

8 Things a Primary Care Doctor Should Know



about working with people with Substance Use Disorders (SUDs)

1. They (patients with SUDs) are not, by definition, bad people.
If your patient thinks you will judge her because of her use, she may not share important information
2. The most important thing you can do is ask what, and how much, they are using.
If you are wishy-washy about asking these questions, you communicate that you don't want to know.
3. Just as there are diagnostic tests for physical illnesses, there are research-based screening and assessment instruments for substance use.
Adopt a set of standard screens for alcohol, drug, and tobacco use
4. Long-term substance use can alter your patient's brain in ways that make it difficult to discontinue use.
Given this, stopping or reducing use is going to require more than willpower
5. Treatment for SUDs is effective.
You can be optimistic when faced with a patient with an SUD
6. Once a patient screens positive for a substance use problem, a "warm handoff" to a trained clinician is critical.
If possible, directly introduce your patient to a clinician with the time and training to address an SUD
7. SUDs are often accompanied by other psychiatric disorders or physical health problems.
Now that you know about your patient's substance use, you can determine if it is linked to other conditions
8. An SUD is usually a chronic, rather than acute, condition.

Your ongoing relationship with your patient makes you the ideal person to monitor substance use and refer to specialty treatment as needed



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The full list is available at:
http://www.attcnetwork.org/find/news/attcnews/epubs/v4i2_article03.asp