Substance Use and Substance-induced Disorders

These disorders are common, frequently undiagnosed or ignored and, as they are frequently associated with behavioural disturbance, result in severe physical, mental and social problems. Often co-exist with mental illnesses (anxiety disorder, BAD, depression or schizophrenia).

Substance use disorders

- Substance abuse: repeated harmful use despite causing impairments in functioning.
- Substance dependence: tolerance, withdrawal symptoms on stopping, persists with use despite knowledge of harm, or functioning is adversely affected.

Substance-induced disorders

- Intoxication: reversible substance-specific cognitive/behavioural changes ±OD.
- Withdrawal syndrome: substance-specific syndrome on cessation of substance
- Substance-induced specific disorders – e.g. amphetamine induced psychosis/delirium.

Commonly abused substances

EtOH, BDZ, THC, opioids, amphetamines + MDMA, cocaine, hallucinogens e.g. LSD & solvents. See Toxicology notes for details.

Management

Safety
Assessment
Confirmation of provisional diagnosis
Consultation
Immediate treatment
Transfer of care

Safety

Intoxicated patients pose a significant risk to themselves and potentially others. Withdrawal (esp from EtOH or BDZ) has a risk of serious side effects (seizures or DTs)

Assessment

History

- Exclude co-morbid physical illness, head injury.
- Consider co-morbid psychiatric illness.
- Consider poly-drug use.
- For each drug assess quantity, frequency, duration, route, when last used
- Is there evidence of dependence or harmful consequences of use?
- Is the patient currently or likely to become intoxicated or in withdrawal?
- Consider urine drug screen if available.
- What does the patient want?

Alcohol problem screening questions (CAGE):

C – Has anyone ever felt you should **C**ut down on your drinking?
A – Have people **A**nnoyed you by criticising your drinking?
G – Have you ever felt **G**uilty about your drinking?
E – Have you ever had a drink first thing in the morning (**E**ye-opener) to steady your nerves or get rid of a hangover?

One positive response is suggestive of an alcohol problem; two or more is highly sensitive.

Exam – Physical & Mental State

Particularly attention to neurological exam, pupils, cognition, signs of head trauma, vital signs.

Confirmation of provisional diagnosis

If intoxicated, may be poor historian.
Corroboration: Additional Hx from friends/family, GP, medical notes.
Investigations: To rule out other diagnosis (HI, sepsis, metabolic problem e.g. hypoglycaemia): ECG, UA, FBC, UEC, BSL, and consider ABG, CT brain, cultures, LP, UDS, or others.

Consultation

Drug & alcohol service for advice & if inpatient detox required. MH team if MH issues. Other in-patient teams as appropriate.

Immediate treatment (See Toxicology notes for details)

Identify problem type: Intoxication, withdrawal, dependence or abuse, ± co-morbidities
Intoxication: Supportive care is mainstay, specific antidote (e.g. naloxone if req).
Withdrawal: Supportive, may need BDZ for agitation or to reduce risk of seizures/DTs.
Dependence or abuse: Does patient want help? Safety issues of others at home/work?
With EtOH abuse: give **thiamine**, hydration, replace Mg/K deficits, chart alcohol withdrawal scores & give BDZ as req.

Transfer of care

If sig intoxication or withdrawal may → admission otherwise mild cases with no complications & good support can be d/c with referral (GP, detox centres) and follow-up.