

PAT CASE INFORMATION

Pat is 25 years old. S/he has come in with a chief complaint of symptoms of an upper respiratory infection (runny nose, non-productive cough, no chills or fever) and request for more pain pills. S/he NIDA single screening question for prescription drug use for non-medical reasons is positive and were asked to complete the DAST-10 before seeing their healthcare provider.

Eight months ago, s/he fell at work and broke their ankle. S/he had surgery, and the doctor prescribed s/he hydrocodone for the pain. S/he started using the pills more often because “s/he liked the way it felt.” S/he was still experiencing some pain when s/he ran out of their prescription, so s/he borrowed a few pills from a friend. When the doctor stopped prescribing the pain medication altogether, s/he started buying the pills on the street. S/he takes 6-8 hydrocodone tablets per day, never used IV drugs, and never had an overdose. S/he also smokes one pack of cigarettes per day and does not drink alcohol. S/he has found themselves struggling to pay for necessities, like rent and utilities, the money s/he has spent buying the pills, but s/he feels nauseated when s/he isn’t using the pills. When s/he cannot get enough pills, s/he has smoked marijuana in addition to the pills to get rid of nausea. S/he asked their parents to help them pay rent for a couple of months, but they said they will not continue to their financial aid if s/he is still using the pills. S/he feels guilty, and s/he has been avoiding seeing them so that they won’t find out. If the provider is empathetic and non-judgmental, s/he acknowledges that s/he is beginning to feel their life is out of control and unsure where to turn for help.

Responses to Clinician’s Questions

DAST-10 Question	Pat’s Response
1. Have you used drugs other than those required for medical reasons?	S/he has been using the pills for non-medical reasons.
2. Do you use more than one drug at a time?	S/he has used marijuana in addition to the pills on occasion to help with nausea (2 or 3 joints per week).
3. Are you always able to stop using drugs when you want to?	S/he had found it harder to stop because at first it felt so good when s/he used them, but now it just feels awful when s/he isn’t taking them.
4. Have you had “blackouts” or “flashbacks” as a result of drug use?	S/he has not experienced any blackouts or flashbacks as a result of their drug use.
5. Do you ever feel bad or guilty about your drug use?	S/he feels guilty about how much money s/he has been spending and that s/he has had to ask their parents to help them pay rent.
6. Does your spouse (or parent) ever complain about your involvement with drugs?	S/he parents have complained about helping them with rent and let them know they will not do so anymore if s/he is still using the pills.
7. Have you neglected your family because of your use of drugs?	S/he hasn’t seen their family for a few months because s/he doesn’t want them to know that s/he hasn’t stopped taking the pills.
8. Have you engaged in illegal activities in order to obtain drugs?	S/he has been purchasing the pills illegally from a dealer.
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	S/he has been feeling sick and needs to take the pills or feels anxious and gets terrible nausea.
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc.)?	S/he has not experienced any medical problems as a result of their drug use.

Brief Prescreen Questions (Adults)

1. In the past year how often have you used any tobacco products?

- Never Once or Twice Monthly Weekly Daily/Almost daily

2. Do you sometimes drink beer, wine or other alcoholic beverages?

- Yes No

3. (If yes) In the past year how often have you had 4/5 or more drinks in a day? [for Women and Men age 65 & older: 4 or more drinks a day; For Men: 5 or more drinks a day.]

- Never Once or Twice Monthly Weekly Daily/Almost daily

4. In the past year did you use pot (marijuana), use another street drug, or use a prescription medication recreationally (just for the feeling, or using more than prescribed)?

- Yes No



Drug Screening Questionnaire (DAST-10)

Pat's DAST-10 Questionnaire & Score

These questions refer to the past 12 months	No	Yes
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you use more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes")	1	0
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."	0	1
6. Does your spouse (or parent) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.?)	0	1
Subtotal	1	7
Total DAST-10 Score	8	

