

Getting to the Good Part: How to Take an Engaging SUD History

Key "Take-Aways":

1. Taking a substance use history can be informative, effective, and engaging.
2. Eye contact is important when asking substance use questions.
3. Open-ended questions are a great motivational interviewing tool for obtaining a substance use history.

Presentation Transcript:

Hi, my name is Dr. La Donna Porter, and I am a family medicine, educator, hospitalist, and an addiction medicine educator. Today, the title of my presentation is **"Getting to the Good Part, How to Take an Engaging Substance Use Disorder History"**.

Objectives:

At the conclusion of this presentation, participants will be able to:

- Recall the important questions that need to be asked to obtain a substance use history.
- Discuss the main categories of substances asked in a substance use history.
- Distinguish between substance use questions that may be different for each substance use category.
- Demonstrate how to take an engaging, informative and effective substance use history.

Taking a substance use history should not be intimidating, burdensome, or complicated. Taking a substance use history should be engaging, effective, and most importantly, informative.

Common drugs of use by category: (01:51)

- Smoking, which includes tobacco, marijuana, vaping.
- Alcohol, which includes beer, wine, liquors.
- Benzodiazepines, that category really and truly speaks for itself.
- Opioids which include oxycodone, hydrocodone, methadone, fentanyl, and heroin.
- Stimulants, which include caffeine, cocaine.

Prior to taking the substance use history: (02:38)

Take a deep breath. Inform the patient you have to ask questions about substance use to complete their history during the visit.

Ask the patient if it's okay to proceed with asking about substance use. This is extremely important. Most patients will often agree; however, some patients who may be feeling somewhat guilty, maybe they use just prior to the visit, may say no. But most importantly is to ask the question. Most patients, again, will give permission to proceed with the questions. You just have to ask.

Obtaining a substance use history by drug category:

This is important because each category comes with its own set of questions.

Obtaining a smoking use history (03:33)

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Ask the following questions for tobacco use:

- *"Any history of tobacco use such as smoking cigarettes or chewing tobacco?"*

If there is a history of tobacco use, ask:

- *"How many cigarettes do you smoke?"*
- *"How many cans do you use currently?"*
- *"When did you first start smoking or chewing tobacco?"*
- *"What does tobacco use do for you?"*

This is an excellent open-ended question. It will assist the patient with thinking about what the actual substance does for them. Many times, persons with substance use disorders, typically don't think about what a specific drug does for them. This question alone may put the patient at ease.

- *"What are your thoughts about cutting down or quitting?"*
Again, an excellent open-ended question. This is where a simple motivational interviewing tool can be helpful, and that is the open-ended question.

Obtaining a marijuana use history (04:49)

For marijuana use, ask the following questions:

- *"Any history of marijuana use such as smoking or edibles?"*

If you have more knowledge about how marijuana is used, not just smoking or with edibles, patients actually find that to be pretty interesting that a physician knows more about marijuana sometimes than they believe.

If there's a history of marijuana use, ask,

- *"What is your method of use?"*
This is important because there are many methods of use.
- *"How many blunts smoked or edibles eaten?"*
E.g.: *"Do you dab?" "How often do you smoke or eat edibles?"*
- *"When did you first start using marijuana?"*
- *"What does marijuana do for you?"*

Again, very important open-ended questions, that can assist you with obtaining the information you need regarding the patients use.

- *"What are your thoughts about quitting?"*
One of the most important questions that we can ask any patient is *"Have they thought about quitting?"* But that's a closed-ended question.

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Obtaining a vaping history (06:13)

Ask the following questions for patients who may be smoking by using the tool of vaping:

- *"Any history of vaping?"*

If there is a history of vaping ask,

- *"What do you usually vape, tobacco or marijuana?"*

- *"How many cartridges do you use in a day?"*

That is important because that can give you an idea as to whether a patient has a disorder.

- *"When did you first start vaping?"*

That could be a question of age, or it could be a question that's associated with a patient having smoked cigarettes in the past but decided to switch to vaping.

- *"What does vaping do for you?"*

When I ask that question, sometimes patients will even smile, because that's a question that they're either usually not asked, or they don't think about it.

- *"What are your thoughts about quitting?"*

Obtaining an alcohol use history (07:20)

This particular history is extremely important because it comes with a significant danger, that some of the other substances may not have.

- *"Any history of alcohol use such as beer, wine, liquor, etc.?"*

Always start out with beer, for example, that tends to be a little less disarming and then gradually to the stronger liquids such as wine, liquor, etc.

If there is a history of alcohol use, ask:

- *"What is your drink of choice?" "How many or how much?"*

If the drink of choice is beer, ask:

- *"What kind of beer?"*

You can also ask, "Is malt liquor included in that? What size cans?" Very important, because when you get to how many, there is a difference between a six-pack of beer at eight ounces, versus a six-pack of malt liquor at 40 ounces.

- *"At what age did you start drinking?"*

Very important question because it gives you an idea of roughly what may have occurred in that person's life that may have precipitated or started them drinking alcohol.

If you suspect that the patient may be drinking more than seven drinks per week, in females, or 14 per week, for males, then ask the following question:

- *"How many times have you experienced withdrawal?"*
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Based on the number of drinks that a man or woman may use during the week, can also give you an idea if there should be a concern about withdrawal.

- *"How many times have you experienced withdrawal?"*
Some patients may say, "I've never had any withdrawal symptoms." Some patients may say, "I think I had withdrawal symptoms because when I didn't drink for three days, I felt shaky." So knowing what the withdrawal symptoms are for alcohol is very important because it is the substance that can have an immediate deleterious effect. If a person has been drinking over a long period of time, everyone's different, and if they suddenly quit, it can be very devastating, even deadly.
- *"What does drinking alcohol do for you?"*
- *"What are your thoughts about quitting?"*
Patients sometimes who use alcohol may not seem to think they have a problem with alcohol, so asking that question may start the process of their own internal processing and thinking.

Obtaining an opioid use history (10:32)

Ask the following questions:

- *"Any history of opioid use such as pain medication, methadone, heroin, or fentanyl?"*
Again, start with asking about a particular drug that may be less disarming than asking about a drug that may be more alarming for the patient.

If there is a history of opioid use, ask:

- *"What method of use?"*
Understanding that there are different methods of use immediately will gain a patient's attention. "Hmm, you know something about opioid use." I've had patients say that to me.
- *"How often do you use?"*
- *"When did you start using?"*
- *"What does methadone, heroin or fentanyl do for you?"*
- *"When was the last time you experienced withdrawal symptoms?"*
Although withdrawal symptoms in opioid use can be very painful, the one thing that it does not do that alcohol does is have that immediate potential detrimental impact.
- *"Have you been given, or do you have, Narcan?"*
Extremely important because of the higher risk of overdose.
- *"What are your thoughts about quitting?"*
Again, method of use is important. Injection, snorting, inhaling, and then there are other

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methods, but those are the three that if you don't remember any of the others to ask the patient.

Obtaining a stimulant use history (12:21)

Ask the following questions in the exact order as listed. The order assists the patient with not feeling judged or accused about your possibly knowing about their stimulant use:

- *"Any history of stimulant use such as caffeine, drinking Monsters or Rockstars?"*
Many times, the patients will laugh, maybe just smile, but that lets them know that: hey, the doctor's going to be asking me more questions and I'm okay with it.
- *"Any history of cocaine use?"*
Cocaine use versus crack use, for example, to a community where patients are using those drugs, there's a difference. Asking any history of cocaine use first, after caffeine is a good process. Then asking about crack cocaine would be the next question. If a patient is actually using either or both, presenting them with those two questions:
 - *"Cocaine use?"*
 - *"Crack cocaine use or powder cocaine use?"*
- *"Any history of methamphetamine use?"*

Then, of course, if there is a history of stimulant use you would ask:

- *"What is the method of use?"*
Stimulants can be used oftentimes the same way as opioids or even other stimulants. For example, method of use for methamphetamine and crack cocaine as well as powder cocaine can be snorted, can be smoked and/or injected.
- *"How often are you using?"*
This will assist you with whether the patient could potentially have withdrawal symptoms.
- *"How much are you using?"*
This will vary according to the method that the person is using.
- *"When did you start using?"*
Not necessarily at what age, but when did you start using? Age is important, because some people who use stimulants may start using stimulants when they're in college, specifically due to the pressure of college, or they could have been using since they were teenagers, or someone who may be using stimulants, may have just started using such as someone who may have recently become a long-haul truck driver.
- *"What does the caffeine, cocaine, crack cocaine, or methamphetamine do for you?"*
- *"What are your thoughts about quitting?"*
Again, here, method of use is important, because there may be other questions that you might ask, and someone who may be injecting may have a history of abscesses or they could have a

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history of veins that may have ruptured, or become sclerosed. So, method of use as it pertains to this category is very important as well.

Clinical pearls: (15:57)

- Remember to **thank the patient for their willingness to answer the substance use history questions**. If the patients you are taking a history for, have used, or are currently using, asking them, "Is it okay to take the history?" is important, but equally as important is thanking him, thanking them, because many times they feel very uncomfortable, shy, and at times embarrassed.
- If the patient discloses that he or she is **interested in quitting. Recommend a referral, if possible, for evaluation or treatment**. The day the patient comes in to see you for the first time and you ask those questions, may absolutely be the day that a patient is ready to get the assistance that they need.
- If the patient is ambivalent or not ready to quit using their substance, ask the patient if he or she is **comfortable with following up with you** to further discuss options for treatment. The first visit may not be the visit that they're ready to take the journey, to their future without substances. The next visit may just be that visit.
- Asking **open-ended questions** is a motivational interviewing tool that can engage patients without them feeling judged.
- As you go through taking your history, what's extremely important also is your being there and asking the questions. **Document as much as possible**, the answers to substance use history questions. When the patient follow up and you begin to ask them about their substance use, whether it's alcohol, whether it's an opioid, whether it's caffeine, and you recall from your documentation, what you and the patient discussed, it lets the patient know that you were paying attention and that you really care about who they are and the help that they may need. Thank you.