

CASE TWO

Short case: 3_25_2

Category: Mental Health and Human Behaviour

Discipline: Psychiatry

Setting: General Practice

Topic: Substance use

Case

Samuel West, 19 years old, presents for review of cellulitis of his arm. He was treated at the local hospital initially and has been discharged on oral antibiotics.

In your assessment of Samuel, you record that he has had previous episodes of cellulitis, and you note the presence of 'track marks' on both arms.

Please note: the highlighted LOs on p.5 for 25.2 do not need to be covered in this presentation. You may wish to create a separate handout for your colleagues instead. The LOs in blue font will be covered during Grand Rounds, so there will be no need to cover them during this presentation.

Student to answer the following question (maximum 5 mins)

1. What are the key features of your history and examination of Samuel and why?

The Expert will comment on the case thus far and provide insights/context (maximum 5 mins)

Samuel explains that he has been a heroin, tobacco and cannabis user for 4 years, over the last 12 months his heroin habit has been costing >\$150.00/day, while cannabis and tobacco are a further \$40/day. He wishes he could stop using heroin but feels that life is just "too difficult" to stop using right away. He can see that using heroin has made him sick a few times.

When asking about his history you find out Samuel's mother used heroin, and that he left school at 16 because he was getting into trouble and quickly found himself living on the street. He started using cannabis, tobacco and alcohol at age 14, and heroin at 17. Before he started using substances, he had a goal to become an electrician like his uncle, who he's always admired.

Student to answer the following question (maximum 5 mins)

2. What questions would you ask to assess Samuel's stage of change?
3. Outline how motivational interviewing techniques could help Samuel.

Then, the Expert will comment on the case thus far and provide insights/context (maximum 5 mins)

Samuel engages well with motivational interviewing and starts to think using heroin is more trouble than it's worth. He is less resolute about cannabis, tobacco and alcohol. He wants to try and seek some help for his problem.

Student to answer the following question (maximum 5 mins)

4. Present management options for Samuel using a biopsychosocial approach. Consider community and other services that you would involve in his ongoing management. Consider the use of opioid substitution for Samuel – would you recommend it?

The Expert will comment on the case, provide insights/context, and wrap up the presentation (maximum 5 mins).

Suggested reading:

- Dolan KA, Mehrjerdi ZA. *Medication-assisted treatment of opioid dependence: A review of the evidence*. Australian National Council on Drugs; 2015. Accessed August 15, 2025.
<https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/MATOD%20A%20Review%20of%20the%20Evidence.pdf>
- Wu SS, Schoenfelder E, Ray, C-J. Cognitive Behavioral Therapy and Motivational Enhancement Therapy. *Child and Adolescent Psychiatric Clinics of North America*. 2016;25(4):629-643
https://findit.library.nd.edu.au/permalink/61UONDA_INST/k6ms28/cdi_proquest_miscellaneous_1818340161

Extra reading:

- Australian Institute of Health and Welfare. *Mental health and substance use*. Australian Government; Updated February 14, 2024. Accessed August 15, 2025.
<https://www.aihw.gov.au/mental-health/snapshots/mental-illness-and-substance-use>
- Gates, P. J., Sabioni, P., Copeland, J., Le Foll, B., & Gowing, L. Psychosocial interventions for cannabis use disorder. *Cochrane Database of Systematic Reviews*. 2016;2020 update (1), CD005336. Doi: 10.1002/14651858.CD005336.pub4. Accessed August 15, 2025.
https://findit.library.nd.edu.au/permalink/61UONDA_INST/k6ms28/cdi_proquest_miscellaneous_1818340161
- Nielsen, S., Gowing, L., Sabioni, P., & Le Foll, B. Pharmacotherapies for cannabis dependence. *Cochrane Database of Systematic Reviews*. 2019;2020 update (3), CD008940. Doi: 10.1002/14651858.CD008940.pub3. Accessed August 15, 2025.
https://findit.library.nd.edu.au/permalink/61UONDA_INST/k6ms28/cdi_unpaywall_primary_10_1002_14651858_cd008940_pub3
- Rees, V., Copeland, J. & Swift, W. A brief cognitive-behavioural intervention for cannabis dependence: Therapists' treatment manual. NDARC, Sydney; 1998. Accessed August 15, 2025.
<https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/TR.064.pdf>

Hx & Ex Questions to ask someone with Substance Abuse:

Tolerance

Worry

Dependence & withdrawal

Time & effort spent trying to acquire or stop using

Affect on social, home, work, medical wellbeing, issues with legal system

In the MSE want to note if he is intoxicated at the moment - will affect how he responds

Obv examine the bloke medically too as he has been shooting up

IVDU Complications:

- Infections
- Hep A/B/C
- HIV

Risk factors for substance Abuse:

- FHx, Early onset homelessness, social disadvantage

What questions would we ask to assess stage of change>

5 A's

Ask (prev quit attempts, is he asking for endone, sometimes this is a good sign showing someone who is smacking up "H" is starting to look for ways to stop using.

Advise (why they need to stop shooting up)

Assess (What is their current situation)

Assist (naloxone, suboxone, **NA**)

Arrange (Referrals & FU)

Pre-contemplation, Contemplation, Preparation, Action, Maintenance, Relapse

Management:

Pharmacological Help:

Suboxone

Methadone

Buprenorphine

Naltrexone

Harm Minimisation:

- Safe injecting
- Safe injecting rooms
- Free naloxone

What Brief Interventions can GPs do if someone discloses substance abuse:

e.g. a GP can quickly get this in if someone discloses substance abuse that isn't completely fucked.

FRAMES

Feedback

Responsibility

Advice

Menu of options

Empathy

Self Efficacy