

Substance Abuse

Residents will be able to:

1. Describe the prevalence and type of Problem Drinking from a population health perspective
2. Describe the identification and intervention strategies that family physicians should apply in their offices
3. Describe the consequences of high risk and problem drinking on the bio/psycho/social elements of the individual with a focus on three target populations: adolescents, adults and seniors using case studies
4. Describe philosophies of addiction treatment, intervention strategies, tools and available services
5. Describe issues occurring as client moves through the various health services.
6. Describe addictions services and expected client outcomes of identified high risk drinking clientele
7. Use practical tools to aid in identifying and intervening in the office to assist problem drinkers
8. Refer appropriately to Drug Dependency Services
9. Navigate, advocate and mediate with services for their clients and patients
10. Define addiction vs. tolerance vs. withdrawal
11. Describe resources and approaches to other addictions

CFPC evaluation objectives

Substance Abuse

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).
2. In intravenous drug users:
 - a. Screen for blood-borne illnesses (e.g., human immunodeficiency virus infection, hepatitis).
 - b. Offer relevant vaccinations.
3. In patients with signs and symptoms of withdrawal or acute intoxication, diagnose and manage it appropriately.
4. Discuss substance use or abuse with adolescents and their caregivers when warning signs are present (e.g., school failure, behavior change).
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).
6. Offer support to patients and family members affected by substance abuse. (The abuser may not be your patient.)

7. In patients abusing substances, determine whether or not they are willing to agree with the diagnosis.
8. In substance users or abusers, routinely determine willingness to stop or decrease use.
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).

Feedback and suggested modifications for these objectives are encouraged after each session. Please direct your comments to your site Curriculum Coordinator.