

Table 4 Tool descriptions

Tool Name	Format/Use	Comments	Citations
ADDIS	<ul style="list-style-type: none">• Interviewer-administered, structured series of questions• Swedish version of SUDDS	<ul style="list-style-type: none">• Elicits information for use in diagnosing SUDs in accordance with DSM-III-R criteria• Structured interview is time-consuming	(34,40,41)
ASI	<ul style="list-style-type: none">• Semistructured clinical interview• Severity of alcohol and drug abuse rated on a 10-point scale	<ul style="list-style-type: none">• Uses both objective and subjective information sources to rate severity of problem• Gold standard for classifying abuse and dependence and quantifying severity• May be too cumbersome for typical clinic setting• More suited for research clinics	(20,24)
Atluri tool	<ul style="list-style-type: none">• Physician-administered• Measures 6 clinical criteria: 1 (yes) or 0 (no).• Score ranges from 0 and 6; score of 4 is red flag for risk of opioid abuse	<ul style="list-style-type: none">• Short, easy-to-use tool• Total scores correlate with likelihood of inappropriate opioid use• Evaluated in retrospective case-control study only; needs further validation in prospective clinical studies	(9)
CAGE	<ul style="list-style-type: none">• Physician-administered, 4-item tool• Screens for covert alcoholism in adults	<ul style="list-style-type: none">• Widely used and well validated• Sensitive and specific for recognition of alcohol dependence	(39,42-45)

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CAGE-AID	<ul style="list-style-type: none"> 4-item CAGE adapted to assess alcohol and drug abuse 	<ul style="list-style-type: none"> Quick and easy to administer Screens for a wider range of substance abuse disorders than those screened by CAGE Familiar format may make it useful as a quick screen that can be followed up by a more detailed assessment Not validated in pain patients 	(18)
CCI	<ul style="list-style-type: none"> Designed to capture personality traits and attitudes that could lead to problematic drug use, failure to progress toward functional goals, and overreliance on medication for coping with chronic pain 	<ul style="list-style-type: none"> Currently in development Validation trial under way Could potentially be useful in treatment planning Further study needed 	(12)
Chabal 5-point prescription opiate abuse checklist	<ul style="list-style-type: none"> Physician-administered checklist of 5 abuse criteria Relies on easily observable behaviors instead of patient questioning 	<ul style="list-style-type: none"> Based on observed behaviors; not influenced by patient responses to questions Patients with 3 abuse criteria are considered opiate abusers Valuable tool for gauging adherence once patients are on opioid therapy 	(31)
COMM	<ul style="list-style-type: none"> 17-item scale Designed to assess current aberrant behavior 	<ul style="list-style-type: none"> Currently in development Useful in assessing adherence Acceptable psychometrics May prove useful in the reassessment of opioid therapy Further study needed 	(33)

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CUAD	<ul style="list-style-type: none"> <li data-bbox="394 310 863 337">• Brief, semistructured interview 	<ul style="list-style-type: none"> <li data-bbox="919 310 1608 375">• Provides both DSM-III-R diagnoses and severity scores for alcohol and drug use <li data-bbox="919 383 1608 483">• Takes longer to administer than CAGE-AID and DAST, but performs better and provides a DSM-III-R diagnosis <li data-bbox="919 492 1608 557">• Validated only in severely mentally ill inpatient population <li data-bbox="919 565 1331 602">• Broad applicability unclear 	(20)
DAPA-PC	<ul style="list-style-type: none"> <li data-bbox="394 610 831 675">• Self-administered, Internet-based tool <li data-bbox="394 683 831 792">• Used to screen alcohol/drug abuse problems in adult populations 	<ul style="list-style-type: none"> <li data-bbox="919 610 1608 751">• Tool completed in privacy; may be more likely to elicit honest responses; may be particularly useful for screening older adults who often find the alcohol/drug problems shameful <li data-bbox="919 760 1608 824">• Requires dedicated computer with Internet access <li data-bbox="919 833 1608 974">• Features automatic scoring, generation of a patient profile for medical reference, and presentation of unique motivational messages and advice to patient <li data-bbox="919 982 1608 1123">• Tool has 2 levels: a very brief risk and trauma assessment (Health and Safety Screen) and a more detailed assessment (Drug and Alcohol Problem Screen) <li data-bbox="919 1131 1608 1198">• Easy to use; does not require a trained professional for administration 	(13,46)

Tool Name	Format/Use	Comments	Citations
DAST	<ul style="list-style-type: none"> • Self-administered, 28-item tool • Several abbreviated versions available, including versions specific for adolescents 	<ul style="list-style-type: none"> • Excellent psychometrics • Cutoff of 6 indicates drug abuse or dependence problems • Low cutoffs should be used when screening known drug abusers, and higher cutoffs for screening non-substance-abusers • No major validation trials in pain patients • Does not predict aberrant behavior during pain treatment 	(20)
DIRE	<ul style="list-style-type: none"> • Physician-administered, 7-item tool, with total score ranging from 7 to 21 • DIRE scores ≤ 13 indicate that patient is not a suitable candidate for long-term opioid analgesia 	<ul style="list-style-type: none"> • Easy to use; takes < 2 minutes on average • Designed for primary care physician • Score correlates with patient compliance and efficacy of opioid analgesia • Tool validated by 6 experts evaluating patient case vignettes • Prospective validation needed 	(7)
KMSK	<ul style="list-style-type: none"> • Physician-administered tool with sections on alcohol, cocaine, heroin/opioids, and tobacco • Each section assesses frequency, amount, and duration of use during period of greatest consumption • Used to screen for lifetime diagnosis of alcohol, opiate, or cocaine dependence 	<ul style="list-style-type: none"> • Easy to use; takes only 5 minutes • Results correlate with well-validated SCID-I in general population (but not in opiate-dependent subpopulation) when opiate use is measured • Measures use patterns during period of greatest consumption, but also asks whether subject is using drug currently and whether drug is a drug of choice • Needs to be tested in pain patients who are being prescribed opioids 	(15)

Tool Name	Format/Use	Comments	Citations
ORT	<ul style="list-style-type: none"> • Self-administered, 5-item quantitative screening tool • Screens for risk of aberrant behaviors associated with substance abuse in chronic pain patients 	<ul style="list-style-type: none"> • Brief, easy-to-score tool validated in pain population • Provides excellent discrimination for patients with low-risk scores (< 3) versus high-risk scores (≥ 8) • One question limited by patients' knowledge of family history of substance abuse • Susceptible to deception 	(8)
PDUQ	<ul style="list-style-type: none"> • Physician-administered, 42-item tool with yes-or-no answers • Designed for use in chronic pain patients with suspected addiction to pain medication • Scores > 15 associated with substance abuse disorder 	<ul style="list-style-type: none"> • Tool takes about 20 minutes to administer • Designed for use with supporting information sources, including referring physician, family members, and past medical history • Subset of 3 items may also predict presence of substance abuse disorder • Useful and accurate in retrospectively evaluating nonadherence and the degree to which it corresponds to DSM-IV diagnoses of SUD 	(32,38)
PMQ	<ul style="list-style-type: none"> • Self-administered, 26-item tool • Used to evaluate risk of opioid misuse in chronic pain patients 	<ul style="list-style-type: none"> • Useful in gauging progress of pain patients already taking opioids • Needs further validation in other patient populations • May prove useful in evaluating patients who are in or plan to be in a multidisciplinary pain clinic 	(29,30)

Tool Name	Format/Use	Comments	Citations
POSIT	<ul style="list-style-type: none"> • Self-administered, 139-item tool • Abbreviated versions with 11 and 17 items are available with yes-or-no answers 	<ul style="list-style-type: none"> • Uses low cutoff values to identify adolescents who require further assessments in 10 functional areas • Long • Not validated in pain population 	(28,47)
RAFFT	<ul style="list-style-type: none"> • Self-administered, 5-item tool concerning drug or alcohol use 	<ul style="list-style-type: none"> • Fast and easy to use • Cutoff of 3 positive answers has sensitivity of 84% and specificity of 67% for SUD diagnosis • Designed for adolescents • Not validated in pain population • Unclear utility in patient management 	(23)
SASSI-3	<ul style="list-style-type: none"> • 93 items, mostly true-or-false questions (10 questions are for research purposes only and not included in the actual scoring) • Useful as screening tool for human service practitioners in a variety of settings 	<ul style="list-style-type: none"> • Excellent psychometrics • Includes both face-valid items and subtle items that bear no apparent relation to substance misuse • Questions do not address substance misuse directly or obviously; decreased susceptibility to deception • Identifies individuals with high probability of a diagnosable SUD • Not prospectively validated in pain patients 	(17)
SCID-P	<ul style="list-style-type: none"> • Structured interview 	<ul style="list-style-type: none"> • SCID is the gold standard for validating other tools • SCID-P is a patient-directed version that is perhaps less stigmatizing than face-to-face interviews 	

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SISAP	<ul style="list-style-type: none"> • Physician-administered, 5-item tool • Screens for potential opioid abusers in patients with chronic noncancer pain 	<ul style="list-style-type: none"> • Developed from a large database of pain patients (approximately 5,000) • Brief • Designed to minimize misrepresentation or falsification of substance abuse • Prospective validation needed 	(10)
SMAST	<ul style="list-style-type: none"> • Physician-administered 13-item tool 	<ul style="list-style-type: none"> • 3 or more positive responses suggests alcohol abuse 	(18)
SMAST-AID	<ul style="list-style-type: none"> • 13-item SMAST adapted to screen for both alcohol and drug abuse 	<ul style="list-style-type: none"> • Low sensitivity for screening alcohol and drug abuse in a primary care setting • Other, better screening tools exist • Limited value in pain management setting 	(18)
SOAPP-24	<ul style="list-style-type: none"> • Self-administered, 24-item tool • Screens for opioid misuse in chronic pain patients 	<ul style="list-style-type: none"> • Best psychometrics of any measure designed to predict aberrant behavior before therapy is begun • Briefer and perhaps less susceptible to deception than more face-valid tools • Briefer tools like ORT may be preferable in low-risk populations, but the longer SOAPP may be preferable in high-risk populations 	(6)
SOAPP-14	<ul style="list-style-type: none"> • Self-administered; 14 items most predictive of aberrant drug behavior taken from original 24-item SOAPP-24 • Each item rated from 0 to 4 • Cutoff score of ≥ 8 indicative of high risk of opioid abuse 	<ul style="list-style-type: none"> • Easy to use; provides numeric score for patient evaluation purposes • Low cutoff allows recognition of addiction even if patient purposefully underreports aberrant behavior • SOAPP-14 has not been validated over a set period or in specific subpopulations for which different cutoff scores may be necessary 	(5)

Tool Name	Format/Use	Comments	Citations
STAR	<ul style="list-style-type: none"> • Self-administered, 14-item tool • Assesses substance addiction risk in chronic pain patients 	<ul style="list-style-type: none"> • Brief and simple; no correction for lying • Prospective validation needed 	(11)
SUDDS	<ul style="list-style-type: none"> • Structured interview tool 	<ul style="list-style-type: none"> • Suitable for assessing dependence or abuse in chronic pain patients who are receiving opioid analgesics • Structured interview may be time-consuming 	(34)
TICS	<ul style="list-style-type: none"> • Physician-administered, 2-item screen • Designed to be memorized and incorporated into clinical interview 	<ul style="list-style-type: none"> • Quick and easy to use; suitable for routine clinical practice • Needs to be validated in pain populations 	(14)

[Back to Screen and Assess section](#)

Abbreviations: ADDIS = Alcohol and Drug Diagnostic Instrument; ASI, Addiction Severity Index; CAGE-AID = CAGE Adapted to Include Drugs; CCI = Chemical Coping Inventory; COMM = Current Opioid Misuse Measure; CUAD = Chemical Use, Abuse, and Dependence Scale; DAPA-PC = Drug Abuse Problem Assessment for Primary Care; DAST = Drug Abuse Screening Test; DIRE = Diagnosis, Intractability, Risk, Efficacy; DSM-III-R = *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed.; KMSK = Kreek-McHugh-Schluger-Kellogg scale; ORT = Opioid Risk Tool; PDUQ = Prescription Drug Use Questionnaire; PMQ = Pain Medication Questionnaire; POSIT = Problem-Oriented Screening Instrument for Teenagers; RAFFT = Relax, Alone, Friends, Family, Trouble; SASSI-3 = Substance Abuse Subtle Screening Inventory; SCID-P = Structured Clinical Interview for DSM-III-R, Patient Version; SISAP = Screening Instrument for Substance Abuse Potential; SOAPP = Screener and Opioid Assessment for Patients with Pain; SMAST-AID = Short Michigan Alcoholism Screening Test/Adapted to Include Drugs; SUD = Substance Use Disorder; SUDDS = Substance Use Disorder Diagnostic Schedule; STAR = Screening Tool for Addiction Risk; TICS = Two-Item Conjoint Screen