

# 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](#)

### **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](#)