

# Alcohol and other drug assessment guide

Most users of alcohol and other drugs do so for their positive effect and may not ever have considered their substance use to be problematic. It may be useful to acknowledge this and elicit the benefits experienced by your client before asking them to identify the problems associated with their use. Asking open-ended questions in a non-judgemental manner is more likely to elicit accurate and meaningful information as part of your health assessment, and assist the client to explore their options.

## Examples of open-ended questions:

What do you like about *(substance/s of choice)*?

What are the positive experiences of using alcohol or drugs?

What purpose does your substance use have for you? *(Client might need to be cued eg "Other people tell me...")*.

What don't you like about your substance use?

What concerns you about your substance use?

Does anyone else have concerns, if so what do you think these concerns are?

How would you describe yourself when using *(substance of choice)*?

How would others *(friend/family)* describe you when you are using substances?

Have you ever thought about *(considered)* reducing or stopping your substance use? If so, tell me about the strategies you have considered to either reduce or stop your use.

Ask the client to imagine a day/week/lifestyle without their drug of choice, and to describe this.

Can you tell me if you have thought about less harmful ways of using substances eg controlled drinking, safer use of other drugs such as not injecting, not sharing needles or equipment etc. *(This type of question may lead to the opportunity for providing information on reduction of harms)*.

Provide positive feedback on choices that reduce harm such as:

- > *I never drive when I am drinking.*
- > *I only use new fits and dispose of them in proper containers.*
- > *I only use when someone else is present.*

## Example of areas to be considered in assessment:

### Type of drug

Alcohol, tobacco, amphetamines, ecstasy, benzodiazepines, cannabis, over-the-counter drugs, herbal preparations, inhalants, and opioids (licit/illicit) including methadone, buprenorphines and long-acting morphine preparations.

### Route of administration

Injecting (IM/IV), oral, smoking, snorting.

*N.B. People do not always take drugs by the recommended route.*

### Quantity

Alcohol: type, strength, size of container (*standard drink equivalents*).

Prescribed drugs: strength, mg/mL.

Heroin: grams, caps, cost.

Cannabis: money bags, bong, pipes, cones, cost.

Amphetamines: grams, points, cost.

### Frequency

Daily, number of times per day.

Weekly, number of days used in the last week/month.

### Pattern

Continuous use, time of day, binge, specific days eg weekends, runs of days (*particularly amphetamines*).

### Duration (*includes periods of abstinence*)

First use, most recent episode of use and associated factors, periods of use and periods of abstinence, date and time of last alcohol or drug use (*for all drugs used*).

### Withdrawal

Present at the time of assessment, during past periods of abstinence, severity of withdrawal, how did the client manage the withdrawal, reasons for resuming use, withdrawal sequelae including seizures in alcohol or benzodiazepine withdrawal, and/or history of delirium.

### History (*previous treatment and outcomes*)

Medicated withdrawal program, inpatient or home detox, with or without supports, what helped and what didn't help, reasons for treatment/interventions.

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## For more information

### Drug and Alcohol Clinical Advisory Service (DACAS)

**Telephone: 7087 1742**

Specialist support and advice for health professionals  
8:30am to 10pm 7 days/week including public holidays  
HealthDACASenquiries@sa.gov.au

### Alcohol and Drug Information Service (ADIS)

**Telephone: 1300 13 1340**

Confidential telephone and counselling and information  
8:30am to 10pm 7 days/week including public holidays  
www.sahealth.sa.gov.au/dassa

