

Substance use disorder (SUD)

Disorders due to substance use include both drug and alcohol use disorders and certain conditions including acute intoxication, overdose and withdrawal.

- **Acute intoxication:** A transient condition following intake of a psychoactive substance resulting in disturbances of consciousness, cognition, perception, affect, or behaviors.
- **Overdose:** The use of any drug in such an amount that acute adverse physical or mental effects are produced.
- **Withdrawal:** is the experience of a set of unpleasant symptoms following the abrupt cessation or reduction in dose of a psychoactive substance; it has been consumed in high enough doses and for a long enough duration for the person to be physically or mentally dependent on it. Withdrawal symptoms are, essentially opposite to those that are produced by the psychoactive substance itself.
- **Harmful use** is a pattern of psychoactive substance use that damages health. This damage may be physical, e.g. liver disease, or mental, e.g. episodes of depressive disorder. It is often associated with social consequences, e.g. family or work problems.
- **Dependence** is a cluster of physiological, behavioral, and cognitive phenomena in which the use of a psychoactive substance takes on a much higher priority for a given individual than other behaviors that once had greater value. It is characterized by a strong craving to use the substance and a loss of control over its use. It is often associated with high levels of substance use and the presence of a withdrawal state upon cessation.

Management of emergency presentation of substance use

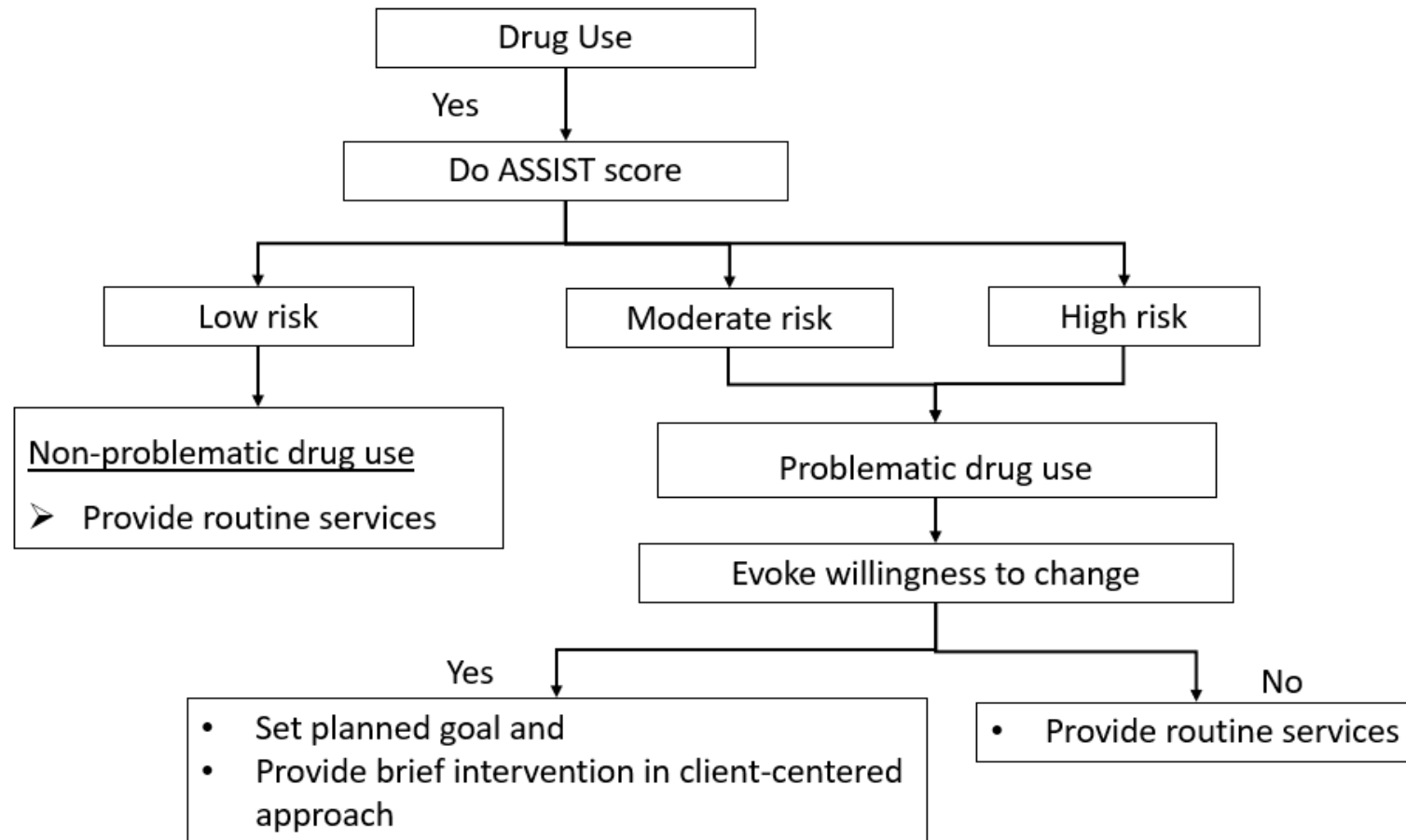
A. Assess and manage Emergency conditions (below) and prepare to refer to hospital.

- Look and Think and Manage

Patient appearances	Assessment	Possible diagnosis	Management
Appear sedated	- unexplained drowsiness and - slow breathing	Sedative intoxication/ overdose	(a) Management of Sedative Intoxication
	Pin-point pupil	Opiate overdose	See details in opioid overdose SOP
Appear overstimulated/ anxious/ agitated	has history of recently stopped drinking or using sedatives with any of the following signs: - Tremors, sweating, vomiting, - increased blood pressure (BP) & heart rate, and - agitation	Alcohol/BDZ or other sedative withdrawal	(b) Management of sedative withdrawal
	has history of recently used stimulants (cocaine, amphetamine type stimulants (ATS) or other stimulants) with any of the following signs: - dilated pupils, - anxiety, agitation, hyper-excitable state, racing thoughts, - raised pulse and blood pressure	Acute stimulant intoxication	(c) Management of acute stimulant intoxication
	has history of recently stopped using opioids with any of the following signs: - dilated pupils, - runny eyes and nose, - muscle aches, headache, abdominal cramps,	Acute Opiate withdrawal	(d) Acute opioid withdrawal management

	• nausea, vomiting, diarrhea, • anxiety, restlessness		
Appear confused	has history of stopped drinking in the last week: • confusion, hallucination, • racing thoughts, anxiety, agitation, • disorientation, typically in association with either stimulant intoxication or alcohol (or other sedative) withdrawal	Alcohol/other sedative withdrawal (delirium)	(b) Management of sedative withdrawal
	has been drinking heavily in the last few days AND has any of the following signs: • nystagmus (involuntary, rapid and repetitive movement of the eyes) • ophthalmoplegia (weakness/paralysis of one or more of the muscles that control eye movement) • ataxia (uncoordinated movements)	Wernicke's encephalopathy	(e) Wernicke's encephalopathy management
	has history of stimulants use in the last few days: • Dilated pupils, • excited, racing thoughts, disordered thinking, • strange behaviour, aggressive, • erratic, or violent behaviour. recent use of psychoactive substances, • raised pulse and blood pressure,	Stimulants or hallucinogen intoxication	(c) Management of acute stimulant intoxication

B. Intervention for drug use



C. Assessment for sexualized drug use and intervention for sexualized drug use

