



DRUG  
PROGRAMS  
Update

## [Back to basics—substance use assessments \[1\]](#)

The seasoned prescriber will know the long-term benefits of taking an initial, comprehensive substance use history before prescribing psychoactive medications. Too often (and sometimes too late), busy practitioners may realize that had they taken a little more time, they would not be receiving increasingly frequent requests from a patient for more of those “painkillers” or “nerve pills.”

### Screening

Screening and clinical assessment are not the same. Screening should occur when a patient first presents, and may include screening tools, biological testing (e.g. urine toxicology, lab work for serum indicators of substance/alcohol use), physical and mental state examination. Registrants should consider having the following screening tests available in their EMR, or otherwise readily accessible: CAGE (brief 4 -item tool), Full AUDIT (Alcohol Use Disorders Identification Test), DAST (Drug Abuse Screening Test), CRAFFT (Car Relax Alone Forget Friends Trouble; for young people and their drug and alcohol involvement).

### Clinical assessment

Clinical assessment determines the impact substance use has, or has had, on the patient, and includes the ongoing assessment of the patient’s physical well-being, mental and social functioning. Clinical assessment is recommended whenever

initiating psychoactive medications, and is essential to continue throughout longer-term prescribing.

Clinical assessment includes:

- Use of legal, illegal, prescribed and over-the-counter substances: how much, how often, route of use, length of use, detox or treatment experiences, periods of abstinence
- The patient's view: does the patient think that they have, or have had, a problem with substance use?
- Psychiatric history: admissions, suicide attempts, outpatient psychiatric review
- Impacts of substance use on different aspects of life such as work, family, and relationships
- Medical history of related complications such as hepatitis, septicemia, abscesses, cirrhosis, endocarditis, osteomyelitis, and unintentional overdose
- Family history of substance use (often a significant "red flag")
- Social history including lifestyle, criminal involvement, unemployment
- Physical examination, specifically assessing for presence of stigmata of substance use disorder
- Drug testing, lab work
- Urine drug screening (point-of-care dipstick) and perhaps breathalyzer

Clinical assessments may be daunting at first, but they quickly become routine if conducted on all patients in a non-judgmental manner, and may promote an open dialogue, which strengthens the patient-physician relationship.

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