

Brief Interventions for other drugs?

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Ideas in development

- For who?
- Delivered by?
- What?
- When?
- How to disseminate outside of specialist commissioned services?
 - Implementation
 - Roles and responsibilities

Evidence base

- Alcohol and Tobacco
- Case for universal screening (primary care registration, health checks etc.)

Evidence is not so clear for other drugs

Universal screening is not recommended

.....but the principles and practices of BIs have an intuitive appeal – opportunistic, pragmatic – practice based evidence.....

NICE 51: Brief Interventions

- Those with little / no contact with services should be offered BI, focused on motivation
- Cannabis, stimulants and opiates
- 2 ss 10 – 45 minutes
- Non-judgemental feedback
- Explore ambivalence regarding use and treatment, aim to increase motivation, change behaviour
- Ineffective where clients are motivated or already in treatment

Issues

- Wide range of substances
- Wide range of problems
- Manifest in diverse settings

but.....

- Drug use more likely at different points across life-span
- More prevalent in specific populations (cultural, demographic)
- Associated with specific problems
- More likely to be manifest in certain settings

Can we be prescriptive?

- An emergency room admission following collapse after taking G
- A college counselling consultation with a student worried about exam performance
- A GP appointment with a young woman with persistent UTI
- A sexual health consultation with a young gay man who has syphilis
- A lung health doctor consultation with a crack smoker who has COPD
- A mandated criminal justice appointment with a cannabis user on a court diversion programme
- A street outreach contact with a homeless person injecting heroin

What about FRAMES?

- Brief intervention has been defined as having six essential elements summarised by the acronym FRAMES (Miller and Sanchez, 1993).
- **Feedback:** provide feedback on the patient's risk for alcohol problems
- **Responsibility:** highlight that the individual is responsible for change
- **Advice:** advise reduction or give explicit direction to change
- **Menu:** provide a variety of options for change
- **Empathy:** emphasise a warm, reflective and understanding approach
- **Self-efficacy:** encourage optimism about changing behaviour

CLINICAL REVIEW

New recreational drugs and the primary care approach to patients who use them

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Screening

Box 1: Brief screening procedure for possible users of new recreational drugs

Question 1: "Have you used any drugs in the following list in the past year, such as . . . cocaine, cannabis, ecstasy?"

If yes to any, go to question 2

Question 2: "Have you used any other substances, such as GHB, ketamine, or newer drugs such as mephedrone in the last year?"

If yes to any, go to question 3

Question 3: "Which of those drugs have you used most recently?"

Go to question 4

Question 4: "How often would you take this [or them]?"

Go to question 5

Question 5: "Have you noticed any link between the problems you are having and your use of these?"

ASSIST-Lite

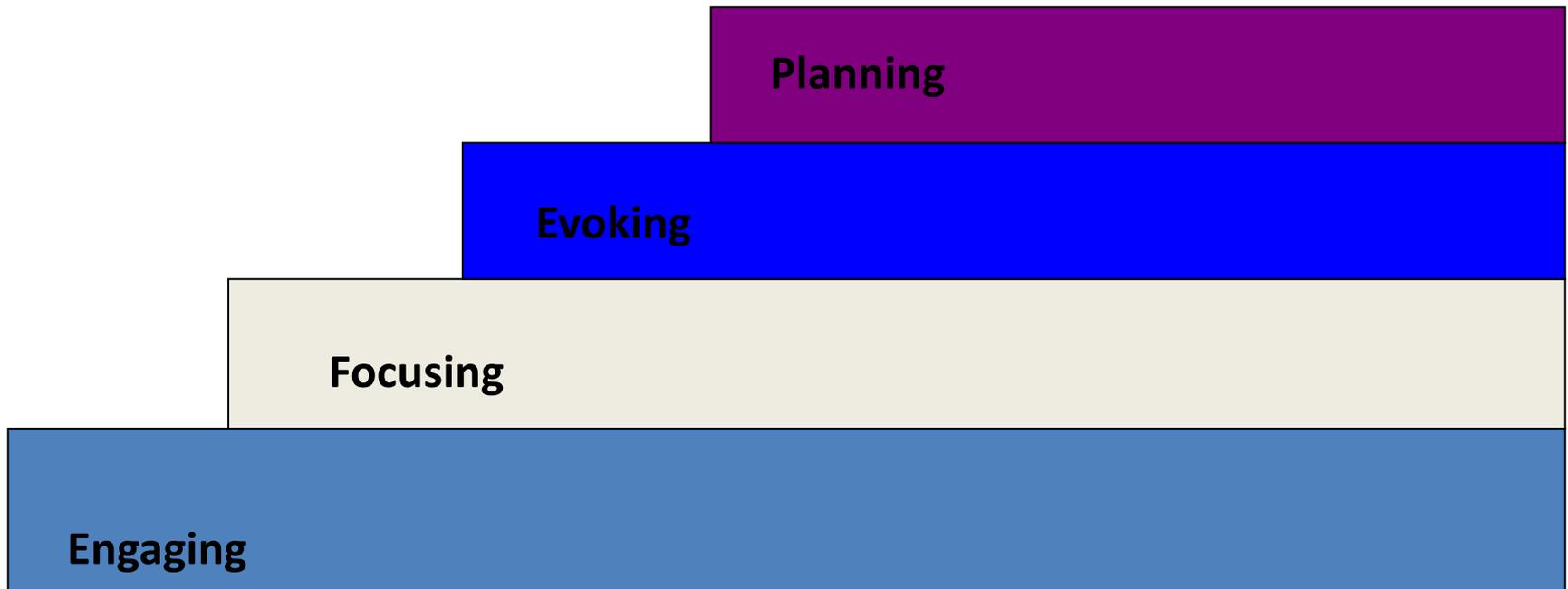
Instructions: These questions ask about psychoactive substances in the PAST 3 MONTHS ONLY		
1 Did you smoke a cigarette containing tobacco?	Yes [1] No [0]	> No: Skip to Q2
1a Did you usually smoke more than 10 cigarettes each day?	Yes [1] No [0]	
1b Did you usually smoke within 30 minutes after waking?	Yes [1] No [0]	
		Tobacco score: _ [0-3] Cut-off = 2
2 Did you have a drink containing alcohol?	Yes [1] No [0]	> No: Skip to Q3
2a On any occasion, did you drink more than 4 standard drinks of alcohol?*	Yes [1] No [0]	
2b Have you tried and failed to control, cut down or stop drinking?	Yes [1] No [0]	
2c Has anyone expressed concern about your drinking?	Yes [1] No [0]	
* 1 standard drink is about 1 small glass of wine, or one can of medium strength beer, or one single shot of spirits ¹		Alcohol score: _ [0-4] Cut-off = 3
3 Did you use cannabis?	Yes [1] No [0]	> No: Skip to Q4
3a Have you had a strong desire or urge to use cannabis at least once a week or more often?	Yes [1] No [0]	
3b Has anyone expressed concern about your use of cannabis?	Yes [1] No [0]	
		Cannabis score: _ [0-3] Cut-off = 2
4 Did you use an amphetamine-type stimulant, or cocaine, or a stimulant medication not as prescribed?	Yes [1] No [0]	> No: Skip to Q5
4a Did you use a stimulant at least once each week or more often?	Yes [1] No [0]	
4b Has anyone expressed concern about your use of a stimulant?	Yes [1] No [0]	
		Stimulant score: _ [0-3] Cut-off = 2
5 Did you use a sedative or sleeping medication not as prescribed?	Yes [1] No [0]	> No: Skip to Q6
5a Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often?	Yes [1] No [0]	
5b Has anyone expressed concern about your use of a sedative or sleeping medication?	Yes [1] No [0]	
		Sedative score: _ [0-3] Cut-off = 2
6 Did you use a street opioid (e.g. heroin), or an opioid-containing medication not as prescribed?	Yes [1] No [0]	> No: Skip to Q7
6a Have you tried and failed to control, cut down or stop using an opioid?	Yes [1] No [0]	
6b Has anyone expressed concern about your use of an opioid?	Yes [1] No [0]	
		Opioid score: _ [0-3] Cut-off = 2
7. Did you use any other psychoactive altering substance?		
What did you take?		Not scored - but prompts further assessment

[Drug Alcohol Depend.](#) 2013 Sep 1;132(1-2):352-61. doi: 10.1016/j.drugalcdep.2013.03.001. Epub 2013 Apr 3.

Ultra-rapid screening for substance-use disorders: the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST-Lite).

[Ali R¹](#), [Meena S](#), [Eastwood B](#), [Richards I](#), [Marsden J](#).

Four foundational processes in MI



4 Processes in MI

**you will always be engaging in 1 of these processes
not necessarily linear**

- Engaging - The relational foundation
- Focusing - Finding direction
- Evoking - Evoke client's perspectives and change talk
- Planning - Negotiating a change plan

Miller W.R. and Rollnick, S. (2012). *Motivational Interviewing: Helping People Change (3rd Ed)*. New York: Guilford Press.

Engaging, focusing leading to evoking

Box 2: Recommended approach to exploring problems related to substance use

Ask what the patient wants to talk about first: "What would you like to talk about today?"

Introduce the idea of a substance use assessment and invite the patient to accept it: "I usually ask people about their drug and alcohol use—would it be ok if we can cover that today as well?"

Negotiate time and priorities

For problems likely to be related to substance use, consider talking about substance use generally rather than telling the patient that you think their problem is directly attributable at this stage:

"Often when people are feeling like you do today I like to rule out substance use as a contributing factor—would it be ok if we spend some time with me asking some questions about this?"

"I have seen some patients in which this problem is related to drug or alcohol use—is it ok to explore this with you now?"

Key reference: Rollnick S, Butler CC, Kinnersley P, Gregory J, Mash B.
Motivational interviewing. *BMJ*
2010;340:c1900.

Engage

- Establish whether substance use may be having an impact on presenting issue(s)
- Promote the session as a non-judgemental look at substance use and the impact it may or may not be having on aspects of their lives
- Explain the BI process and any outcomes related to the intervention
- Ask permission to ask more questions

Focus

- Ask what the client wants from the session
- Draw up a shared agenda that includes their concerns (if any)
- Complete a basic assessment of their drug use
 - all drug use including tobacco and alcohol use
 - amount used on typical day
 - days of use in last month
- Prompt in order to focus questions (dependent on setting, role and presentation) for impact of drug use on
 - physical health
 - mental health (including memory and motivation)
 - relationships
 - comments from others on use

Evoke

- Feedback* use and any related issues
- Use open questions to elicit concerns:
 - “what have you noticed about your drug use?”
- Assess importance of and confidence for change.
 - Ask them to rate both on a scale of 0 (low) to 10 (high).
 - Ask why they have rated so high?/why not a lower number?
 - (This encourages them to defend their reasons for and ability to change - do NOT ask the opposite)
- Prompt for concerns about physical/mental health/criminal justice involvement/any other concerns

*Drug use at population level is a minority pursuit. Consider peer comparison Global Drug Survey apps?

Plan

- Discuss possible change plan
- Advice about possible consequences of continued use e.g. possible impact on physical health (including respiratory issues), mental health, impact of criminal record on employment prospects and visa applications
- Offer follow-up session or referral to structured treatment as appropriate.
- If no follow-up requested: advise to cut down and provide relevant health education; provide information on tobacco cessation and alcohol reduction where relevant

Summary

- Advice on screening
 - Determined by setting
 - Role of practitioner
 - Presenting problem
 - UNIVERSAL SCREENING NOT RECCOMENDED
- General framework for delivering BI
- Setting, role and problem determines focus and specific content
 - Examples

Questions

- What do you think about this approach?
 - FRAMES vs 4 MI foundational processes
 - Screening advice
 - Generic framework that can be adapted by range of practitioners depending on need
- How to encourage adoption - what would people need? (wide range of end-users)
- How to disseminate?
 - Role(s) of specialist services?

THANK YOU FOR YOUR HELP