

Handy Tips

- Simply because a person has received treatment first for a substance use disorder does not mean that this disorder is “primary.” Often, underlying or co-occurring or interactive mental health issues exist and have not been identified or diagnosed. Such co-existing disorders affect one another; neither is primary or secondary.
- Avoid factual questions when asking about substance use such as: what, when, how often, how much, what was spent, or periods of greatest use. Ask questions that help to clarify the “meaning” or role of the substance use: Why do you use drugs? How do the drugs make you feel? How do you feel when you do not use drugs?
- Avoid words that require interpretation such as “abuse,” “dependence,” or “addiction.” Use neutral language to help understand the individual’s experiences.
- Long-term substance use and the associated life style places people at risk for brain damage (or “brain hurt”). Consider this possibility when working with adults who have significant histories of substance use. Further evaluation to assess possible brain damage or an organic mental disorder may be needed.
- Reassurance and trust are necessary to elicit accurate information about substance use. People may be reluctant to provide this information fearing that it will disqualify them for benefits or services; that there will be legal repercussions; or that it could impact visitation with children or family. Be patient, reassuring, and persistent.