

Substance Abuse

<i>Key Feature</i>	<i>Skill</i>	<i>Phase</i>
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).	<i>Clinical Reasoning</i>	<i>History</i>
2 In intravenous drug users: a) Screen for blood-borne illnesses (e.g., human immunodeficiency virus infection, hepatitis). b) Offer relevant vaccinations.	<i>Clinical Reasoning</i> <i>Clinical Reasoning</i>	<i>Hypothesis generation</i> <i>Investigation</i> <i>Treatment</i>
3 In patients with signs and symptoms of withdrawal or acute intoxication, diagnose and manage it appropriately.	<i>Clinical Reasoning</i>	<i>Diagnosis</i> <i>Treatment</i>
4 Discuss substance use or abuse with adolescents and their caregivers when warning signs are present (e.g., school failure, behaviour change).	<i>Clinical Reasoning</i> <i>Patient Centered</i>	<i>Treatment</i> <i>Diagnosis</i>
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).	<i>Selectivity Patient</i> <i>Centered</i>	<i>Hypothesis generation</i> <i>History</i>
6 Offer support to patients and family members affected by substance abuse. (The abuser may not be your patient.)	<i>Patient Centered</i>	<i>Treatment</i>
7 In patients abusing substances, determine whether or not they are willing to agree with the diagnosis.	<i>Patient Centered</i>	<i>History</i> <i>Diagnosis</i>
8 In substance users or abusers, routinely determine willingness to stop or decrease use.	<i>Patient Centered</i>	<i>History</i> <i>Treatment</i>
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).	<i>Clinical Reasoning</i> <i>Patient Centered</i>	<i>History</i>