Screening & Withdrawal Tools Collection

AOD SCREENING HINTS

Flinders UNIVERSITY | FHMRI FLINDERS HEALTH & MEDICAL RESEARCH INSTITUTE | NCETA Australia's National Research Centre on AOD Workforce Development

Suggested citation

Fischer, J.A., Pointer, S.C and J. Bowden. 2022. Alcohol and other drug (AOD) screening hints: AOD screening and withdrawal tools collection: Companion resource. National Centre for Education and Training on Addiction (NCETA), Flinders Health and Medical Research Institute (FHMRI), Flinders University, South Australia.

Acknowledgement of Country

NCETA respectfully acknowledges the Kaurna people as the traditional owners of the land and waters on which our Centre is located. We pay our respects to Kaurna elders past, present and emerging.

About NCETA

NCETA is part of the Flinders Health and Medical Research Institute (FHMRI), Flinders University, South Australia. It is an internationally recognised alcohol and other drug (AOD) research translation centre that works as a catalyst for positive changes in the field across the spectrum from prevention through to treatment. NCETA's specific areas of expertise include workforce development, inclusive of programs and resources tailored to the needs of both specialist and generalist AOD workers. The Centre focuses on supporting evidence-based change and specialises in change management processes, setting standards for the development of training curriculum content and delivery modes, building consensus models, and making complex and disparate information readily accessible to workers and organisations. The Centre also has a focus on research to inform AOD health policy change.

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Purpose

To provide practical advice on how to appropriately and respectfully screen for alcohol and/or other drug (AOD) use.

Who is this resource for?

Generalist health and social service workers who are increasingly required to screen clients/patients for risky and/or problematic AOD use within Australian-specific settings, including social workers, youth workers, aged care workers and occupational therapists.

What does this resource not cover?

This resource does not provide information about specific alcohol and other drugs. Nor does it contain jurisdictional legislation and regulatory requirements for specific settings, for example child protection and custodial settings.

Screening as a sieve

Screening is a systematic sorting process, separating people who probably do have a condition of concern from those who probably do not (Figure 1).

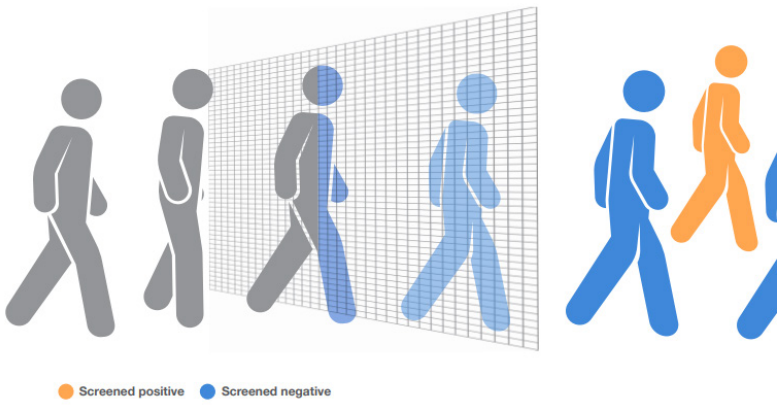


Figure one: Screening as a sieve (WHO, 2020)

AOD screening tools are helpful in separating clients/patients who are at risk of engaging in risky or problematic AOD use from those who are probably not at risk.

Screening tests are never 100% accurate; they do not provide a complete answer but rather a probability that a person is at risk (or risk-free) from the condition of interest (WHO 2020). Any client/patient with a score above an established instrument cut-off[1] should be referred for assessment.

1 Cut-off scores separate persons probably at risk from those who are not. Cut-off scores of specific AOD screening tools are included in the Screening and Withdrawal Tools Collection

AOD screening tools

The Screening and Withdrawal Tools Collection provides a curated online collection of 10 AOD screening instruments commonly administered within Australian settings (Table 1).

Table 1: Screening instruments including in the Screening and Withdrawal Tool collection

Instrument	Screens for…
AUDIT: Alcohol Use Disorders Identification Test	Alcohol
AUDIT-C: Alcohol Use Disorders Identification Test – Consumption	Alcohol
ASSIST: Alcohol, Smoking & Substance Involvement Screening Test	Alcohol, cannabis, nicotine, methamphetamine, opioids, benzodiazepine, hallucinogens, sedatives, inhalants, cocaine
ASSSIT-Lite: Alcohol, Smoking & Substance Involvement Screening Test - short form	Any/all of the following: alcohol, cannabis, nicotine, methamphetamine, opioids, benzodiazepine, hallucinogens, sedatives, inhalants, cocaine
CAGE: Cut down, Annoyed, Guilty, and Eye-opener	Alcohol
DAST-10: Drug Abuse Screening Test-10	Any drug except alcohol
DUDIT: Drug Use Disorders Identification Test	Any drug except alcohol
FTND: Fagerstrom Test for Nicotine Dependence	Nicotine
IRIS: Indigenous Risk Impact Screen	Any drug including alcohol
SDS: Severity of Dependence Scale	Alcohol, cannabis, methamphetamine, opioids, benzodiazepine, cocaine, ecstasy, analgesics

Information on each specific instrument is also contained within the Screening and Withdrawal Tools Collection. For each included instrument there is an associated desktop review. Each desktop reviews covers:

- Number of instrument items
- Appropriate client/patient group and setting
- Administration, scoring and interpretation
- Utility, Australian validation and psychometric properties
- Instrument limitations
- Supporting resources.

Why

Screening is a mechanism for identifying the potential need for interventions which may in turn aid in preventing/reducing:

- Incidence of risky/problematic AOD use
- Severity of risky/problematic AOD use
- Burden on individuals, families, and the broader community.

Screening may help **increase choice in treatment options** by identifying conditions or risk factors at an early stage when more options are available.

The screening process also **enables agency, if results are reported back to individuals in a user-friendly way**. The insights gained may help a client/patient:

- Access and use health and welfare services
- Interact with health and welfare providers
- Better manage their own health and care
- Exert control over the factors that shape their health and wellbeing.

When

Screening should occur within agreed policy, protocols, quality management, research, monitoring, evaluation, and review processes. Hence the timing of when a client/patient is screened can vary. For example:

- **Population-based screening** involves offering a screening test to all individuals in the defined target group (e.g., Covid-19 screening)

- **Targeted risk screening** involves screening selected high-risk groups, particularly of people with known multiple risk factors (e.g., breast cancer screening amongst women aged 50+ years)

- **Routine assessments** involve incorporating screening into well-established patterns of other health and welfare assessments (Department of Health, 2018).

When NOT to screen?

There are several circumstances when screening is **not** appropriate. It is recommended not to screen a client/patient when they may be:

☒ Agitated

☒ Intoxicated

☒ Clearly unwell – physical or mentally

☒ Experiencing a medical emergency.

Where

Timing and context are important considerations for when to screen a client/patient. Screening should be undertaken in:

- Less stimulating areas
- Quieter areas.

Who

Everyone who uses alcohol and/or other drugs is at risk of AOD-related harm.

AOD-related harm is, however, nuanced. Factors which influence use and associated effects include:

- The substance itself
- Setting of use
- Individual factors including age, sex, gender, cultural identity and lived experience.

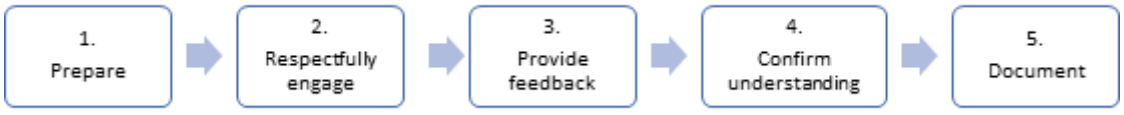
AOD screening tools account for the factors which influence use and associated harm in their design and/or in interpretation of scores. For example, the:

- *Indigenous Risk Impact Screen (IRIS)* was co-designed and validated with Australian Aboriginal and Torres Strait Islander populations
- *Alcohol Use Identification Test – Consumption (AUDIT-C)* has different cut-off points indicating risky alcohol consumption for males and females
- *Severity of Dependence Scale (SDS)* has different cut-off scores for cannabis, opioids, and benzodiazepines.

How

AOD screening should consider the patient/client in a holistic way in order to understand factors that affect their risk of experiencing harm. The figure below illustrates the main steps in screening for AOD use and/or related harm (Figure 2).

Figure 2: How to screen process



1. Prepare

Prior to screening it is important to be prepared (ACSQH, 2018) by ascertaining the following:

- Is an interpreter required and organised?
- What screening instrument is required and how will it be administered (e.g., online vs pen and paper; completed by the individual vs administered by the clinician)?
- Are the setting and timing appropriate?

2. Respectfully engage

Use a calm, non-judgmental, respectful approach and explain what you are doing and why you are doing it. Be aware that alcohol and other drugs may affect the way people think and interpret situations. Be also aware that many people may have undisclosed, or unknown, underlying disabilities which affect how they interpret questions or communicate their responses.

Be aware of body language and tone, as they are important parts of respectful engagement, for example:

- Be cognisant of your own values and attitudes towards the drug(s) of concern, the client/patient, and the context of use
- Be conscious of presenting yourself as having time and wanting to listen to their answers
- Sit with a seated client/patient; or stand with a client/patient who is standing
- Give extra personal space
- Avoid movements or actions which may be perceived as threatening
- Monitor eye contact
- Keep your voice low and controlled (Safety & Quality Unit, 2013).

3. Provide feedback

Feedback is personalised information based on the screening results, crafted and delivered so that the patient/client can use the information to achieve their best potential (Safety & Quality Unit, 2021).

Feedback conversations should be named as such. Explicitly labelling a feedback conversation primes both the giver and receiver and emphasises the underlying feedback goal of the conversation (Jug et al, 2019).

When providing feedback

- Use short sentences, repetition and seek clarification if required; along with person-first and person-centred language
- Prioritise what needs to be discussed
- Be specific, concrete and tactful
- Focus on client/patient strengths, patterns of results, rather than the overall score
- Support positive behaviours (Safety & Quality Unit, 2021; Marel, 2016).

Providing feedback using the "Feedback Sandwich" (LeBaron & Jernick, 2000)

Involves "sandwiching" negative feedback between positive feedback, such that the first and last comments are positive.

This structured feedback method is fast, relatively easy, and may be a useful starting point for someone learning to give feedback.

4. Confirm understanding

All feedback should be followed by confirmation of understanding (Safety and Quality Unit, 2021).

Key tips to confirm understanding:

- Repeat important information or use written instructions
- Use written/visual material (including pamphlets, diagrams) to reinforce key points and to appeal to different learning styles.

Confirming understanding using the "Teach-Back Method" (Safety and Quality Unit, 2021)

The teach-back method creates an opportunity for communication whereby information is provided, and the client/patient is then asked to respond and confirm their understanding before adding any new information.

- "I want to be sure I explained everything clearly. Can you tell me your understanding of the results from the screening test?"
- "We covered a lot today about …. I want to make sure that I explained things clearly. So, let's review what we discussed. What did the results of this screening test tell us today?"

5. Document

To record the care provided to a client/patient (Armitage, 2019), it is important to document in case notes/medical records key points discussed and what the client understands.

Documentation:

- Enables identification of the presenting concern/s, and records interventions provided
- Support the therapeutic relationship
- Establishes a longitudinal history of client contact, interventions, and treatment over time
- Helps communicate progress towards treatment goals and outcomes
- Assists with continuity of care, allowing for another worker to assume care of the client with minimum disruption (Armitage, 2019).

Good documentation is clear, brief, succinct, covers what has occurred, and is clear to others when reviewing the notes. Keep your audience in mind as 'use', 'misuse' and 'abuse' can mean different things to different audiences, depending on language and cultural contexts.

In the instance of recording an AOD screen, state:

- The instrument administered and the score obtained (data)
- The feedback provided to the client (score interpretation)
- The client/patient's understanding of the feedback provided (response)
- What is required, and any changes needed to assist the client/patient (plan).

Further information

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