Clinical Assessment of substance abuser

Abused substances can be licit or illicit

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What is good assessment?

Essential to the continuing care:

. Engage client in treatment

. Begin a process of change

Assessment skills are vital for all members of multidisciplinary team, especially doctors.

What are the aim(s) of assessment?

- Manage acute or emergency problem
- Confirm client is taking drugs (history, exam, and urinalysis)
- Assess degree of dependence
- Identify complications of drug misuse and assess risky behaviours
- Identify other medical, social and mental health problems

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- Give advice on harm reduction, including access to sterile needles/syringes, testing for hepatitis B & C, HIV & vaccination against hepatitis B
- Determine client's expectation of treatment and degree of motivation to change
- Assess the most appropriate level of expertise required to manage the client, and refer appropriately, or to other forms of psychosocial care where appropriate

How to assess?

- Empathic, non-judgmental attitude, this may encourage appropriate disclosure
- Have enough time for a full interview, or more than one consultation may be necessary.
- Concerned relatives or professionals already involved should be encouraged to attend
- Give accurate information to minimize the harm of more persistent drug taking and the risks of developing significant dependence. A significant role in health education regarding drug misuse.

What is the assessment?

A. Drug history

i) Reason(s) for presentation

- In crisis
- Referred from court or impending court case
- Recommendation of court/social worker
- For information/advice about the effects of the drug they are taking
- Having a recent health risk or anxieties over their drug taking
- Having behaviour causing concern to others like spouse & parents

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- Suffering from mental illness
- Pregnancy
- Want help and motivated to change
- Had enough! Or usual source of drugs no longer available
- Referred from other medical practitioner

ii) Past and current drug use (4 weeks)

- Age starting drug misuse?
- Types and quantities of drugs taken?
- Frequency of misuse and route?
- Experience of overdose?
- Periods of abstinence? If yes, triggers for relapse?
- Symptoms experienced when unable to obtain drugs? (withdrawal experience)
- Cost of drug misuse?

iii) History of injecting & risk of HIV/Hepatitis

- Past history of injecting?
- Why client change to current injecting?
- Supply of needle/syringes?
- Sharing habits?
- Knowledge as how to inject safely?
- Practice of cleaning &/or disposal of used equipment?
- Knowledge of HIV/Hep B & C and transmission?
- Use of condoms?
- Ever thought of other methods of use?

iv) Medical history

- Complications of drug use?
- Hepatitis B, & C status if known?
- HIV status if known?
- Last menstrual period?
- Hospital admission, operations, accidents, head injury?

v) Psychiatric history

- Psychiatric admissions?
- Psychiatric outpatient attendance?
- Any overdoses (accidental or deliberate)?
- Any previous episodes of depression or psychosis?
- Any previous treatment by GP or specialist?

vi) Forensic history

- Contact with the criminal justice system, e.g. probation service – past & present?
- Past custodial sentence?
- Current offending?
- Outstanding charges?

vii) Social history

- Family situation
- Employment situation
- Accommodation situation
- Financial situation, including debt

viii) Past contact with treatment service(s)

- Previous efforts to reduce or stop taking drugs?
- Contact with other social services, community services or doctors
- Previous rehabilitation admissions:
  - how long they lasted?
  - causes of any relapse?

ix) Others

- Drug and alcohol misuse in partner, spouse, and other family members?
- Drug misuse – its impact on other aspects of the client's life?

B. Examination

i) Motivation?

- Examine whether client is motivated to
  - stop drug misuse
  - change their pattern of drug use
  - to make changes in their life*
- Examine short-term, intermediate and long-term goals the patient is seeking

* Even when there is resistance to change drug misuse itself, client may be motivated to make changes in other parts of life, e.g. personal relationships, employment, accommodation.

ii) Mental health

(1) Psychiatric problems very often co-exist with drug misuse, in particular increases risk of suicide and self harm.

(2) Misused drugs often have a psychoactive component. Can cause hallucinations, depression, anxiety, panic, either during use or part of withdrawal.

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ii) Mental health

(3) Psychiatric examination includes:

- General behaviour, e.g restlessness, anxiety, irritability (intoxication with stimulants and hallucinogens, or withdrawal from opiates)
- Mood. Depression can be caused by withdrawal from stimulants or by sedatives. Important to assess the risk of self harm/suicide
- Delusions and hallucinations: stimulants and hallucinogens
- Confusional states

iii) Physical health

Important part of the assessment process:

(1) Assess the health of the drug misuser

(2) Confirm the history (in drug misuse, look for signs as needle marks, skin abscesses, and signs of withdrawal or intoxication)

(3) Determine the presence of any physical complication of drug misuse

iv) Social and family situation

. Must consider overall social, family responsibilities; housing stability and general welfare.

. Clients with multiple social problems need to be linked to appropriate local support networks.

C. Special Investigation

1. Blood investigation:
   - Complete blood picture, liver function, renal function, etc.
   - For injecting drug users: Hepatitis B, C, & HIV
2. Urine testing:

   An adjunct to the history and exam to confirm drug use. It should be **obtained at the outset and randomly throughout treatment**. False positives and negatives must be considered
3. Other relevant investigations

Don't miss in assessment!

1. **Risk assessment**: child protection issues, suicide risk, chaotic use (accidental overdose), & current accommodation
2. For young abuser, it's important to **assess the maturity**, as this affects consent to, or more importantly refusal of treatment. Communication of assessment to the young person, family and carers, and relevant professionals, is important
3. **Assessment of self-efficacy** of the person (esp. when client is young): confidence in personal decision-making ability is predictive of a capacity to choose goals, to expend effort in achieving those goals and to persist in adversity

The Need to formulate

(1) **Clinical diagnosis**

. Any substance related disorders?

- Substance use disorders
  - substance dependence
  - substance abuse
- Substance-induced disorders

. Any physical complication(s)?

. Any co-morbidity (physical or psychiatric)?

(2) **Etiology**: possible past and recent etiological factors should be identified, which included separation, adoption, divorce, birth injury, immigration, head injury, unemployment, marriage, and physical illness. These might have predisposed, precipitated or maintained the client's problems.

(3) 'What problem is patient having and what can the therapist do to help him abstain or cut down, or to **minimize harm**?'

Conclusion

- Investment of time in assessment will be multiply rewarded. It prepares the groundwork for later action. It generates a sense of reassurance, support, commitment and integrity. It catalyses change.
- It establishes what the client perceives his problems and views how best to tackle these difficulties.
- The assessment makes sense of the information and what's best for the client. Synthesizing the information gathered is the cornerstone of the practitioner working in substance abuse.

THANK YOU