers should be triaged?

Every person who makes contact with a specialist ATOD treatment and support service can and should be asked triage questions to elicit sufficient information to allow the worker to decide on the next steps that will best meet the person's immediate needs.

Who should conduct triage?

In general, triage questions may be asked by **any worker** in the service that has been adequately trained to do so and when support or supervision in the triage role is provided regularly. In general, the training required to conduct triage would include communication skills, the importance of maintaining privacy and confidentiality, appropriate actions to take following triage and how to conduct effective referral both inside and outside of the service. In settings where existing service users sometimes answer the telephone (e.g. residential settings), the caller should be connected with the designated triage worker as soon as possible.

What are the most suitable triage questions for a specialist ATOD service?

It is recommended that prior to screening; services should triage **every new contact** by asking the following five questions:

1. Is the enquiry related to alcohol, tobacco or other drug issues?
2. Have you accessed our service in the past?
3. Is the enquiry for you or another person?
4. Are you requiring information only, referral to another service, or would you like to speak to a worker in person?
5. Are you looking specifically for the type of service or treatment that we offer?

All people contacting a specialist ATOD treatment and support service should be asked triage questions.

EXAMPLE TRIAGE SCENARIO 1:

Worker: *Hello, Tardis House, this is Susan speaking. Can I help you?*

Caller: *Hi. I want to talk to someone about a problem.*

Worker: *Sure. So I can help you, I just need to ask you a few questions that we ask everybody. Anything you tell me is confidential. Is that ok?*

Caller: *Sure.*

Worker: *Can I ask if you've had support from our service before?*

Caller: *No, this is the first time.*

Worker: *Ok thanks. We're an alcohol, tobacco and other drug service, so may I ask if your call concerns the use of any of those?*

Caller: *Yes, alcohol.*

Worker: *Ok. Are you calling for yourself or are you calling about another person?*

Caller: *No, it's about me. I think I'm drinking too much…*

Worker: *You sound concerned so it's great that you've contacted us. It can be a big step to take. Sometimes people are looking for specific help when they call, like information or advice about the best service to go to, while other people want to speak to one of our workers in person. Are you looking for any particular type of support?*

Caller: *I don't know. I think I need to talk to someone about my drinking. I really need help. I don't know if this is the right place or not…*

Worker: *Ok, well we are a residential service which means that people stay here for several months as they work on the personal issues involved in their drinking. Does that sound like something that would suit you right now?*

Caller: *I'm not really sure… I'm worried about losing my job…I'm on the edge now…*

Worker: *Ok, well there are other services that offer non-residential counselling sessions that I'm sure would also be able to help… would that be more suitable?*

Caller: *Maybe at the moment.*

Worker: *Ok, so here's the number of a counselling service _____. It's open 9am-5pm Monday to Friday, it's free of charge and it's a confidential service based in Civic. Does that sound ok to you?*

Caller: *Yeah, thanks. That might be good. I'll give them a call.*

Worker: *That's great. Good luck and please call back anytime if we can help you with anything else.*

The worker would then record the date and time of the call, the nature of the enquiry and the actions taken.

In this scenario, the worker used reflective listening, acknowledged the person's courage in asking for help for the first time, supported his autonomy and avoided an unnecessary assessment as the person was not prepared to enter residential treatment at that time.

EXAMPLE TRIAGE SCENARIO 2:

Worker: *Hello, Tardis House, this is Susan speaking. Can I help you?*

Caller: *Hi. I want to talk to someone about a problem.*

Worker: *Sure. So I can help you, I just need to ask you a few questions that we ask everybody. Anything you tell me is confidential. Is that ok?*

Caller: *Sure.*

Worker: *Can I ask if you've had support from our service before?*

Caller: *No, this is the first time.*

Worker: *Ok thanks. We're an alcohol, tobacco and other drug service, so may I ask if your call concerns the use of any of those?*

Caller: *Yes, alcohol.*

Worker: *Ok. Are you calling for yourself or are you calling about another person?*

Caller: *No, it's about me. I think I'm drinking too much…*

Worker: *You sound concerned so it's great that you've contacted us. It can be a big step to take. Sometimes people are looking for specific help when they call, like information or advice about the best service to go to, while other people want to speak to one of our workers in person. Are you looking for any particular type of support?*

Caller: *I don't know. I think I need to talk to someone about my drinking. I really need help. I don't know if this is the right place or not…*

Worker: *Ok, well we are a residential service which means that people stay here for several months as they work on the personal issues involved in their drinking. Does that sound like something that would suit you right now?*

Caller: *I think so. I've tried to stop a few times but it hasn't worked and I need to get away from some people in my life that are just making things worse…*

Worker: *Ok, well how about we make a time to book you in to see one of our workers who will talk with you in detail about what's happening in your life and then we can see how we can help?*

Caller: *That'd be great.*

The worker would then organise the appointment for assessment, record the date and time of the call, the nature of the enquiry and the actions taken.

In this scenario, the worker used reflective listening, acknowledged the person's courage in asking for help for the first time, supported his autonomy and organised an assessment.

3.2. Screening in specialist ATOD treatment and support services

Screening is the next level of intensity of 'sorting' after triage that identifies the **likely presence** of a particular problem or problems, and helps workers to decide if a detailed assessment is warranted. The process of screening goes beyond simply relying on clinical intuition to identify service consumers with particular problems, as formalised questioning or screening tools are used. Screening practices are consistent with the Privacy Act regarding collection of information for permitted purpose (e.g. collecting minimal information before deciding if more thorough information is required).

Screening for ATOD issues in specialist ATOD treatment and support services

Among services that are not ATOD specialist services such as mental health or homelessness services, routine screening for alcohol, tobacco and other drug issues detects the presence of an underlying condition that may have otherwise gone unnoticed. In a specialist ATOD service, on the other hand, where it is likely that service consumers are presenting specifically for an ATOD issue and where the service provider has the skills to undertake a thorough ATOD assessment, *universal* screening for alcohol, tobacco and other drug use is generally unnecessary [23]. However, in some settings and in certain circumstances, screening for alcohol, tobacco and other drug issues may be useful and appropriate. See section 1 for further information.

In a specialist ATOD treatment and support service, screening for the use of alcohol, tobacco and other drugs may have a role in:

- Estimating the potential severity of an ATOD issue to enable allocation for assessment to a specific treatment type (e.g. identifying the likelihood of dependence in order to allocate for a withdrawal assessment, or screening for low level use to offer a single session treatment option such as a brief intervention)
- Providing an outcome measure following ATOD treatment (e.g. risk of harms related to ATOD use, severity of dependence)
- Providing feedback to service consumers, especially those that may be unaware that their use of alcohol, tobacco or other drugs is problematic (e.g. conducting an AUDIT screen with a drinker to highlight that he or she is drinking above recommended levels for low risk consumption)

Screening detects the presence of a problem, while assessment specifies the type of problem and measures its severity.

- Potentially reducing the number of unnecessary assessment-only interventions where a person may benefit from a simple yet effective brief intervention
- Providing an opportunity for brief interventions or harm reduction support for service consumers if the waiting list for a formal assessment is lengthy
- Supporting a shared understanding across services regarding screening processes, levels of risk for ATOD-related harms and the acceptance of referrals from other services based on commonly used screening tools.

WHO SHOULD CONDUCT SCREENING FOR ALCOHOL, TOBACCO AND OTHER DRUGS?

Screening should only be conducted by those with the skills required to interpret the outcome and take appropriate action for service consumers that score above the designated 'cut-off' point, such as an ATOD worker, and is generally unsuitable for administrative staff unless they have sufficient ATOD training, such as the ACT ATOD Minimum Qualification Strategy and the ATODA training in ATOD harm reduction, screening and brief intervention.

WHICH SERVICE CONSUMERS SHOULD BE SCREENED FOR ALCOHOL, TOBACCO AND OTHER DRUGS?

Service consumers who have been through the triage process, have been identified as suitable for the service on offer and have requested assistance for their own ATOD use may be screened if it is appropriate to do so.

WHICH SERVICES SHOULD CONDUCT SCREENING FOR ALCOHOL, TOBACCO AND OTHER DRUG ISSUES?

In general, services that provide ATOD programmes but whose focus is not exclusively on ATOD issues may benefit the most from conducting screening such as drop in, brief intervention services and outreach settings. Specialist ATOD treatment and support services may consider screening certain service consumers if it is helpful and appropriate to do so (e.g. if the waiting list for an assessment appointment is lengthy or for the purposes of allocating a person to a specific treatment type as described previously).

WHEN SHOULD SCREENING OCCUR FOR ALCOHOL, TOBACCO AND OTHER DRUGS?

Screening should occur after triage and prior to assessment. Using a screening tool is sometimes useful during an ATOD assessment to highlight high risk use. Screening should not be attempted at a time when a service consumer's other needs are more immediate (e.g. if intoxicated, in crisis, highly distressed, in pain, in need of emergency assistance, if mental health symptoms are severe) [23].

LIMITATIONS OF SCREENING FOR ATOD USE IN SPECIALIST ATOD TREATMENT AND SUPPORT SERVICES

Screening for ATOD issues in specialist ATOD settings does have some important limitations. Firstly, ATOD screening instruments were designed to be used by non-specialists and are therefore not accurate predictors of treatment need and therefore cannot be relied on exclusively for treatment matching. For example, outpatient counselling might be suitable for person A who scores in the 'moderate risk' range for ATOD-related problems, yet a residential setting may be more suitable for person B who also scores in the 'moderate risk' range but has had numerous unsuccessful treatment attempts in the community and may require a more supported environment.

It is also important to recognise that while screening tools work well, none have demonstrated 100% accuracy in detecting existing problems (resulting in 'false negatives'), so relying exclusively on initial

screening to offer an appointment for assessment to a potential service consumer may mean that some people in need of assessment are in fact missed. Furthermore, many people with ATOD-related problems that would be amenable to specialist ATOD treatment do not access treatment services for a range of reasons including fear or perceived stigma, while others only access treatment when their problems are severe. Therefore, having a low threshold for engaging with specialist ATOD services is recommended to ensure those that need help receive it.

Screening for mental health and other issues in specialist ATOD treatment and support services

Due to the prevalence of mental health disorders among ATOD service consumers**, universal screening is recommended**. Screening for mental health problems is used to gauge the degree of distress or severity of symptoms experienced by service consumers. Screening is not intended to generate a mental health diagnosis, which can only be confirmed by a mental health specialist following a comprehensive mental health assessment. Similarly, screening for physical health problems or ABI is appropriate and often useful.

WHO SHOULD CONDUCT SCREENING FOR MENTAL HEALTH SYMPTOMS AND OTHER ISSUES?

As is the case for ATOD screening, screening for mental health and other issues should only be conducted by those with the skills required to interpret the outcome and take appropriate action for service consumers that score above the designated 'cut-off' point. All ATOD staff members that conduct full assessment of ATOD service consumers should include screening for issues known to adversely affect the course of ATOD treatment.

WHICH SERVICE CONSUMERS SHOULD BE SCREENED FOR MENTAL HEALTH SYMPTOMS AND OTHER ISSUES?

Every ATOD service consumer should be screened for these high prevalence problems.

WHICH SERVICES SHOULD CONDUCT SCREENING FOR MENTAL HEALTH SYMPTOMS AND OTHER ISSUES?

Every specialist ATOD treatment and support service should conduct routine screening and respond appropriately to screening outcomes.

WHEN SHOULD SCREENING FOR MENTAL HEALTH SYMPTOMS AND OTHER ISSUES OCCUR?

In general, screening for these important issues should be conducted during ATOD assessment (which may be conducted over several sessions in clinical practice) or during the early stages of ATOD treatment as the results of screening will be used to develop a comprehensive treatment plan or modify an existing plan. Screening for these issues during ATOD assessment is a crucial part of comprehensive assessment and is therefore a clinical process that should be completed by those involved in clinical decision-making.

3.3. Assessment in specialist ATOD treatment and support services

Assessment is the most intensive level of questioning and is a specialist function conducted to identify the **type and severity** of a specific disorder in order to gather the detailed information needed to develop a treatment plan that meets the individual needs of each service consumer. Assessment is arguably the single

most important element of alcohol, tobacco and other drug treatment. A comprehensive assessment provides information for effective case formulation and treatment planning, case management and treatment monitoring, and can be an effective brief intervention in its own right [24].

Differences between screening and assessment

The delineation between screening and assessment is not always clear-cut, but the main difference is that screening detects the likely presence of a problem while assessment identifies the type of problem and its severity. Some screening tools do provide useful information for assessment but yield much less detail than a comprehensive assessment. For example, the Alcohol Use Disorders Identification Test (AUDIT) gathers information about overall quantity and frequency of drinking, but not about detailed patterns of consumption, withdrawal symptoms or experiences with previous treatment that are all important pieces of information for developing a treatment plan, while the ASSIST has no questions regarding quantity of any substance used. Therefore assessment must be conducted before comprehensive treatment can be tailored to an individual's needs.

What is involved in an ATOD assessment?

Assessment is suitable only for people seeking ATOD treatment, and ideally every person that identifies a personal ATOD issue, is concerned about their use and seeks assistance should receive an assessment.

In a specialist ATOD service, assessment involves detailed appraisal of a person's ATOD use, patterns and treatment history plus some level of screening for other important issues, such as mental health, that may affect treatment outcomes. A typical ATOD assessment involves, but is not limited to, enquiry into the following domains:

- Types of substances used
- Quantities of each substance used
- Frequency of use of each substance
- Route of administration
- Time of last use of each substance (day, hour)
- Experience with current and previous withdrawal symptoms
- Experience with previous treatment (where, when, length of abstinence if any, time until reinstatement of substance use, attitudes to treatment)
- Barriers to change (e.g. substance-using partner or peer group, lack of confidence, cravings, readiness to change, other triggers for substance use)
- Risk-taking behaviour (e.g. sharing injecting equipment, high-risk sexual practices, driving whilst intoxicated, poly substance use)
- Severity of dependence and risk for withdrawal
- Risk assessment (including suicide and self-harm, violence and homicide)
- Current and past mental health issues including exposure to trauma and relationship to substance use
- Current and past physical health issues, cognitive impairment (including ABI)
- Social supports, legal, financial and employment factors
- Readiness and desire to change substance use
- Confidence to change substance use
- Service consumer's treatment goals

Who can undertake an ATOD assessment?

Any worker with the training and skills to conduct an ATOD assessment including case managers and counsellors in specialist ATOD treatment and support services could complete an assessment for the purposes of treatment planning and conducting interventions. It is understood that only some workers in specialist ATOD treatment and support settings conduct formal ATOD assessments, which may contribute to the waiting periods for assessments experienced by some service consumers. Training at Certificate IV in AOD level is designed to equip workers with the skills to conduct ATOD assessment, brief interventions, relapse prevention interventions, secondary prevention and harm reduction strategies, and basic case management.

Figure 1 shows the relationship between triage, screening and assessment in specialist ATOD treatment and support services and settings where contact with service consumers is often brief.

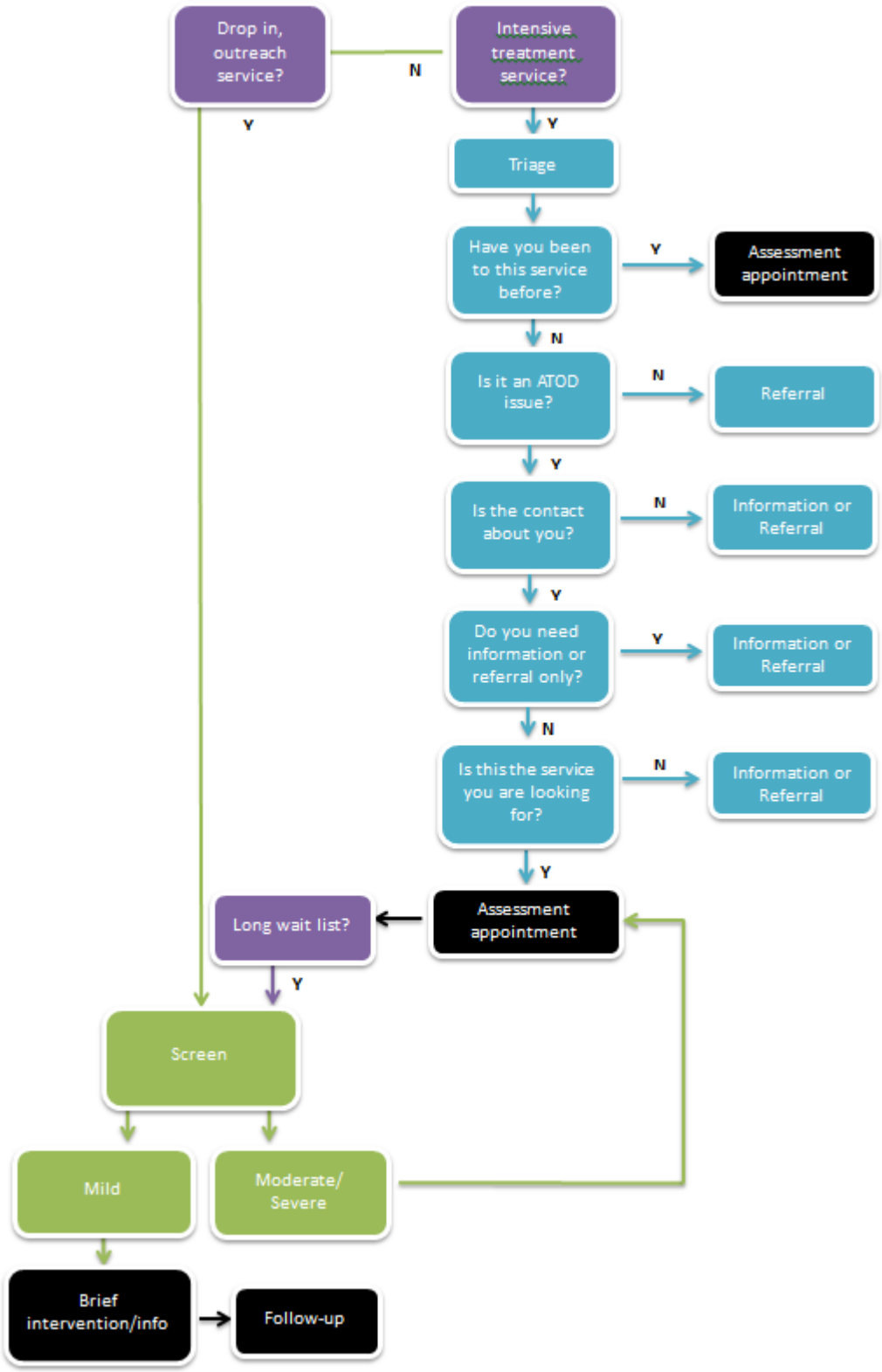

Figure 1. The relationship between triage, screening and assessment in ATOD settings.

Note: if using the ASSIST, service consumers with 'moderate' to 'high risk' for **any** substance would be referred for assessment even if they are also at 'mild risk' for another substance type.

4. SCREENING TOOLS FOR SPECIALIST ATOD TREATMENT AND SUPPORT SERVICES

Screening tools suitable for specialist ATOD services are ideally brief, in the public domain, relevant to the ATOD setting and, in the case of screening for non-ATOD issues (such as mental health), suitable for use by a range of workers (e.g. ATOD workers that are not mental health specialists) [25, 26]. To reduce the risk of false positives (i.e. detecting a problem when none exists) and false negatives (i.e. failing to detect a problem when one or more do exist), screening tools that have been validated among substance using populations is recommended when available [27].

4.1 Screening tools for alcohol, tobacco and other drug use

Many validated screening tools are available to detect problematic use of a range of substances. In general, people that seek help from ATOD services tend to be forthcoming about their use of alcohol, tobacco and other drugs so detection of problematic substance use is much easier than in primary health care settings where, for example, people usually present for other health related issues.

Therefore, it is often possible for specialist ATOD workers to ask a few simple gateway questions about substance use as an 'ice breaker' before undertaking a comprehensive assessment, however screening tools can be operationally and clinically useful in the ATOD sector in specific circumstances, such as allocation to specific treatment types, to provide feedback to service consumers, as an outcome measure and as a means to provide a brief intervention or harm reduction advice to people who may have to wait to access a formal assessment. In addition, given the diversity of services offered through the specialist ATOD treatment and support sector, the role of ATOD screening routinely in some settings, such as drop in, brief intervention services and outreach settings, can be useful.

Table 1 summarises a selection of available alcohol, tobacco and other drug screening tools and their applications. The tools described are all in the public domain and commonly used in a range of (typically non-ATOD) settings:

- Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
- The Alcohol Use Disorders Identification Test (AUDIT)
- The CAGE (Cut down, Annoyed, Guilty, Eye opener)
- Fagerstrom Test for Nicotine Dependence (FTND)
- Heaviness of Smoking Index (HIS)
- Indigenous Risk Impact Screen (IRIS)
- Severity of Dependence Scale (SDS)
- Leeds Dependence Questionnaire (LDQ)
- Drug Use Disorders Identification Test (DUDIT) and the extended version - DUDIT-E
- Drug Abuse Screening Test (DAST)

Table 1. Alcohol, tobacco and other drug screens in common use

Name	Screens for?	Public domain?	Validated among ATOD service consumers?	Who can use it?	Best time to use it?	Suitable for young people?	Suitable for Aboriginal and Torres Strait Islander population?	Suitable for culturally and linguistically diverse population?	Suitable for women?
Alcohol, Smoking, and Substance Involvement Screening Test **ASSIST**	Current (past 3 months) use of tobacco, alcohol, cannabis, cocaine, amphetamine type stimulants, sedatives, hallucinogens, inhalants, opioids, and other drugs and related harms.	Yes	Yes	Suitable for non-specialists in primary health care settings following brief instruction in its use (a screening and brief intervention manual is available from WHO).	Designed for use in primary care in conjunction with brief intervention for hazardous and harmful substance use. The ACT e-ASSIST implementation pilot also provides guidance on use in other settings including specialist drug treatment and support.	Validated for 18+ years and cut off scores for low-moderate-high risk apply to adults. Has been used with <18 yrs and draft versions of ASSIST-Y for <18yrs are currently being tested.	Unknown Not specifically validated with this group.	Yes - test is available in English and 10 other languages and has been validated for cross-cultural use.	Yes
Alcohol Use Disorders Identification Test **AUDIT**	Patterns of harmful or hazardous alcohol use, including probable alcohol dependence and related harms.	Yes	Yes - found to have good sensitivity and moderate to good specificity for hazardous drinking, and alcohol use disorders in drug dependent samples.	Suitable for non-specialists by following simple instructions for administration and scoring and no formal training is required.	Designed for early detection of alcohol problems in the general population and has been used in a range of settings including primary care and emergency departments.	Yes An equally valid or superior measure for adolescents compared to other commonly used screens (e.g. CAGE).	Possibly Despite cross cultural validation & an Australian-specific version, the AUDIT has not been validated with Aboriginal and Torres Strait Islander people	Yes Developed to be literally translated into different languages, it has been validated among a number of different cultures.	Yes Lower cut-off scores for females are recommended to improve specificity.

Name	Screens for?	Public domain?	Validated among ATOD service consumers?	Who can use it?	Best time to use it?	Suitable for young people?	Suitable for Aboriginal and Torres Strait Islander population?	Suitable for culturally and linguistically diverse population?	Suitable for women?
Also the **AUDIT-C** which is the first 3 questions from the **AUDIT**	Harmful or alcohol use and dependence						but it is commonly used and adapted in research and treatment settings.		
CAGE (Cut down, Annoyed, Guilty, Eye opener)	Alcohol abuse and dependence	Yes	Yes	Developed over 30 years ago for physicians to detect alcohol dependence. Suitable for non-specialists by following simple instructions for administration and scoring and no formal training is required.	Explores lifetime use only which may result in false positives.	Has not performed well among young people.	Unknown	Possibly Translated into languages other than English.	Not gender sensitive and has not performed well among pregnant women.
Fagerstrom Test for Nicotine Dependence **FTND**	Quantity of cigarette consumption, compulsion to use, and severity of nicotine dependence.	Copyright applies but may be reproduced without permission.	Yes	Suitable for non-specialists by following simple instructions for administration and scoring.	Suitable for use with current smokers.	Yes but may lack adequate sensitivity for light smokers.	Some evidence for suitability but terms may need explanation.	Yes	Limited evidence

Name	Screens for?	Public domain?	Validated among ATOD service consumers?	Who can use it?	Best time to use it?	Suitable for young people?	Suitable for Aboriginal and Torres Strait Islander population?	Suitable for culturally and linguistically diverse population?	Suitable for women?
Also the Heaviness of Smoking Index **HIS**	Comprises two items from the FTND: time to first cigarette of the day and number of cigarettes smoked daily.								
Indigenous Risk Impact Screen **IRIS**	Substance use problems and mental health risks. Cut off scores indicate the presence and absence of risk. Brief intervention also available.	Yes	No, but validation study recruited from clinical health services.	Suitable for non-specialists by following simple instructions for administration and scoring and no formal training is required.	Must not be used when the client is in acute withdrawal or the acute phase of physical/ mental illness or when intoxicated.	Yes, for those aged 18 years and over.	Yes	-	Unknown
Severity of Dependence Scale **SDS**	Measures psychological dependence on a range of drugs and has been validated among heroin, amphetamine, cocaine, cannabis and benzodiazepine users.	Yes	Yes	Suitable for non-specialists by following simple instructions for administration and scoring and no formal training is required.	Screening. Treatment outcome.	Yes	Unknown	Yes	Yes
Leeds Dependence Questionnaire **LDQ**	Severity of alcohol and drug dependence, primarily opiates and alcohol.	Yes	Yes	Brief screen can be used by all workers- intended for routine clinical	Any time, to plan treatment, determine goals and measure change over time.	Yes	Unknown	Limited use across cultures.	Yes

Name	Screens for?	Public domain?	Validated among ATOD service consumers?	Who can use it?	Best time to use it?	Suitable for young people?	Suitable for Aboriginal and Torres Strait Islander population?	Suitable for culturally and linguistically diverse population?	Suitable for women?
				use.					
Drug Use Disorders Identification Test **DUDIT** Also the **DUDIT-E** (Drug Use Disorders Identification Test Extended)	Identifies patterns of drug use and drug-related Problems. **DUDIT-E** maps the frequency of illicit drug use, the positive and negative aspects of drug use, and treatment readiness when screening has detected drug-related problems.	Yes In public domain but layout is copyright so tool must be used in its original form.	Yes	Suitable for non-specialists, no training required. Can be self-administered by service consumers.	Pre- and early-treatment to identify needs and inform treatment planning.	Yes	Unknown	Yes Translated into 11 languages.	Yes Specific cut-off scores for men and women.
Drug abuse screening test **DAST**	Detects drug abuse or dependence disorders (past 12 months) other than alcohol.	Yes For non-commercial use with appropriate citation of the author.	Yes	Suitable for non-specialists by following simple instructions for administration and scoring and no formal training is required.	Most useful in settings in which seeking treatment substance use problems is not the client's stated goal.	Yes Adolescent version is also available.	Unknown	Unknown	Possibly limited

4.2 Screening tools for mental health issues

A range of screening tools are available to detect mental health problems and several have been validated among people who use alcohol and other drugs. Some mental health screens measure distress associated with a range of symptoms commonly experienced by ATOD service consumers such as depression and anxiety, while others focus on symptoms associated with a single issue such as depression or post-traumatic stress disorder for example. While single focus screens can be useful when the ATOD worker suspects the presence of a specific problem, screens that measure a range of symptoms are often more convenient and have been reviewed for this discussion paper.

Table 2 summarises a selection of available mental health screening tools and their applications. The tools described are mostly in the public domain and commonly used outside of specialist mental health services:

- Depression Anxiety Stress Scale – 21 item (DASS-21)
- General Health Questionnaire (GHQ)
- Indigenous Risk Impact Screen (IRIS)
- Kessler 10 (K10)
- Modified Mini Screen (MMS)
- PsyCheck

Among the mental health screening tools, the K10, PsyCheck and MMS are the most useful for ATOD services because all three are both in the public domain and have been validated with ATOD populations. Among the three, PsyCheck (which is currently used in some service settings as part of the Improved Services Initiative through the Department of Health and Ageing) is likely to identify both true positives and true negatives most accurately and it has been designed for ATOD populations, unlike the K10, which performed less well on validation analyses and was originally designed for general population screening. The MMS is designed for clinical populations and has similar sensitivity to the K10 but has the added advantage of quickly screening for psychosis at the same time.

The cut off for the K10 is substantially higher among ATOD service consumers than the general population because a general population tool needs to be highly sensitive to detect symptoms among a group of people where disorders are relatively uncommon and is overly sensitive among populations (like ATOD service consumers) where mental health symptoms are relatively common.

The IRIS is the only measure designed specifically to screen for co-occurring disorders among Aboriginal and Torres Strait Islander populations.

The GHQ is not in the public domain, while the DASS-21 has not been validated among ATOD service consumers and requires more effort than other screens to score.

Screening tools for mental health problems

Table 2. Screening tools for mental health problems (including trauma) in common use

Name	Screens for?	Public domain?	Validated among ATOD service consumers?	Who can use it?	Best time to use it?	Suitable for young people?	Suitable for Aboriginal and Torres Strait Islander population?	Suitable for culturally and linguistically diverse population?	Suitable for women?
Kessler 10 **K-10**	Measure of general distress- anxiety and depressive symptoms in the past 4–weeks in the general population.	Yes	Yes. Sensitivity 76.7%. Best cut-off score for ATOD is 27 [28].	Suitable for non-mental health specialists by following simple instructions for administration and scoring and while no formal training is required, clinical expertise is required for interpretation.	For initial screening but can also be used as outcome measure. Modified versions used for specific times: K10-LM at initial assessment, K10-L3D for during care and at discharge.	Yes – used by headspace nationally.	Unknown	Yes	Yes
PsyCheck (Incorporates Self-Reporting Questionnaire, **SRQ**)	Screens for symptoms of psychological distress, suicide risk, psychosis, mental health treatment history and optional risk assessment in ATOD populations.	Yes Intervention manual also available.	Yes. Sensitivity (0.809) and specificity (0.837). Best cut-off for ATOD is 5 [29].	Suitable for non-mental health specialists by following simple instructions for administration and scoring and while no formal training is required, clinical expertise is required for interpretation.	Initial screening for further assessment but can also be used as outcome measure. Service consumers indicate which symptoms are not associated with substance use or withdrawal, so PsyCheck can screen for substance-induced symptoms.	Yes	Unknown	SRQ component available in a number of other languages.	Yes

Name	Screens for?	Public domain?	Validated among ATOD service consumers?	Who can use it?	Best time to use it?	Suitable for young people?	Suitable for Aboriginal and Torres Strait Islander population?	Suitable for culturally and linguistically diverse population?	Suitable for women?
Modified Mini Screen **MMS**	Designed to screen for mood, anxiety and psychotic disorders and trauma exposure in clinical populations.	Yes	Yes. At cut points of 6–9, the sensitivity of the MMS ranged from 0.63–0.82, its specificity ranged from 0.61–0.83 in broad ATOD-related population [30].	Suitable for non-mental health specialists by following simple instructions for administration and scoring and while no formal training is required, clinical expertise is required for interpretation.	Designed for screening for further assessment but also be used as outcome measure.				
Depression Anxiety Stress Scale – 21 item **DASS-21**	Measures depression, anxiety and stress – also indicates more general psychological distress in clinical populations.	Yes DASS manual contains more detail and must be purchased.	Not validated among ATOD service consumers.	Suitable for non-mental health specialists by following simple instructions for administration and scoring and while no formal training is required, clinical expertise is required for interpretation.	Designed for screening for further assessment but also be used as outcome measure.	Yes	Unknown	Yes	Yes
General Health Questionnaire **GHQ**	Screens for symptoms of psychological distress in clinical populations.	Can be used freely only with the Opiate Treatment Index (OTI)	Yes but performed less well than SRQ in the Psycheck validation study.	Suitable for non-mental health specialists by following simple instructions for administration and scoring and while no formal training is required, clinical expertise is required for interpretation.	Designed for screening for further assessment but also be used as outcome measure.	Yes	Possibly – more evidence is required	Yes	Yes

Name	Screens for?	Public domain?	Validated among ATOD service consumers?	Who can use it?	Best time to use it?	Suitable for young people?	Suitable for Aboriginal and Torres Strait Islander population?	Suitable for culturally and linguistically diverse population?	Suitable for women?
Indigenous Risk Impact Screen **IRIS**	Mental health and ATOD risks	Yes	Yes	Suitable for non-mental health specialists by following simple instructions for administration and scoring and while no formal training is required, clinical expertise is required for interpretation.	Designed for screening for further assessment but also be used as outcome measure				
Impact of Event Scale – Revised **IES-Revised**	Current degree of subjective stress (PTSD symptoms) experienced as a result of a specific traumatic event.	Yes	Yes	Suitable for non-mental health specialists by following simple instructions for administration and scoring and while no formal training is required, clinical expertise is required for interpretation.	Screening and outcome measurement	Yes And a version (CRIES) has also been developed for children	Unknown	Yes Translations available	Specific for women
Posttraumatic Stress Diagnostic Scale - Self-Report **PDS**	Screens for posttraumatic stress disorder, indicates severity of symptoms.	No	Yes	For use by psychologists, social workers, qualified counsellors only.	Early in treatment and to monitor progress over time – also helps with treatment planning.	Yes	Unknown	Yes	Yes
Trauma	Screens for	Yes	Unknown	Suitable for non-mental	Screening and	Unknown	Unknown	Unknown	Unknown

Name	Screens for?	Public domain?	Validated among ATOD service consumers?	Who can use it?	Best time to use it?	Suitable for young people?	Suitable for Aboriginal and Torres Strait Islander population?	Suitable for culturally and linguistically diverse population?	Suitable for women?
screening questionnaire	reactions after a traumatic event			health specialists by following simple instructions for administration and scoring and while no formal training is required, clinical expertise is required for interpretation and treatment planning.	outcome measurement				

4.3 Screening tools for acquired brain injury and cognitive impairment

Use of alcohol and other drugs, intoxication and withdrawal can all result in some level of, at least temporary, cognitive impairment, including mild to moderate concentration, impulsivity and memory problems. Many ATOD service consumers will have experienced a head injury (for example during a fall while intoxicated) or hypoxia during overdose, resulting in more permanent structural brain impairments.

Not all cognitive impairments are results of an acquired brain injury (ABI), however. There are higher rates of developmental disorders such as autism/Asperger's syndrome and ADHD, and mental health problems among ATOD service consumers and many of these disorders result in cognitive impairments that affect memory, planning and other thinking skills.

Although there are a number of ABI screening tools available, it is probably more helpful for specialist ATOD services to adjust their treatment approaches to ensure they are generally suitable for people with mild to moderate brain impairment. A service consumer who is regularly late to appointments, does not engage in group work, or fails to complete their homework may be suffering from unrecognised cognitive impairment.

Adjusting treatment approaches might include introduction of memory aids, such as written notes or recorded notes or sessions; simplified worksheets and other information; use of diaries to write or draw tasks, activities or thoughts; repetition of material in multiple formats and time points and frequent summarising; and regular checking to ensure that service consumers understand information being presented to them. Written material should to be written at a primary school level and use of diagrams and pictures can also be helpful. Not everyone entering a specialist ATOD service will require these aids, but those that do not need them will not be disadvantaged by using repetition, simpler language, written information and a slower pace.

Screening tools for acquired brain injury

Table 3. Screening tools for acquired brain injury

Name	Screens for?	Public domain?	Validated among ATOD service consumers?	Who can use it?	Best time to use it?	Suitable for young people?	Suitable for Aboriginal and Torres Strait Islander population?	Suitable for culturally and linguistically diverse population?	Suitable for women?
ARBIAS ABI screening tool	A screener using a risk factor checklist for ABI.	No	No Initial validation study only- limited to corrections populations	Suitable for non-mental health specialists by following simple instructions for administration and scoring; any 'yes' answer alerts the worker that a full assessment is required.	Screening for treatment planning- not administered while intoxicated.	Unknown	Unknown Non-specific. Small Aboriginal and Torres Strait Islander pop. numbers in study sample	Unknown CALD people were excluded if interpreter was required	Yes
Ohio State University Traumatic Brain Injury Identification Method **OSU TBI-ID**	Measures the likelihood and extent of lifetime exposure to TBI, including current injury.	Yes May be used free of charge as long as no changes are made to the provided version.	Yes	Most clinical staff/settings. Summary indices from the OSU TBI-ID can be used in both research and clinical care.	Assessment/treatment planning	No	No	Unknown	Yes
Initial screening for ABI potential (Trigger Sheet) Victorian Depart of Health	A checklist for risk factors, including history of previous treatment	Yes	Not a validated tool but recommended by ATOD treatment specialists.	Any ATOD worker.	Screening for treatment planning- not to be administered if the service consumer is intoxicated.	Unknown	Unknown	Unknown	Unknown

4.4 Screening tools for physical health problems and quality of life

Use of alcohol, tobacco and other drugs can adversely affects people's physical health and wellbeing. Effects can be acute and relate to the toxic effects of a substance (e.g. heart attack in methamphetamine overdose), while others are more chronic and relate to long-term exposure (e.g. airways disease in nicotine dependence, liver disease in alcohol dependence). Other health problems result from how people use substances and may include localised infection in injection sites or systemic infection with blood borne viruses (BBV) as a result of sharing contaminated injecting equipment.

Many physical health problems are amenable to treatment, and others may be prevented with timely intervention. Therefore, the physical health of ATOD service consumers should be considered as part of a comprehensive treatment plan. Careful questioning about health status and drug use behaviours during assessment is usually sufficient to elicit service consumer's concerns or alert ATOD workers to common risk factors for health problems. For example, service consumers with alcohol problems should be referred to a general practitioner for a physical examination including liver function tests, and people who inject drugs should be referred for BBV testing if their status is unknown so vaccination for Hepatitis A and B can be offered in the context of harm reduction advice for other BBVs. However, several screening instruments are available that may be suitable for use by ATOD workers if required.

Quality of life (QoL) has been used for many years as an outcome measure in physical [31] and mental health care [32] and more recently in substance use treatment [33-38]. QoL can be defined as a subjective view of one's physical and psychological health, level of independence and quality of social relationships [39]. Many factors influence treatment seeking for ATOD use, among which are negative consequences of use, therefore conducting screening for QoL might enhance engagement with, and commitment to, ATOD treatment and may also provide another meaningful outcome measure during and following treatment.

Screening tools for physical health problems

Table 4. Screening tools for physical health problems and quality of life

Name	Screens for	Public domain?	Validated among ATOD service consumers?	Who can use it?	Best time to use it?	Suitable for young people?	Suitable for Aboriginal and Torres Strait Islander population?	Suitable for culturally and linguistically diverse population?	Suitable for women?
Medical Outcomes Study 36-Item Short-Form **SF-36** (also versions with 12 and 8 questions)	Generic health status: physical functioning, role limitations due to physical health problems, pain, general health, vitality, social functioning, role limitations due to emotional problems, and mental health.	No – annual licence required.	Has been used in ATOD populations.	Self-report or worker administered.	Any time	Yes, aged 14 years and over	Unknown	Yes, translated into various languages.	Yes
Blood Borne Virus Transmission Risk Assessment Questionnaire – Short version **BBV-TRAQ – SV**	Screens for risk practices associated with BBVs, specifically sharing injection equipment, sharing needles and second-person contamination	Yes	Yes	Self-report or worker administered (must be familiar with terms used)	Any time	Unknown	Unknown	Unknown – intended for people proficient in English.	Yes

Name	Screens for	Public domain?	Validated among ATOD service consumers?	Who can use it?	Best time to use it?	Suitable for young people?	Suitable for Aboriginal and Torres Strait Islander population?	Suitable for culturally and linguistically diverse population?	Suitable for women?
WHOQOL-BREF	Measures physical health, psychological health, social relationships, and environment	Yes	Has been used in studies among ATOD service consumers.	Self-report	Any time	Unknown	Unknown	Yes	Yes

5. SUMMARY

5.1 Universal triage across the specialist ATOD treatment and support sector

KEY POINTS

All services should implement a triage procedure around the following 5 questions. If reception staff members conduct triage calls, the development of a triage questioning protocol may be useful. Training for triage staff is also crucial as they are the first point of contact with the service.

1. Have you accessed our service in the past?
2. Is the enquiry related to alcohol, tobacco or other drug issues?
2. Is the enquiry for you or another person?
4. Are you requiring information only, referral to another service, or would you like to speak to a worker in person?
5. Are you looking specifically for the type of service or treatment that we offer?

How will triage assist specialist ATOD treatment and support services?

When a potential service consumer calls a specialist ATOD treatment and support service they are likely to be calling about an ATOD issue, so conducting routine triage will reduce the need to ask potentially unnecessary screening questions of people who do not need to be screened, and also has the potential to reduce the numbers of unnecessary assessments. For example, a known service user that received treatment for dependence is unlikely to need a screen for ATOD issues to determine suitability for assessment. In some instances, as noted through the ACT e-ASSIST implementation pilot, service consumers may be seeking a particular kind of service from the agency they are approaching and screening will not be necessary. Routine triage of all contacts would therefore be entirely appropriate in all ATOD settings.

5.2 Universal screening for issues known to impact on ATOD treatment

KEY POINTS

A series of screening tools should be incorporated into comprehensive assessment by ATOD workers:

Mental health: A general mental health screen is essential. The MMS or the PsyCheck screening tools are most useful. PsyCheck works well in detecting mental health issues in substance users and MMS also screens for trauma symptoms.

ABI: As a large proportion of ATOD service consumers entering or returning to treatment will have some kind of (at least mild) temporary or permanent cognitive impairment, it is not necessary to undertake early formal screening for cognitive impairment. A more effective approach is to adjust current services to assume cognitive impairment. Those without cognitive impairment will also benefit from repetition, clear instructions and written information.

Physical health and quality of life: Nearly all ATOD service consumers in treatment have poorer physical health and poorer quality of life. A more effective approach is to adjust current services to assume physical health issues. Some simple questions should be included during assessment:

- *All service consumers should be asked: 'Have you had a BBV test recently?'* and referred for BBV testing and vaccination if they have not had recent screening or treatment
- All drinkers should be asked: *'Have you had a liver function test recently?*' and referred for LFT and a physical examination by a GP or addiction medicine specialist if they have not had recent testing or treatment.

How can screening for these issues assist specialist ATOD services in the ACT?

The most common issues of concern for service consumers of ATOD services other than substance use are:

- Problematic use of alcohol, tobacco and other drugs
- Mental health and trauma
- Acquired brain injury and other cognitive impairment
- Physical health problems

Mental health issues (particularly depression, suicidal ideation and anxiety) and trauma are associated with relapse to substance use and may also adversely influence ATOD treatment outcomes in other ways such as through non-attendance or unhelpful beliefs. Universal screening for mental health issues by ATOD workers is widely recommended [40]. Acquired brain injury and other cognitive deficits can also interfere with engagement and outcomes [41], while physical illness and BBVs must be also be addressed. Routine screening for these issues will assist specialist ATOD treatment and support services to detect problems, conduct (or refer for) a formal assessment, and develop comprehensive treatment plans for service users.

What are the most suitable screening tools for use during assessment?

GENERAL MENTAL HEALTH

After considering a range of screening tools, three screens for mental health symptoms seem to be most suitable for the ATOD sector. These are the K10 [42], the MMS [30]and PsyCheck [29].

The K10 is a brief screen for symptoms of non-specific psychological distress developed for health studies in the general population. It has been validated in several studies among substance users. Also comes in a briefer version (K6) which has also been validated among substance users. The K10 may be useful to compare ATOD service consumers with those of mental health services, where the K10 is used for outcome measuring.

The MMS is a 22-item tool that assesses for symptoms of depression, anxiety and psychosis and contains a question about exposure to trauma. In a large validation study among ATOD service consumers, at a cut-off score of 6, the MMS accurately identified 82% of the true positive cases (sensitivity) and 61% of the true negative cases (specificity). When administered by a clinician, reliability was higher (0.89 to 0.93) than self-report (0.78 to 0.85) [30].

PsyCheck is a screen developed to detect psychological distress among ATOD service consumers. It comprises the Self-reporting Questionnaire, several questions relating to past and current mental health treatment to enable ATOD case managers to link with other treatment providers, and a risk assessment for use when service consumers report suicidal ideation. A cut-off score of over 4 gave the best balance of sensitivity (0.809) and specificity (0.837), and two mental health treatment questions were highly correlated with a current mental health disorder [29]. A treatment manual is also available.

For Aboriginal and Torres Strait Islander service consumers , the **Indigenous Risk Impact Screen (IRIS)** [43] is recommended. The IRIS screens for problematic substance use and mental health problems. A cut-off score of 10 for the alcohol and drug subscale will correctly pick up 65% of people with a problem (sensitivity) and correctly detect 86% of people without a problem (specificity), while a cut-off score of 11 for the mental health sub-scale will correctly classify 83% of people with significant mental health symptoms, and 84% without such symptoms [43].

TRAUMA

Screening for trauma requires skilful and sensitive questioning by ATOD workers, whether a screen is used or not. Some service consumers may have received trauma-specific interventions in the past, or some may disclose for the first time. The MMS contains the following two questions that may be useful:

"Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else?" and "*Have you re-experienced the awful event in a distressing way in the past month?"* A "yes" response to either of these questions should trigger a more comprehensive assessment. Use of the Impact of Event Scale – Revised [44] or the Trauma Screening Questionnaire [45] could also be used to determine the effects of the trauma.

ABI

Rates of ABI are high in ATOD services, and are difficult to screen for effectively. Most ATOD service consumers will have at least temporary cognitive impairment related to their drug use, while others may have severe or permanent impairments. Consequently, all ATOD services should ensure services are ABI-informed (i.e. are aware of the prevalence and impact of ABI and ensure services delivered are appropriate for service consumers with ABI). The screening questions suggested in Turning Point's ABI Clinical Treatment Guidelines [41] may be appropriate for use by ATOD workers during the course of ATOD assessment.

PHYSICAL HEALTH

In general, ATOD service consumers experience poorer physical health than the general population and have poorer access to specialist services. Given the nature of drug use, all ATOD service consumers should be asked: '*Have you had a BBV test recently*'? and referred for BBV testing and vaccination if they have not had recent screening or treatment. All drinkers should be asked '*Have you had a liver function test recently*?' and referred for LFT and a physical examination by a GP or addiction medicine specialist if they have not had recent testing or treatment. If workers wish to use a formal screen beyond careful questioning during ATOD assessment, the SF-12, 24 or 36 [46] may be appropriate for this purpose.

QUALITY OF LIFE

Most ATOD service consumers in treatment will have reduced quality of life. Quality of life usually improves when ATOD and mental health issues are effectively addressed. There are numerous tools to assess quality of life. For clinical purposes, screening is unnecessary but may be useful as an outcome measure, in which case the WHOQOL-BREF [47] may be useful .

5.3 Screening for ATOD use in specialist ATOD treatment and support services

KEY POINTS

Screening for ATOD use should be limited to specific contexts and conducted only if it adds value to assessment or for client selection and matching assessment appointments for specific treatment types.

Regular screening for ATOD use could be most helpful in drop in, brief intervention services and outreach settings.

Familiarity with screening tools is useful when accepting referrals from allied agencies that conduct ATOD screening.

- For allocation to single session treatment: use the ASSIST
- For providing brief interventions prior to assessment: use the ASSIST (consider using the AUDIT if alcohol is the identified main substance of concern)
- For allocation to dependence services (such as withdrawal): use the Severity of Dependence Scale
- For Aboriginal and Torres Strait Islander service consumers: use the IRIS

Screening for ATOD use and problems is designed to identify the likely presence of a specific issue among services that are not well equipped to undertake a full assessment, such as homelessness services, primary care, mental health and women's services. However, when potential service consumers call a specialist ATOD service, it is probable that they require some form of assistance with ATOD issues, so universal screening as it is used in non-specialist services is less useful. Indeed, there have been no published studies to our knowledge that evaluate the feasibility or outcomes of screening for ATOD issues within an ATOD specialist service, probably because ATOD screening is designed for non-specialist services. Therefore, screening for substance use by specialist ATOD treatment and support services is recommended only if the results will be a useful part of intervention planning.

When might screening for substance use by ATOD specialist treatment and support services be useful?

TO IDENTIFY ATOD ISSUES AMONG SERVICE CONSUMERS IN DROP-IN, BRIEF INTERVENTION AND OUTREACH SERVICES

Screening can be extremely useful in settings where contact with service consumers is brief, and formalised ATOD assessments are not routinely delivered or freely available. The results of screening are used by workers to reinforce low-risk behaviours, provide brief intervention for those scoring in the 'moderate risk' range, and refer for assessment those who score in the 'high risk' range.

TO IDENTIFY SPECIFIC TYPES OF SERVICE CONSUMERS

Some services may only intake specific client types. For example, withdrawal services are intended for service consumers that are substance dependent and have recently used, so screening may be useful to refer those with lower-level use to more appropriate services. Other services offer single session treatment (for example to lower risk drinkers or users as a waiting list management tool) or treatment for high-risk use (such as people referred to a group for drink- or drug-driving). Those services may use an ATOD screening tool to screen for severity of ATOD-related risk to determine whether someone is suitable for single session therapy or would be more suitable for longer term therapy. Selective screening for those who are accessing a specific treatment type is recommended rather than universal ATOD screening.

TO ASSIST SERVICE CONSUMERS ON A WAITING LIST FOR ASSESSMENT

Early engagement of people who ask for help with ATOD issues is essential, so using screening when waiting lists for assessments are lengthy is a responsive and engaging way to support clients that is matched to their particular presentation. Brief interventions can be offered as well as harm reduction strategies and other useful information to maintain people's motivation to take action.

TO PROVIDE FEEDBACK TO SERVICE CONSUMERS DURING AN ATOD ASSESSMENT

During an assessment session, screening may be useful to help service consumers reflect on their patterns of substance use, especially those who may be unaware of the level of severity of their alcohol, tobacco or other drug use. For example, using a client's AUDIT score to provide feedback on his or her level of drinking, or the SDS to feedback severity of dependence can be very useful during assessment and at various stages throughout treatment.

TO HELP SERVICE CONSUMERS TRACK THEIR PROGRESS AND FOR TREATMENT OUTCOME MEASURES

Conducting initial screening and re-screening as treatment progresses can be helpful to measure progress, reinforce treatment gains, and strengthen a client's commitment to continue treatment. Some screens can also be used as outcome measures (e.g. WHO QOL-BREF, SDS).

What are the most suitable ATOD screening tools for specialist ATOD treatment and support services?

ATOD USE AND RISK

The Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) [48] was developed for the World Health Organization (WHO) by an international group of substance abuse researchers to detect substance use and related problems in primary care patients. The ASSIST has been subjected to several large validation studies which have shown it is a reliable tool that is able to discriminate between use and abuse of specific substances well (e.g. 83% for alcohol and 97% for amphetamine type stimulants), with somewhat less discriminant ability between abuse and dependence (e.g. 67% for alcohol and 72% for amphetamine type stimulants) [49]. The e-ASSIST was recently trialled in the ACT ATOD sector and its use was considered feasible by most participating services.

Other useful screens include the Alcohol Use Disorders Identification Test (AUDIT) [50] and the AUDIT-C [51], for service consumers whose main substance of concern is alcohol. Unlike the ASSIST, the AUDIT screens for quantity of alcohol consumption which is essential information to have in specialist ATOD treatment and support settings.

DEPENDENCE

The Severity of Dependence Scale [52], is a brief (5 question) measure of psychological dependence that has been validated among heroin, cocaine, amphetamine, and cannabis users. It is used widely in research and clinical settings.

TOBACCO USE

Around 95% of people that receive treatment for substance use smoke tobacco products, therefore all service consumers should be asked '*do you smoke cigarettes?*' Since virtually all daily smokers are dependent, simply asking '*do you smoke cigarettes every day?*' is sufficient to establish the need for intervention. Dependent smokers may be suitable for nicotine replacement therapy (NRT). With only two questions, the Heaviness of Smoking Index [53] may be useful to screen for severity of dependence and to match more severely dependent service users with the strength of NRT that may be most suitable. The two questions are: "*On the days that you smoke, how soon after you wake up do you have your first cigarette*?" and "*How many cigarettes do you typically smoke per day?" S*horter duration from waking to first cigarette and higher consumption patterns increase risk of dependence severity.

There is no evidence that ATOD service consumers have worse outcomes if they attempt to quit, reduce or manage tobacco use at the same time as other drugs, and therefore quit smoking options should be offered to all ATOD service consumers who smoke cigarettes, including 'light' or irregular smokers. It is important to note that the ATOD sector is also progressing a range of activities related to tobacco, workplaces and harm reduction that may impact on screening discussions in future.

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