

SUGGESTED ADDICTION SCREENING QUESTIONS

Patient Name: _____ **Date:** _____

In screening patients with chronic noncancer pain for addiction risk, the clinician is primarily interested in assessing for patients with a history of alcohol abuse/dependence or with a history of polydrug abuse. A patient who has a past history of abusing one substance is at higher risk for abusing other psychoactive substances. The purpose of screening is not to deny patients opioids for pain, but to identify the small subgroup at higher risk for more detailed assessment and more careful monitoring.

The Screening Instrument For Substance Abuse Potential (SISAP) is a five-item screening tool created by Coombs et al. in 1996 (1) that helps the clinician to categorize patients into lower or higher risk of abusing prescribed opioids. It requires that the physician already know the patient or have collateral information to confirm the accuracy of the answers. It has a high false positive rate but a low false negative rate when tested against the database of a large (n=11,634) Canadian epidemiological survey of alcohol and drug use. It has not yet been prospectively tested in the chronic pain population.

The five SISAP questions are:

1. If you drink alcohol, how many drinks do you have on a typical day? _____
2. How many drinks do you have in a typical week? _____
3. Have you used marijuana or hashish in the past year? Yes No
4. Have you ever smoked cigarettes? Yes No
5. What is your age? _____

Use caution when prescribing opioids for the following patients:

1. Men who exceed four drinks per day or 16 drinks per week
2. Women who exceed three drinks per day or 12 drinks per week
3. A patient who admits to marijuana or hashish use in the past year. (It is recreational use of cannabis for euphoric effect that is of concern. The use of tetrahydrocannabinol (THC) derivatives to treat pain is still very controversial. Clinicians should exercise caution in recommending opioid therapy to a patient who is using cannabis regularly.)
4. A patient under 40 years who smokes.

The majority of patients will pass the screen and are probably at low risk of abusing opioids, but clinical judgement is still required. The SISAP questions ask about recent drug or alcohol use and may, therefore, miss a patient who is at risk because of a previous history of chemical abuse or dependency. A simple but effective question to ask is:

Has your use of alcohol or other drugs ever caused a problem for you or those close to you? Yes No

A positive answer to the above or to any of the SISAP questions suggests further assessment.

The CAGE-AID questions comprise a quick screening tool to assess for the risk of serious alcohol or drug problems.

In the past have you ever:

- a) felt that you wanted or needed to cut down on your drinking or drug use? Yes No
- b) been annoyed by others' complaining about your drinking or drug use? Yes No
- c) felt guilty about the consequences of your drinking or drug use? Yes No
- d) had a drink or taken a drug in the morning (eye-opener) to decrease hangover or withdrawal symptoms? Yes No

One positive response to any one of the CAGE-AID questions should raise concerns. Two or more positive responses means a high likelihood of a serious alcohol or drug problem and may require a formal addiction assessment by a specialist.

A family history of alcohol, drug abuse or significant psychiatric illness, or a personal history of previous physical, sexual or emotional abuse may also be risk factors for substance abuse and require assessment.

REFERENCE

1. Coombs RB, Jarry JL, Santhiapillai AC, Abrahamsohn RV, Atance CM. The SISAP: A new screening instrument for identifying potential opioid abusers in the management of chronic nonmalignant pain in general medical practice. *Pain Res Manage* 1996;1:155- 62.

