New tools enable non-clinicians to diagnose substance use disorders

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Many of the diagnostic measures for opioid and stimulant use disorders currently available have barriers for usage—along with long interviews and fees, a clinician must administer them.

A new study by Yale School of Medicine (YSM) and NYU Grossman School of Medicine researchers demonstrates the validity of two new diagnostic tools—the Rapid Opioid Use Disorder Assessment and the Rapid Stimulant Use Disorder Assessment. These instruments may be used to increase diagnoses of opioid and stimulant use disorder and access to treatment, as they can be easily administered by non-clinical personnel. The work is published in the journal *Psychiatric Research and Clinical Practice*.

Sandra Springer, MD, professor of medicine (infectious diseases), created the Rapid Opioid Dependency Screen as part of her research supported by the National Institute on Drug Abuse K23 Award in 2005–2010. After the Rapid Opioid Dependency Screen was validated and published in 2015, it was used in non-medical settings to identify opioid dependence as per the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).

As an updated version of the Rapid Opioid Dependency Screen, the Rapid Opioid Use Disorder Assessment follows the DSM-5 criteria for moderate-to-severe opioid use disorder and includes fentanyl as a commonly misused opioid.

"In order to prescribe medications for opioid use disorder that reduce craving, relapse, and death, such as buprenorphine, methadone, or extended-release naltrexone, the patient must meet the DSM-5 criteria for moderate-to-severe opioid use disorder. Patients need to be diagnosed rapidly to receive these life-saving medications," said Springer.

"Even if people are not ready for treatment after you provide a rapid diagnosis of opioid and or stimulant use disorder, we could provide harm reduction services such as safe syringe services, naloxone for overdose, and drug testing strips," she added.

Similarly, the Rapid Stimulant Use Disorder Assessment was created by Angela Di Paola, Ph.D., YSM postdoctoral associate, to diagnose moderate-to-severe stimulant use disorder. The Rapid Opioid Use Disorder Assessment and the Rapid Stimulant Use Disorder Assessment can be administered together or separately, but the authors advise to use them together because there has been an uptick of concurrent stimulant and opioid use related overdoses.

"While opioid use disorder can be treated with FDA-approved medications, stimulant use disorder requires an entirely different set of treatments, such as behavioral services. We created the Rapid Stimulant Use Disorder Assessment so people can rapidly receive a stimulant use disorder diagnosis which can link them to stimulant disorder treatments and harm reduction services," said Di Paola.

In the validation study, the Rapid Opioid Use Disorder Assessment and the Rapid Stimulant Use Disorder Assessment were able to identify those with moderate-to-severe opioid and/or stimulant use disorder as effectively as the Mini International Neuropsychiatric Interview version 7, the gold standard validated diagnostic tool for substance use disorders. The team concluded that the Rapid Opioid Use Disorder Assessment and the Rapid Stimulant Use Disorder Assessment are reliable and can be administered easily by non-clinical personnel.

"Rapid diagnoses need to be accompanied by plans to provide immediate help to people with opioid and stimulant use disorders. We need to think about how we can develop our health care system, train our clinicians, and create collaborative care agreements with pharmacists, behavioral therapists, nurses, peer navigators, and community health workers to turn diagnosis into immediate access to treatment and prevention services in the communities where people live. We need to be proactive," Springer said.

More information: Angela Di Paola et al, Validation of Two Diagnostic Assessments for Opioid and Stimulant Use Disorder for Use by Non-Clinicians, *Psychiatric Research and Clinical Practice* (2023). DOI: 10.1176/appi.prcp.20230022