Priority Topic: **SUBSTANCE ABUSE**

### Key Features:

**Substance Use Disorders in the clinic** AIM 2016  
**L'utilisateur des substances psychoactives** MduQ 2017

1. In all patients, and especially in high-risk groups (e.g., mental illness, chronic disability), opportunistically screen for substance use and abuse (tobacco, alcohol, illicit drugs).

**What you should study:**

- ✓ Screening for drug use in general medical settings
- ✓ Screening for drug use - quick guide
- ✓ A Primary Care Approach to Substance Misuse AAFP 2013

2. In intravenous drug users:
   
   a) Screen for blood-borne illnesses (e.g., human immunodeficiency virus infection, hepatitis).

   b) Offer relevant vaccinations.

**What you should study:**

- ✓ Injection Drug Use - Colour Atlas of Family Medicine *This is an overview*  
- ✓ CADTH STBBI screening recommendations summary - see column “History of Substance Abuse” and “High Risk”  
  For the full document: https://www.cadth.ca/sites/default/files/pdf/htis/may-2013/RC0447%20-%20STI%20algorithms%20Final.pdf

- ✓ Vaccines for People with Injection Drug Use (PWID): hepatitis A and B, pneumococcal pneumonia, influenza, tetanus, and diphtheria  
  Best Practices for Harm Reduction CATIE - see Chapter 7 page 81
3. In patients with signs and symptoms of withdrawal or acute intoxication, diagnose and manage it appropriately.

**What you should study:**

- See the DSM-5 (via McGill library) for diagnostic criteria of withdrawal and intoxication with multiple substances
- From “Treatment of Adolescents with Substance Use Disorders” - Appendix B (these tables are briefer than the DSM and include treatment)
  - Alcohol
  - Cannabis
  - Depressants
  - Designer Drugs
  - Hallucinogens
  - Inhalants
  - Narcotics
  - Stimulants

4. Discuss substance use or abuse with adolescents and their caregivers when warning signs are present (e.g., school failure, behaviour change).

**What you should study:**

- Adolescent Substance Use and Abuse AAFP 2008
- Alcohol Use in the clinic AIM 2016
- Le cannabis MduQ 2017

5. Consider and look for substance use or abuse as a possible factor in problems not responding to appropriate intervention (e.g., alcohol abuse in patients with hypertriglyceridemia, inhalational drug abuse in asthmatic patients).

*Exam Tip* – that sounds like a superior certificant on a SOO!!
6. **Offer support** to patients and **family members affected** by substance abuse. (The abuser may not be your patient.)

   ✓ **Just do it!**

7. In patients abusing substances, **determine whether or not** they are willing to agree with the diagnosis.

   ✓ **Just do it!**

8. In substance users or abusers, routinely **determine willingness to stop** or decrease use.

   ✓ **Just do it!**

9. In patients who abuse substances, take advantage of opportunities to **screen for co-morbidities** (e.g., poverty, crime, sexually transmitted infections, mental illness) and **long-term complications** (e.g., cirrhosis).

   **What you should study:**

   ✓ Dépendences et santé mentale MduQ 2015

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**DSM-5 Criteria**

There are many other disorders and criteria, although the pattern is the same for all of them. Look up the full DSM-5 on the McGill Library if you want other details.

- Alcohol Use Disorder
- Cannabis Use Disorder
- Opioid Use Disorder

**A word on prescription drugs:**

✓ Les benzodiazepine prescrites - primum non nocere MduQ 2017

✓ Opioid Risk Tool