RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Addiction medicine

RACGP Curriculum and syllabus for Australian general practice (7th edition): Addiction medicine.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Addiction medicine

Context

GPs routinely manage addiction as part of daily clinical practice because hazardous, harmful or dependent substance use and potentially addictive behaviours are common, often under-recognised, and closely linked with physical illness, mental health conditions and social disadvantage. In Australian general practice, specialist GPs are frequently the first point of contact and play a central role in prevention, early identification, assessment, ongoing management and coordination of care for people experiencing harms related to alcohol, nicotine products, other drugs and behavioural addictions such as gambling and gaming.[1–3]

GPs routinely encounter substance use and addictive behaviours across a spectrum of risk, often before diagnostic thresholds are met. Therefore, screening, brief interventions, harm-minimisation advice and patient-centred education are core GP activities and can significantly reduce morbidity, mortality and consequent health system burden.[2–4] It is well within the GPs expertise to manage mild-to-moderate substance use disorders and stabilised dependence within the community, while recognising when specialist input, shared care or referral is required for more complex presentations.[5]

Addiction is a chronic, relapsing condition influenced by biological vulnerability, psychological factors, trauma, and the social and environmental determinants of health. Many people experiencing addiction also face stigma, discrimination and barriers to care. GPs provide continuity, trust, and whole-person care that promotes equity using non-judgemental, trauma-informed, and culturally safe approaches, including for Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds.[6,7]

Clinical governance is integral to addiction medicine in general practice. Specialist GPs must balance therapeutic relationships with safe, ethical, and lawful practice, particularly when prescribing high-risk psychoactive medications. This includes understanding jurisdictional regulations, using real-time prescription monitoring, applying evidence-based guidelines, and maintaining clear professional boundaries.[5]

Access to specialist services varies across Australia, particularly in rural and remote settings. In these contexts, GPs may provide a greater breadth of care, coordinate limited services, and use telehealth and shared-care arrangements to support patient safety and continuity. Across all settings, recovery-oriented care that promotes autonomy, strengthens protective factors, and engages family and community supports effective long-term management.

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Learning outcomes

The GP is able to:

- demonstrate a non-judgemental attitude when communicating about tobacco, nicotine, alcohol, other drugs, gambling and / or gaming, as well as the potential for hazardous, harmful, or dependent use, and potentially addictive behaviours
- regularly ask every patient about tobacco, nicotine, alcohol, other drugs, gambling and / or gaming, and engage in preventive conversations about substance use throughout the lifespan
- engage in conversations about early intervention including the potential hazards and harms of particular substance use
- use counselling skills to support patients in identifying substance use risks and increase their self-efficacy for change
- assess risks to the patient and others, and embed a harm reduction approach in management plan
- understand intersecting conditions (ie chronic pain and dependence) and assess for comorbid conditions in presentations
- perform a comprehensive assessment of substance use, and diagnose hazardous, harmful or dependent substance use, and potentially addictive behaviours
- identify patients in withdrawal and levels of dependence and manage appropriately, including referral when needed
- use comprehensive, collaborative management plans to manage patients experiencing hazardous, harmful, or dependent substance use or behaviours, inclusive of specialist health services and welfare services as needed
- describe how a doctors' wellbeing and a practice culture can impact on clinical care decisions, including on request for high-risk medications and care for those with potentially addictive behaviours
- demonstrate an understanding of the legislative and regulatory framework that governs prescription of high-risk scheduled medications
- reflect on personal biases and community and system barriers regarding substance use and potentially addictive behaviours and how these may impact clinical care, and ways to address stigma and discrimination

Key areas of learning

Use effective communication skills, including non-stigmatising language, and a positive attitude to support the health of patients experiencing hazardous, harmful, or dependent substance use or potentially addictive behaviours.

Using non-stigmatising language and with a positive attitude, identify and manage barriers to communication and engagement with patients experiencing hazardous, harmful or dependent substance use or potentially addictive behaviours. Potential barriers for patients include:

- lack of knowledge about, or confidence for, change
- low health literacy
- treatment options that don't meet their needs
- past experience of stigma and discrimination
- past / current trauma or violence
- guilt and shame
- fear about impact of disclosing (ie illegal activities, children in their care)
- cost of treatment
- lack of family and community support.

Perform motivational interviewing informed by a cycle-of-change model to promote healthy behaviours and prevent the negative effects of substance use, gambling and / or gaming. Brief interventions may include:

- exploring reasons for change and preventing relapse
- advising about safer use of alcohol, nicotine cessation, safer injecting and optimal medication use
- providing harm-minimisation advice specific to substance
- providing preconception and prenatal advice about substance use.

Provide information about the risks of gambling and / or gaming and referral options for hazardous, harmful, and dependent gambling support, including financial management.

Prevention of suicide; providing access to information to empower patients and develop their life skills.

Proactively identify substance use and hazardous, harmful, and dependent gambling and / or gaming by regularly screening patients, asking about use of nicotine, alcohol, illicit drugs and prescribed medications such as sedatives and stimulants, and gambling and / or gaming.

Assess use of substances, including type, amount, and circumstances of substances used and their effects.

Examine patients physically for signs of substance use, intoxication, and withdrawal.

Safely manage acute health issues consequent to, or associated with, substance use, gambling and / or gaming.

Work with legal and community agencies to manage consequences of substance use, and gambling and / or gaming, such as where child protection is required.

Manage substance use, and hazardous, harmful, and dependent gambling and / or gaming as a chronic health condition, including:

- acute intoxication, overdose
- acute withdrawal syndromes
- drug-induced psychosis
- mental health conditions
- medical comorbidities, including hepatitis C and B and HIV, liver disease, thrombophlebitis, sexually transmissible infections, and cardiovascular disease
- social dysfunction – occupational, relational, financial, criminal effects, and trauma
- pain.

Provide preventive care to patients experiencing hazardous, harmful, or dependent substance use or potentially addictive behaviours, including:

- health checks
- routine screening
- ensuring vaccinations are up to date, especially hepatitis B
- in pregnancy.

Understand evidence-based treatments and the requirements for monitoring their condition, including:

- rehabilitation services
- take home naloxone for opioid overdose management
- thiamine in alcohol dependence.

Participate in the pharmacological treatment of addictions including treatment with:

- nicotine replacement
- anti-craving medications – naltrexone etc
- withdrawal medications – benzodiazepines
- Buprenorphine / naloxone
- Methadone.

Work systematically to improve the health of patients experiencing hazardous, harmful, or dependent substance use or potentially addictive behaviours, understanding:

- the prevalence of substance use and potentially addictive behaviours in the community
- the peak age incidence of experiencing hazardous, harmful, or dependent substance use or potentially addictive behaviours
- the impact of experiencing hazardous, harmful, or dependent substance use or potentially addictive behaviours on individuals, families, and the community

- the special needs of specific groups, for example:
    - Aboriginal and Torres Strait Islander peoples
    - people with mental health conditions
    - LGBTIQ+ people
    - culturally and linguistically diverse populations
    - people who inject drugs
    - sex workers
    - people recently released from prison
    - the rural population
    - youth
    - women
    - older people.

Engage in health advocacy to develop supportive environments, expand services, and promote community knowledge of hazardous, harmful, or dependent substance use or potentially addictive behaviours.

Facilitate informed consent for treatment, considering capacity for consent; manage refusal of treatment.

Observe recall and follow-up protocols for patients experiencing hazardous, harmful, or dependent substance use or potentially addictive behaviours.

Understand and follow regulations related to prescribing medications to drug-dependant patients.

Opportunities for learning

Words of wisdom

- Understand that not all substance use and gambling and / or gaming is harmful.

- Consider taking the social history first to learn about the patient and build rapport. Why are they taking drugs, and gambling and / or gaming? Many will have a history of trauma. Developing a therapeutic relationship with patients is the main tool the GP has available to change the lives of people suffering from harm due to substances or potentially addictive behaviours. A non-judgemental, curious, and long-term approach with appropriate boundaries is the key to successful outcomes.

- 'Drug, set, and setting' is an old concept in addiction medicine. It explains the interaction between intrinsic properties of the substance, the physical and psychological mindset of the person, and the cultural setting of the use. It is a useful framework in which to explore an individual's risk of hazardous, harmful, or dependent substance use or potentially addictive behaviours and to inform brief interventions and other treatments.

- Brief interventions are an opportunity to engage, motivate, and reduce harm to patients. They are core to the GP role. They may be very brief, flagging concern and offering help if and when the patient is ready. Motivational interviewing for behaviour change can help support patients to move from ambivalence and contemplation to preparation and action. This technique is very useful for many behaviours including medication adherence, nutrition, substance use, and gambling and / or gaming.

- Some patients and their families hope that you will be able to 'fix' them, but addiction cannot be fixed with a medication or procedure. Much of the conflict, overprescribing, doctor burnout, and rejection by addiction patients arises from this impasse. You are more likely to achieve recovery, patient respect, and doctor satisfaction by setting treatment goals that encourage a patient's autonomy, self-efficacy, self-worth, and reintegration with family and community.

Learning strategies

On your own

Reflect on the power and vulnerability of the patient–doctor relationship. Consider a patient(s) you have seen experiencing hazardous, harmful, or dependent substance use or potentially addictive behaviours.

- *What was the patient's level of health literacy? How did this affect their engagement with you and participation in treatment?*
- *Did they make progress as you expected? What were their protective, perpetuating, and precipitating factors?*
- *Reflect on your personal response to this patient. Did you find any barriers to providing care to them? How did their life experience differ from your own?*

Make a summary sheet of the recommended guidelines for treatment of nicotine, alcohol, amphetamine, and opioid dependence. Compare how each is managed.

- *What is the evidence for these treatment recommendations?*
- *When comparing the different approaches and treatments available, what surprised you? Are there anomalies or insufficiencies in how each is treated? How does this relate to patient management? Is your practice evidence based?*
- *Do you need further upskilling? Do you know jurisdiction's health professional's phone advice line for use when needed?*

Audit a sample of your practice records to identify how many patients have completed information about their smoking, alcohol, other drug use, and gambling and / or gaming. Analyse recalls for patients with hazardous, harmful or dependent nicotine, alcohol, other drug use, or gambling and / or gaming behaviours.

- *How is information about substance use, and gambling and / or gaming recorded in your practice? Where in the consultation is it recorded? How does your software ensure information about substance use and gambling and / or gaming is recorded promptly?*
- *Are there practice policies related to recall of patients with substance use and gambling and / or gaming? What systems are in place in your practice to achieve equity for patients who identify as Aboriginal and Torres Strait Islander?*

With a supervisor

Keep a record of complex interactions with patients using substances and gambling and / or gaming. Discuss with your supervisor or a colleague how a particular interaction affected you, and how you could resolve any issues it raised.

- *What was it about the interaction that made you feel uncomfortable? Did the discussion with your supervisor or colleague help you resolve this? What part of the discussion did you find helpful and why?*

Review or develop a protocol related to an area of treatment of dependence in your clinic. Discuss your new or reviewed document with your supervisor or a colleague. Consider presenting it at the next practice meeting. Ask your colleagues to give you feedback about how it could be improved.

- *How did you go about identifying an area to review? What did you consider in developing a new protocol? Will this add or remove barriers for patients using substances attending your practice? How does harm minimisation fit here?*

Ask your supervisor or a colleague to sit in on one of your consultations with a patient experiencing hazardous, harmful, or dependent substance use or potentially addictive behaviours. Afterwards, review your history-taking and patient assessment, treatment planning with your supervisor or colleague.

- *What feedback did your supervisor or colleague give you? Did they have any suggestions for managing this type of consultation?*

- *What assessment was required?*
- *What is the appropriate type of language to use when talking about substance use or gambling and / or gaming in a consultation? How do you avoid using stigmatising language, including body language?*
- *How did you or can you create an ongoing, collaborative professional alliance with the patient?*
- *Was harm minimisation a part of the consultation? Were there other opportunities for harm minimisation that could have been considered?*

In a small group

Have each person in the group present a case where a patient is experiencing hazardous, harmful, or dependent substance use or potentially addictive behaviours. If you have not had a case before, make up a case study. Develop comprehensive management plans for these cases. Identify the substances used in your community and the withdrawal syndromes that may present. Identify level of risk for gambling and / or gaming problems in your community. Discuss how you treat these in your practice and what could be improved. Ask your local pharmacist to attend your discussion to talk about the substance use issues they see.

- *Did everyone reach similar conclusions about each patient's management? What does the literature say about each case? How were alternative management strategies and options explored? What differences in approaches to treatment might exist in different practices?*
- *How could treatment be improved in your community?*
- *How could you partner with the pharmacist in managing patients with dependence?*

Discuss consent to treatment for patients with dependence. Identify the ethical principles of informed consent that are most relevant to patients experiecing dependence.

- *What information is important to include when obtaining informed consent from patients being treated for dependence? How would you assess a patient's motivation? How would you assess their understanding of treatment options? What if the patient had an acquired brain injury?*
- *What is the role of coercive treatment in the treatment of dependence? What impact might this have on a patient's motivation and engagement?*
- *What potential risks to patient confidentiality are inherent in dependence treatment?*

Do two role-plays of an initial consultation for a patient seeking assistance with substance use or hazardous, harmful, or dependent gambling and / or gaming. Use judgemental, stigmatising language in the first but not in the second.

- *What communication strategies were used in each version of the role-play?*
- *What is the effect of using a structure that places the social history first in the consultation? How do patients respond to this?*
- *What topics and communication strategies engage patients?*

With a friend or family member

With a friend or family member, watch a movie that has substance use or gambling and / or gaming in its theme. Explain your view of the issues depicted and how you would address it if the person in the movie were to consult you.

- *In explaining what you would do, what would be important for your friend or family member to hear about your work? What parts are difficult to explain? What makes it difficult?*

Have a discussion with a trusted friend or family member about stereotypes of people who use substances, gamble, or game.

- *What personal biases or prejudices do you have? What about your friend or family member? Do they have different views?*
- *How can your biases impact your ability to effectively care for patients experiencing hazardous, harmful, or dependent substance use or potentially addictive behaviours? How could you challenge your perceptions?*

Case example

You are a GP in a regional centre. Sam is a 58-year-old store person and forklift driver who presents requesting prescribed medicinal cannabis. Sam started using cannabis six years ago. He suffered a herniated disc and prolonged pain, for which he was prescribed oxycodone and codeine products for several months. He wonders if cannabis can be prescribed to him now, as he is finding the cost, and the occasional lack of availability, difficult to deal with. Sam says the cannabis is useful for relieving his pain.

In a case-based discussion, questions could include:

Communicator

- What communication strategies would you use to engage Sam?
- How would you develop rapport and get the clinical information you need? How would you sensitively ask about Sam's protective and risk factors, such as his family situation?
- How might you adjust your communication if Sam became defensive or tense during the consultation?
- What if Sam did not speak English well?

Clinician

- What specific information about Sam's substance use do you need to make an accurate assessment and develop a management plan?
- What further information would you like about Sam's past medical history?
- What examination would you perform?
- What factors are important to inform your management plans for Sam? How would you weigh the risks and benefits of each management option?
- How would your approach change if Sam had comorbid anxiety?
- What medications might be useful for Sam? What if he had a family history of psychosis?
- If Sam identifies as Aboriginal or Torres Strait Islander, how would this change your management?

- What services might you access for Sam? What other services might be available if Sam identified as LGBTIQ+?
- How could you help Sam if he lived in a remote location? How could you access timely services for him?
- How would you assist Sam if he disclosed gambling that was affecting his finances?
- What clinical tools could help you manage Sam?
- What do you need to look out for in monitoring Sam if he engages in treatment with you?
- How would you identify drug-induced psychosis?
- What would be your management if Sam presented to an appointment intoxicated or in withdrawal?

Health advocate and leader

- How would you assess the risks to Sam and to his partner and children from his drug use?
- What preventive activities are important for Sam? How would you discuss harm minimisation and develop an action plan with Sam and his family?
- What changes could you advocate for in your practice and community to improve care for people who use substances?
- What if you found out that Sam's wife also smoked cannabis?
- What if Sam later admitted to you that he was also prescribed buprenorphine as part of your jurisdiction's opioid dependence program? What action would you take?

Professional

- How would you counsel Sam if you decide that cannabis is not indicated?
- What personal biases do you need to be aware of in managing Sam?
- What are the ethical concerns for both patient and doctor in using an unapproved or 'off-label' medication like medicinal cannabis, when evidence of benefit is not proven in clinical trials?
- Is Sam able to access prescribed cannabis?
- How could you check his drug use history further?
- How would you advise Sam about the regulatory issues involved in his current and potential substance or medication use; for example, with respect to his occupation or driving?

Scientist, educator and researcher

- Does Sam have hazardous, harmful, or dependent use? What are the reasons for your conclusion?
- Does Sam have a pain condition?
- Would it change your clinical interpretation if Sam told you that he drinks six mid-strength beers and smokes 20 cigarettes daily? What if he is injecting methamphetamines or opioids? What further information would you like to know about this?
- What if Sam had features of depression, anxiety, or another mental health issue?
- If Sam had a dependence in the past, would it affect your diagnosis and management?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise
RCA – Random case analysis
MSF – Multi source feedback
CBD – Case-based discussion
AKT – Applied knowledge test
KFP – Key feature problem
CCE – Clinical competency exam