



## Screening Tool for Opioid Misuse

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed by the ©World Health Organization (WHO) to assess risk for a variety of substances, not just opioids. We have specifically adapted this tool so that it can be used to screen for opioid misuse in oneself or in a loved one. It must be emphasized, however, that this Screening Tool is not intended to provide a diagnosis of opioid use disorder, nor is it a substitute for a complete evaluation by a health care provider.

Below are 2 separate forms (one for individuals and one for loved ones) with questions about experiences that you or your loved one has had with opioids. The screening tool page can be printed and filled out. Scores are then added up and a risk level is determined.

When completing the form, record opioid use that is either illicit or involves taking prescribed opioids for at higher doses, more often or for different reasons than prescribed. If opioids are taken exactly as prescribed by a doctor, do not include them in answering these questions.

Examples of opioids include hydrocodone (Vicodin), oxycodone (Oxycontin), Percocet, oxymorphone (Opana), codeine, heroin, morphine, methadone, fentanyl (Actiq), buprenorphine (Subutex/Suboxone), pethidine/meperidine (Demerol), dextropropoxyphene (Darvon), and other narcotics. In addition, opioids can be taken in pill form, under the tongue, injected (either in the muscles or veins as is often the case with heroin), smoked, or snorted.

**It is recommended that persons either bring the completed Screening Tool for Opioid Misuse to a health care provider or contact the SAMSHA National Helpline for consultation and referral to an appropriate treatment resource.**

If you or a loved one suspects that you may have a problem with opioids or other substances, please get help. Although opioid misuse is harmful and has many negative consequences, opioid misuse is also a medical condition that can be effectively treated.



<i>Screening for Individuals</i>	Score
<p><b>Question 1</b></p> <p>In your life, have you <u>ever</u> used opioids? (Non-medical use only)  <b>Score: Yes = 3 No = 0</b></p>	
<p><b>Question 2</b></p> <p>Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of opioids?  <b>Score: No never = 0 Yes- In the past 3 months = 6 Yes- But not in the past 3 months = 3</b></p>	
<p><b>Question 3</b></p> <p>Have you <u>ever</u> tried and failed to control, cut down, or stop using opioids?  <b>Score: No never = 0 Yes- in the past 3 months = 6 Yes- but not in the past 3 months = 3</b></p>	
<p><b>Question 4</b></p> <p>Have you <u>ever</u> used any opioid by self-injection?  <b>Score: No never = 0 Yes- in the past 3 months = 2 Yes- but not in the past 3 months = 1</b></p>	
<p><b>Question 5</b></p> <p>In the <u>past three months</u>, how often have you used opioids?  <b>Score: Never = 0 Once or Twice = 2 Monthly = 3 Weekly = 4 Daily or Almost Daily = 6</b></p>	
<p><b>Question 6</b></p> <p>During the <u>past three months</u>, how often have you had a strong desire or urge to use opioids?  <b>Score: Never = 0 Once or Twice = 3 Monthly = 4 Weekly = 5 Daily or Almost Daily = 6</b></p>	
<p><b>Question 7</b></p> <p>During the <u>past three months</u>, how often has your use of opioids led to health, social, legal or financial problems?  <b>Score: Never = 0 Once or Twice = 4 Monthly = 5 Weekly = 6 Daily or Almost Daily = 7</b></p>	
<p><b>Question 8</b></p> <p>During the <u>past three months</u>, how often have you failed to do what was normally expected of you because of opioids?  <b>Score: Never = 0 Once or Twice = 5 Monthly = 6 Weekly = 7 Daily or Almost Daily = 8</b></p>	
<b>TOTAL:</b>	



<i>Screening for Loved Ones</i>	Score
<p><b><u>Question 1</u></b></p> <p>In your loved one's life, has your loved one <u>ever</u> used opioids? (Non-medical use only)  <b>Score: Yes = 3 No = 0</b></p>	
<p><b><u>Question 2</u></b></p> <p>Has a friend or relative or anyone else <u>ever</u> expressed concern about your loved one's use of opioids?  <b>Score: No never = 0 Yes- In the past 3 months = 6 Yes- But not in the past 3 months = 3</b></p>	
<p><b><u>Question 3</u></b></p> <p>Has your loved one <u>ever</u> tried and failed to control, cut down, or stop using opioids?  <b>Score: No never = 0 Yes- in the past 3 months = 6 Yes- but not in the past 3 months = 3</b></p>	
<p><b><u>Question 4</u></b></p> <p>Has your loved one <u>ever</u> used any opioid by self-injection?  <b>Score: No never = 0 Yes- in the past 3 months = 2 Yes- but not in the past 3 months = 1</b></p>	
<p><b><u>Question 5</u></b></p> <p>In the <u>past three months</u>, how often has your loved one used opioids?  <b>Score: Never = 0 Once or Twice = 2 Monthly = 3 Weekly = 4 Daily or Almost Daily = 6</b></p>	
<p><b><u>Question 6 *</u></b></p> <p>During the <u>past three months</u>, how often has your loved one had a strong desire or urge to use opioids?  <b>Score: Never = 0 Once or Twice = 3 Monthly = 4 Weekly = 5 Daily or Almost Daily = 6</b></p>	
<p><b><u>Question 7</u></b></p> <p>During the <u>past three months</u>, how often has your loved one's use of opioids led to health, social, legal or financial problems?  <b>Score: Never = 0 Once or Twice = 4 Monthly = 5 Weekly = 6 Daily or Almost Daily = 7</b></p>	
<p><b><u>Question 8</u></b></p> <p>During the <u>past three months</u>, how often has your loved one failed to do what was normally expected of them because of opioids?  <b>Score: Never = 0 Once or Twice = 5 Monthly = 6 Weekly = 7 Daily or Almost Daily = 8</b></p>	
<b>TOTAL:</b>	

\*It is acceptable to estimate an answer given that it can be hard to know what another person is thinking



## SCORING THE ASSIST

Add up the score for each question to arrive at a total sum which will identify a risk level.

### **LOW= 0-3**

You/your loved one are at low risk of health and other problems from your current pattern of use.

### **MODERATE= 4-26**

You/your loved one are at risk of health and other problems from your current pattern of use. Continuing to use opioids in this way they are currently being used indicates a likelihood of future health and other problems. Risk is increased for those with a past history of substance use related problems.

### **HIGH= 27 and above**

You/your loved one are at high risk of experiencing severe problems (health, social, financial, legal, and/or relationship problems) as a result of your current pattern of use and are likely to be dependent. Moreover, persons who have injected drugs more than an average of 4 times per month in the last 3 months are also likely to be at high risk.

### **NEXT STEPS – What do I do with my score?**

The risk level that is indicated by one's score should be considered in context. There are many factors that influence the risk of having health consequences of opioid use including family history, coexisting psychiatric problems, and demographic factors (age, gender, socioeconomic status).

For scores in the moderate or high-risk level, an evaluation and/or follow-up with a health care provider is strongly recommended. Call the SAMSHA National Helpline to be connected to a program specific to your needs in your area.

Even if the score places you or your loved one in the low-risk range, persons who are concerned about their opioid use or health-related problems should seek an evaluation anyway. Contact the SAMSHA National Helpline for a referral.

**SAMHSA's National Helpline: Call SAMHSA's National Helpline at 1-800-662-4357 or 1-800-487-4889.** SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service for individuals and families facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. The National Helpline does not provide counseling. Trained information specialists answer calls, transfer callers to state services or other appropriate intake centers in their states, and connect them with local assistance and support.