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# Opioid Use Disorder: How to Conduct the Initial Assessment

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## Initial Questions

As with any psychiatric interview, start by building an alliance and showing interest in your patient in a general way. The first few questions, although not explicitly related to psychiatric issues, will typically naturally transition to the patient's reason for their visit.

- "Where are you from?"
- "What do you do for work and fun?"

## Core Questions

We suggest you ask some version of the following questions to every patient you evaluate with opioid use disorder. RIPTEAR is a useful mnemonic that gets you the information needed for both acute and long-term treatment planning ([www.coursera.org/learn/addiction-treatment](http://www.coursera.org/learn/addiction-treatment)).

**Risk**—Assess for acute risks that might need immediate intervention, including current intoxication that could lead to overdose (nodding off, not responding), acute suicidality, or active medical issues.

- "You've been going through a lot recently; have you been having any thoughts of harming yourself?"
- "Do you have any medical issues that need to be addressed right away, such as infections at injection sites?"

**Initiation**—Learn when the patient started using opioids to give you an idea about the trajectory of their use disorder.

- "How old were you when you first started using?"
- "How old were you when you started using regularly?"
- "When did you recognize your use was a problem?"
- "What was your period of heaviest use?"

**Pattern of use**—Look into pattern of use to further understand the course of the patient's use disorder as well as get an idea of their level of tolerance and potential for specific consequences such as infections, overdose, and withdrawal.

- "What drugs are you using and how are you using them?"
- "How much have you been using lately?"
- "What might happen if you were to stop using?" (this gets at withdrawal)
- "Do you use with people or alone?" (using alone increases risk for fatal overdose)

**Treatment**—Get an idea of the patient's treatment history to help you collaborate with the patient and come up with a plan that is likely to work.

- "Tell me about treatment you've had in the past."
- "What treatments worked and what didn't work?"

**Effects**—Ask about the effects that opioids have in the patient's life, both positive and negative. Understanding the positive effects of opioids can help identify targets of treatment. Negative effects can serve as points of motivation for sobriety.

- "Help me understand what role drugs play in your life."
- "What do you get out of them?"
- "What sorts of problems do they cause for you?"

**Abstinence**—Find out if the patient has ever had significant periods of abstinence in their life and how they were able to achieve that.

- "Tell me about periods in your life when you were able to stay sober."
- "What was going on that allowed you to achieve sobriety?"

**Return to use**—Investigate the circumstances around return to use to help you and the patient look ahead to potential problems.

- "Have you ever had a return to use after a period of sobriety?"
- "What were the circumstances that led you to return to use?"
- "What might you be able to change in order to prevent that from happening again?"

## Assessing Severity

While the DSM-5 has clear cutoff points for distinguishing mild, moderate, and severe disorder, the following will help you quickly identify typical patient scenarios that would fall into a given category.

### *Mild:*

- Taking a low dose of a low-potency opioid (like codeine)
- Opioid use confined to prescription opioid analgesics, no use of heroin or illicit fentanyl
- Able to maintain a job, a relationship, and appearance of normal functioning

### *Moderate:*

- Using opioids daily or nearly daily
- Has experienced withdrawal symptoms
- Some consequences due to their opioid use, such as having lost a significant relationship or even a job
- No opioid-related health problems

### *Severe:*

- Using opioids multiple times throughout the day
- Develops severe withdrawal symptoms if they don't use
- Lost relationships with friends or family
- Spending significant amounts of money on opioids
- May have switched to intranasal or IV use to overcome effects of tolerance and reduce costs
- History of serious health consequences such as accidental overdose, abscesses at injection sites, or bloodborne infections such as HIV or hepatitis B or C