

INTRODUCTION

With regard to drug use behaviour, six different types of target population can be identified by social and health personnel.

- **The never exposed:**

They have never been offered abused drugs, and are unlikely ever to be offered. Yet, they may take note in the general public information programmes of drugs used/abused in the society.

- **The exposed never-used:**

They may, on a small number of occasions, have been presented with the opportunity to use drugs, but chose not to do so. It is presumed that they, at some future date, may again be posed to a situation where there is the opportunity to use drugs. Decisions of use or not to use will depend on personal and social factors.

- **The experimental user:**

They are exploring both the drug effect and the place of this drug use within their own lives. At this stage their future engagement with, or disengagement from further drug use has not yet been firmly determined.

- **The non-dependent regular user/abuser:**

Dependence has not yet occurred. For such users, it is likely that prevention messages may be suitable to steer them away from drug use. Their perceptions of the adverse consequences of detection/arrest may influence the extent to which they become more heavily involved in their drug use.

- **The addicted (dependent) abuser:**

Drug use has become the most important aspect of their life. The extent to which they are influenced by public opinions and policies is determined by the extent to which they consider themselves to be part of the society.

- **The vulnerable ex-user:**

Former drug users who have become drug-free are likely to have a greater vulnerability to unexpected opportunity to use their previous drug.

(Source : The Royal College of Psychiatrists (2000). *Drugs : Dilemmas and Choices*, Gaskell, London)

Screening refers to the initial, and usually brief, assessment of an individual to identify the likely presence or absence of drug use. Screening should be targeted to a population of clients at risk. While a social or healthcare worker usually inquire about drug use and associated problems during a brief acquaintance, time constraints may limit both the extent of the inquiry and the reliability of the client's response, especially when no other informant or additional information is available. Thus, contact with concerned relatives or school counselors/teachers is encouraged.

The Screening Guideline provides information of 'high risk' characteristics which raise an assessor's suspicion on drug use of the client. It must be pointed out that by maintaining an empathic, non-judgmental attitude, the assessor often obtain appropriate disclosure. Identified drug users should be given comprehensive assessment in due course. In the case when the client is found not likely to use drug, preventive measure, e.g. drug education, should be given, especially when high risk factors are noted during the screening interview. Non-drug problem identified should be followed with appropriate referral, e.g. family assessment and intervention for family problem.

Assessment is the cornerstone of management of drug use problem. Client identified in a screening assessment or who voluntarily comes for help in drug use must be given a comprehensive assessment. **The Assessment Guideline** tells you how to assess the severity and range of problems associated with the client's drug use. According to the pattern of use, the client may be an experimental user, a non-dependent regular user, a dependent user, or a vulnerable ex-user. From the treatment point of view, a diagnosis of drug use, abuse or dependency should be made.

- **Drug use:**

Although any level of drug use by the client should be a cause for concern, the experimental or regular use of drug in the absence of negative consequences of use, psychosocial impairment, compulsive use, or preoccupation with use may not warrant a diagnosis of drug abuse. However, such client is at high risk for developing such a disorder and should benefit from prevention and other interventions designed to change drug use behaviours.

- **Drug abuse:**

It is a milder, prodromal condition to dependence. Criteria consist of continued use despite having a recurrent social, occupational, psychological, or physical problem that is caused or exacerbated by drug use or recurrent use in hazardous situations over a period of at least one month. The emphasis is on recurrent negative consequences of use. The assessor must attempt to distinguish problems caused by drug use from problems caused by coexisting psychiatric disorders or family dysfunction.

- **Drug dependence (or addiction):**

It represents one higher level of drug abuse, consisting of a core of negative consequences in addition to signs, symptoms, or behaviours indicating physical dependence and/or compulsive use.

(Reference:

Annex 1: Diagnostic & Statistical Manual of Mental Disorders (DSM-IV) diagnostic criteria of Substance Abuse & Substance Dependence)