

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months.

“Drug abuse” refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

In the past 12 months . . .

- | | Circle |
|--|----------|
| | Yes No |
| 1. Have you used drugs other than those required for medical reasons? | Yes No |
| 2. Do you abuse more than one drug at a time? | Yes No |
| 3. Are you unable to stop abusing drugs when you want to? | Yes No |
| 4. Have you ever had blackouts or flashbacks as a result of drug use? | Yes No |
| 5. Do you ever feel bad or guilty about your drug use? | Yes No |
| 6. Does your spouse (or parents) ever complain about your involvement with drugs? | Yes No |
| 7. Have you neglected your family because of your use of drugs? | Yes No |
| 8. Have you engaged in illegal activities in order to obtain drugs? | Yes No |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | Yes No |
| 10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)? | Yes No |

Scoring: Score 1 point for each question answered “Yes,” except for question 3 for which a “No” receives 1 point.

Interpretation of Score		
Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1–2	Low level	Monitor, re-assess at a later date
3–5	Moderate level	Further investigation
6–8	Substantial level	Intensive assessment
9–10	Severe level	Intensive assessment

Source: National Institute on Drug Abuse. (n.d.). Drug abuse screening test (DAST-10). Retrieved from <https://www.drugabuse.gov/sites/default/files/dast-10.pdf>

CRITICAL THINKING QUESTIONS

1. Reflect on your score. What do your responses indicate about your drug use?
2. Is there anything in your environment that makes it easy or difficult to control or limit your drug use? Think about your relationships, your community, and local policies.
3. In what direction are you moving on the continuum—toward increased dependence, toward decreased dependence, or holding steady? Do you need to make any changes to your substance use? If so, what?