



Drug and alcohol screening assessment

For further information see also the following MIND Essentials resource – ‘Caring for a person who is intoxicated’.

Drug and alcohol assessment helps inform a comprehensive care and management plan that meets all of the needs of the individual. It initially focuses on the cause of the presenting intoxication and secondarily aims to establish the person’s drug and alcohol use frequency, level and risk.

There is increasing evidence of the high prevalence of co-occurring mental health and alcohol and other drug problems (dual diagnosis). Dual diagnosis is often associated with poor treatment outcomes, severe illness and high service use, presenting a significant challenge for service providers across both service sectors. Relapse of one disorder often triggers a relapse in the other disorder among people with psychotic disorders (Mueser et al. 1990). The increased incidence of poor clinical outcomes including a significant number of fatal sentinel events in mental health consumer populations highlights the need for increased detection and management of co-occurring problems.

Screening is a component of an assessment. A screen is an initial brief method of determining whether a particular condition is present. A positive screen should trigger a detailed assessment that will confirm whether the condition or disorder is indeed present (Croton, 2007) and whether a detailed assessment of co-occurring disorders is warranted. The outcome of the assessment will inform and develop integrated treatment planning for all detected disorders.

Given the high prevalence of co-occurring problems, the detection of either a mental health problem or alcohol and/or other drug problem should prompt screening and assessment for the other problem. Increasing detection of co-occurring problems will inform treatment planning and ensure that the broad scope of consumers health needs are addressed. Effective, holistic and safe care relies upon detection and management of all health concerns particularly when these health concerns may contribute to an interactive effect and trigger negative clinical outcomes for the management of consumers if one of these problems is left untreated.

The need for screening and assessment of these problems has evolved because:

- ◆ often co-occurring disorders are not recognised, even by experienced clinicians
- ◆ under-recognised, under-treated co-occurring disorders reduce the effectiveness of the treatment of ‘target’ disorders

- ◆ there is potential for large-scale human and financial savings in increasing our recognition of and developing our response to co-occurring disorders
- ◆ there is a need to improve the effectiveness of responses to high-prevalence disorders (anxiety, depression, and hazardous rather than dependent substance abuse).
(Croton 2007)

Why assess for Alcohol and Other Drug use (AOD)

The alcohol and drug screening assessment will help establish the level of alcohol and drug use and whether a person is consuming substances at a risky or hazardous level. This will help establish the level of use and risk associated with the person's drug and alcohol use, identify potential interactions between alcohol and/or other drug use and mental health problems and inform treatment.

There is no level of safe use of substances. Low levels of use are often associated with consumption levels that are unlikely to have harmful effects. This will be different for different drugs. For example, there is no safe level of nicotine use and harmful effects can occur even with low levels of use of substances such as cannabis and prescription analgesics and benzodiazepines. Other potential negative impacts of alcohol and drug use are outlined below.

- ◆ Cannabis use has been linked to acute psychotic episodes and development of chronic schizophrenia in some people even after its use has stopped.
- ◆ Tolerance and dependence to prescription analgesics and benzodiazepines can occur and 40 per cent of benzodiazepine users are likely to experience withdrawal symptoms on cessation.
- ◆ Amphetamine use has been linked to psychosis and cardiovascular abnormalities.
- ◆ MDMA has been linked to a number of well-publicised deaths after use at dance parties.
- ◆ Psychostimulant toxicity represents a medical emergency.

There is no amount of alcohol that can be said to be safe for everyone (NHMRC, 2009). Screening for alcohol use is important due to the high personal, economic and social cost of alcohol related harm. To assist in the detection of risky levels of alcohol consumption, the following has been identified by the National Health and Medical Research Council (NHMRC) as representing low risk drinking levels (NHMRC 2009):

- ◆ For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol related disease or injury.
- ◆ For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.
- ◆ Children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.
- ◆ For young people aged 15-17 years, the safest option is to delay the initiation of drinking as long as possible.
- ◆ For women who are pregnant or planning a pregnancy, not drinking is the safest option.
- ◆ For women who are breastfeeding, not drinking is the safest option.

Specific populations can be at increased risk if they drink alcohol. These include:

- ◆ Young adults aged 18-25 years.
- ◆ Older people aged over 60 years.
- ◆ People with a family history of alcohol dependence.
- ◆ People who use drugs illicitly.

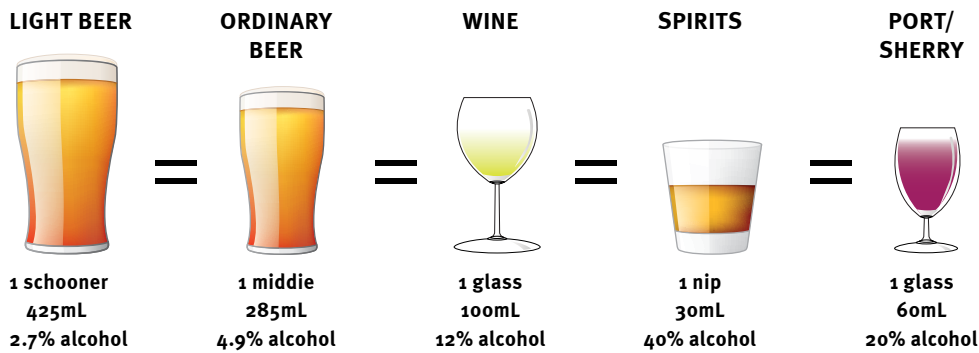
A range of people may need to seek professional advice about drinking because of the possibility of interactions and harmful effects. This include:

- ◆ Anyone taking medication, either over the counter or prescription.
- ◆ People with alcohol-related or other physical conditions that can be made worse or affected by alcohol.
- ◆ People with mental disorders.

Note that 1 standard drink contains 10 grams of alcohol. Therefore:

- 1 middie contains 10 grams of alcohol (1 standard drink).
- 1 schooner contains 15 grams of alcohol (1.5 standard drinks).
- 1 can of beer contains 13 grams of alcohol (1.3 standard drinks).

Common standard drinks are shown in the following diagram:



One of the simplest tools for screening for alcohol abuse is the AUDIT tool:

www.smartrecoveryaustralia.com.au/HealthProviderAUDIT.pdf

Clinicians are encouraged to utilise this screening tool as a routine part of patient care.

The detection of alcohol and drug use even at these low consumption levels will inform treatment formulation and a person’s care. Initial screening is paramount to ensure that a person is receiving appropriate and safe treatment.

Where to next?

Once you have conducted the initial screen consideration of whether a more detailed assessment is required. If a screening tool indicates a positive response to either a potential alcohol or other drug problem or mental disorders, more detailed assessment is warranted. Mental Health Service and Alcohol, Tobacco and Other Drugs Services Consultation Liaison Officers are available in many health service districts to assist with the provision of a comprehensive Mental Health and AOD assessment.

Refer to your local Health Service District protocols to involve a specialist Mental Health clinician or Alcohol, Tobacco and Other Drug Service clinician to provide a comprehensive assessment of these issues.

Further reading

Croton 2007, Screening for and assessment of co-occurring substance use and mental health disorders by Alcohol and Other Drug and Mental Health Services, Victorian Dual Diagnosis Initiative Advisory Group, Victoria.

For more information and resources on related topics, see the resources provided by Alcohol and Drug Information Service (ADIS) Metro North Health Service District Alcohol and Drug Service, freecall 1800 177 833 24 hours a day 7 days per week.

DrugInfo Clearinghouse (<http://druginfo.adf.org.au/>) is a service provided by the Australian Drug Foundation (ADF) and functions as a drug prevention network, providing easy access to information about alcohol and other drugs, and drug prevention.

For information on the management of withdrawal please refer to the Queensland Health Clinical Protocols for Detoxification in Hospitals and Detoxification Facilities 2002 please visit www.health.qld.gov.au/atods/documents/24904.pdf

Information regarding the Management of patients with Psychostimulant toxicity Protocols for Emergency Departments Mar 2008 please visit www.health.qld.gov.au/atod/documents/psychostimulant_toxic.pdf

For more information on the assessment, management and care of people with co-occurring mental health and alcohol and other drug problems please refer to Queensland Health Dual Diagnosis Clinical Guidelines (in draft due for release mid-late 2010).

Sources

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