Warning signals / typical case profiles that might help to heighten clinical awareness and facilitate early detection at primary care level

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Role of family physician

- Substance abuse (including alcohol misuse) is common
- Effectively treating a primary care patient's substance abuse problem is addressing a significant personal health care need.
- Substance use disorders share many characteristics with other chronic medical conditions like hypertension:
  - late onset of symptoms
  - unpredictable course
  - complex etiologies
  - behaviorally oriented treatment
  - favorable prognosis for recovery if properly managed

The CAGE Questions Adapted to Include Drugs (CAGE-AID)

- Have you felt you ought to cut down on your drinking or drug use?
- Have people annoyed you by criticizing your drinking or drug use?
- Have you felt bad or guilty about your drinking or drug use?
- Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

CRAFFT Screening instrument for adolescents

C - Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

A - Do you ever use alcohol/drugs while you are by yourself, ALONE?

F - Do you ever FORGET things you did while using alcohol or drugs?

F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?

T - Have you gotten into TROUBLE while you were using alcohol or drugs?

Drug Abuse Screening Test (DAST-10)

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you always able to stop using drugs when you want to?
4. Have you had "blackouts" or "flashbacks" as a result of drug use?
5. Do you ever feel bad or guilty about your drug use?
6. Does your spouse (or parents) ever complain about your involvement with drugs?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)

Know the Drugs of Abuse and Their Street Names

Narcotics 麻醉鎮痛劑	Codeine Dipipanone Heroin: No.3 heroin No. 4 heroin Methadone Physeptone Morphine Opium	高甸，咳水 囉囉攣，可待因 紅色菲仕通 海洛英，白粉，粉，灰 三號粉，砂仔 四號粉，四哥，四仔 美沙酮，老美 菲仕通，帆船仔 嗎啡針 鴉片，福壽膏

Psychedelics 迷幻劑	Cannabis 大麻 1. Marijuana (dried leave) 2. Hashish (resin) 3. Hash oil	grass, pot, joint, marijuana , hashish, bush, weed 1. 草 2.大麻精 3.大麻油
	Lysergic acid diethylamide (LSD)	迷幻藥，方糖，郵票，Micropill, 黑芝麻
	Phencyclidine (PCP)	天使塵, angle dust, hog, peace pill, horse tranquilizer

Amphetamines 1. Methylamphetamine 2.Methylene-dioxy-methyl-amphetamine (MDMA)	安菲他命，大力丸 speed, uppers, Bennies, black beauties, copilots, dexies, eye openers, lid poppers, pep pills wake-ups, 冰 Fing頭，狂喜， 派對丸仔， E仔，EVE， ecstasy, designer's drug
Cocaine Crack-cocaine	可卡因，可可精, C, coke, flake, snow, stardust Crack, 霹靂，可樂

Benzodiazepines:	
Brotizolam (Lendormin)	屋仔,二拾蚊,13A
Bromazepam (Lexotan)	寧神定
Clonazepam	白天使
Chlordiazepoxide (Librium)	綠豆仔, 利眠寧
Diazepam (Valium)	羅氏二、五、十號
Estazolam	舒樂安定
Flunitrazepam(Rohypnol 1mg)	十字架(細十, 縮水)
Flunitrazepam(Rohypnol 2mg)	十字架(大十)
Midazolam (Dormicum)	羅氏藍精靈，大藍
Nimetazepam	五仔，黃飛鴻
Nitrazepam (Mogadon)	睡覺幫，笑哈哈，魔鬼黨
Triazolam (Halcion)	藍瓜子，藍精靈，細藍
Z drugs	
Zolpiclone	白瓜子，憶夢返
Zolpidem	唑吡咀，思諾施

Ketamine	K仔
Cough Mixture	MB, 咳水, B仔
Gamma hydroxybutyrate (GHB)	迷姦水， X水，G水
Dextromethorphan (Romila)	O仔
Organic Solvents	天拿水，打火機油，飛機膠，膠水，gas，glue

PSYCHOACTIVE DRUG HISTORY QUESTIONNAIRE

DRUG CATEGORY Note: First Use Card Sort With Client To Determine Which Drugs Ever Used	[a] Ever Used 1 = No 2 = Yes	[b] Total Years Used	Injection Drug Use 1 =No 2 = Yes NA=not applicable	Year Last Used 19 __	[c] Frequency of Use in Past 6 Months

[a] If "EVER USED" is NO (1) for any given line, the remainder of the line should be left blank.

[b] Code 87 = Infrequent Use
(≤ 2 x/year)

Code 88 = Brief Experimental Use
(< 3 months lifetime use)

[c] Frequency Codes:

0 = no use	3 = 2 to 3x/mo.	6 = 4 to 6x/wk.
1 = < 1x/mo.	4 = 1x/wk.	7 = daily
2 = 1x/mo.	5 = 2 to 3x/wk	

2008	SUN	MON	TUES	WED	THURS	FRI	SAT
			1 New Year's Day	2	3	4	5
J	6	7	8	9	10	11	12
A	13	14	15	16	17	18	19
N	20	21 M. King Day	22	23	24	25	26
	27	28	29	30	31	1	2
F	3	4	5	6	7 Chinese NY	8 2nd Day Ch. NY	9 3rd Day Ch. NY
E	10	11	12	13	14 Valentine Day	15	16
B	17	18	19	20	21	22	23
	24	25	26	27	28	29	1
M							
A							
R						1. Good Friday	
	1. Easter	1. Easter Monday					
	30	31					

RETROSPECTIVE ASSESSMENT OF DRUG USE

- **Daily Calendar:** Some people have found it useful to consult their personal appointment or date books as aids in completing the calendar. Use of aids is encouraged.
- **Key Dates:** Use of holidays, birthdays, newsworthy events and other personal events that are meaningful to people can assist recall of alcohol.
- **Black and White Days:** People are asked to recall lengthy periods of time when they completely abstained or used drugs in a very patterned manner (e.g., doing drugs every weekend).
- **Discrete Events and Anchor Points:** Use of specific events such as hospitalizations, illnesses, employment, and treatment participation can be used to help people identify periods of extended alcohol use or abstinence.
- **Drug use Boundaries:** When starting the interview, the interviewer can ask about the greatest and the least amounts consumed on any day in the reporting period. Reporting the greatest amount gives the person permission to admit to high levels of use.
- **Exaggeration Technique:** If a person reports having used "a lot" on a day, but claims an inability to specify what "a lot" means, the interviewer can ask the person "Does 'a lot' mean doing 20 packs of Ketamine a day?" A typical response to this question might take the form of "certainly not 20, more like 10 packs."

Assessing the readiness for change

Precontemplation	Not considering change	Acceptance, patience, acknowledging, **helping attitude** Explore previous experiences with drugs, and the effects in different aspects Introduce ambivalence: "Is there any way at all in which you would be better off if you quit drinking? Could it be something to think about?" Provide personal **feedback** of physical examination and lab. Investigation, letting the patient to make his own judgement. Be satisfied with minimal progress
Contemplation	Ambivalent about change	Explore the advantages and disadvantages of drug use, and of quitting. Try to **decrease attractiveness** of substance abuse. Identify **barriers** and remove them

Determination	Committed to change	Directness, clarity, specific **advice** Select potentially successful strategies based on the patient's personality, pervious experiences, allowing the patient to make **choice**. **Goal setting** and structure a plan of action with the patient
Action	Involved in change	Provide detoxification if necessary Identify sources of support. **External contingencies** do help. Modify the plan to make it a realistic one Offering information about successful models
Maintenance	Behaviour change	Identifying relapse triggers by self-monitoring using diary Developing strategies to counter pressures to relapse Help increase patient's self-efficacy Providing encouragement and support even for minimal success
Relapse	Undesired behaviours	Reduce shame and guilt Help the patient to enter into another cycle of change quickly Review the failure and learn from the mistakes

Urine toxicology

- Urine toxicology has an important role in confirming suspected cases, and to detect the nature and number of illicit substances involved.
- It is important to ensure that urine samples are valid by providing supervision, or checking the temperature, colour as well as the content of the urine.
- One should also bear in mind the detectablity of drugs of abuse to avoid wasting of resources.

Drugs	Longest detection time after Last Use (Days)
Amphetamines	3
Barbiturates Short-acting Long-acting	5 14
*Benzodiazepines	3
*Cannabis	14
Cocaine	3
Dextromethorphan	2
GHB	0.5
Ketamine	2
LSD	2
MDMA	3
Methadone	7
Methaqualone	14
Opiates	3
*PCP	14
Zolpiclone	3

* Chronic use may lead to positive urine results for up to weeks.

Common Profiles

Ketamine

- Running nose and frequent URI symptoms
- Nose bleeding and nasal ulcer
- Intoxication leads to dissociation with slurred speech and sluggish response
- May report hallucinatory experiences
- No definite withdrawal syndrome.
- Common clinical presentation includes urinary frequency, cognitive impairments, and mood symptoms.

Cannabis

- Lack of co-ordination,
- red eyes, dilated pupils,
- irrelevant giggling,
- hand rolled cigarettes (joints),
- cigarette papers.
- Tools for rolling cigarettes
- Cigarette filters with no sign of tar in the filter.
- Rolled up pieces of cardboard which have been used as home made filters.
- Small blocks of cannabis usually found wrapped in or in plastic bags containing dried out leaves, may also contain seeds.
- Small capsules of oil, about pill size.

Solvents

- plastic bags with traces of glue in them
- strong chemical smell
- traces of substance on clothing
- rashes around mouth
- Incoordination and ataxia

Amphetamines

- Powder may be white, greyish white or pink or yellow in colour.
- Tablets, needles, syringes.
- Look out for large pupils, insomnia, loss of appetite and weight, depression and talkativeness.
- Inability to keep still,
- High blood pressure and pulse rate
- grinding of teeth and jaw.

Ecstasy

- Lack of co-ordination,
- Anxious or confused state with some mild hallucinogenic state.
- Enlarged pupils, increase in energy.
- Paranoia and insomnia.
- Frequent visiting dance/rave scene, with excessive drinking of fluids and hyperactivity
- Body temperature may be increased

Cocaine

- Depression, nervousness, irritability, loss of appetite and weight.
- Up and down behaviour prolonged interspersed with long periods of sleep.
- Nose ulcers, convulsions, constant trips to toilet,
- Look for folded wraps of paper containing white powder,
- Mirror and razor blade used for chopping lumps of cocaine making it finer then snorting cocaine up the nose hence the mirror to make sure it is going up straight.
- Straw for sniffing / snorting, rolled up bank notes, needles and syringes, corners of polythene bags and traces of powder on flat surfaces.

L.S.D.

- Perceptual changes, especially to sight and sound,
- Ilusions, hallucinations, delusions, pupil dilation.
- Look for impregnation onto paper 'tabs', with cartoon characters or symbols on them;
- glazed eyes, over excitement and irrational behaviour,
- flashbacks and confusion
- unusual comments or behaviour.
- May appear as micropills for date-rape purposes

Heroin

- White powder in it's purest form, but colour varies through pink, grey or brown when produced for street use.
- Look for nausea and vomiting, red nose and constant rubbing of nose use of toilets for long periods of time and sluggish behaviour on return.
- Look for injection marks and equipment such as used needles, burned aluminum foil and soot on front teeth.
- Reduced rate of pulse and breathing, often has a lower skin temperature.
- The pupils are constricted, muscles are relaxed, and the victim is very sleepy .
- Withdrawal symptoms like goose flesh, running nose and yawning are easy to recognize.