Drug and Alcohol Assessment
Engagement – the first step

What is engagement?

• building a working relationship
  – Showing that you care (do you?)
  – Working towards mutually acceptable goals
  – building rapport
  – building trust
  – Analysing any ‘counter-transference’ that may occur and detaching from any instinctive feelings, if necessary.
Engagement

How to engage people:

• explain [and provide] confidentiality
• interview individually
• appropriate setting
• flexible approach
• be non-confrontational
• be non-judgmental
• be yourself
Overview of Assessment

• Aim of assessment is to
  – Obtain a relevant drug and alcohol history and perform a physical examination
  – Establish whether there is a diagnosis of a substance use disorder
  – Categorise patient’s readiness to change
• This information is then used to formulate a management plan based on the individual’s needs
• Assessment is itself a therapeutic process
  – Links substance use to problems, sometimes for the first time
  – Quantifies use, enhancing self awareness
Overview of Assessment

It is important to assess:

• Current status
  – Reason for presentation (including social factors)
  – Intoxication, overdose or withdrawal?

• Drug use
  – Currently and in the past
  – Patterns and route of administration

• Physical and psychosocial consequences or coexisting problems

• Presence of a substance use diagnosis:
  – Harmful use or dependence

• Motivation
History Taking

• Tailored to circumstances
  – Comprehensive assessment is not always necessary or helpful on first contact
  – If necessary, can be done over several sessions
  – What do I need to know in this case at this time?

• All patients should have a:
  • Quantified alcohol history
  • Quantified smoking history
History Taking

• Maintain a high index of suspicion for other substances
  – More detailed questions where indicated

• Where a positive history exists
  – Obtain a comprehensive drug and alcohol history
  – Assess whether daily intake is increasing or decreasing and if so, why?
  – Assess avenues for intervention to decrease intake
Comprehensive drug and alcohol history

- Ask about
  - the presenting problem eg:
    - Cessation of drug use
    - Accommodation issues
    - Forensic issues
- all drugs of abuse:
  - Tobacco
  - Alcohol
  - Cannabis
  - Misuse of prescribed drugs (especially benzodiazepines)
  - Stimulants (cocaine, amphetamine)
  - Opioids
  - Hallucinogens
Comprehensive drug and alcohol history

• Ask about:
  – Frequency/duration/amount used
  – route of administration
  – Previous attempts at reduction or cessation of substance use
  – Does your patient want to stop or cut down?
Physical examination 1: intoxication or withdrawal

- Your general assessment may suggest
  - intoxication or withdrawal
    - Drowsiness (alcohol, benzos, opiates)
    - Agitation (sedative withdrawal, or stimulant toxicity)
    - Tremor (alcohol, benzo withdrawal)
    - Diaphoresis (alcohol and opioid withdrawal)
    - Slurred speech, ataxia (alcohol, benzo intox.)
    - Pupils (especially opiates)
  - Confusion eg Wernicke’s, DTs
  - Psychosis e.g. stimulant related
Physical examination 2: medical complications

- Mental State: sensorium, intoxication, mood, signs of psychosis
- Vital signs (e.g., fever, tachycardia of alcohol withdrawal or infectious complications)
- Track marks (recent and/or old)
- Lymphadenopathy
- Liver
- Heart
- Lungs
- CNS/PNS
Reaching a Diagnosis: Substance Abuse

1 of the criteria within a 12 month period (DSM-IV Criteria)

- failure to fulfil major role obligations
- recurrent drug use in hazardous situations
- recurrent legal problems
- use despite persistent or recurrent drug related problems
3 of the criteria within a 12 month period (DSM-IV Criteria)

- Tolerance
- Withdrawal
- Used in greater amounts and longer periods than intended
- Inability to control use/unsuccessful attempts to cut down
- Long time spent in alcohol-related activity
- Reduction of social, occupational and recreational activity due to alcohol use
- Continued use despite physical/psychological problems caused by alcohol use
Readiness to Change Model

Based on Prochaska and Di Clemente, Psychotherapy --- Practice, 19:276, 1982