



Recommended Curriculum Guidelines for Family Medicine Residents

# Substance Use Disorders

*This document was endorsed by the American Academy of Family Physicians (AAFP), the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD,) and the Society of Teachers of Family Medicine (STFM).*

## Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Attitudes, knowledge and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) <http://www.acgme.org>. The curriculum must include structured experience in several specified areas. Most of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs and workshops must be included in the curriculum with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME Web site. Current AAFP Curriculum Guidelines may be found online at <http://www.aafp.org/cg>. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies as indicated on each guideline.

Each residency program is responsible for its own curriculum. ***This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.***

## Preamble

Substance use and abuse are common causes of mortality and morbidity. Alcohol and tobacco and other drug problems are as prevalent as diabetes, asthma, cholesterol

disorders and hypertension. Although abuse of other drugs often attracts more public attention, tobacco and alcohol continue to be the most commonly abused drugs. Physicians have the potential to identify patients who are at risk for substance use disorders or who use substances in a hazardous manner, and patients who have abuse or dependency problems in order to initiate treatment efforts. Despite the growing body of evidence that such efforts can be efficacious and cost effective, physicians are often inadequately trained to meet this challenge. These curriculum guidelines are intended to assist family medicine residency faculty in establishing educational programs that will provide family physicians with clinical competence in the treatment of substance use disorders.

## **Competencies**

At the completion of residency training, a family medicine resident should:

- Demonstrate respectful and caring behaviors toward patients who have substance use disorders. (Patient Care, Professionalism)
- Be able to elicit thorough patient history regarding substance use. History may include questions about behaviors that may be socially unacceptable or illegal. (Patient Care, Medical Knowledge, Interpersonal)
- Be able to develop and facilitate interventions and treatment plans for patients who have substance use problems. (Medical Knowledge, Systems-based Practice)
- Understand and be able to educate patients and their families about the disease model of addiction and its expected course. (Medical Knowledge, Interpersonal)

## **Attitudes**

The resident should demonstrate attitudes that encompass:

- A belief that individuals and families who have substance use disorders are to be respected, supported and treated by their family physicians. (Professionalism)
- An understanding that expressions of denial, dishonesty, anger, irrationality and other potentially offensive behaviors are often inherent symptoms of substance use disorders, and should be expected, understood, accepted and managed by family physicians. (Medical Knowledge, Patient Care)
- An awareness of his or her own attitudes regarding substance abuse and their potential implications in the therapeutic relationship. (Patient Care)

## **Knowledge**

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. The epidemiology of substance use disorders and their impact on society, including:
  - a. Overall prevalence of hazardous use and dependence

- b. Risk factors for substance abuse and dependence
  - c. Contribution to major causes of morbidity and mortality by age groups, such as cardiovascular disease, cancer, hepatitis, cirrhosis, homicide, suicide, motor vehicle accidents, trauma and acquired immune deficiency syndrome (AIDS).
  - d. Association with family dysfunction, child and spousal abuse, violence and crime
  - e. Risks to children and adolescents whose parents abuse alcohol and other drugs
  - f. Risks of alcohol and other drug use by adolescents
2. Commonly abused drugs, their physiologic effects and metabolism, and related withdrawal syndromes:
- a. Tobacco
  - b. Alcohol
  - c. Cannabis
  - d. Sedative/hypnotics, including prescription medications
  - e. Opioids, including prescription medications
  - f. Amphetamines
  - g. "Club" or designer drugs, including methylenedioxymethamphetamine (MDMA), gamma-Hydroxybutyric acid (GHB), rohypnol, ketamine and dextromethorphan
  - h. Cocaine
  - i. Hallucinogens
  - j. Anabolic steroids
  - k. Inhalants
  - l. Other drugs that are common in the community served by the residency, as well as awareness of current drug use trends
3. Relevant pharmacology, including:
- a. Concepts of tolerance, cross-tolerance, physical dependence, psychological dependence, addiction and withdrawal
  - b. Routes of administration and physiologic effects of commonly abused drugs
  - c. Pharmacologic equivalents of various alcoholic beverages and the dose-response effect of alcohol on psychomotor skills, including driving
  - d. Presence of alcohol in commonly used medications
  - e. Appropriate prescribing of potentially addictive medications, including opioid analgesics, sedative-hypnotics and stimulants, with methods of monitoring for and preventing diversion, abuse and addiction
4. The disease concept of substance use disorders, including information on:
- a. Criteria for distinguishing substance use along a spectrum from abstinence, low-risk use, hazardous use and dependence to end-stage addiction, all of which are influenced by cultural norms
  - b. Evidence regarding genetic transmission and neurochemistry
  - c. The similarity of substance use disorders to other chronic medical diseases with relapsing and remitting courses
  - d. The natural history of substance use disorders

- e. Signs and symptoms of early and advanced stages of substance use disorders, including:
  - i. Psychosocial and behavioral changes in the individual and the family
  - ii. Symptoms, physical signs and laboratory evidence (e.g., chronic liver disease, track marks)
  - iii. Comorbid biomedical and psychiatric diagnoses, such as anxiety disorders, depression, hypertension, diabetes, hepatitis C and pancreatitis
  
- 5. The validity of and sensitivity and specificity of various screening/diagnostic tools, including:
  - a. AUDIT-C to screen for hazardous use
  - b. DAST, CAGE, TWEAK and AUDIT to screen for dependence/addiction
  - c. Clinical indications for drug testing, as well as selection and interpretation of alcohol and other drug tests, including:
    - i. Illicit-drug toxicology
    - ii. Blood alcohol levels
  
- 6. Prevention strategies and their effectiveness, including:
  - a. An understanding of prevention strategies, which may be primary (attempt to dissuade patients from starting substance use), secondary (attempt to curb early substance use before organic disease begins) and tertiary (attempt to minimize the consequences of existing organic substance use disease)
  - b. Use of the Screening, Brief Intervention & Referral to Treatment (SBIRT) model to prevent hazardous substance use, including:
    - i. Brief office interventions, FRAMES model
    - ii. Basic motivational interviewing techniques
  
- 7. Psychosocial treatment at different stages of the disease and the relevant goals of treatment at each stage
  - a. The potential advantages and disadvantages of various treatment modalities including:
    - i. Intensive office interventions using motivational interviewing
    - ii. Lay, self-help groups for persons who have a substance use disorder and their families (e.g., 12-step programs)
    - iii. Professionally administered psychotherapies for individuals, families and groups
    - iv. Intensive outpatient/partial day treatment programs
    - v. Inpatient treatment programs
    - vi. Partial residential programs, including day programs and half-way houses
  - b. Facilitating referrals to various treatment options
  - c. Outcomes of different treatment modalities (e.g., harm reduction, abstinence-based programs, family systems)

- d. Symptoms and signs of impending relapse and appropriate interventions
  - i. Pharmacologic treatment, including management of withdrawal, pharmacotherapy of addiction and treatment for coexisting biomedical and psychiatric disorders
  - ii. Pharmacologic and group treatment of nicotine addiction
8. Pharmacologic treatment of withdrawal syndromes and maintenance:
  - a. Opioids, including use of methadone and buprenorphine for withdrawal and maintenance
  - b. Alcohol, including use of naltrexone and acamprosate for maintenance
  - c. Sedative hypnotics
  - d. Tobacco, including use of nicotine replacement, bupropion and varenicline
9. Special considerations in prevention, diagnosis and treatment of:
  - a. Pregnant women
  - b. Children and adolescents
  - c. Elderly
  - d. Homeless
  - e. Psychiatric disorders
  - f. Cultural groups represented in the patient population where the residency program is located
  - g. Children in families with a history of alcohol and/or substance abuse disorders
10. Family dynamics, including:
  - a. Dynamics of families in which one or two parents have a substance use disorder
  - b. Dynamics of families in which a child or adolescent has a substance use disorder
  - c. Possible psychosocial effects on adults who were raised in families with substance use disorders
  - d. Enabling behavior
11. Information on health professional impairment, including:
  - a. Preventive measures, including coping strategies, stress reduction and self-monitoring
  - b. Legal requirements and ethical implications for health professionals who suspect impairment in a colleague
  - c. The role of hospital-based impaired-physician committees, state impaired-physician programs and state licensure boards
12. Legal and ethical issues concerning:
  - a. Confidentiality of medical records (Title 42 Code of Federal Regulations part 2 extends extra protection beyond HIPAA)
  - b. Chain of possession and informed consent for serum and urine drug testing
  - c. Laws regarding driving and substance use disorders
  - d. Court-appointed treatment
13. Knowledge of local resources and unmet needs in the community

## Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

1. Substance abuse prevention strategies
  - a. Providing primary prevention with the SBIRT model for tobacco, alcohol and drug use problems for **all** patients
  - b. Community advocacy
    - i. Support maintenance of effective local resources
    - ii. Advocate for resources to address unmet needs
2. Utilize appropriate tools to screen **all** patients for tobacco, alcohol and other drug use
3. Assess patients for
  - a. Social, psychological and physical problems if screening results are positive for hazardous use or abuse, or for dependence of tobacco, alcohol or other drugs
  - b. Readiness to change in all patients with hazardous or dependent use of tobacco, alcohol or other drug
4. Treatment of substance abuse disorders
  - a. Office-based brief intervention
    - i. With a goal of secondary prevention in persons with hazardous drinking but without symptoms and signs of alcohol dependence
    - ii. With a goal of abstinence, harm reduction or referral for further treatment in patients with alcohol or other drug dependence
  - b. Motivational interviewing to facilitate behavior changes
  - c. Inclusion of family in assessment and initial treatment
  - d. Pharmacotherapy and medical management of withdrawal syndrome
  - e. Pharmacotherapy and medical management of maintenance, including the use of office-based buprenorphine maintenance, and naltrexone and acamprosate maintenance
5. Referral to specialized treatment programs and other community resources
  - a. Consultation with and referral to specialized treatment programs
  - b. Consultation with and referral to community tobacco, alcohol and drug treatment programs
  - c. Work with and referral to self-help programs for tobacco, alcohol and other drug problems
  - d. Perform ongoing monitoring to help the patient and family achieve desirable outcomes
  - e. Recognize symptoms and signs of relapse and engage patients and families in additional treatment

6. Management of acute and chronic pain, including appropriate use of opioid analgesics
  - a. In hospitalized and ambulatory settings
  - b. In patients with and without a history of substance use disorders
  - c. In patients on methadone or buprenorphine maintenance

## **Implementation**

Residency programs should provide residents with the knowledge, skills and attitudes of substance-use disorders in both experiential and didactic format. Training sites for residents should include substance abuse treatment programs and their own continuity practices. Through exposure to substance abuse treatment programs, residents can experience the process of recovery and gain familiarity with referral resources. With their own panel of continuity patients, residents should be able to demonstrate competence in substance abuse screening, assessment, intervention with families and individuals, and referral. Residents should also demonstrate competence in caring for families affected by substance use disorders and in the primary prevention of substance-use disorders, particularly for children, adolescents and pregnant women.

## **Resources**

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## Web Sites

Substance Abuse & Mental Health Services Administration (SAMHSA)-sponsored site -- Substance Abuse Treatment Facility Locator  
<http://dasis3.samhsa.gov/Default.aspx>

National Institute on Drug Abuse (NIDA)  
<http://www.nida.nih.gov>

Alcoholics Anonymous <http://www.12step.org>

National Institute on Alcohol Abuse and Alcoholism  
<http://www.niaaa.nih.gov>

AddictionSearch.com  
[http://www.addictionsearch.com/treat\\_app.php](http://www.addictionsearch.com/treat_app.php)

Institute for Research, Education, and Training in Addictions (IRETA)  
<http://www.ireta.org/>

SAMHSA-sponsored site -- Screening, Brief Intervention and Referral to Treatment (SBIRT),  
<http://sbirt.samhsa.gov/about.htm>

Department of Health Bureau of Drug & Alcohol Programs Commonwealth of  
Pennsylvania-sponsored site -- Screening, Brief Intervention, Referral and Treatment  
(PA-SBIRT), <http://www.ireta.org/sbirt/>

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