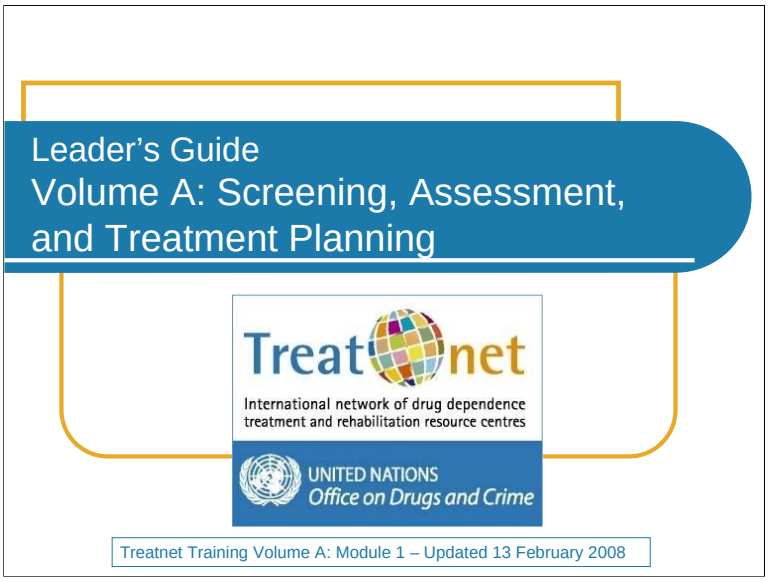
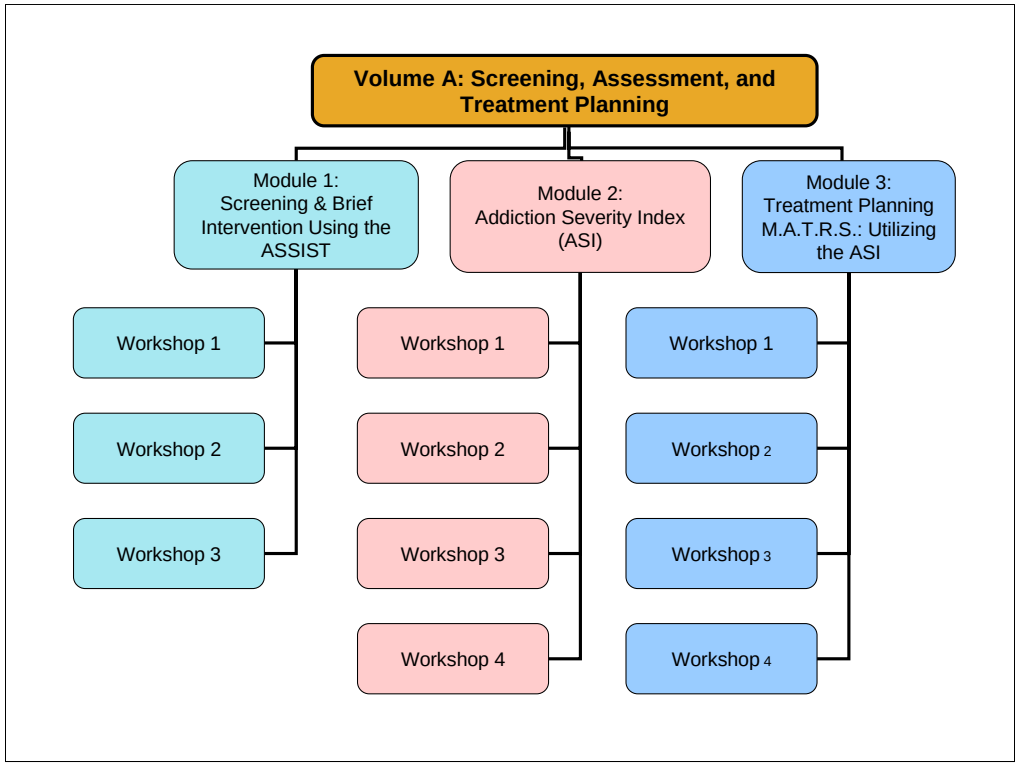


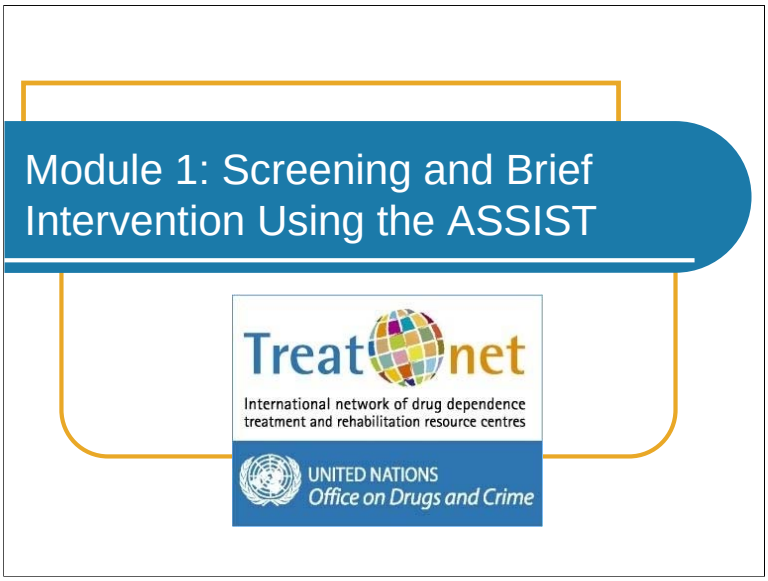
Instructions

1. Introduce yourself.
2. Explain the purpose of this series of trainings sponsored by the United Nations Office on Drugs and Crime: "The capacity building program mission is to transfer technology and knowledge on substance abuse intervention to service providers in the participating local areas. Service providers include managers, physicians and psychiatrists, counsellors, psychologists, social workers, peer educators, outreach workers and other professionals working in the substance abuse field."
3. Thank participants for their interest in this series of training modules before starting your presentation.



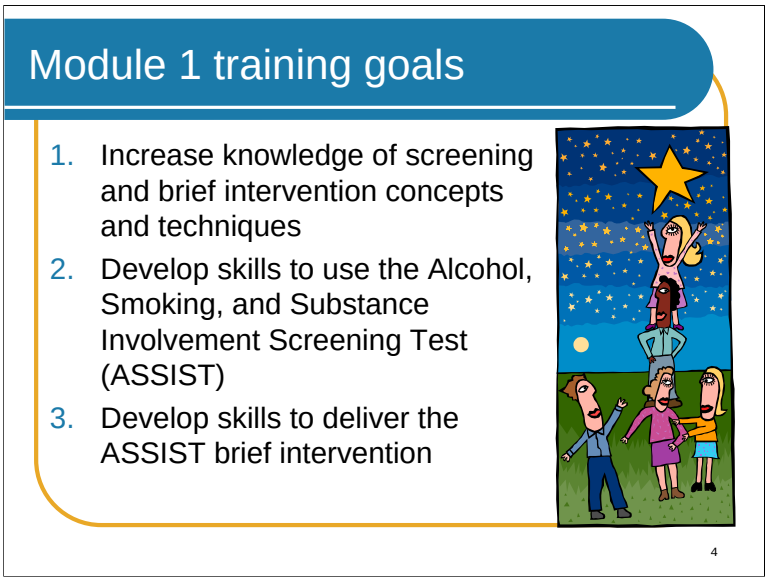
Instructions

1. Explain that this chart shows the organization of the first volume of the Training Package – Volume A: Screening, Assessment, and Treatment Planning



Instructions

Introduce Module 1 by reading the title.

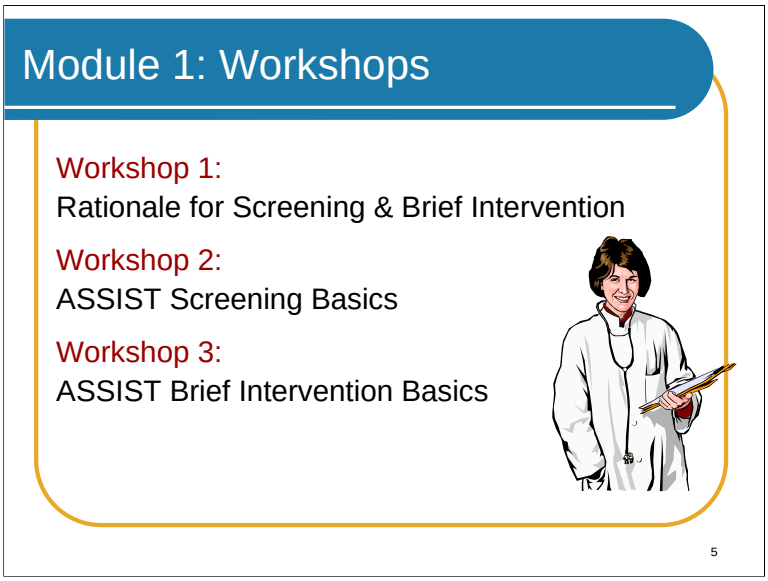


Instructions

1. Read the training goals to your audience.
2. Explain that the ASSIST is a brief screening questionnaire. You will describe the ASSIST in detail later in the training.
3. Explain that this module aims to provide basic information to medical doctors, nurses, and other professionals to help them identify patients with substance use problems. Lack of training among these professionals on how to screen and give advice to patients regarding substance use is one of main reasons clinicians do not routinely screen for substance use.

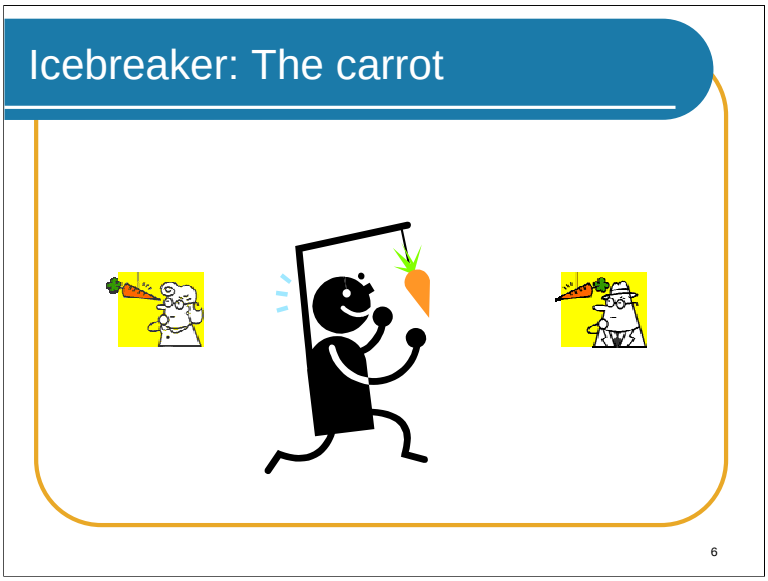
(Source: Edwards, Marshall, & Cook, 1997.). Make sure that the audience understands that screens within this module can be used by a wide range of trained professionals on substance abuse treatment, not only physicians.

4. Explain that it is very important for participants to not only gather new knowledge from these materials, but also to apply these skills to their everyday work with patients or clients. (In this module, we use the term “patient,” but feel free to replace the term with “client” if that is more appropriate to your audience.)
5. Explain your training and follow-up plans. Stress that after this training, you will be available to answer questions and provide feedback to help participants implement these skills.



Instructions

1. Read the slide to your audience.
2. Explain that it will take approximately 6 hours of training to cover this module.



Instructions

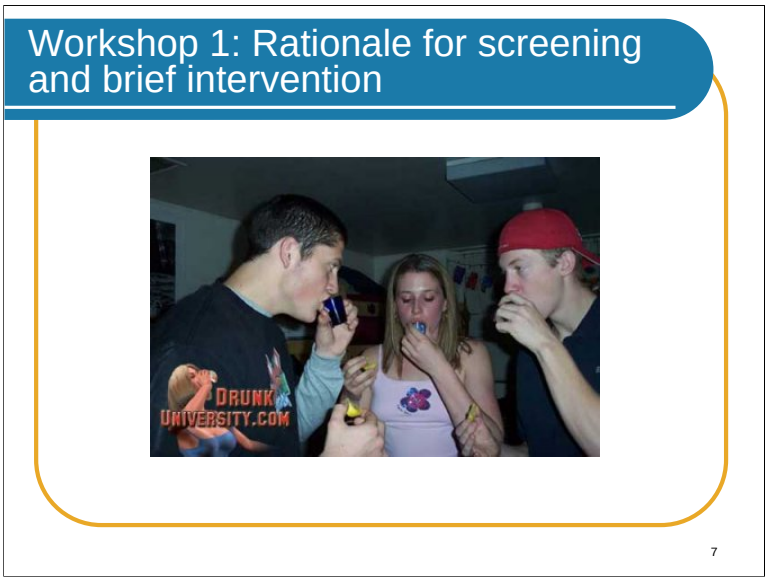
The purpose of icebreakers is to create interaction among participants. For this icebreaker:

1. Ask participants to stand up and move to the end of the room.
2. Tell them that you will name a list of things that might be motivating or not to them at the current moment. They should choose to move, or not, depending on how motivating that thing is for them. If they move, they can move from 1 to 3 steps forward (1 step if it is a little motivating, 3 steps if it is very motivating to them). They also may choose to move back (1 step if it is a little discouraging to 3 steps if it is very discouraging).
3. As an alternative, you could ask each participant to name something that is motivating for them and then have group members respond.

For example:

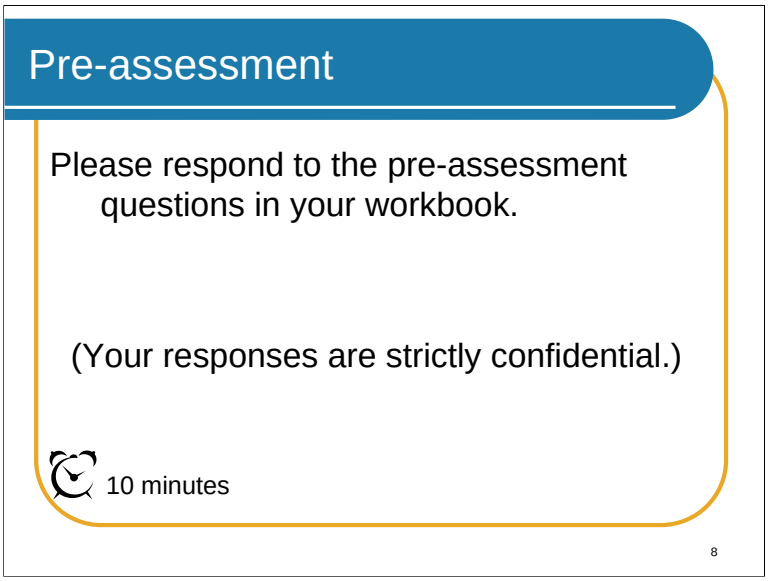
Motivating things you could name: water, ice-cream, donuts, coffee, tea, getting news of an extra day of vacation, $10 (cash), playing with your child, hugging your best friend, learning something new for your career, dancing, meeting new people, etc…

4. Once you have named around 8-10 items, ask them to observe their positions in the room, and have them reflect on how rewards have different effects on each of us.



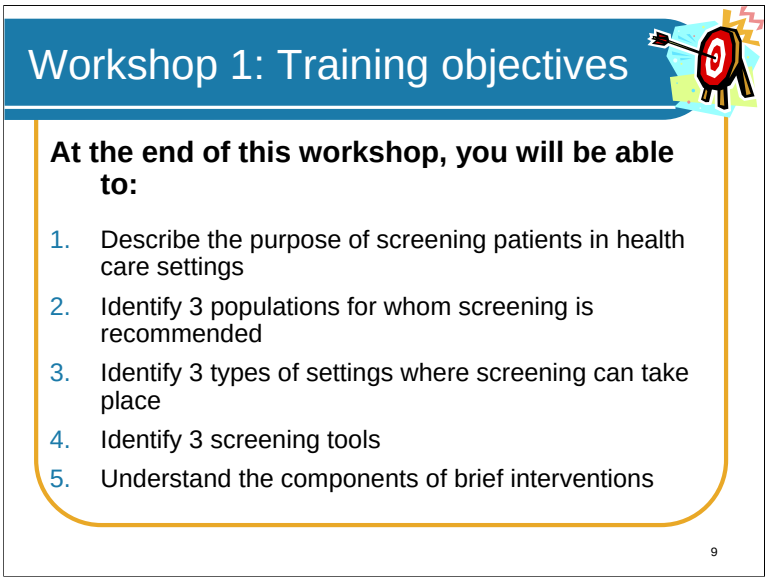
Instructions

Introduce Workshop 1 by reading the title.



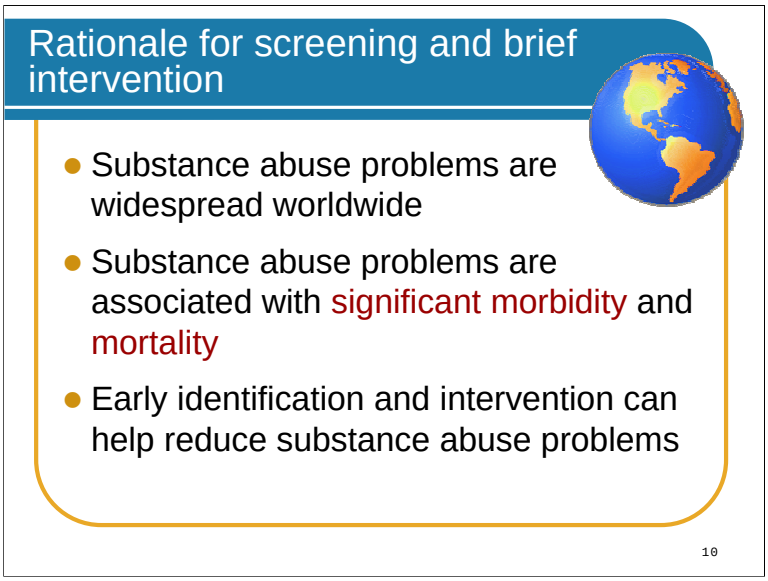
Instructions

1. Ask participants to complete the 5 pre-assessment questions for this training. They have 10 minutes to complete these questions.
2. Explain that the assessment is conducted to insure that the training is appropriate for your particular audience, to measure the effectiveness of the training, and to provide opportunities for improving it.
3. The pre-training and post-training assessments may create tension among audience members. To reduce such tension, explain to participants that both assessments are confidential and that they do not need to provide any personal information.



Instructions

1. Read the training objectives to your audience.
2. Explain to participants that these objectives should be achieved as a team.
3. Encourage them to ask you questions as needed.



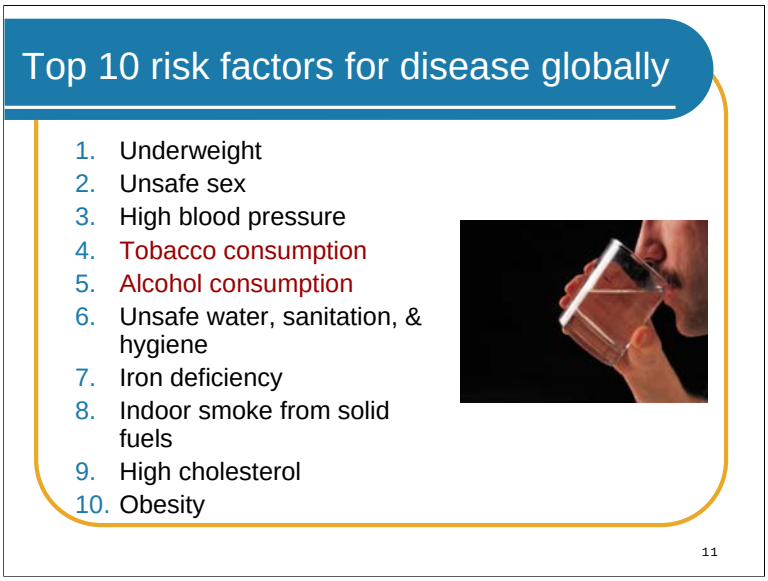
Instructions

Read the slide to your audience.

Additional Information

"Early recognition of alcohol-and-drug related problems can allow intervention to occur before dependence or irreversible damage has developed, or before problems become more complex and difficult to treat. However, alcohol and drug (AOD) problems can be difficult to detect, especially in the early stages."

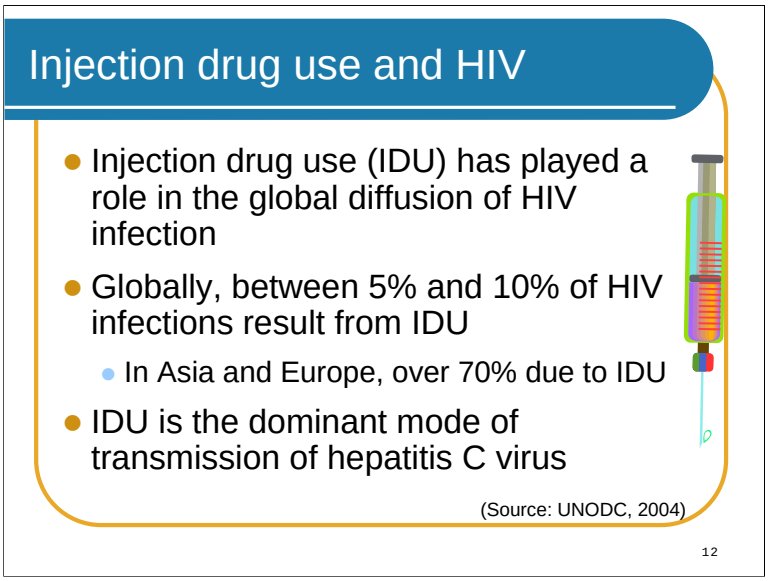
(Source: Commonwealth of Australia, 2002.)



Instructions

1. State that the 2002 World Health Report identified 10 leading risk factors globally. Together, these account for more than one third of all deaths worldwide.
2. Let the audience view the list. Highlight the inclusion of tobacco and alcohol in 4th and 5th place.

(Source: WHO, 2002a. *The World Health Report 2002: Reducing Risks, Promoting Health Life*.)



Instructions

Read the slide to your audience.

Additional Information

Injection drug use (IDU) is a significant source of the spread of HIV, HCV (hepatitis C), and HBV (hepatitis B). All of the paraphernalia linked to injecting use has the potential to transmit blood-borne infectious agents. Even if sharing of equipment does not occur, poor cleaning of personal equipment and contaminated drug supplies can expose the individual user to infections.

(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care*.)

Psycho-stimulant and sexual risk behaviour

- Psycho-stimulant (cocaine and methamphetamine) use is associated with high risk sexual behaviour, e.g., unprotected sex, multiple partners
- Psycho-stimulant users are at risk for sexually transmitted diseases (STDs) including HIV infection

(Source: Mansergh et al., 2006)

13

Instructions

1. Read the slide to your audience.

2. Ask the audience what they know about methamphetamine, e.g., “What is methamphetamine?” “How is it used?” “What effects does methamphetamine have?” “How is methamphetamine different from other stimulants such as cocaine?”

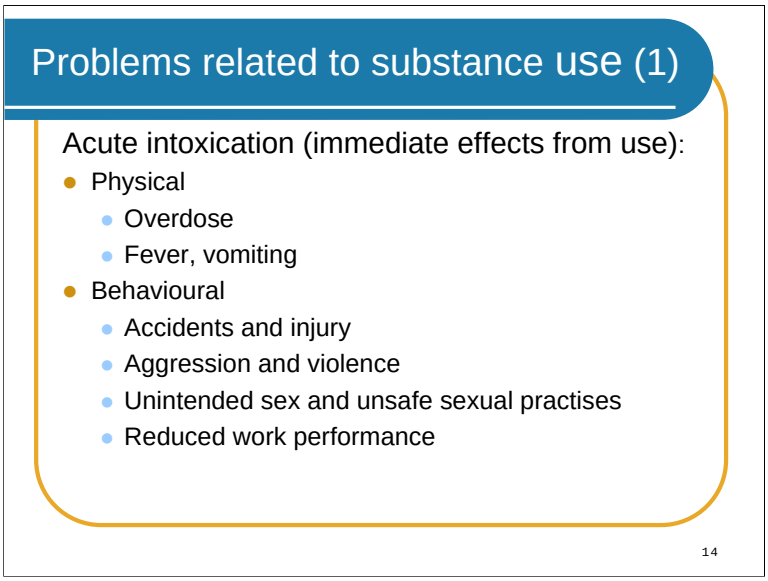
Additional Information

Methamphetamine (meth) is a highly addictive stimulant that affects the central nervous system. Meth is one of the fastest growing illicit drug problems in the world. Meth produces a euphoric “high” that is almost instantaneous when the drug is smoked or injected. The half-life of meth is approximately 8-12 hours. The physical effects of meth include increased blood pressure, body temperature, heart rate, physical activity, and wakefulness. Negative effects include hypertension, headaches, cardiac arrhythmia, increased anxiety, insomnia, aggression, and visual and auditory hallucinations.

(Source: Rawson and Condon, 2007.)

Increased HIV and hepatitis B and C transmission are consequences of increased methamphetamine abuse, not only in individuals who inject the drug, but also in non-injecting methamphetamine abusers. Among injection drug users, infection with HIV and other infectious diseases is spread primarily through the re-use of contaminated syringes, needles, or other paraphernalia by more than one person. However, regardless of how it is taken, the intoxicating effects of methamphetamine can alter judgement and inhibition and lead people to engage in unsafe behaviors.

(Source: NIDA Research Report - Methamphetamine Abuse and Addiction: *NIH Publication No. 06-4210, September 2006.* Available on the web at http://www.nida.nih.gov/ResearchReports/methamph/Methamph.html)



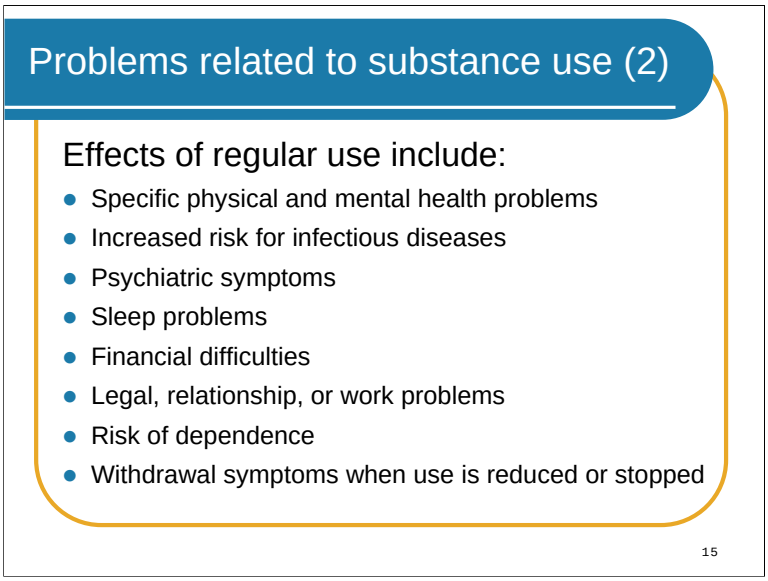
Instructions

Read the slide to your audience.

(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care.*)

Notes:

Volume B: *Elements of Psychosocial Treatment* (Module 1: *Drug Addiction and Basic Counselling Skills*) provides extensive information about the specific effects of many drugs that may be used to complement your presentation.



Instructions

Read the slide to your audience.

Additional Information

A variety of problems can occur from using substances regularly, ranging from physical problems to mental health and social problems. There is not always a clear distinction between these effects, and it is worth noting that mental health and social problems can be as debilitating as physical problems for some people. The kinds of problems relating to regular use and dependence develop over a period of time and may include:

Withdrawal Symptoms

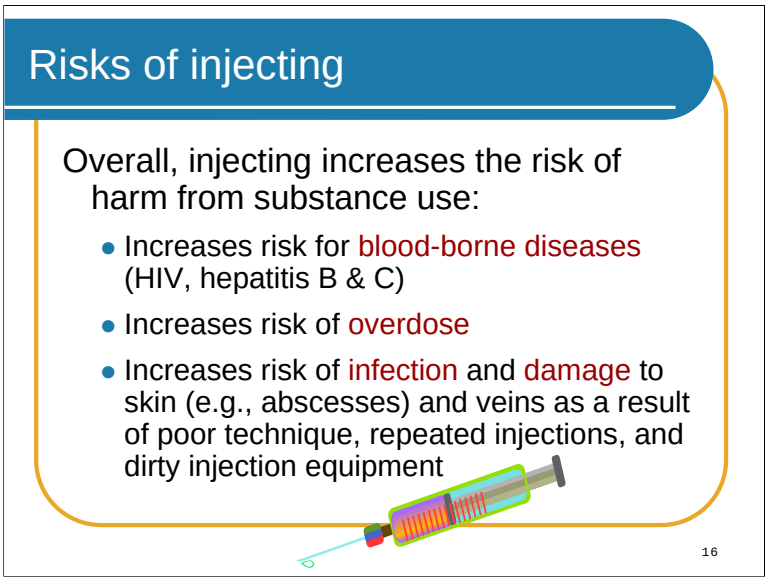
Withdrawal symptoms vary depending on the drug involved but generally include craving (strong desire for the psychoactive substance or its effects), anxiety, irritability, gastrointestinal upsets, and sleep problems. Symptoms are more severe for some drugs than others. Withdrawal from alcohol, benzodiazepines, and opioids may require medical management, while withdrawal from other drugs can usually be managed with supportive care.

Route of Administration Harms

Substance-related problems can result from the way in which substances are used; for example, many of the harms associated with tobacco and cannabis occur because these substances are smoked and the smoke is harmful. Using substances by injection can cause serious health problems no matter which substance is injected.

Use of illicit drugs places the user at particularly high risk of legal problems and the consequent social, financial, and employment difficulties associated with having a criminal record. These problems cause stress, which is also associated with an increased risk of health and family problems independent of the substances used.

(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care.*)



Instructions

Read the slide to your audience.

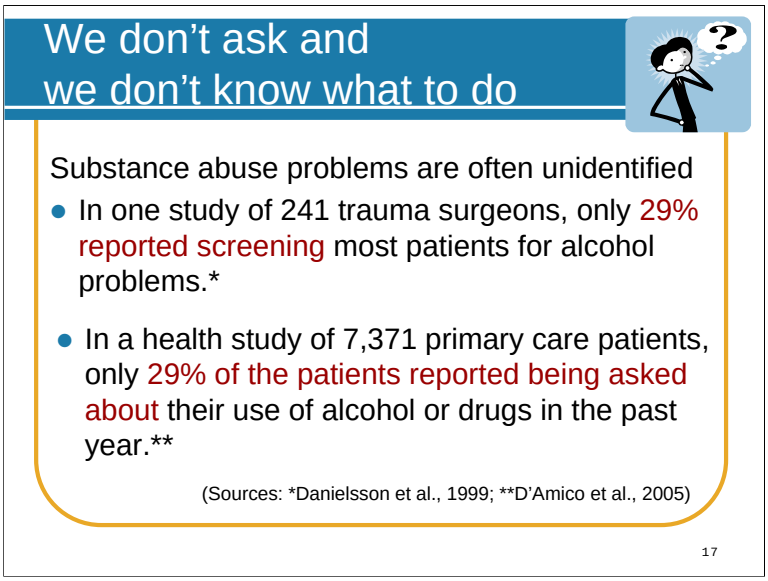
Additional Information

Injecting any drug is a significant risk factor for contracting blood-borne diseases such as HIV/AIDS and hepatitis B and C. Injectors are also at risk of infection and damage to the skin and veins as a result of poor injection technique, repeated injections, and dirty equipment. People who inject drugs have a higher risk of dependence and are likely to have more severe dependence than those who do not inject. Injecting of stimulant drugs such as amphetamines and cocaine increases the risk of drug-related psychosis.

(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care*.)

Notes:

Volume D (*Administrative Toolkit*) Topic 4 (*Harm Reduction and HIV Risks Reduction Strategies*) provides information on methods of dealing with clients who are exposed the risk factors mentioned in this slide.



Instructions

1. Read the slide to your audience.

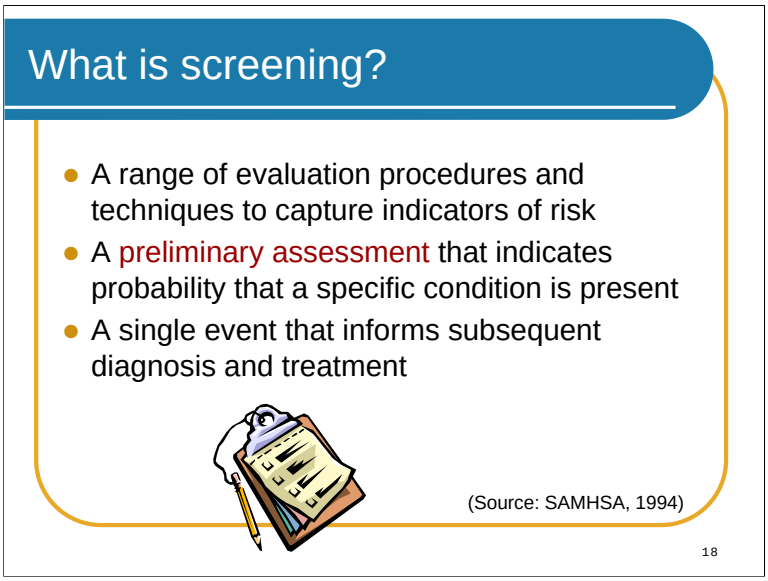
2. Ask participants for their ideas as to why clinicians might not screen for substance use.

Additional Information

Lack of training on how to screen and give advice to patients is one of main reasons clinicians do not routinely screen for substance use. Some other reasons include:

- not knowing how to detect signs of substance abuse
- embarrassment about asking questions
- not knowing what to do if a problem is uncovered.

(Source: Edwards, Marshall, & Cook, 1997.)



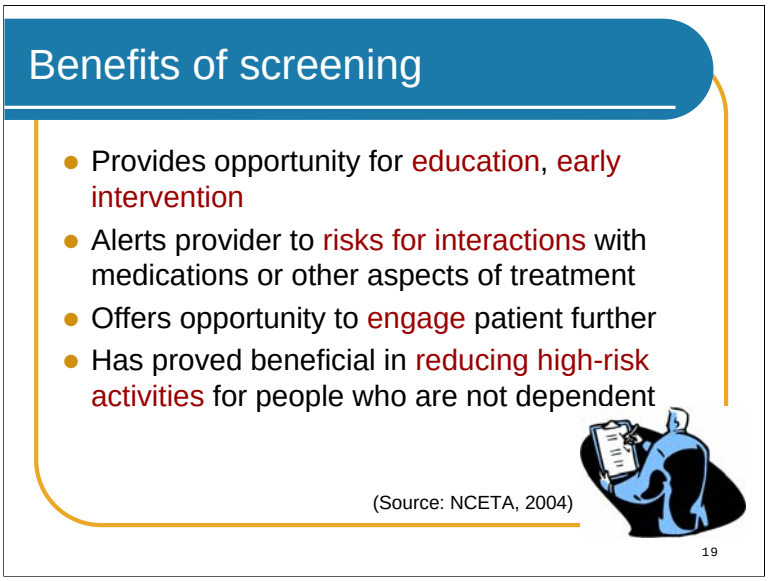
Instructions

Read the slide to your audience.

Additional Information

Screening is a process that identifies people at risk for the "disease" or disorder. As such, screening refers to a brief procedure used to determine the probability of the presence of a problem, substantiate that there is a reason for concern, or identify the need for further evaluation.

(Source: U.S. Substance Abuse and Mental Health Services Administration [SAMHSA], 1994. *Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases*.)



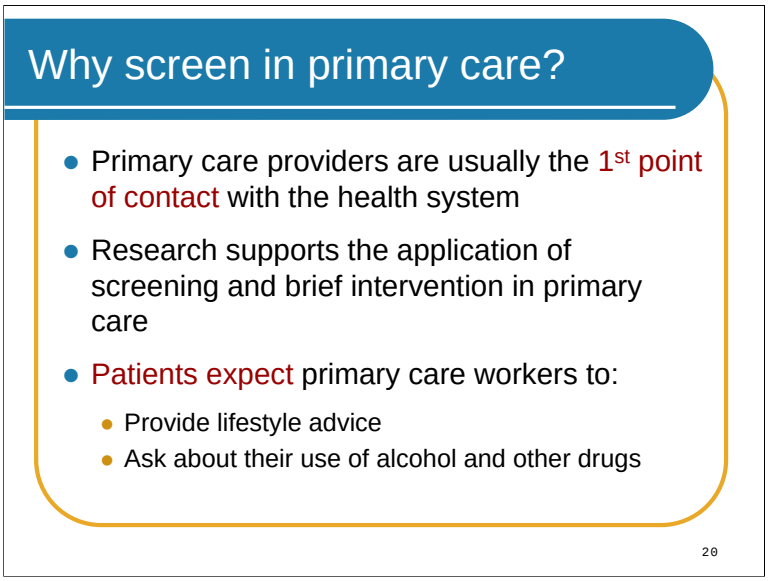
Instructions

1. Read the slide to your audience.

2. You may add that by "early intervention," we mean detecting health problems or risk factors at an early stage and preventing the progression of serious problems such as addiction.

Notes

"NCETA" stands for the National Centre for Education and Training on Addiction in Australia.

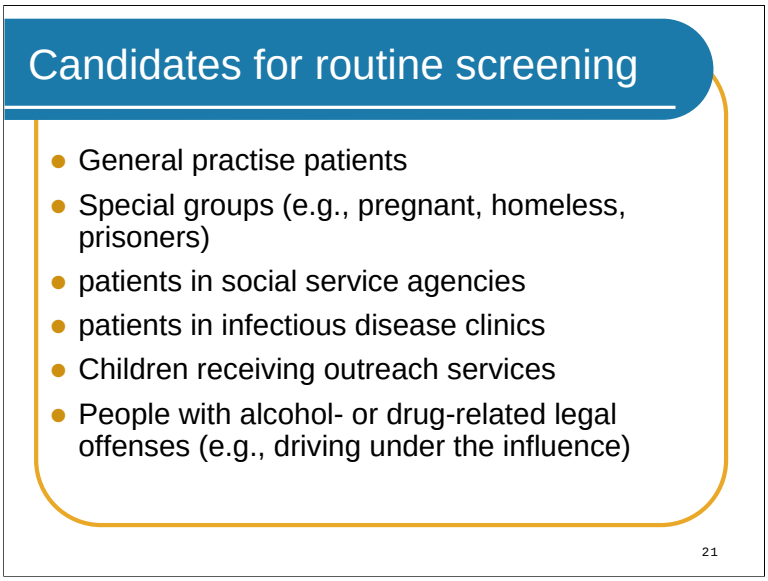


Instructions

1. Read the slide to your audience.

2. Suggest to the audience that many health problems seen in primary care are related to substance use or may be made worse by substance use. Screening provides important information for the primary health care worker that can help in the diagnosis and treatment of the patient's health problems.

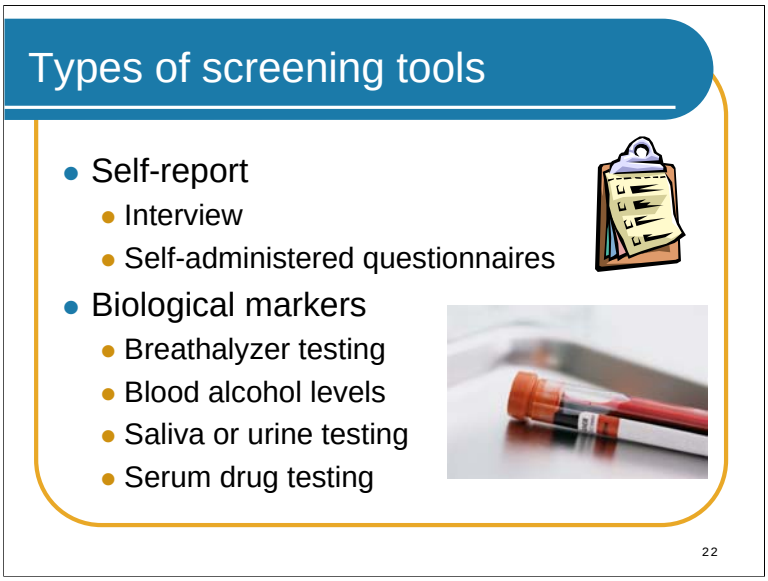
(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care*)



Instructions

1. Read the slide to your audience.

2. Ask participants for other examples of populations whose members would be good candidates for screening.



Instructions

Read the slide to your audience.

Additional Information

Urine testing regularly detects recent use (lasts 2-3 days).

Marijuana's active component, THC, can accumulate in body fat, creating higher excretion concentrations and longer detectability. If a history of marijuana use is the major reason for screening, the urine test for cannabinoids should be able to detect prior use for up to 2 weeks in the casual user and possibly longer in the chronic user. (Source: U.S. Centers for Disease Control. *Urine Testing for Detection of Marijuana: An Advisory*. Available at: http://www.cdc.gov/mmwR/preview/mmwrhtml/00000138.htm)

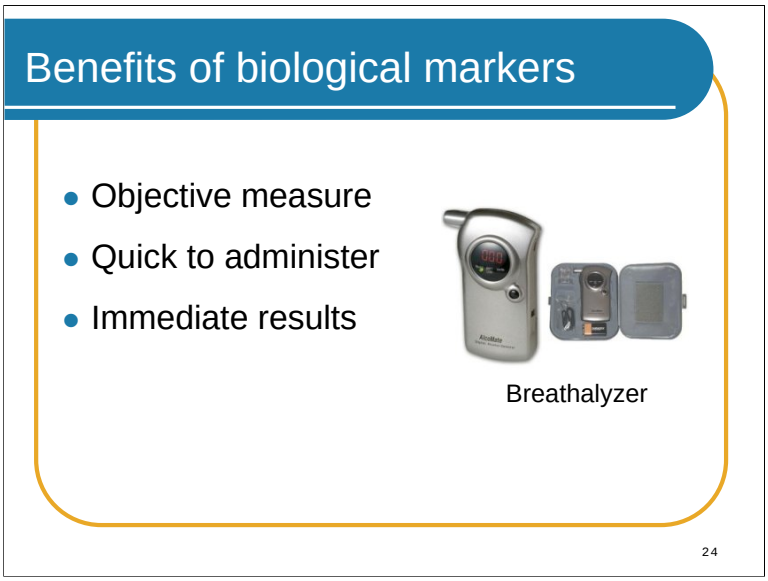
Benefits of self-report tools

- Provide historical picture
- Inexpensive
- Non-invasive
- Highly sensitive for detecting potential problems or dependence

23

Instructions

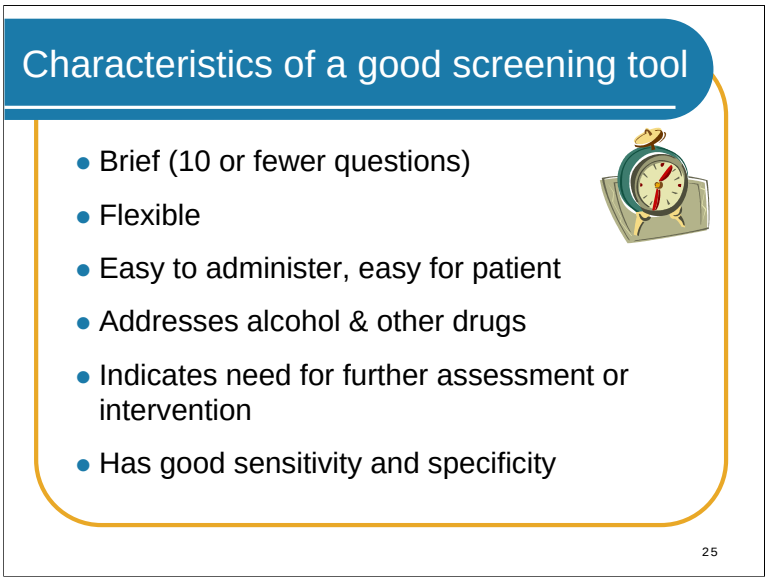
Read the slide to your audience.



Instructions

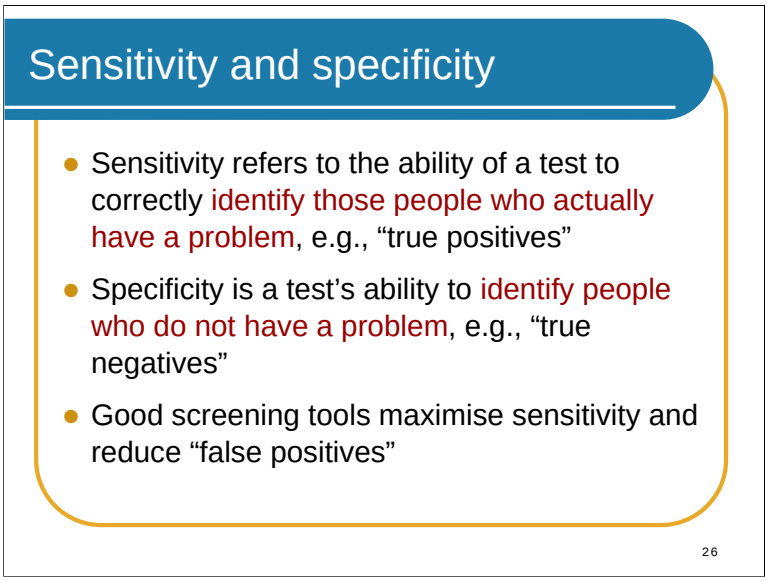
1. Read the slide to your audience.

2. Explain that biological markers can detect recent use of alcohol and other drugs (e.g., cocaine, opioids, cannabis, benzodiazepines, and barbiturates).



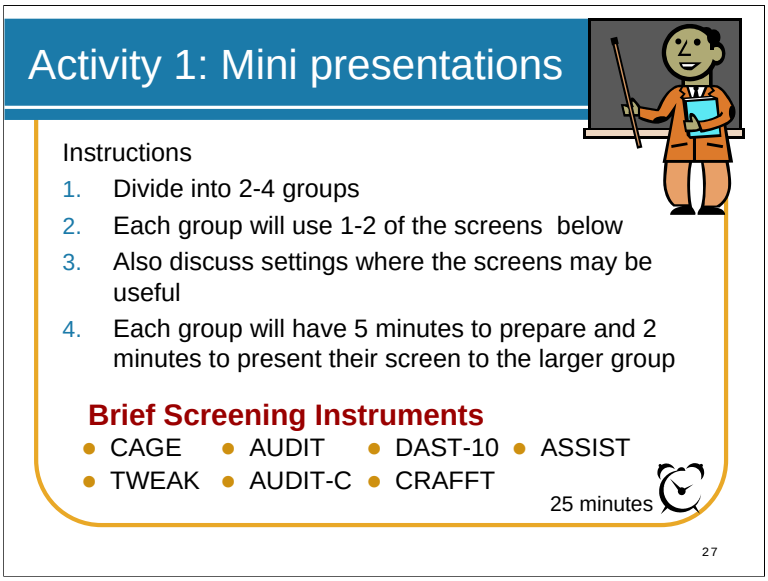
Instructions

Read the slide to your audience.



Instructions

Read the slide to your audience.



Instructions

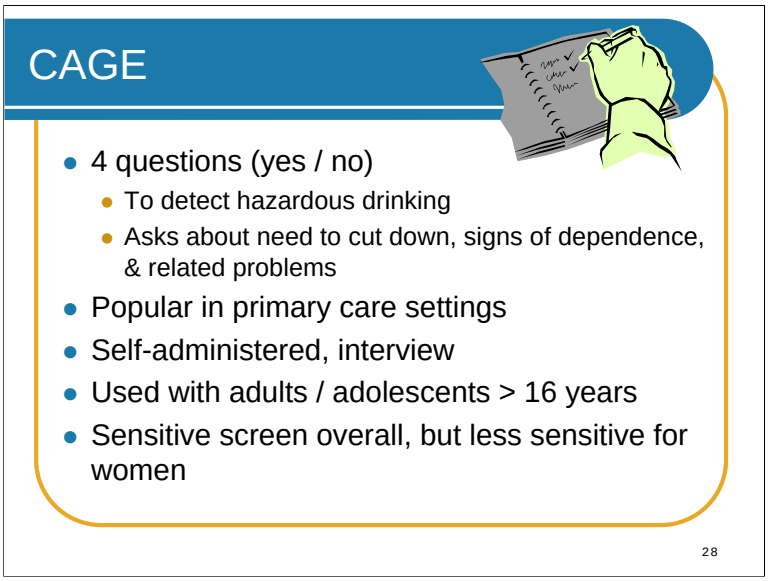
1. There are 2 options for reviewing this collection of screening instruments.

<u>Option 1:</u>

- Divide participants into 2-4 groups depending on the number of people and time available. The more groups, the more time this activity will take.
- Assign each group 1-2 of the screens. Determine which screens to use based on relevance of the screen to the population, setting and time available. A minimum of 2 screens plus the ASSIST should be reviewed.
- Provide each group with the handout pertaining to their assigned screens. This handout gives basic information about the screen and lists the questions contained in each screen.
- Each group will have 5 minutes per screen assigned to review the information and prepare to present this information to the larger group.
- Each group will spend 2 minutes per screen presenting information to all participants.
- Slides 26-40 review information on each of these instruments and can be used if a lecture format rather than a group activity is used.

<u>Option 2:</u>

- Review slides 26-39 for the audience and ask audience members to help with reading the questions.



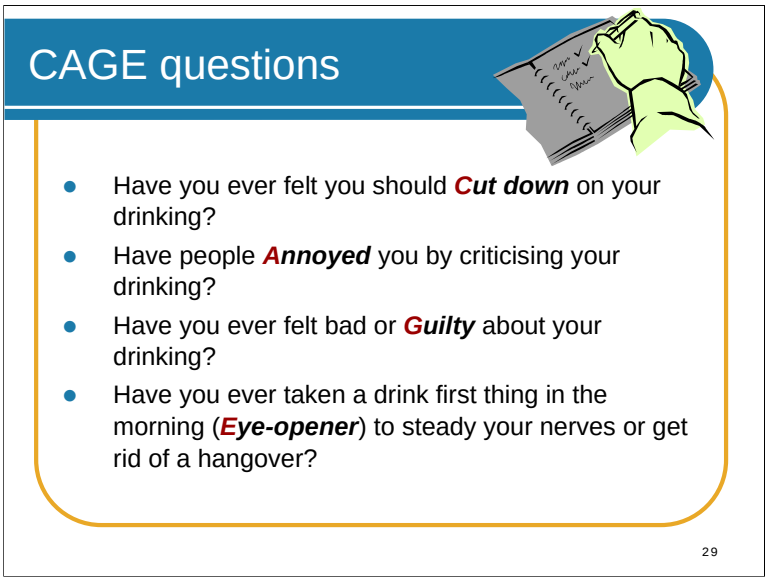
Instructions

1. (optional) Read the slide to your audience.

Additional Information

The CAGE is a 4-item screening instrument designed to identify and assess potential alcohol abuse and dependence. It can be easily incorporated into routine psychological or primary care assessments. The CAGE is short and easily administered, taking less than a minute to complete.

The CAGE seems to be relatively insensitive in predominantly White female populations in comparison to the TWEAK and AUDIT questionnaires, which have performed adequately for Black or White women in the United States. It is important to use a different cut point in women than in men. For women, reasonable cut points are 2 points or more for the TWEAK questionnaire, 4 points or more for the AUDIT questionnaire, and 1 point or more for the CAGE questionnaire (Bradley, K.A., Boyd-Wickizer, J., Powell S.H., Burman, M.L. (1998). The full article is available at http://jama.ama-assn.org/cgi/content/full/280/2/166)



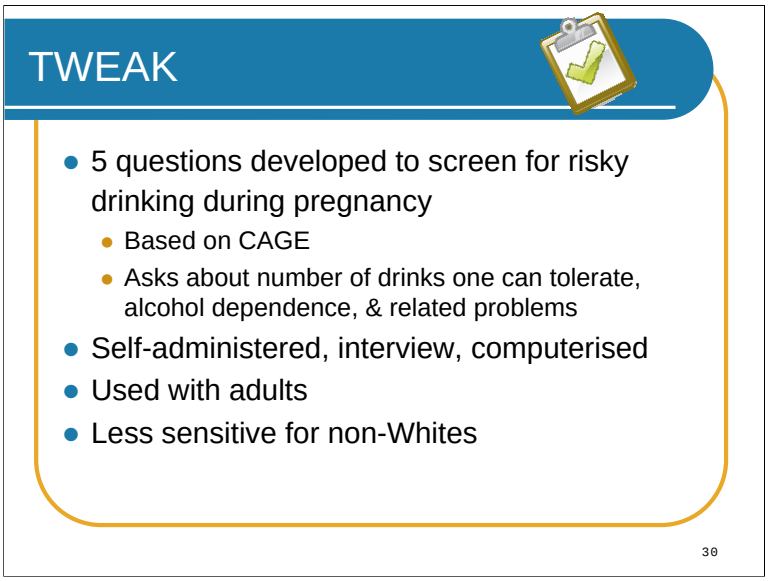
Instructions

1. Ask audience members to help read the questions.

Additional Information

In scoring the CAGE, one point is given for each positive answer. A score of 2 or more indicates a patient is engaging in harmful or hazardous drinking and that further assessment is warranted.

A Spanish version of the CAGE is available. See: García-Portilla, M.P., Bascarán, M.T., Sáiz, P.A., Bousono, M. & Bobes, J. (2006) Banco de Instrumentos Básicos para la Práctica de la Psiquiatría Clínica (4th Ed.). Ars Medica: Barcelona.

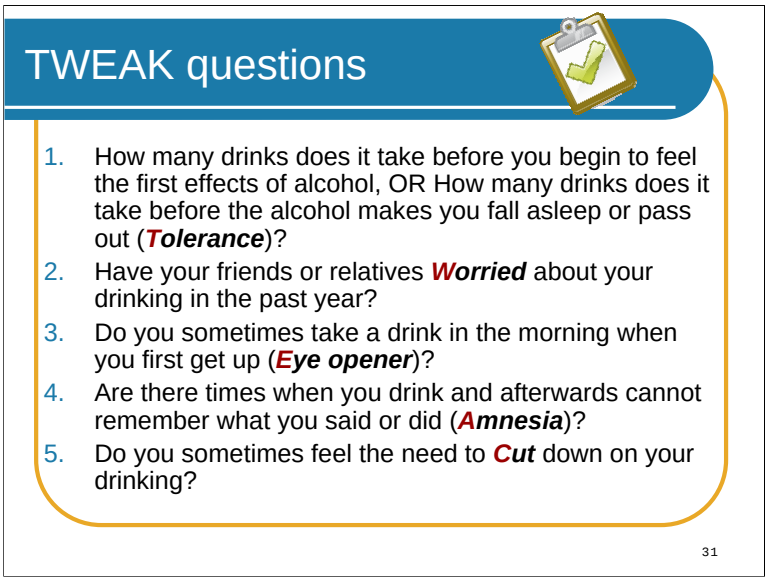


Instructions

Read the slide to your audience.

Notes:

Volume C, Module 3 (*Special Populations: Individuals with Co-occurring Disorders, Women and Young People*) provides further information on assessment and treatment for women and, in particular, pregnant women.



Instructions

Ask audience members to help read the questions.

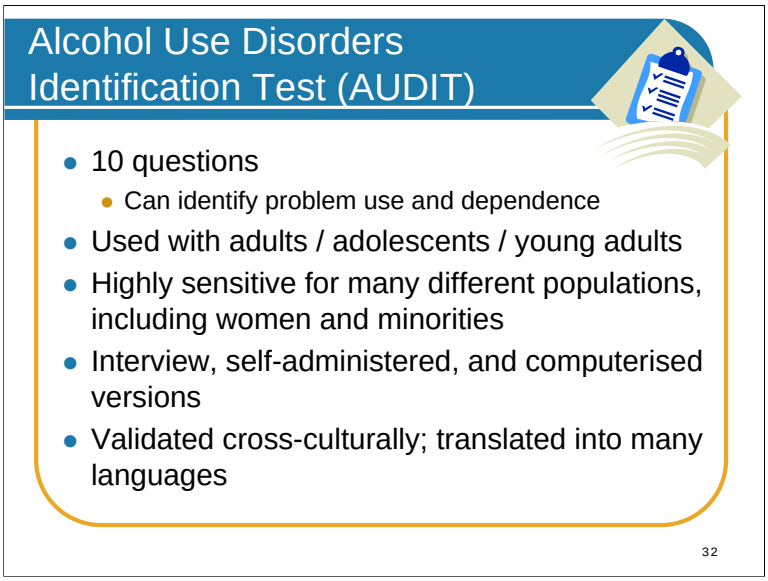
Additional Information

The TWEAK was initially developed to identify at-risk drinking in pregnant women.

Scoring of the TWEAK screen:

Question 1 scores 2 points if a woman reports she can hold more than 5 drinks; a "yes" response to Question 2 scores 2 points; and a "yes" response to the last three questions scores 1 point each. The maximum score obtained is 7. A cut-off score of 2 or more is used to indicate that at-risk drinking may be present in pregnant and non-pregnant women. Recent studies have found the TWEAK to perform well for screening for alcohol problems in both men (using a cut-off point of 3) and women in the general population (using a cut-off point of 2).

(Source: Commonwealth of Australia, 2002.)



Instructions

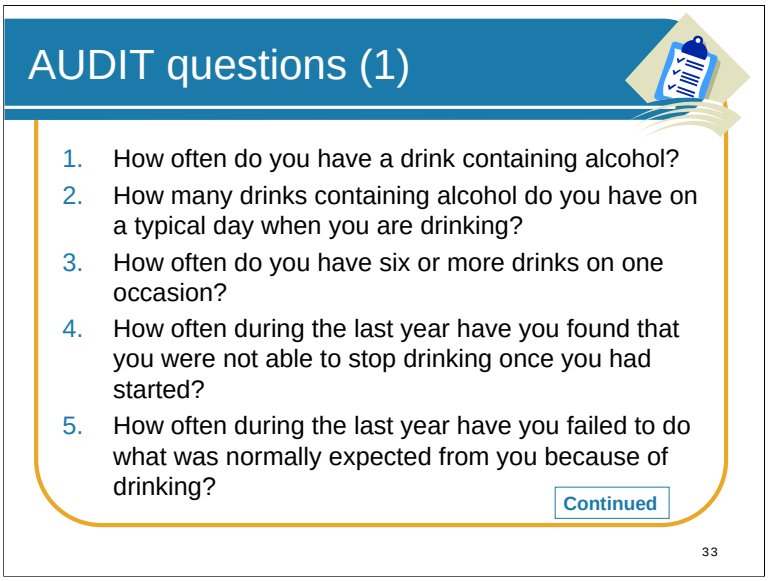
Read the slide to your audience.

Additional Information

The AUDIT was developed by the World Health Organization (WHO) as a simple method of screening to detect harmful drinking and alcohol dependence. The AUDIT can be used in a variety of health settings and can be self-administered.

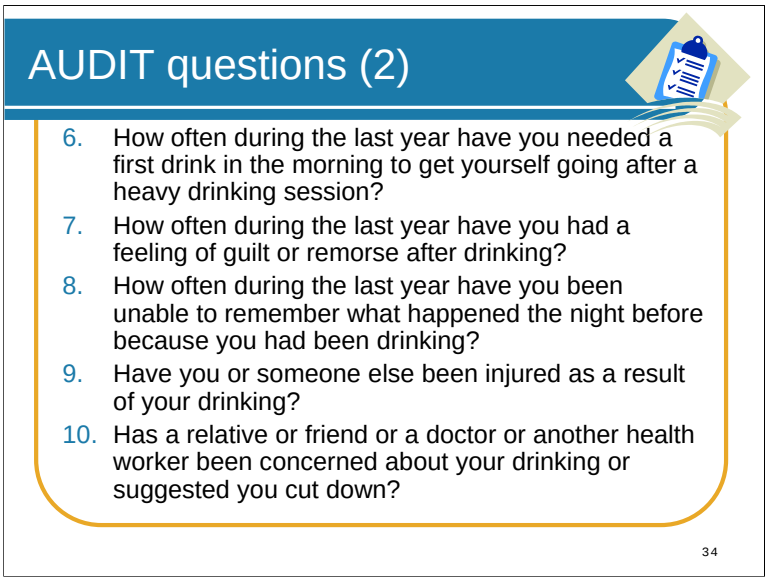
Notes:

For more information see: *The Alcohol Use Disorders Identification Test – Guidelines for Use in Primary Care*, by T. Babor, J. Higgins-Biddle, J. Saunders, & M. Monteiro; available at http://www.afcrossroads.com/websites/corc_docs/SG_Toolkit/Bucket2/BHOP_Toolkit/Audit_Manual.pdf



Instructions

Ask audience members to help read the questions.



Instructions

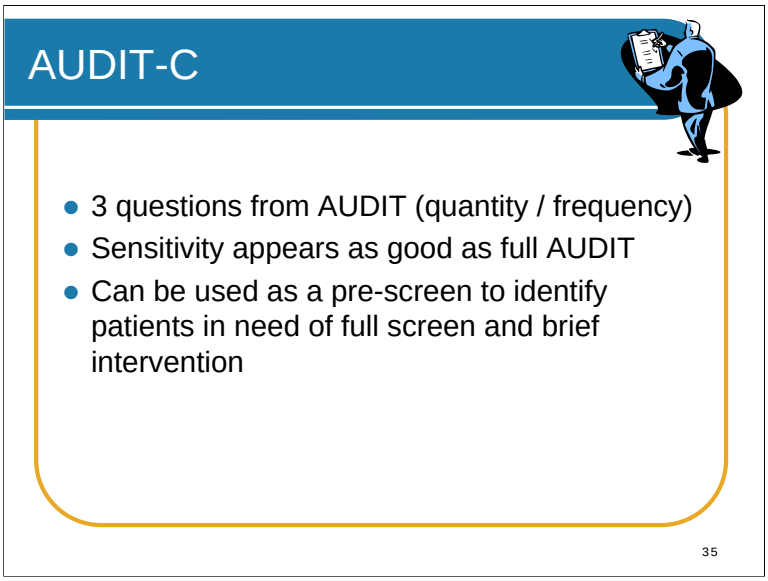
Ask audience members to help read the questions.

Additional Information

Scoring of the AUDIT:

Answers range from 0 to 4 for each question. A score of 8 (7 for those over the age of 65 years) or more may indicate hazardous or harmful alcohol use and possibly alcohol dependence.

For more information see: http://www.afcrossroads.com/websites/corc_docs/SG_Toolkit/Bucket2/BHOP_Toolkit/Audit_Manual.pdf

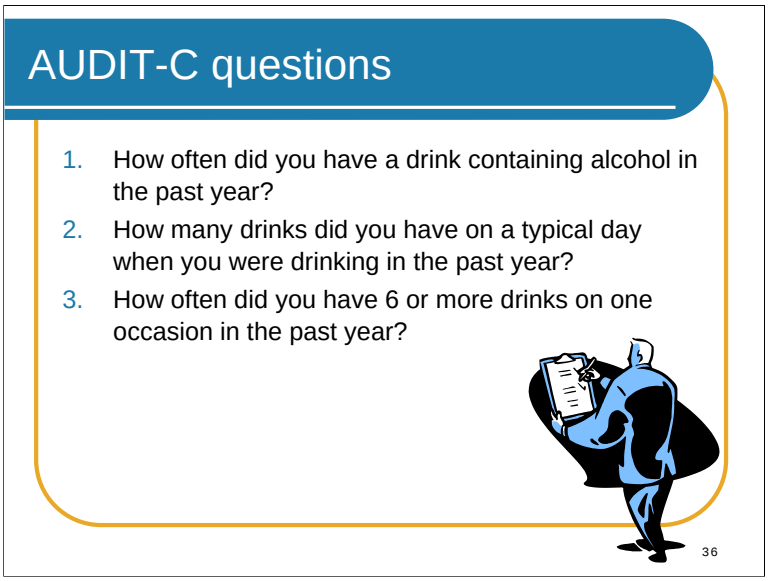


Instructions

Read the slide to your audience.

Additional Information

The AUDIT's 10-question length may prohibit its use by health providers. The AUDIT-C (AUDIT consumption questions) offers a good alternative for primary care settings. See Bush et al., 1998, for greater detail and background on the AUDIT-C.



Instructions

Ask audience members to help read the questions.

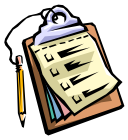
Additional Information

Scoring of the AUDIT-C:

The AUDIT-C questions are multiple choice and each answer is given a value. The AUDIT-C is scored on a scale of 0-12 (scores of 0 reflect no alcohol use). In men, a score of 4 or more is considered positive; in women, a score of 3 or more is considered positive. A positive score means a patient is at increased risk for hazardous drinking or active alcohol abuse or dependence.

Drug Abuse Screening Test (DAST-10)

- 10 questions developed from original 28 to identify drug-use problems in past year
- Self-administered, interview
- Used with adults
- Good sensitivity
- Spanish version available



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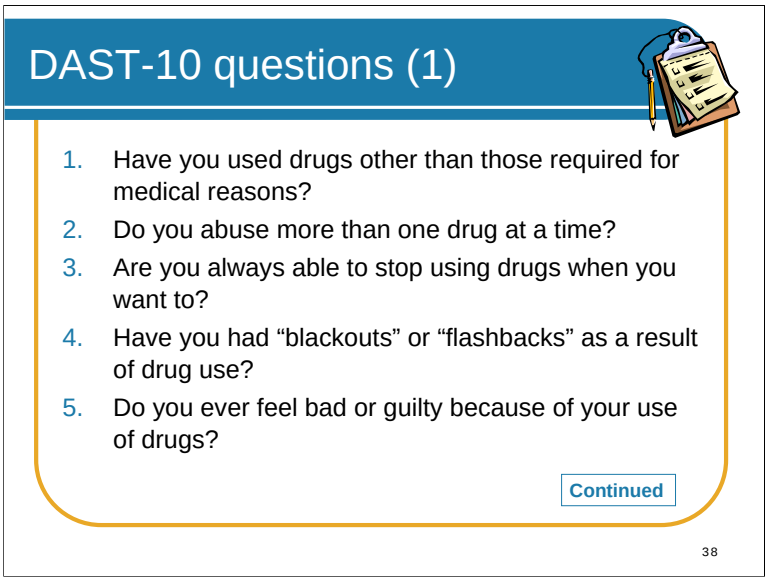
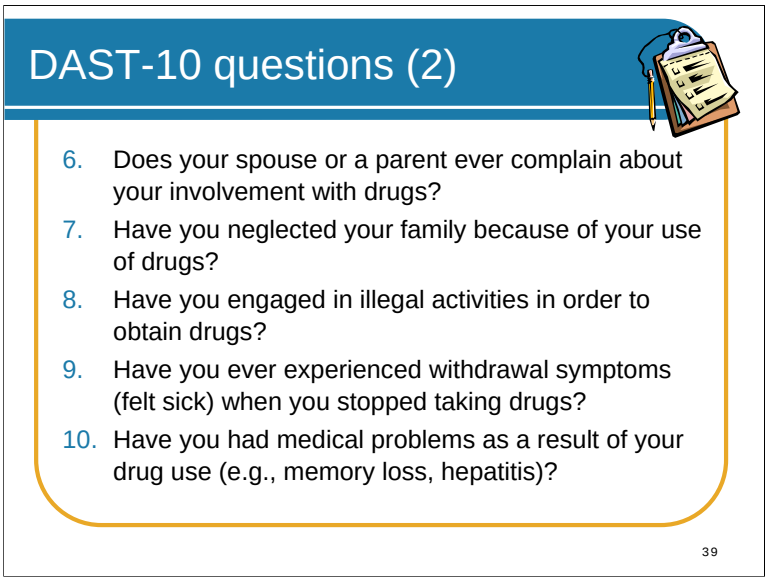
Instructions

Read the slide to your audience.



Instructions

Ask audience members to help read the questions.



Instructions

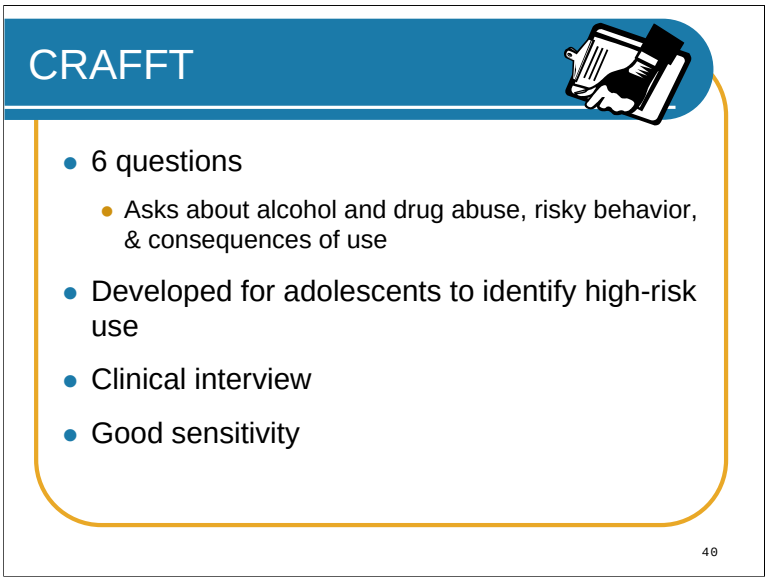
Ask audience members to help read the questions.

Additional Information

Scoring of the DAST-10:

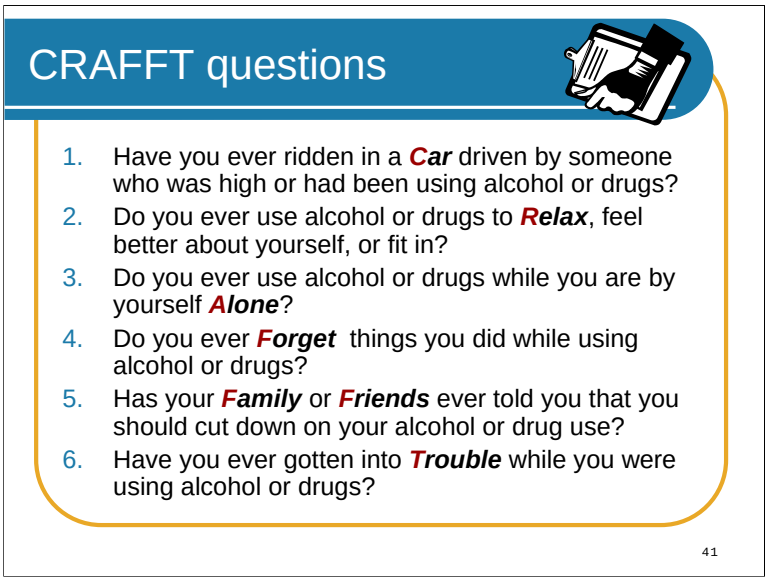
One point for each positive answer. A score of 3-5 indicates moderate level of risk and further assessment may be indicated. A score of 6-8 indicates a high risk and additional assessment is needed.

(Source: Commonwealth of Australia, 2002.)



Instructions

Read the slide to your audience.



Instructions

Ask audience members to help read the questions.

Additional Information

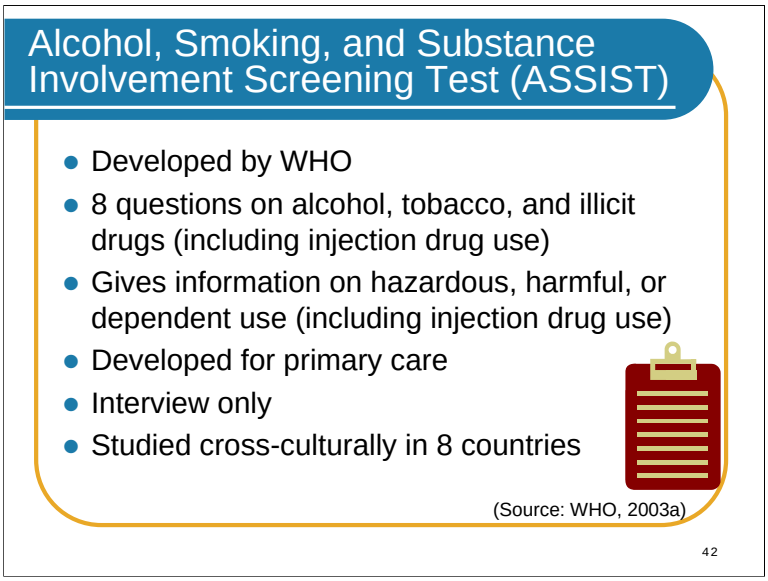
The interview should be held in a private setting and without parents present. Reassure the patient that your discussion is confidential and that you will not disclose the details of your conversation with parents without the patient's permission, unless a serious health risk exists.

(Source: SAMHSA, 1999a. *Screening and Assessing Adolescents for Substance Use Disorders.*).

Scoring of the CRAFFT:

Two or more positive responses indicate need for further assessment.

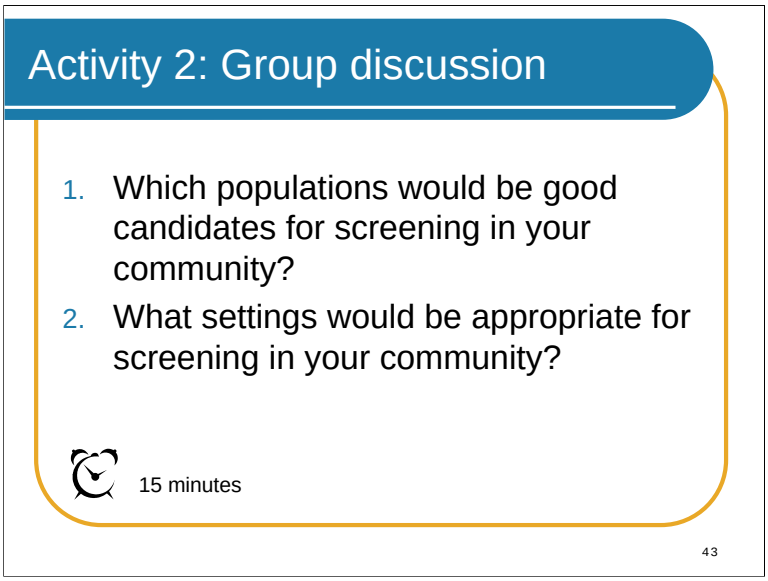
(Source: Knight et al., 2002).



Instructions

Read the slide to your audience. Explain that you will focus on the ASSIST in Workshops 2 and 3.

(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care*.)



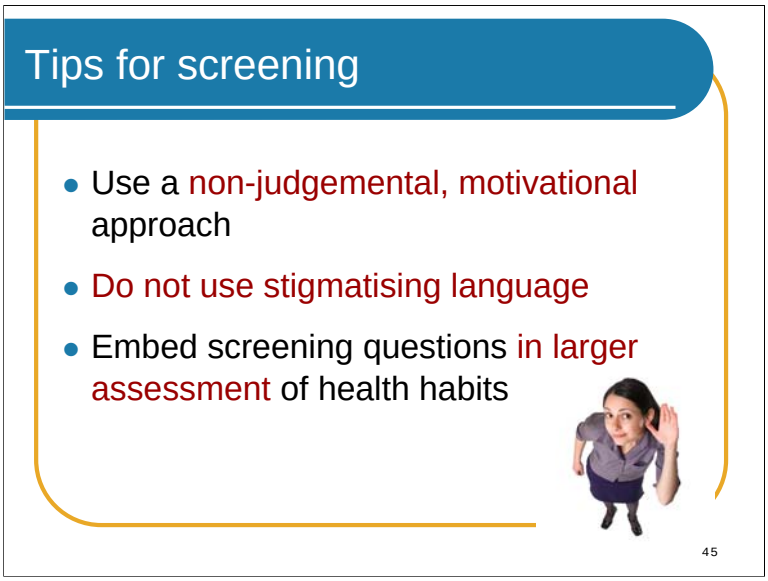
Instructions

Take 15 minutes to ask the audience these 2 questions about screening in their communities.

Screen	Target Population	# items	Assessment	Setting (most common)	Type
ASSIST (WHO)	-Adults -Validated in many cultures and languages	8	Hazardous, harmful, or dependent drug use (including injection drug use)	Primary Care	Interview
CAGE	Adults and youth >16	4	-Hazardous drinking -Asks about need to cut down, signs of dependence, & related problems	Primary Care	Self-administered Interview
TWEAK	Pregnant women	5	-Risky drinking during pregnancy. Based on CAGE. -Asks about number of drinks one can tolerate, alcohol dependence, & related problems	Primary Care, Women's organizations, etc.	Self-administered Interview or computerised
AUDIT (WHO)	-Adults and adolescents -Validated in many cultures and languages	10	Identifies alcohol problem use and dependence. Can be used as a pre-screen to identify patients in need of full screen and brief intervention	-Different settings -AUDIT C- Primary Care (3 questions)	Self-administered Interview or computerised
DAST-10	Adults	10	To identify drug-use problems in past year	Different settings	Self-administered Interview
CRAFFT	Adolescents	6	To identify alcohol and drug abuse, risky behavior, & consequences of use	Different settings	Interview

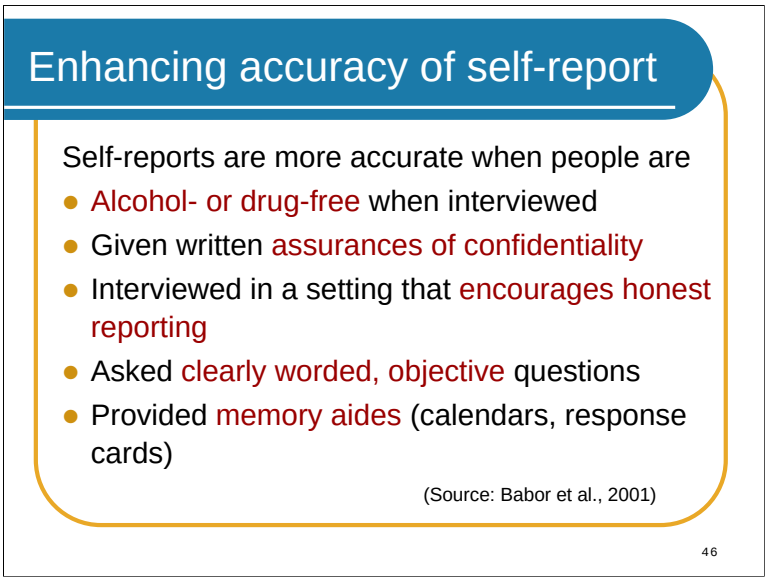
Instructions

Take a few minutes to review each screen with the audience, emphasising the different characteristics between them on the following: target population, number of items, assessment, settings, and type of assessment tool.



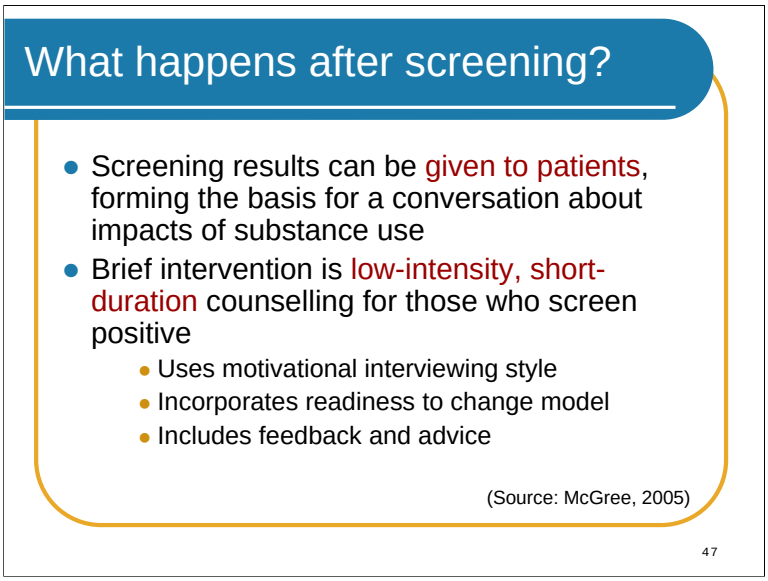
Instructions

1. Read the slide to your audience.
2. Explain that these tips may enhance the truthfulness of the patient's self report.



Instructions

Read the slide to your audience.



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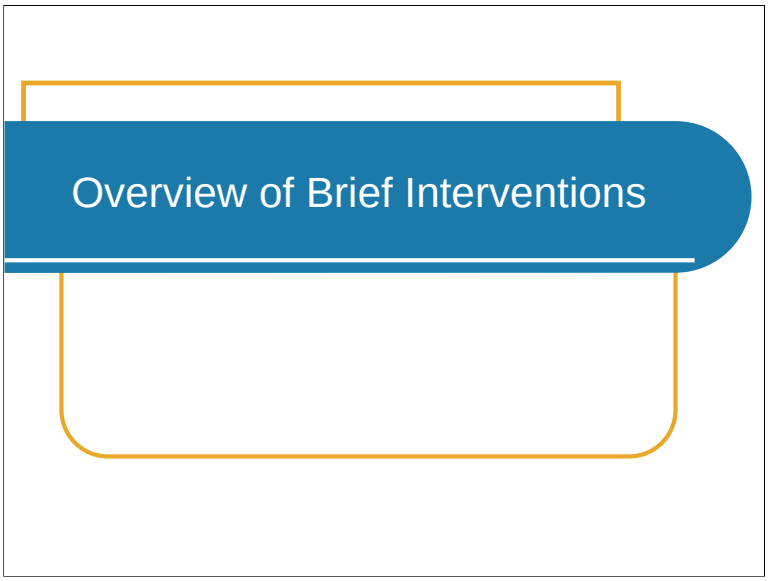
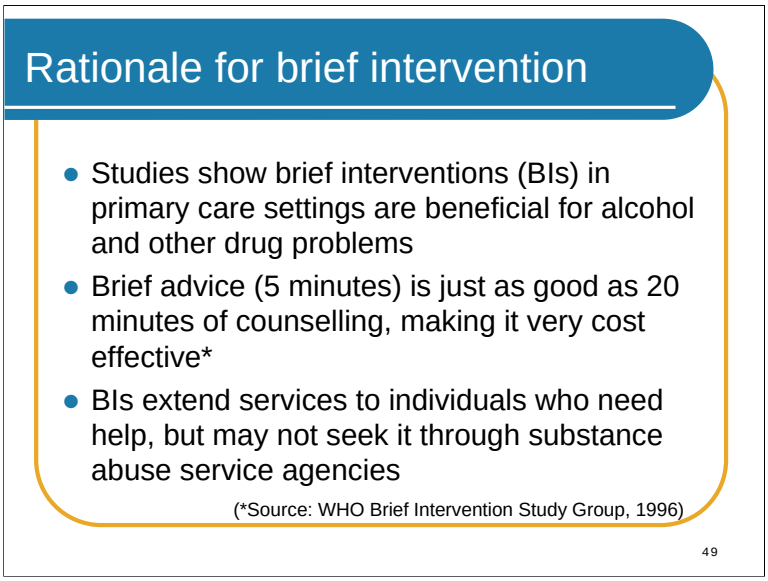
Read the slide to your audience.



Instructions

State that the next few slides will focus on brief interventions. You can introduce the topic by saying that brief interventions are practises that aim to investigate a potential problem and motivate an individual to begin to do something about his or her substance abuse, either by themselves or by seeking substance abuse treatment.

(Source: SAMHSA, 1999b. *Brief Interventions and Brief Therapies for Substance Abuse*.)



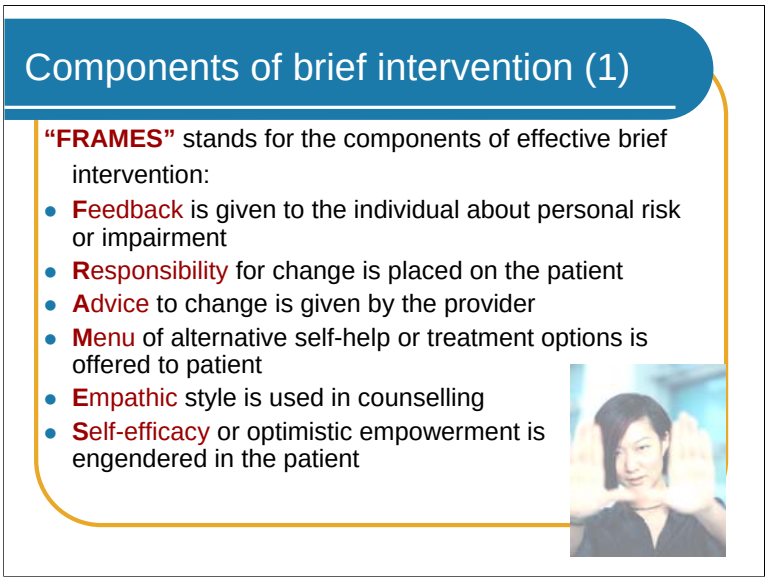
Instructions

Read the slide to your audience.

Additional Information

Brief interventions are low in cost and effective across all levels of hazardous and harmful substance use. Brief interventions are ideally suited for use as a method of health promotion and disease prevention with primary care patients. The main goal of a brief intervention is to reduce the risk of harm that could result from continued use of substances. Brief interventions can range from 5 minutes of brief advice to 15-30 minutes of brief counseling. This overview of brief interventions is based on the WHO ASSIST Brief Intervention manual, which is available at the WHO Web site: www.who.int/substance_abuse/activities/assist/en/

(Source: WHO, 2003b. *Brief Intervention for Substance Use: A Manual for Use in Primary Care*.)



Instructions

Read the slide to your audience.

Additional Information

Feedback can include information about the individual's drug use and problems from the results of a screening instrument such as the ASSIST, information about personal risks associated with current drug use patterns, and general information about substance-related risks and harms.

Responsibility: A key principle of intervention with substance users is to acknowledge that they are responsible for their own behavior and that they can make choices about their substance use.

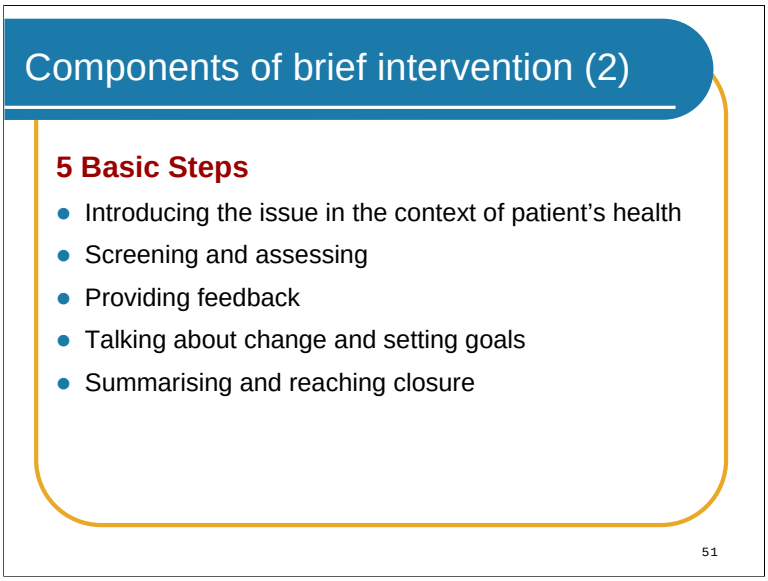
Advice: Providing clear advice that cutting down or stopping substance use will reduce their risk of future problems may increase their awareness of their personal risk and provide them reasons to consider changing their behavior.

Menu of options: Providing the patient with a range of alternative strategies to cut down or stop their substance use allows the patient to choose the strategies that are most suitable for their situation. Providing choices reinforces the sense of personal control and responsibility for making change.

Empathy: Use of a warm, empathic style is a significant factor in the patient's response to the intervention and leads to reduced substance use at follow-up.

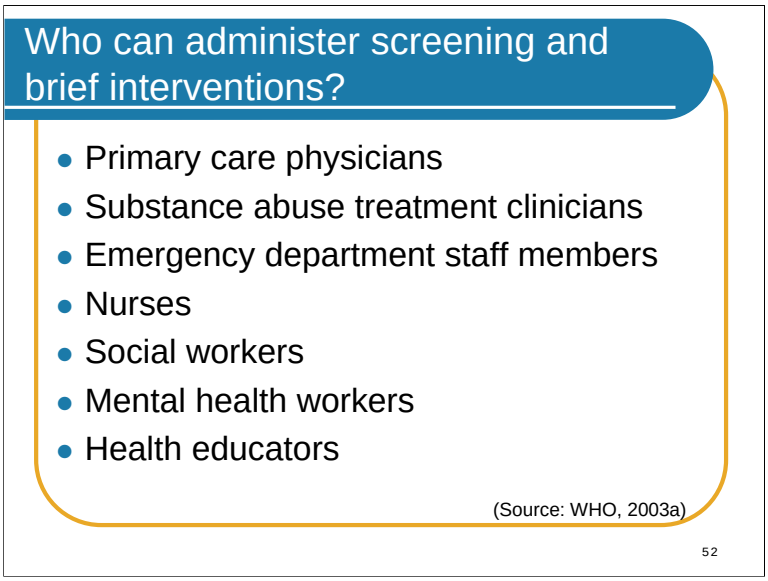
Self-efficacy: The final component of effective brief interventions is to encourage patients' confidence that they are able to make changes in their substance use behavior. People who believe that they are likely to make changes are much more likely to do so than those who feel powerless or helpless to change their behavior.

(Source: WHO, 2003b. *Brief Intervention for Substance Use: A Manual for Use in Primary Care*.)



Instructions

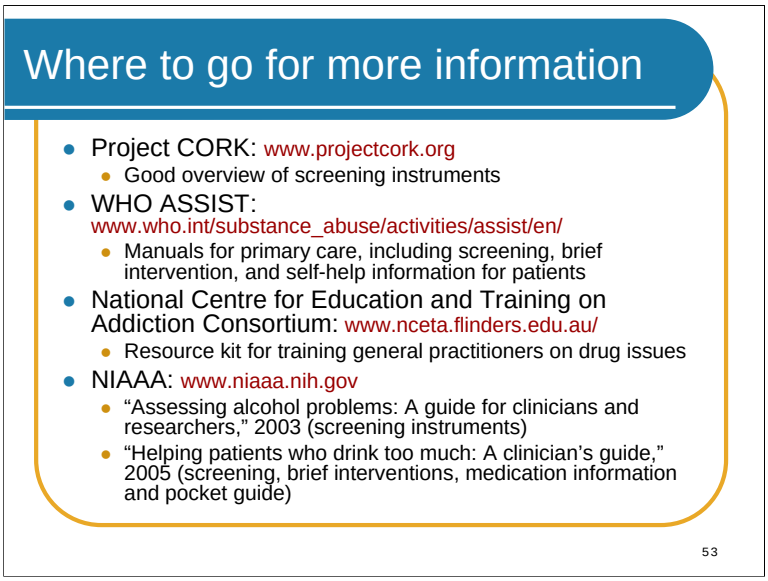
Explain that brief interventions include these common components or steps. Read the list to the audience.



Instructions

Read the slide to your audience.

(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care*.)

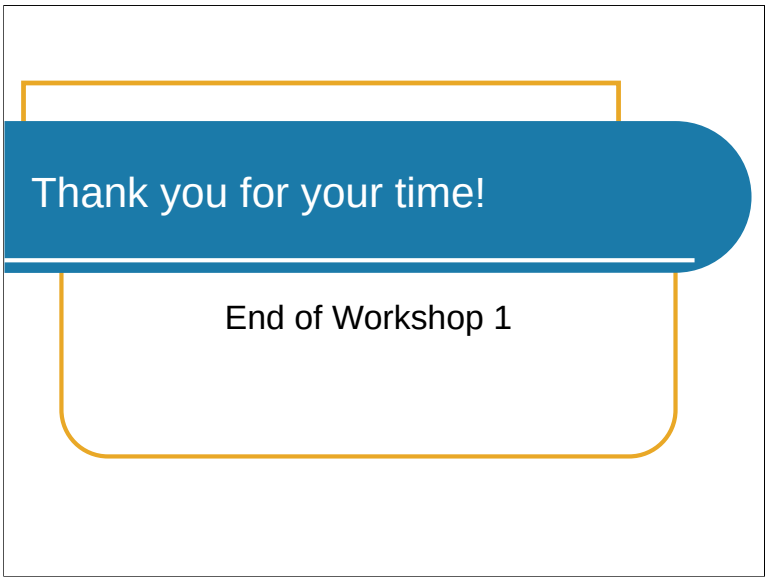


Instructions

Note that there are several Web sites where one can get more information on screening and brief intervention. Some of these sources, such as the World Health Organization, provide information in different languages.

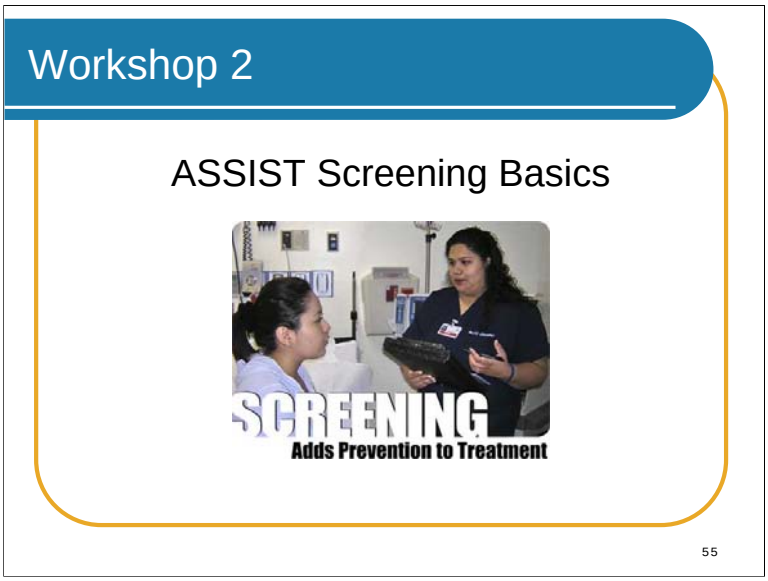
Note

"NIAAA" stands for the U.S. National Institute on Alcohol Abuse and Alcoholism.



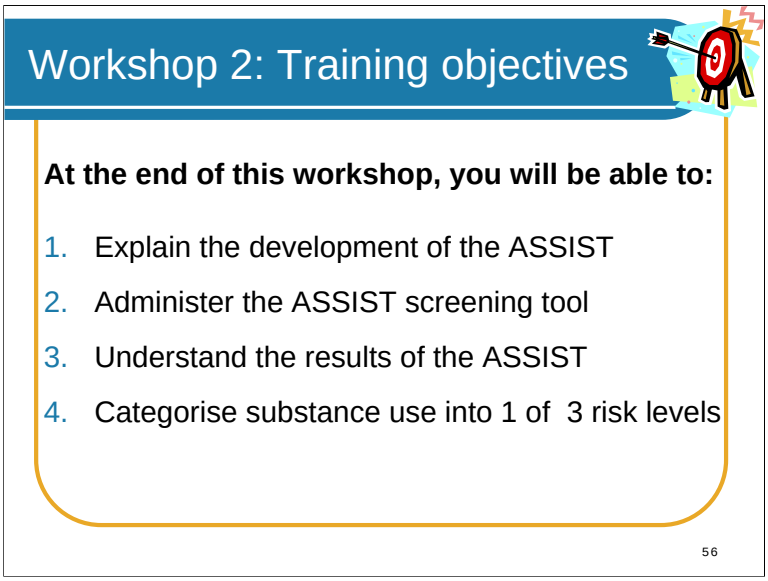
Instructions

Take a 10-15 minute break.



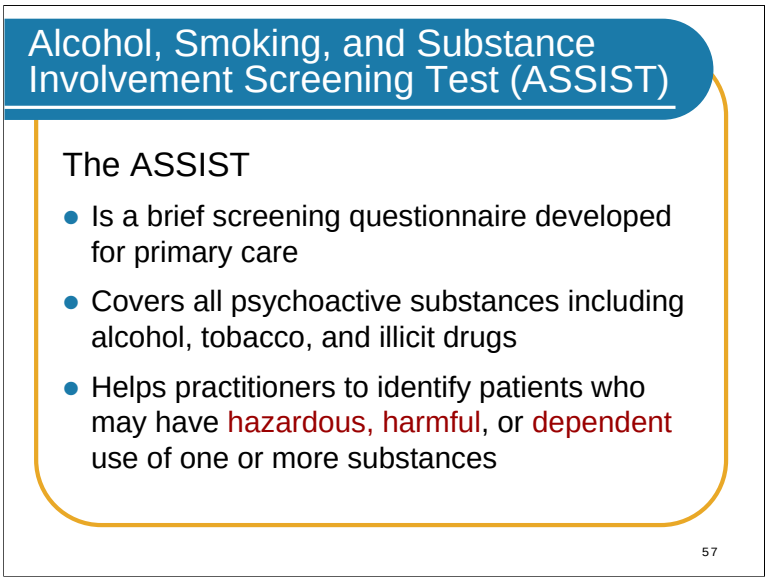
Instructions

Introduce Workshop 2 by reading the title.



Instructions

Read the training objectives to your audience.



Instructions

1. Read the slide to your audience.

2. Ask participants how they would define “hazardous” use? How would they define “harmful” use? Encourage dialogue.

3. Offer the following definitions and examples for hazardous, harmful, and dependent use:

- Hazardous use is a pattern of use which increases the risk of harmful consequences for the user. For example, someone who becomes intoxicated drinking alcohol at a party.
- Harmful use is a pattern of use that is damaging to the physical and/or mental health of the user. For example someone who drinks heavily on weekends or drinks alcohol everyday.
- Dependence on alcohol or other drugs usually develops after repeated use and involves a cluster of symptoms which may include a strong desire to use the substance, impaired control over its use, persistent use of the substance even when it is causing harm, increased tolerance to the effects of the substance, and a withdrawal reaction when use is stopped or reduced.
- Hazardous-, harmful-, or dependent-use patterns of psychoactive substances can also cause significant social problems for the user, such as problems with family, friends, the law, and finances. For instance, if a person becomes intoxicated (even for the first time in their life) and has a car accident.

The kinds of problems related to harmful regular use and dependence develop over a period of time and may include:

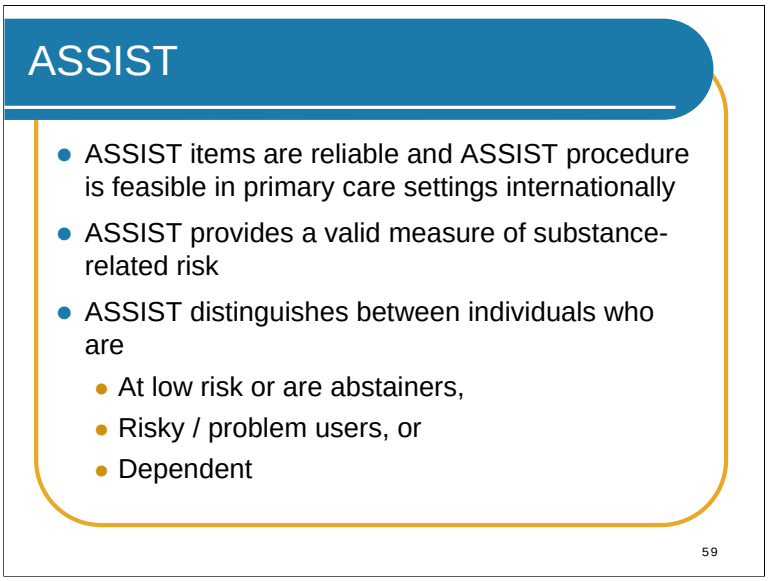
- specific physical and mental health problems,
- decreased immunity to infection,
- anxiety and depression,
- sleep problems,
- withdrawal symptoms when use is reduced or stopped,
- financial difficulties,
- legal problems,
- relationship problems,
- work problems.

(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care*.)

Instructions

1. Read the slide to your audience.

(Sources: WHO, 2002b. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Development, Reliability and Feasibility*. WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care*.)

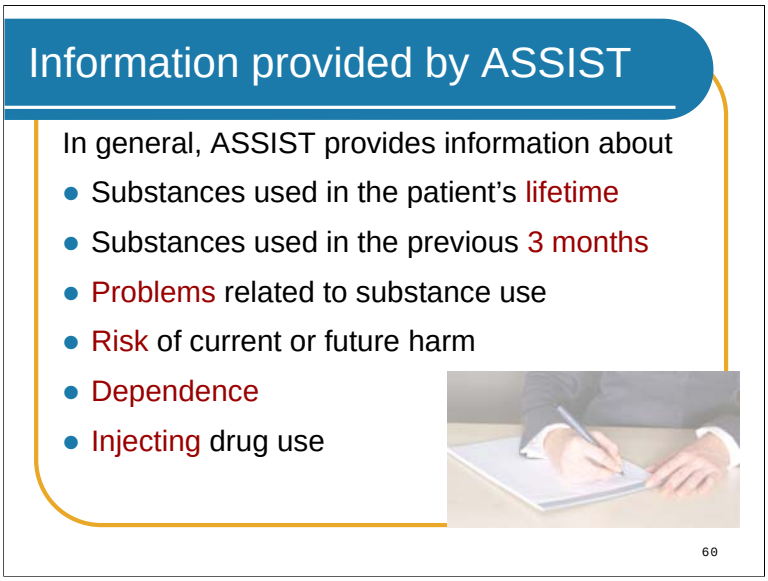


Instructions

Read the slide to your audience.

Additional Information

The ASSIST technical report, describing Phase 1 and Phase 2 studies, is available at http://www.who.int/substance_abuse/activities/assist/en/



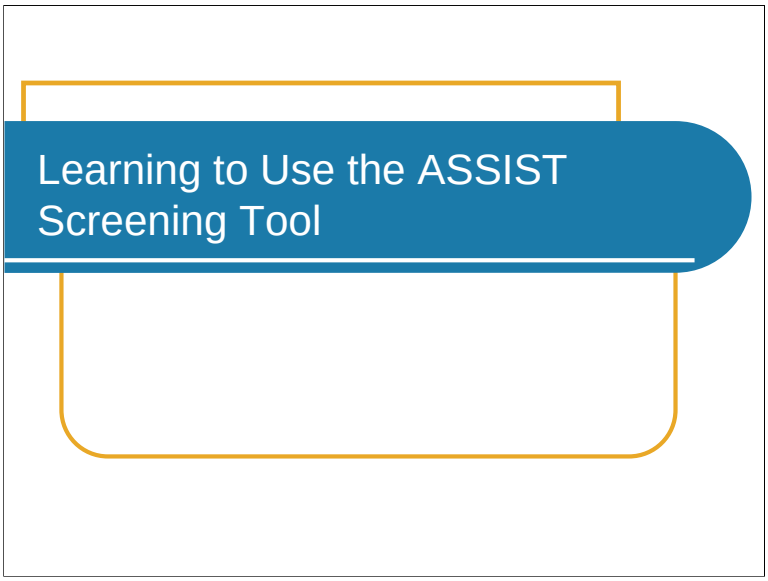
Instructions

Read the slide to your audience.

Additional Information

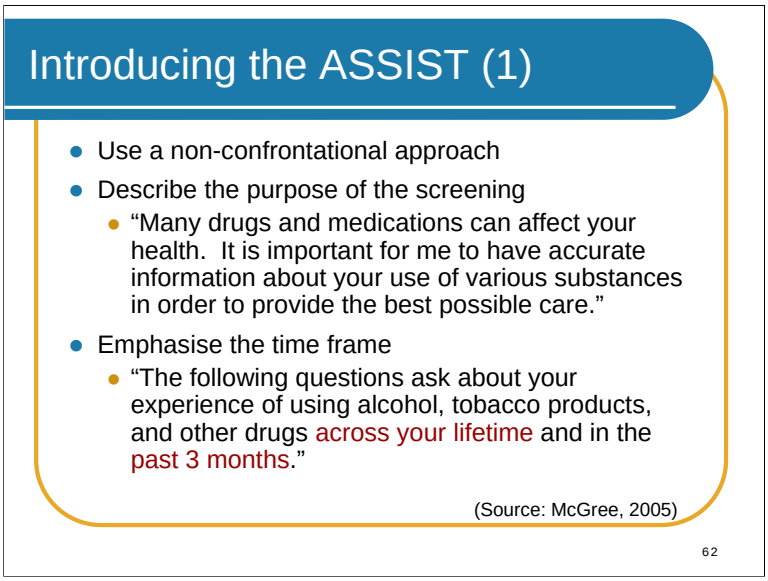
The ASSIST can help warn people that they may be at risk of developing problems related to their substance use in the future, and it can provide an opportunity to start a discussion with a patient about their use. It can identify substance use as a contributing factor to the presenting problem. The ASSIST can be linked to a brief intervention to help high-risk substance users cut down or stop their use and so avoid the harmful consequences of their use.

(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care.*)



Instructions

1. In the next set of slides, you will review the ASSIST step-by-step with the audience. Ask participants to retrieve their copy of the ASSIST and follow along as you review the questions.
2. Explain that in addition to the questions, there is a patient response card that is used during the administration of the ASSIST.



Instructions

Read the slide to your audience.

Additional Information

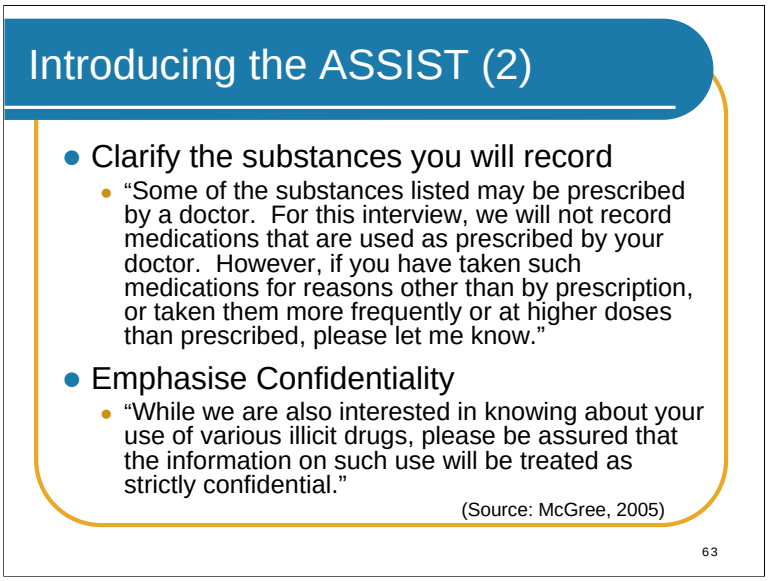
For most people, the ASSIST can be completed in about 5-10 minutes.

The ASSIST questionnaire comes with a response card which gives a list of drugs covered by the questionnaire and a list of appropriate responses for each question. For patients whose drug use is prohibited by law, culture, or religion, it may be necessary to acknowledge the prohibition and encourage honest responses about actual behaviour. "*I understand that others may think you should not use alcohol or other drugs at all but it is important in assessing your health to know what you actually do*."

(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care.*)

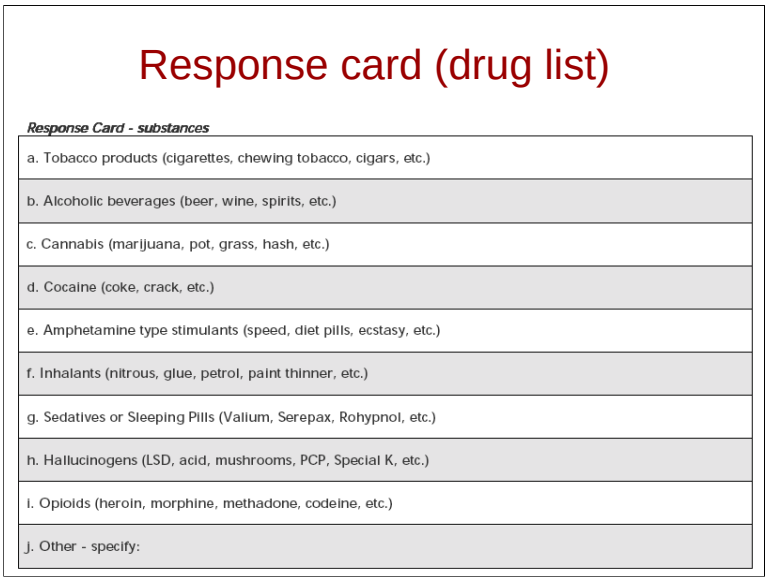
Notes:

The interview format has a number of advantages. The ASSIST can be used even when patients have low levels of literacy. The health worker can explain questions which are poorly understood and can ask probing questions to clarify inconsistent or incomplete responses. In case of illiterate patients, the clinician should read the content of the response card to the patient as many times as needed.



Instructions

1. Read the slide to your audience.
2. Explain that the response card should be handed to the patient.



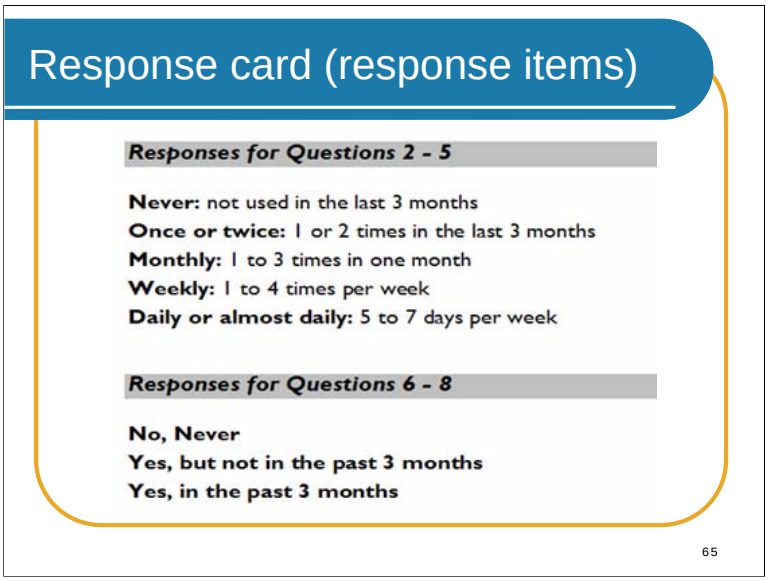
Instructions

Read the slide to your audience.

Additional Information

The patient response card contains a list of the substance categories covered by the ASSIST, together with a range of names associated with each category. It is important to insure that the patient is familiar with the drug names on the card. It is possible to adapt the list to include local street names for various drugs.

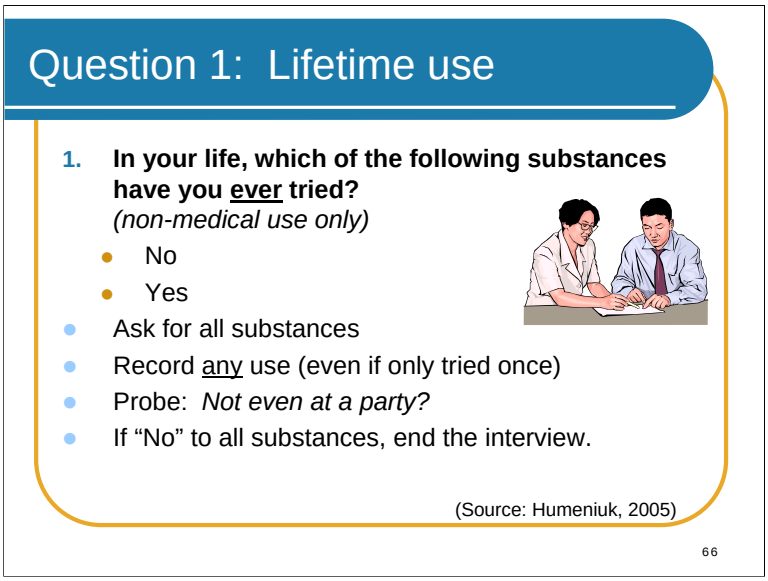
(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care.*)



Instructions

1. Read the slide to your audience.
2. Be sure to review the meaning of each response category, as this is one of the places where errors can occur. For example, the category “monthly” means that the substance was used a total of 3 - 9 times **in total** over the last 3 months. If patients report use in only 1 or 2 of the past 3 months, one must average the total times used over 3 months. For example, if a patient says he used 3 times, but all in one month’s time, the average would be 1 time per month in the past 3 months (or “monthly”). If a patient used 3-4 times a week, but only for one month, the total number of times would be 12-16 and the answer would be “weekly.”

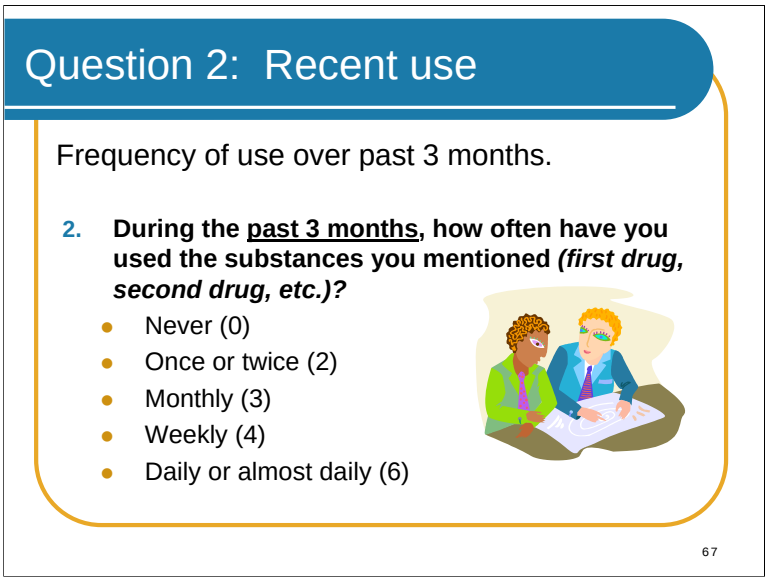
(Source: Humeniuk , 2005.)



Instructions

1. Ask a volunteer to read the question.
2. Read the first 2 blue bulleted points to your audience ("Ask for all substances" and "Record any use (even if only tried once)."
3. For the next 2 bullets: Explain to the audience that if the patient answers "No" to every substance, the interviewer should ask a probing question such as "Not even when you were in school?" If the response is still "No" to all the substances, the interview should be stopped. If the patient answers 'Yes" to Question 1 for any of the substances listed, then move on to Question 2 (next slide), which asks about substance use in the previous 3 months.

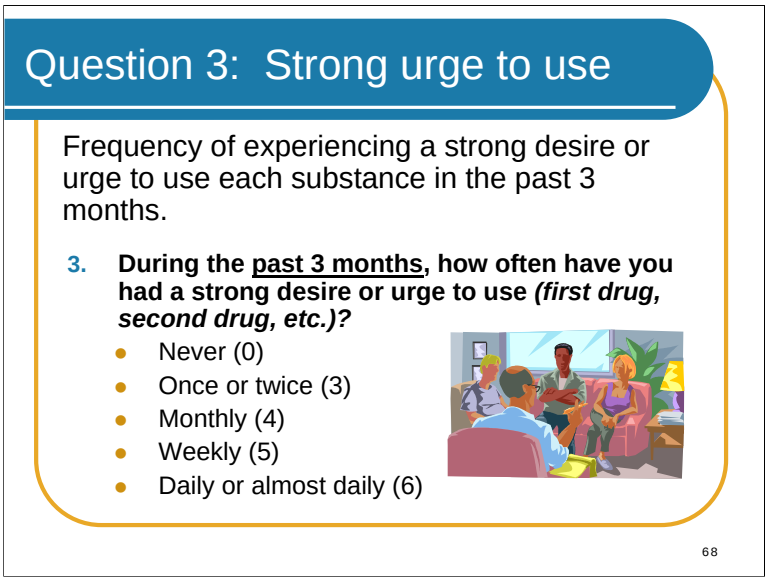
(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care.*).



Instructions

1. State that Question 2 asks about the frequency of substance use in the past 3 months, which gives an indication of the substances which are most relevant to current health status.
2. Ask a volunteer to read the question.
3. Explain that Question 2 should be asked for each of the substances ever used. If the response is “Never” to all of the items in Question 2, move on to Question 6. If any substances have been used in the past 3 months, then continue with Questions 3, 4, and 5 (next slides) for each substance used.

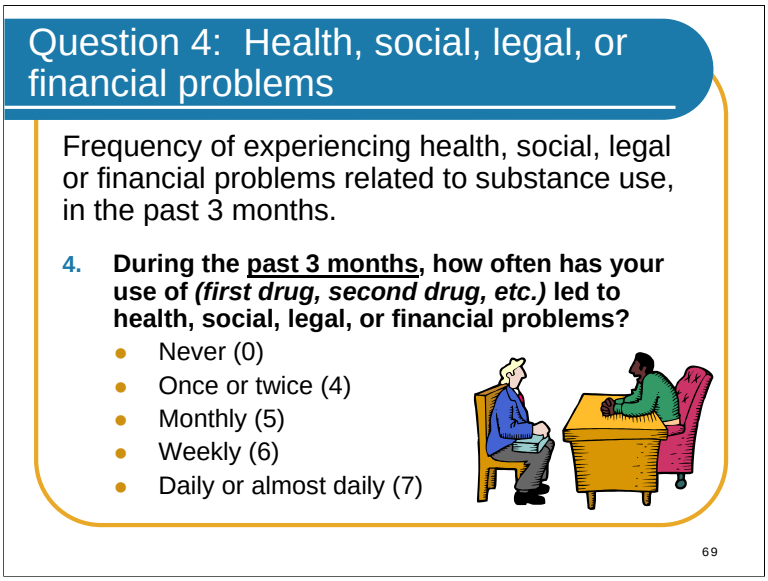
(Source: McGree, 2005.)



Instructions

1. State that Question 3 asks about the frequency of experiencing a strong desire or urge to use each substance in the last 3 months.
2. Ask a volunteer to read the question.
3. This question refers to a strong desire or craving for the drug. A high score on this question is usually associated with high-risk dependent use rather than hazardous risky use. For example, if the person is a daily smoker, they are likely to be experiencing these cravings daily. In this case, one could use cigarette cravings as an example when asking about cravings for other drugs. One could ask the question as follows: “You know the level of craving that you get for a cigarette – how often have you experienced that level of craving for alcohol, for marijuana, etc.?”

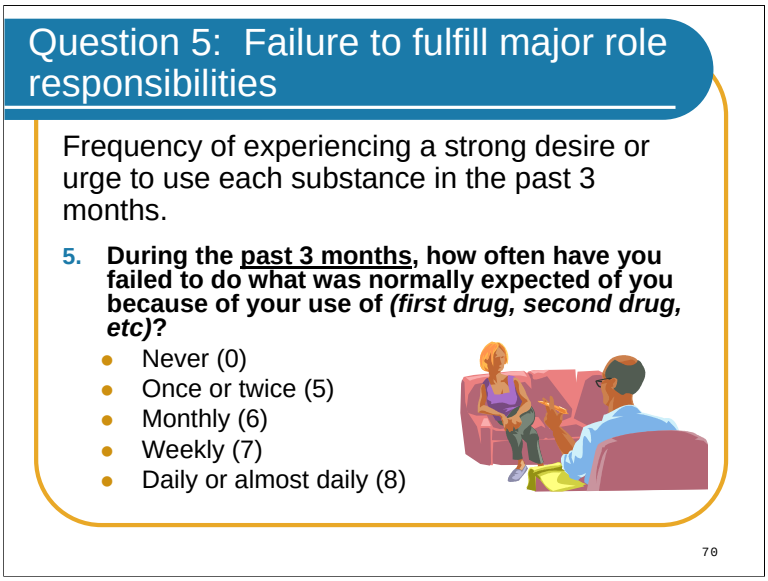
(Source: Humeniuk, 2005.)



Instructions

1. State that Question 4 asks about the frequency of health, social, legal or financial problems related to substance use in the last 3 months.
2. Ask a volunteer to read the question.
3. Explain to your audience that it is important to provide examples of the kinds of problems that are associated with each drug. Alcohol, for example, can lead to bad hangovers, gastrointestinal problems, and/or doing things when you're drunk that you later regret. For amphetamines, one could ask about a bad come-down where the user feels depressed, anxious, and irritable. For cocaine, one could ask about irrational thoughts, anxiety, and feeling angry and irritable. For opiates, one could ask about withdrawal symptoms (restlessness, “goosebumps,” sweating, increased bowel sounds, lacrimation, “sniffles,” dilated pupils, muscle tenderness, tachycardia, hypertension). Doing this helps the patient to understand what you mean – for some patients, it may be the first time they realize that their use is causing them problems.

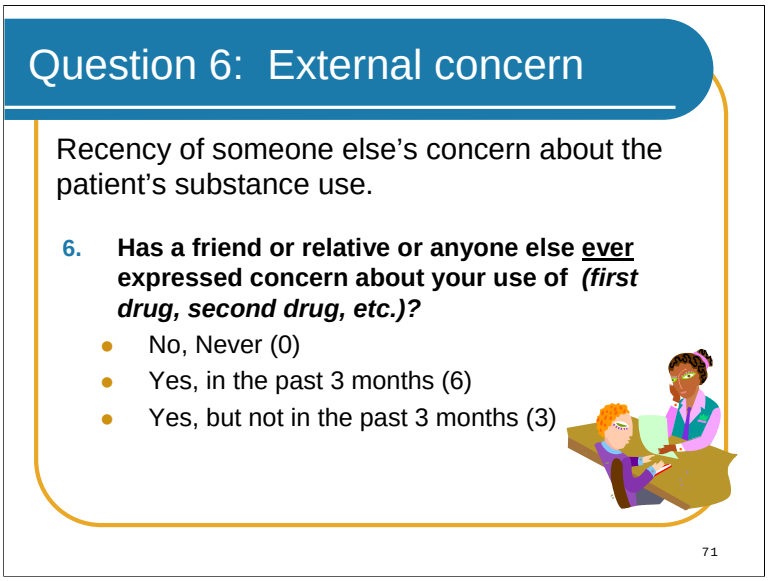
(Source: Humeniuk, 2005.)



Instructions

1. State that Question 5 asks about the frequency with which use of each substance has interfered with role responsibilities in the past 3 months.
2. Ask a volunteer to read the question.
3. Note that Question 5 is not asked for tobacco because it is unlikely that failure to fulfill role obligations would be experienced by tobacco users. Explain to the audience that it is important to give the patient examples of what failing to fulfill role obligations means, and that normally it is indicated by consequences, e.g., missing work and getting into trouble from the boss, losing pay, failing to look after your children properly, or failing to maintain your relationship with your partner. Normally, one would not consider the occasional, mild hangover to be a significant consequence, even if it involved missing one day of work.

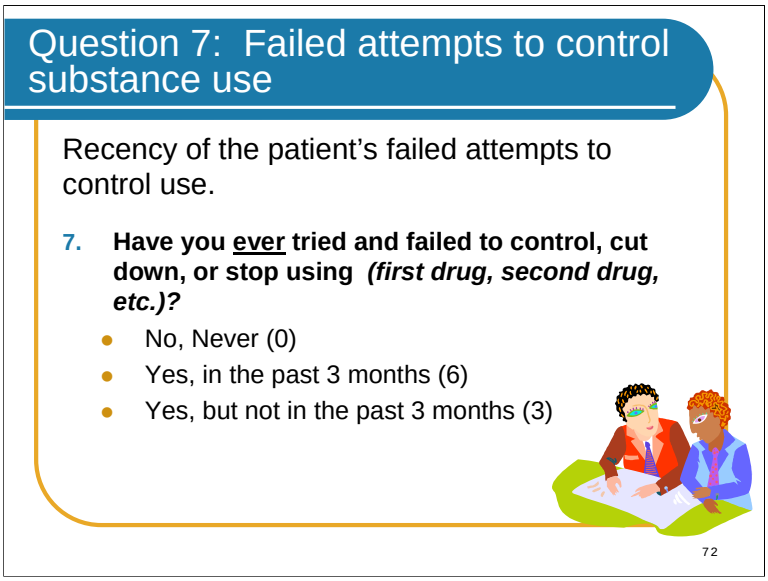
(Sources: Humeniuk, 2005, and McGree, 2005.)



Instructions

1. State that Question 6 refers to substances ever used and asks whether anyone has ever expressed concern about the patient's use of each substance and how recently that occurred.
2. Ask a volunteer to read the question.
3. Note that Questions 6 and 7 should be asked for each substance endorsed in Question 1.

(Source: McGree, 2005.)



Instructions

1. State that Question 7 asks whether the patient has ever tried and failed to cut down or give up their use of each substance and how recently that occurred.
2. Ask a volunteer to read the question.

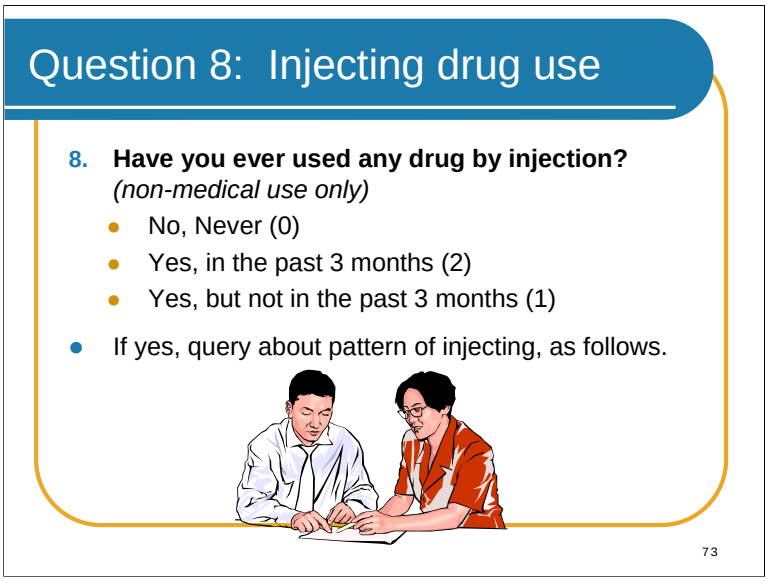
Additional Information

Question 7 tends to be the most confusing for people. It is helpful to ask the question like this: "Have you ever tried to cut down on drinking alcohol, but failed?"

Note that patients can score zero on this for 3 reasons:

1. They have never tried to cut down because it is not an issue (e.g., they have only tried methamphetamine once, they drink alcohol in moderation, etc.)
2. They have never tried to cut down because, even though they may be using in a risky way, they don't see any problem with their use.
3. They have tried to cut down and they were successful in that attempt. If they were successful the first time they tried to cut down, they score 0. If they made several attempts to cut down and were eventually successful, then one needs to capture when the last time was that they tried and failed, and record that.

(Source: Humeniuk, 2005.)



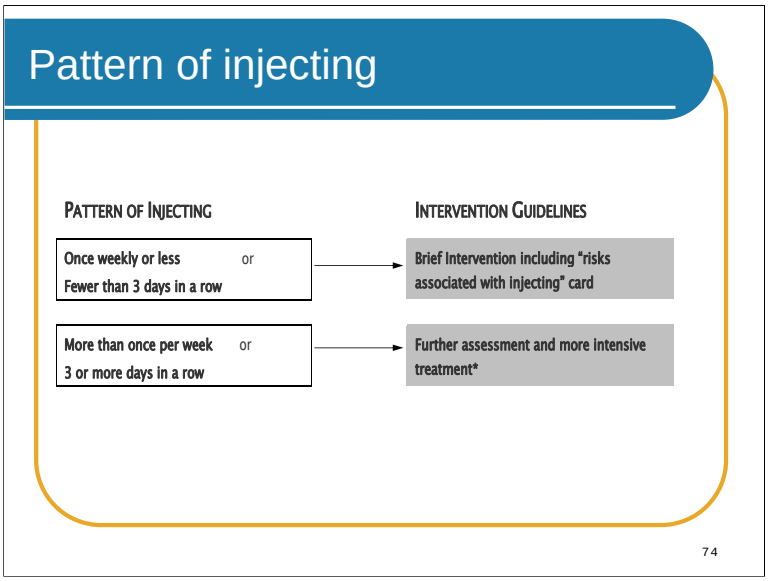
Instructions

1. Ask a volunteer to read the question.
2. Note that if the patient reports injecting, one should ask the patient how often he/she injected.

Additional Information

Injection is treated separately because it is a particularly high-risk activity associated with increased risk of dependence, blood-borne viruses such as HIV and hepatitis C, and other drug-related problems.

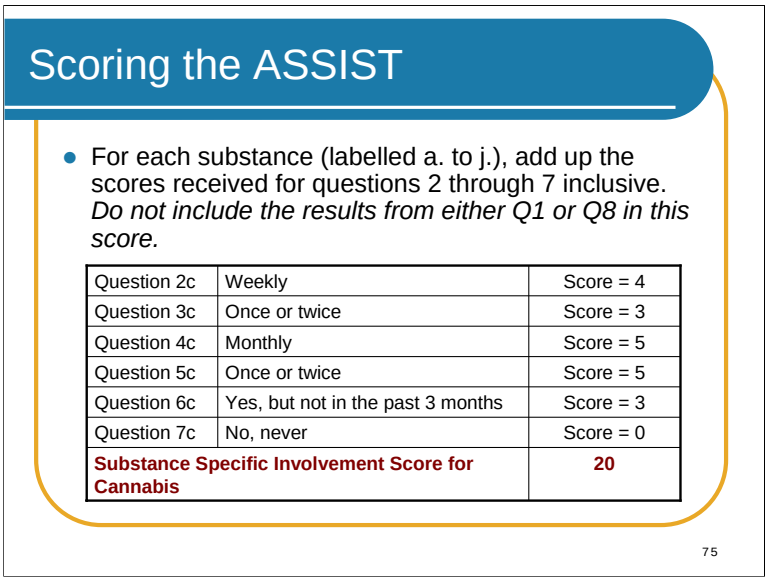
(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care.*)



Instructions

1. Explain that the ASSIST manual provides a guideline for determining the patient's risk level and the best course for intervention.
2. Read the two patterns of injecting and the recommended interventions to the audience.

(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care.*)

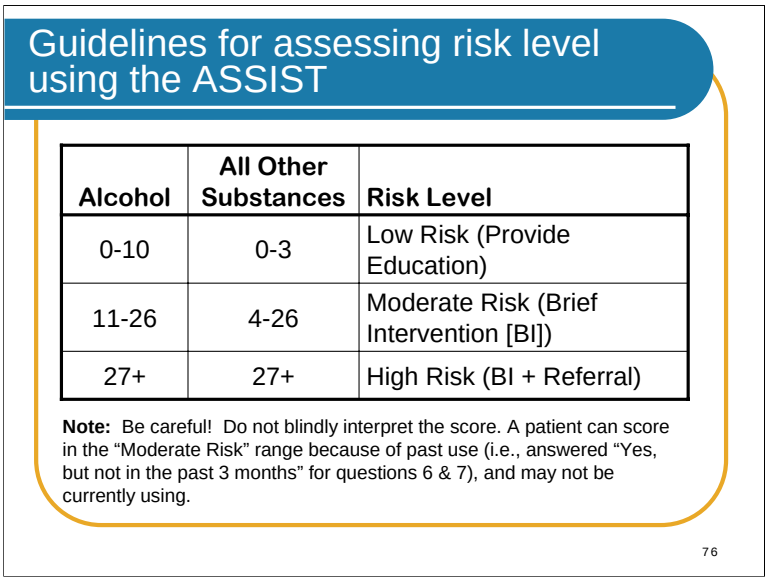


Instructions

1. Read the instructions on the slide for scoring the ASSIST. **Note**: the scores on the slide are just an example from one of the sample role-plays.
2. Explain to participants that each question on the ASSIST has a set of responses to choose from, and each response has a numerical score. The interviewer simply circles the numerical score that corresponds to the patient's response for each question. At the end of the interview the scores for each substance are added together to produce a substance-specific score. The scores are weighted – endorsement of question items get increasingly higher scores.

Note: On Question 5 there is no score for tobacco.

(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care.*)



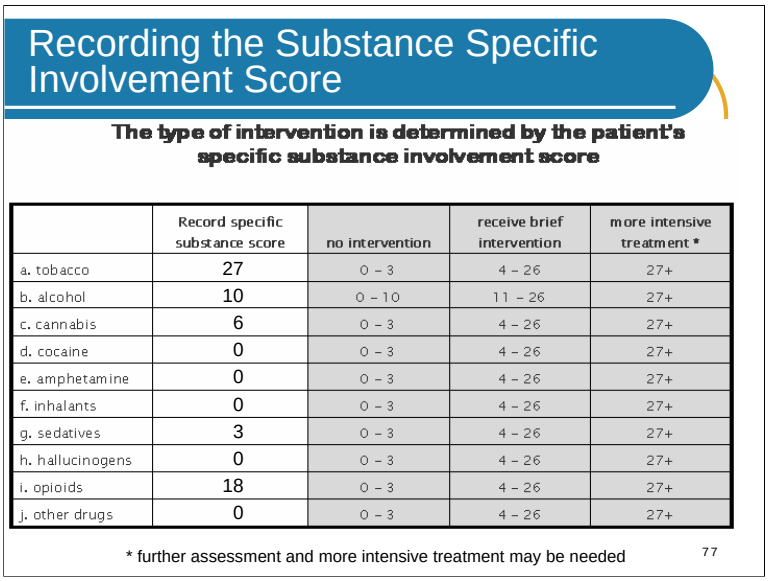
Instructions

Explain to participants that the scores for each drug type correspond with a risk level (low, moderate, high). Review the ranges for alcohol first and then for other substances.

Additional Information

Be careful! A patient can score a 6 by answering *yes* to the last two "ever" questions about external concern and failure to control use in the past. Although they still score in the "moderate risk" category, tailor your brief intervention to acknowledge their past use (but current abstinence).

(Source: McGree, 2005.)



Instructions

Explain to the audience that this is an example of a score sheet. Draw their attention to the fact that the substance-specific scores determine the course of the intervention.

Additional Information

- All patients screened using the ASSIST should receive feedback regarding their scores and level of risk and be offered information about the substances they use. This is the minimum level of intervention for all patients.
- For patients whose ASSIST score indicates that they are at low risk of substance-related harm for all substances, there is no need for a brief intervention.
- Patients whose ASSIST score indicates that they are at moderate risk of harm should be offered a brief intervention.
- Patients whose Specific Substance Involvement score is 27 or more for any substance, and/or have regularly injected drugs in the past 3 months are likely to be at high risk and substance dependent and require more than just a brief intervention. These people require further assessment and more intensive treatment.

(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care.*)

Patient Feedback Form

Specific Substance Involvement Scores

Substance	Score	Risk Level
a. Tobacco products		0–3 Low 4–26 Moderate 27+ High
b. Alcoholic Beverages		0–3 Low 4–26 Moderate 27+ High
c. Cannabis		0–3 Low 4–26 Moderate 27+ High
d. Cocaine		0–3 Low 4–26 Moderate 27+ High
e. Amphetamine type stimulants		0–3 Low 4–26 Moderate 27+ High
f. Inhalants		0–3 Low 4–26 Moderate 27+ High
g. Sedatives or Sleeping Pills		0–3 Low 4–26 Moderate 27+ High
h. Hallucinogens		0–3 Low 4–26 Moderate 27+ High
i. Opioids		0–3 Low 4–26 Moderate 27+ High
j. Other – specify		0–3 Low 4–26 Moderate 27+ High

What do your scores mean?

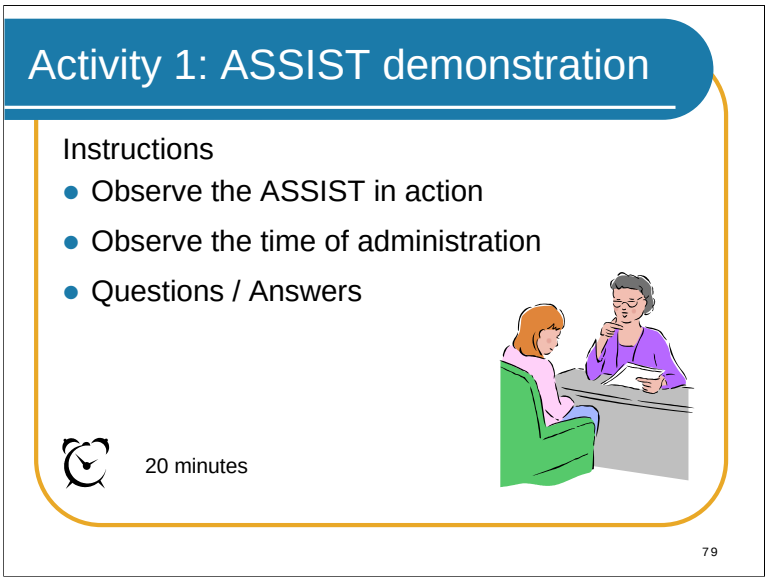
Low:	You are at low risk of health and other problems from your current pattern of use.
Moderate:	You are at risk of health and other problems from your current pattern of substance use.
High:	You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and are likely to be dependent

Are you concerned about your substance use?

Instructions

Tell the audience that this slide shows the patient feedback form. The ASSIST feedback form is completed at the end of the ASSIST interview and is used to provide personalized feedback to the patient about their level of substance-related risk.

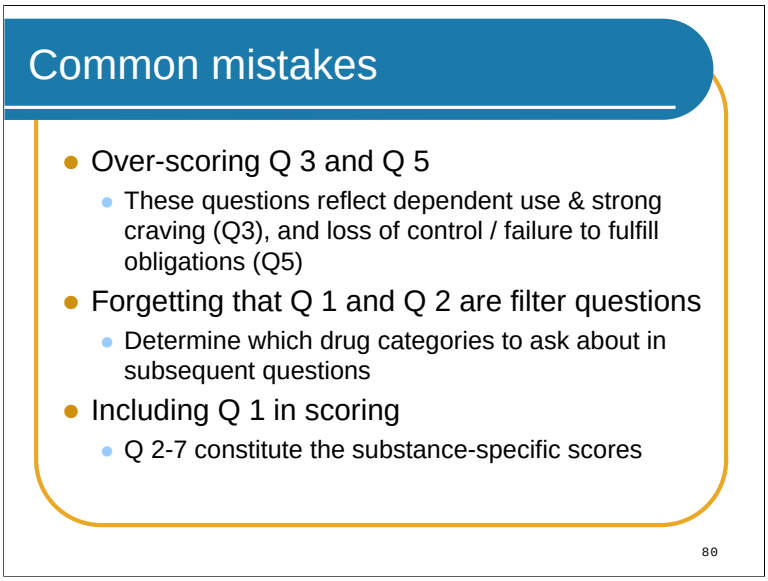
(Source: WHO, 2003a. *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care.*)



Instructions

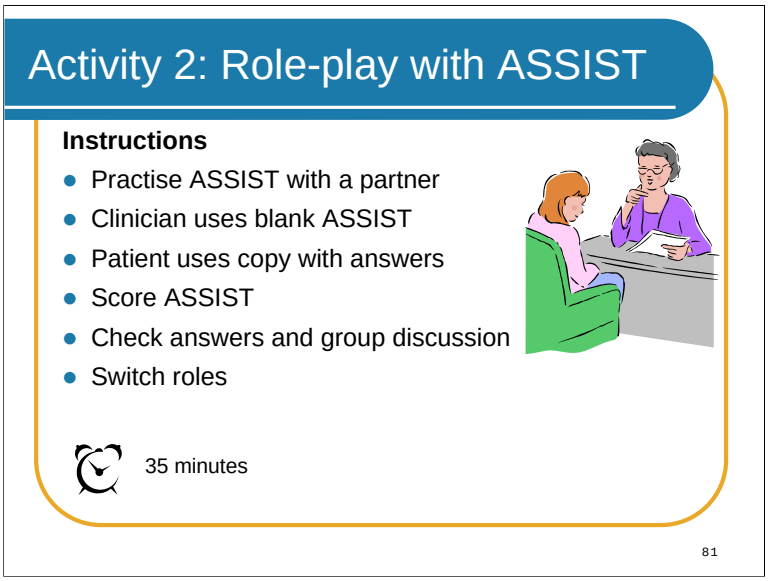
There are 2 options for demonstrating the ASSIST:

- Show the ASSIST demo video (lasts 20 minutes). Note that the clinician in the video incorporates a good deal of discussion with the patient in between the questions, blending the screening and brief intervention. For the purposes of this training, it is easier to have participants practise the screening without interruption and then proceed with the brief intervention.
- Ask for a volunteer from the audience to perform a role-play together with you in front of the group. For the role-play, use the demo example of the female patient aged 23 years old. Do only the ASSIST screening questions and review the scoring. You will do the brief intervention portion in Workshop 3.



Instructions

Review these common mistakes with the audience.

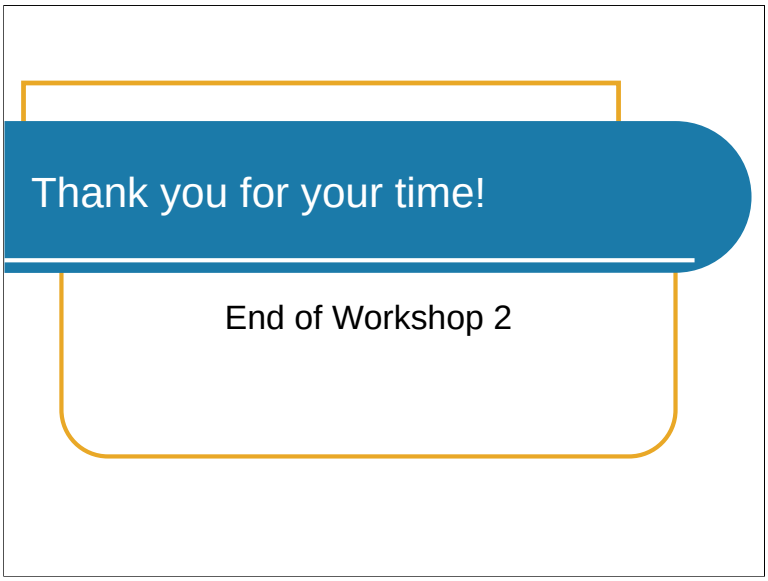


Instructions

1. Ask the audience to divide into groups of 2. Each group will do an ASSIST role-play using either the Dave or Chloe example (see training binder). Individuals administering the ASSIST should add up the scores after completing the interview.

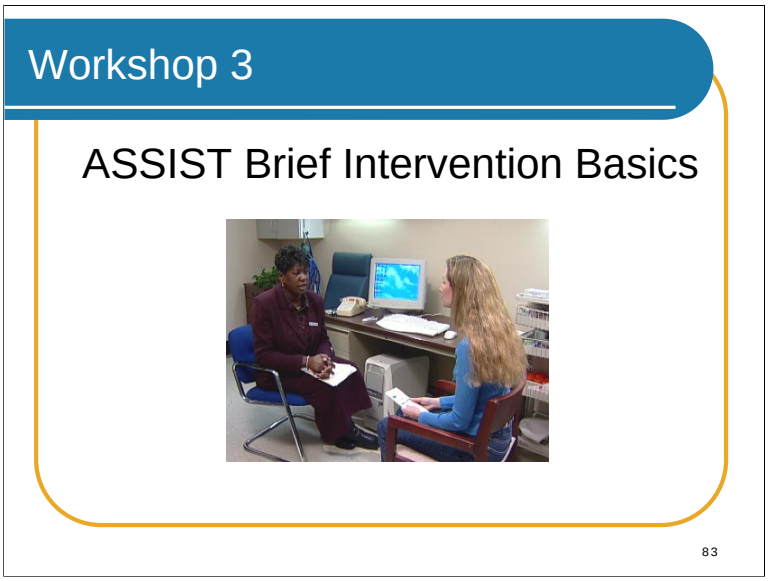
2. When everyone is finished (about 15 minutes later) ask the group if there was any difficulty or confusion with the questions.

3. Ask the participants to tell you the score they got for the Dave and Chloe examples. If there are discrepancies, check to see if the participants added in the answers to Questions 1 and 8 (shouldn't be added). Review the correct scoring with participants if necessary.



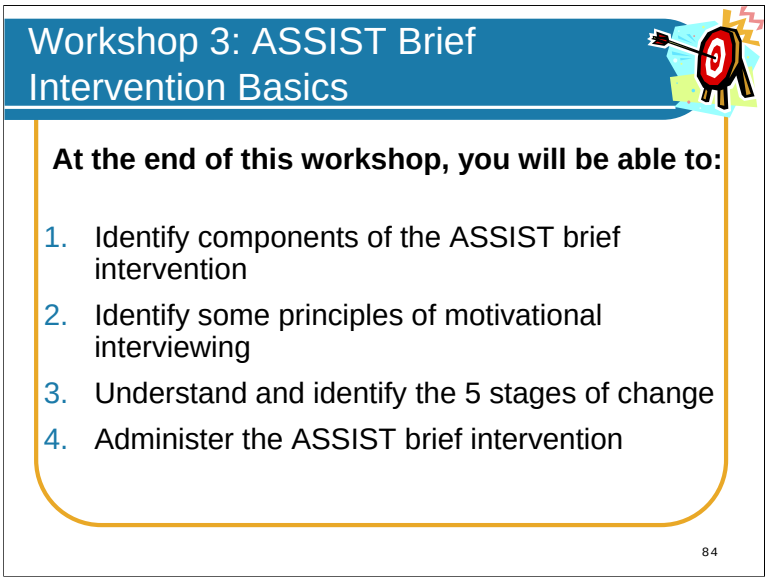
Instructions

Take a 10-15 minute break.



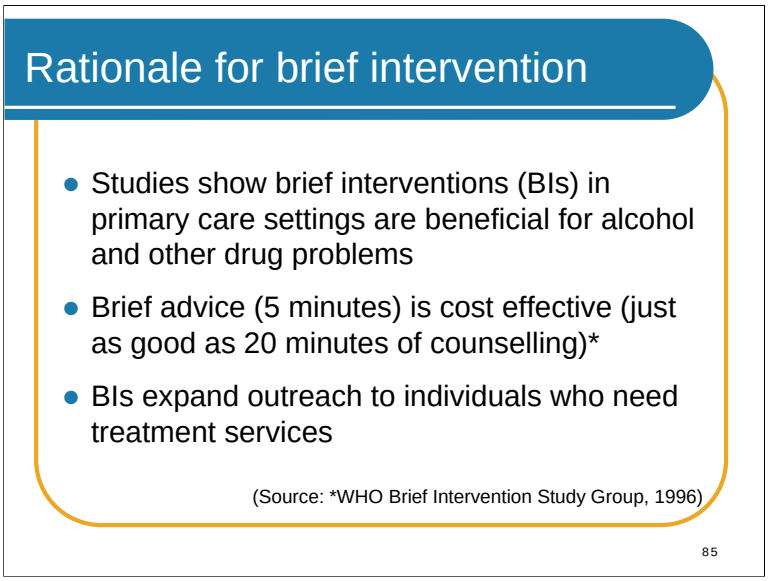
Instructions

Introduce Workshop 3 by reading the title.



Instructions

1. Read the training objectives to your audience.



Instructions

Mention that participants saw this slide in Workshop 1. At this point, you just want to reiterate that brief interventions have been shown to be valuable tools for helping individuals cut down or cut out substance use.

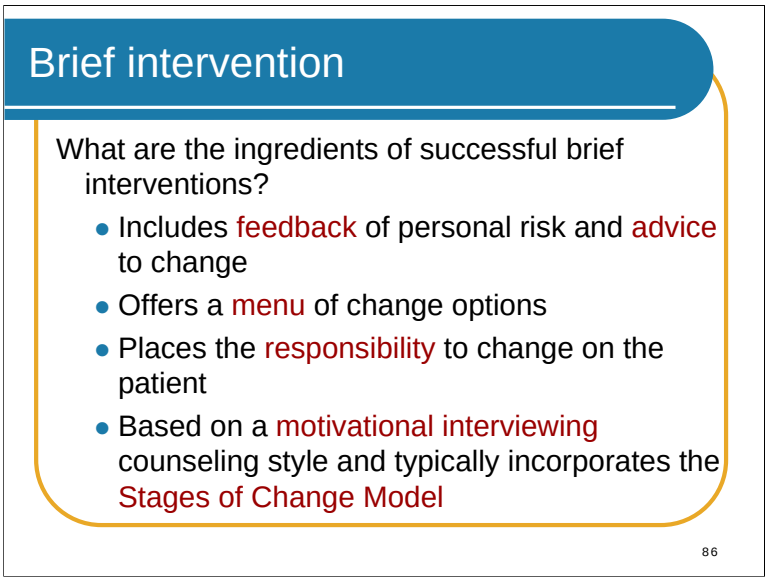
Additional Information

The aim of the intervention is to help the patient understand that their substance use is putting them at risk and to encourage them to reduce or give up their substance use. Brief interventions should be personalized and offered in a supportive, nonjudgemental manner. Brief interventions are not intended to treat people with serious substance dependence; however, brief interventions can be used initially to encourage dependent patients to accept more intensive treatment within the primary care setting (hospitals, medical centers, emergency rooms, clinics, doctor's office) or referral to a specialized alcohol and drug treatment agency.

(Source: WHO, 2003b. *Brief Intervention for Substance Use: A Manual for Use in Primary Care*.)

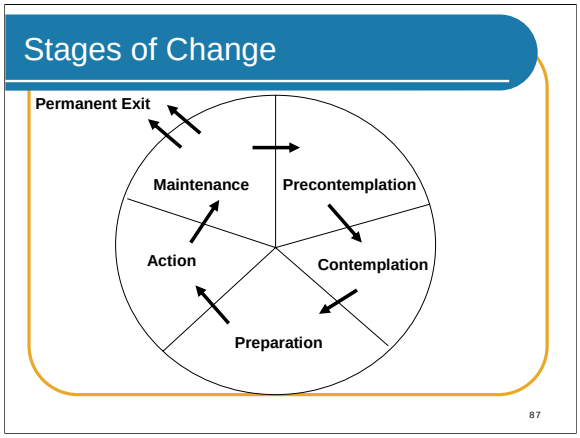
Notes:

Brief interventions can also be used with injecting drug users either in clinical settings or other environments (i.e., the streets). Volume C (Module 2: *Opioids: Basics of Addiction; Treatment with Agonists, Partial Agonists, and Antagonists*) and Volume D (Topic 4: *Harm Reduction and HIV Risk Reduction Strategies*) provide further information on injecting drug users.



Instructions

Read the slide to your audience. The common components of brief interventions were highlighted in Workshop 1. You are now going to review this process in more detail.



Instructions

1. Read the slide to your audience.
2. Explain that the Stages of Change model is a way of understanding and conceptualising the process of behaviour change and is a basis for developing treatment interventions that are tailored to the needs of individual patients.
3. Review the Stages:

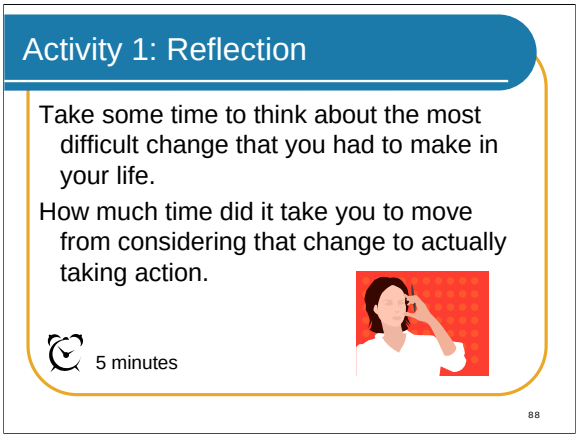
- **Pre-contemplation stage:** People at this stage are the "happy users." They are unconcerned about their drug-use behaviour and do not recognize any need to make changes.
- **Contemplation stage (considering whether to change):** At this point in the cycle, patients are contemplating change. They feel two ways about their behaviour. On the one hand, it is an enjoyable, exciting, or pleasurable activity. But on the other hand, they are starting to experience some adverse consequences. They are ambivalent about continuing their drug use.
- **Determination/preparation stage (considering how to change):** Individuals in this stage have decided they will make the indicated change. They are making decisions about what kind of help they may need, what resources they will need, and what preparatory changes they need to make before they begin to make the identified change.
- **Action stage:** At this stage, people have resolved to change and have committed themselves to that process. They have embarked on the road to change their drug-use behaviour. It is important to remember that they still may experience some ambivalent feelings at this time.
- **Maintenance stage:** In the maintenance stage, people have successfully made a change and have sustained the change for a significant period of time. This stage generally occurs at least 6 months after the behaviour has changed. People who have not used drugs for up to 5 years are considered "maintainers."

4. Explain that stages of change are cyclical and dynamic. People can go back and forth from one stage of change to the other. In addition to this, people can be in different stages at the same time if they have a problem with more than one substance. For example, a person can be in the action stage of change for alcohol use but in pre-contemplation on stopping or reducing the use of tobacco.

(Source: SAMHSA, 1999c. *Enhancing Motivation for Change in Substance Abuse Treatment*.)

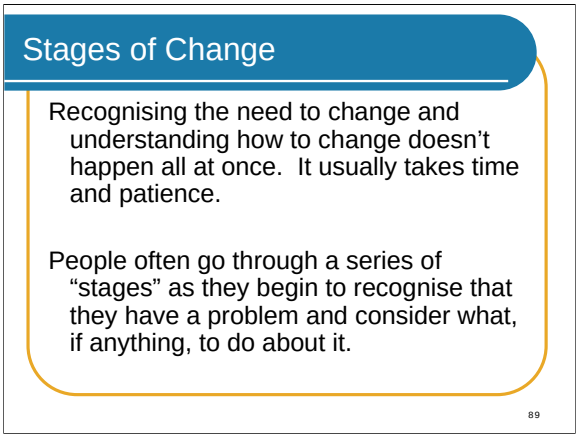
Notes:

For further information, exercises, and case samples on the "Stages of change" and "Motivational Interviewing," please review Volume B, Module 2 (*Motivating Clients for Treatment and Addressing Resistance*), which provides information, exercises, and case samples.



Instructions

1. Introduce the exercise by stating the following: “This exercise will help you to understand that making decisions is not such an easy process.”
2. Read the slide to participants.
3. Ask participants to put down their pencils and take some time to think about, determine, and visualize the most difficult decision or change that they had to make in their life. Then ask:
   - **“How much time did it take you to make this decision and move into action?”**
   - **Ask for just the length of time, not an explanation of the change.**
4. Give participants about 2-3 minutes to think (or more if necessary).
5. Ask for volunteers to share their thoughts with the rest of the group.
6. Once you have heard a number of responses, follow them by asking, “How long do you give your patients to change?”
7. After this exercise, walk people through the Stages of Change in the next slides.



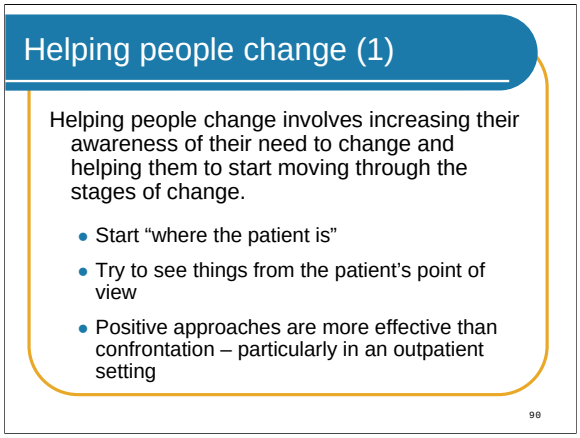
Instructions

Read the slide to your audience.

Additional Information

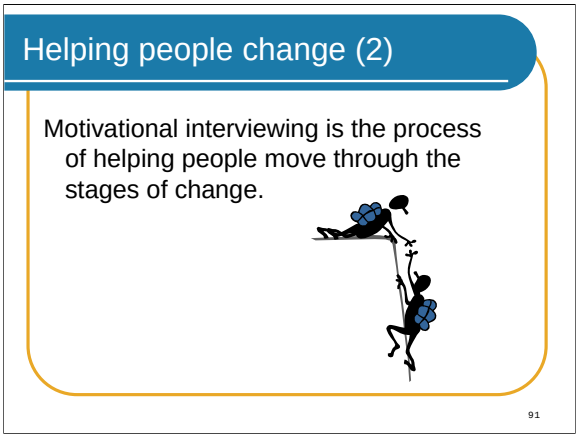
The Stages of Change model, developed originally by Prochaska and DiClemente (1982) and subsequently modified, shows how people generally change their behaviour. It is a particularly useful tool for clinicians in the drug abuse field. The model is a way of understanding and conceptualising the process of behaviour change and developing treatment interventions that are tailored to the needs of individual patients. The stages apply equally well to self-change as to therapy-assisted change. As Miller and Rollnick (1991) point out, people seem to pass through similar stages and employ similar processes of change whether they are in or out of treatment.

(Sources: Adapted from Addy, Ritter, Lang, Swang & Engelander, 2000; SAMHSA, 1999c. *Enhancing Motivation for Change in Substance Abuse Treatment*.)



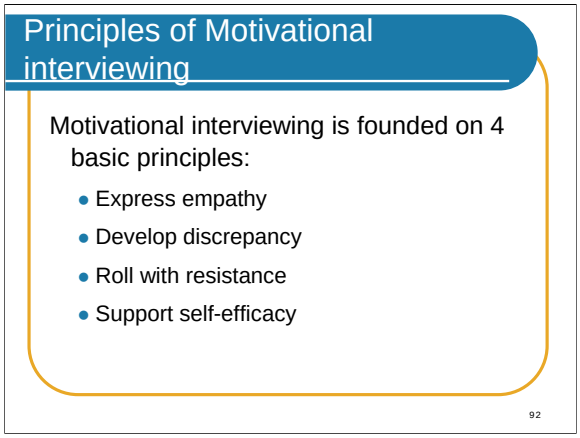
Instructions

1. Read the slide to your audience.
2. Remind participants that motivational interviewing is one of many approaches to helping people change.



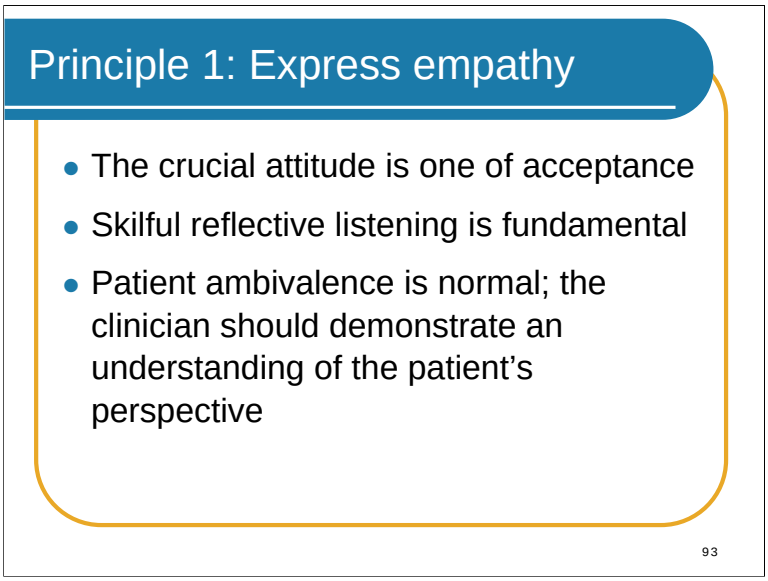
Instructions

Read the slide to your audience.



Instructions

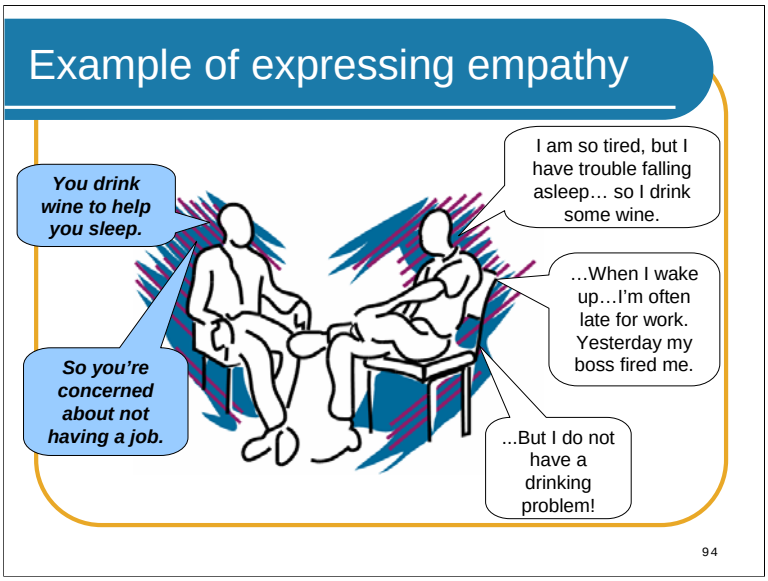
1. Read the slide to your audience.
2. Explain to your audience that you will review each one of principles and provide examples of them in the upcoming slides (do not review them at this point).



Instructions

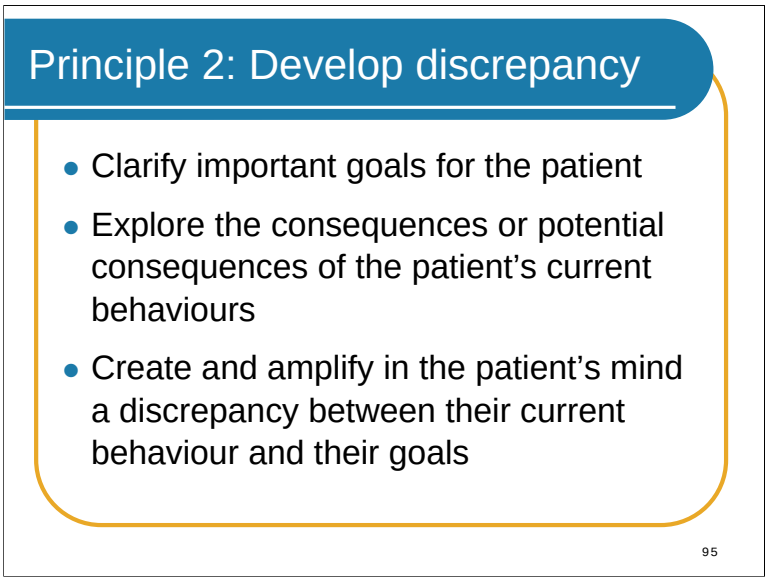
1. Read the slide to your audience.
2. Explain that an attitude of acceptance should not prohibit the clinician from differing with the patient's views. It is important for the clinician to respectfully listen to the patient, with a desire to understand their perspective. Providing empathy and using reflective listening is the key to demonstrating that the listener is intent on thoroughly understanding what the patient is attempting to communicate. In being nonjudgemental and fully present, clinicians build a working therapeutic alliance with the patient and support the patient's self-esteem – an important condition for change.

(Source: Miller & Rollnick, 1991.)



Instructions

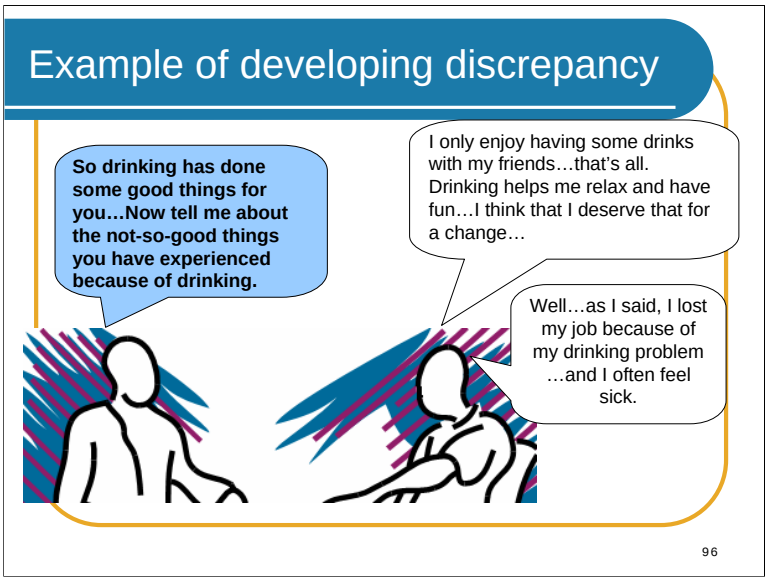
1. Use the slide as an example of expressing empathy through reflective listening.
2. Ask somebody from the audience to read the patient's words (person on the right).
3. Read the words of the clinician (person on the left) or ask a participant to play that role as well.



Instructions

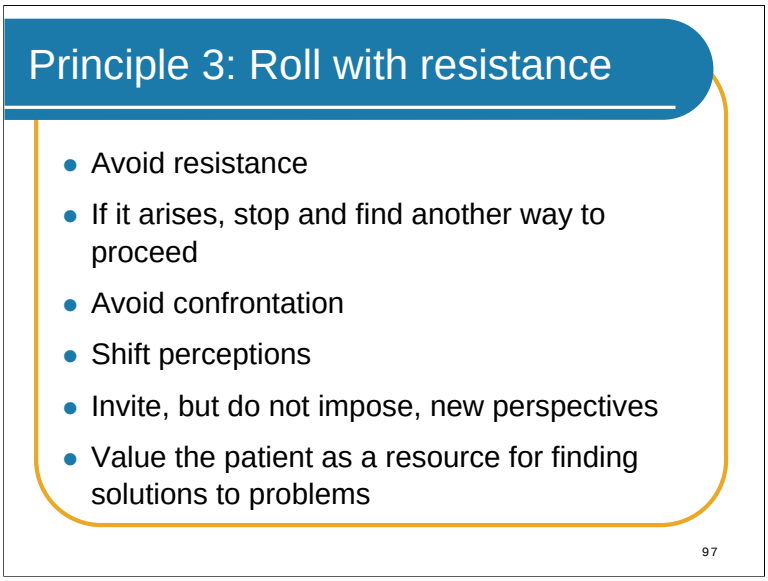
1. Read the slide to your audience.
2. Explain that motivational interviewing gives the clinician the potential to help the patient see the discrepancy between their drug use and their goals, without the patient feeling pressured or coerced. When done successfully, this results in the patient presenting the reasons for change, rather than the counsellor doing so. It is important to get the patient to tell you that they need to change. People are more persuaded by what they hear themselves say than by what other people tell them. When motivational interviewing is done well, it is not the clinician but the patient who explicitly states concerns about their behaviour and their intent to change.

(Source: Miller & Rollnick, 1991.)



Instructions

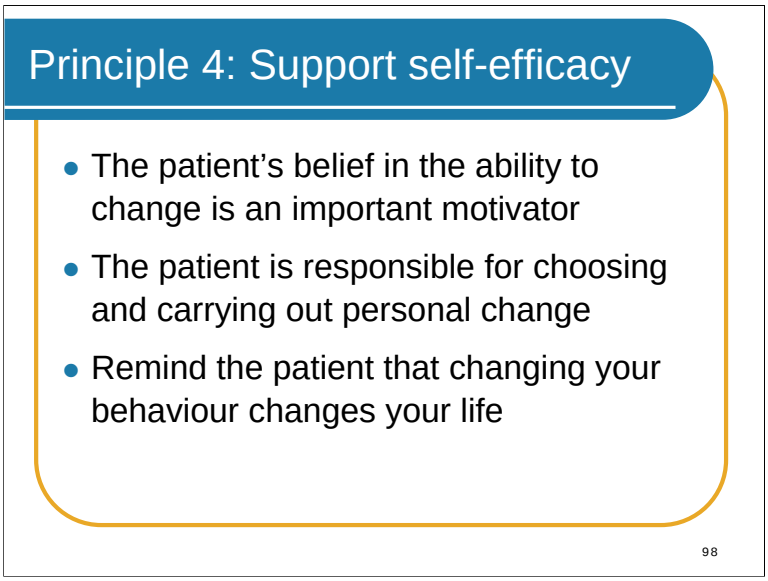
1. Use the slide as an example of developing discrepancy.
2. Ask somebody from the audience (different from the previous person) to read the patient's words (right side).
3. Read the words of the clinician (left side) or ask a participant to play that role as well.
4. Ask the audience how the patient has changed the way that they refer to their drinking from the previous slide.



Instructions

1. Read the slide to your audience.
2. Explain how avoiding resistance, or dealing with it if it arises, is one of the defining characteristics of motivational interviewing. Resistance is a signal that the patient views the situation differently. This requires you to understand your patient's perspective and proceed from there. Resistance is a signal to you to change direction or listen more carefully. Adjusting to resistance is similar to avoiding an argument in that it offers another chance to express empathy by remaining nonjudgemental and respectful, encouraging the patient to talk and stay involved.

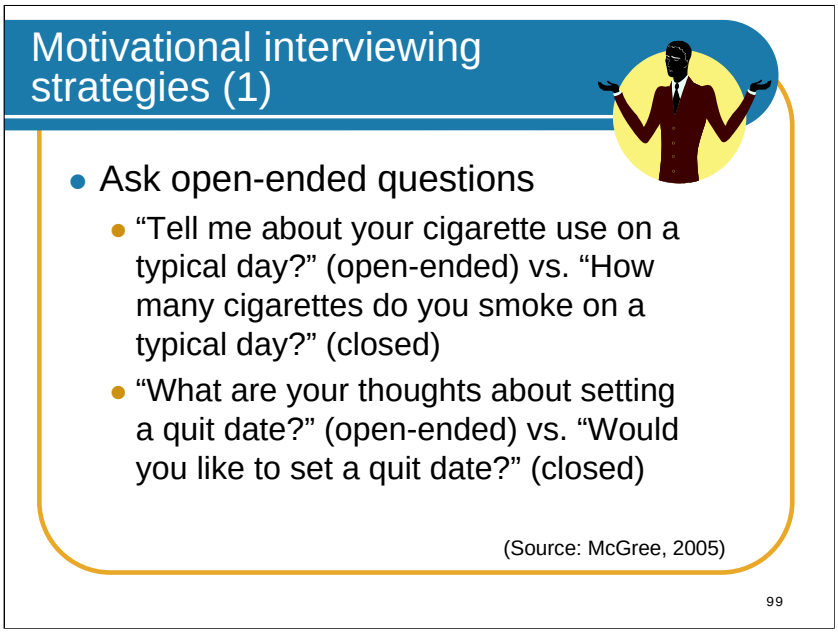
(Source: Miller & Rollnick, 1991, SAMHSA, 1999c. *Enhancing Motivation for Change in Substance Abuse Treatment*.)



Instructions

1. Read the slide to your audience.
2. Explain that many patients who have problems with drug and/or alcohol use have tried unsuccessfully to stop using on their own. They are ashamed and embarrassed about their problem and many have been harshly judged by family members and others. They have lost a sense of hope. Restoring their self-esteem and their self-efficacy is an incredible gift that can be provided by therapists. One way to do that is by using motivational interviewing to communicate unconditional positive regard.

(Source: Miller & Rollnick, 1991).



Instructions

1. Explain to the audience that motivational interviewing makes use of five specific strategies or skills, and that you will review each of them. These strategies are used together to encourage patients to talk, to explore their ambivalence about their substance use, and to clarify their reasons for reducing or stopping their substance use. The first strategy is to ask open-ended questions.
2. Explain that open-ended questions facilitate dialogue. They cannot be answered with a single word or phrase. Read the examples on the slide.

3. Ask participants to give you other examples of closed- and open-ended questions.

(Source: McGree, 2005.)

Additional Information

Here are a few examples you could use with your audience. Ask participants to determine if the following questions are open or closed. If they are closed, ask them to reword them as open questions:

- "Would you like to stop smoking?" (Closed)
- "Tell me what kind of exercise you like better; hiking, swimming, or riding a bicycle?" (Closed)
- "What is your biggest concern about stopping smoking?" (Open)

Motivational interviewing strategies (2)

- Affirmation
  - "I think it is great that you want to do something positive for yourself."
  - "That must have been very difficult for you."
  - "That is a good suggestion."
  - "I appreciate that you are willing to talk with me about your substance use."

(Source: McGree, 2005)

100

Instructions

1. Explain to your audience that "affirmation" means including statements of appreciation and understanding for your patient in your sessions with them. By including affirmations, you create a more supportive atmosphere. Affirming the patient's strengths, past accomplishments, and efforts to change helps build their confidence.
2. Read the examples of affirmations included in the slide.

Motivational interviewing strategies (3)

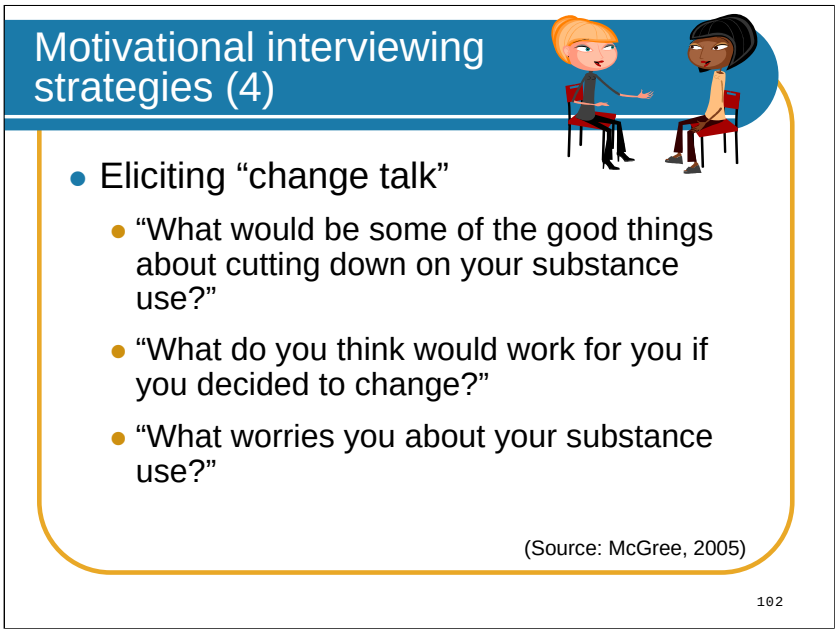
- Listen reflectively
  - "It is really important to you to keep your relationship with your boyfriend."
  - "You are not comfortable talking about this."
  - "You are surprised that your score shows you are at risk for problems."

(Source: McGree, 2005)

101

Instructions

1. Explain to your audience that reflective listening involves responding to the patient with statements guessing at what they meant. (Point out that the speaker's voice goes DOWN when forming a reflection and UP when forming a question.) It is important to reflect back the underlying meanings and feelings the patient has expressed as well as the words they have used.
2. Explain that reflective listening shows the patient that the clinician understands what is being said, or it can be used to clarify what the patient means. Effective reflective listening encourages the patient to keep talking, and you should allow enough time for that to happen.
3. Explain that in motivational interviewing, reflective listening is used actively to highlight the patient's ambivalence about their substance use, to steer the patient towards a greater recognition of their problems and concerns, and to reinforce statements indicating that the patient is thinking about change.
4. Provide some examples of reflective listening statements such as:
   - **"You are surprised that your score shows you are at risk of problems."**
   - **"It's really important to you to keep your relationship with your boyfriend."**
   - **"You're feeling uncomfortable talking about this."**
   - **"You're angry because your wife keeps nagging you about your substance use."**
   - **"You would like to cut down your substance use at parties."**
   - **"You really enjoy your substance use and would hate to give it up, and you can also see that it is causing some financial and legal problems."**



Instructions

1. Explain to your audience that there are certain kinds of questions that tend to elicit “change talk,” or self-motivational statements from patients.
2. Read the examples to the audience.
3. Ask participants for more examples of questions that may help to elicit change talk.

Additional Information

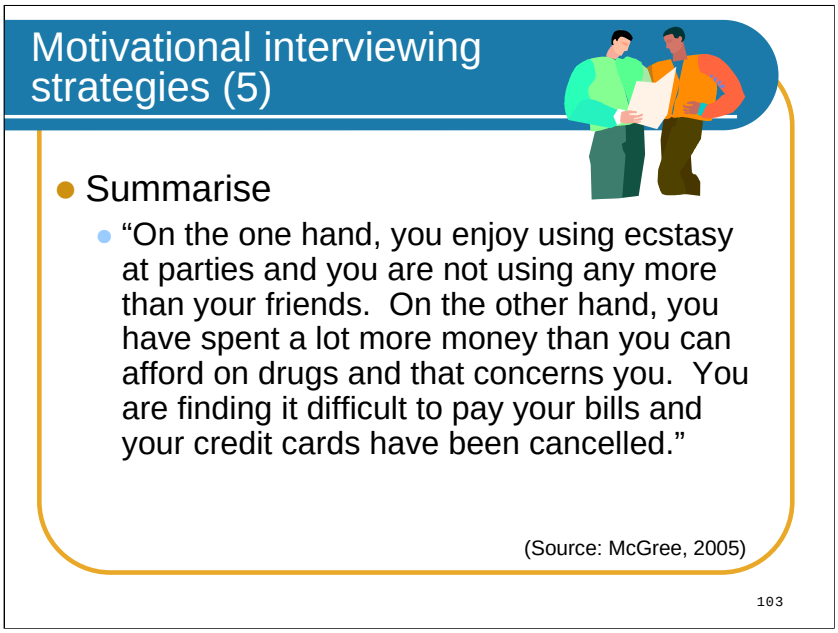
Using “change talk” is a strategy for helping patients resolve their ambivalence and enable them to present the arguments for change. There are four main categories of change talk:

- Recognising the disadvantages of staying the same
- Recognising the advantages of change
- Expressing optimism about change
- Expressing an intention to change

To elicit change talk:

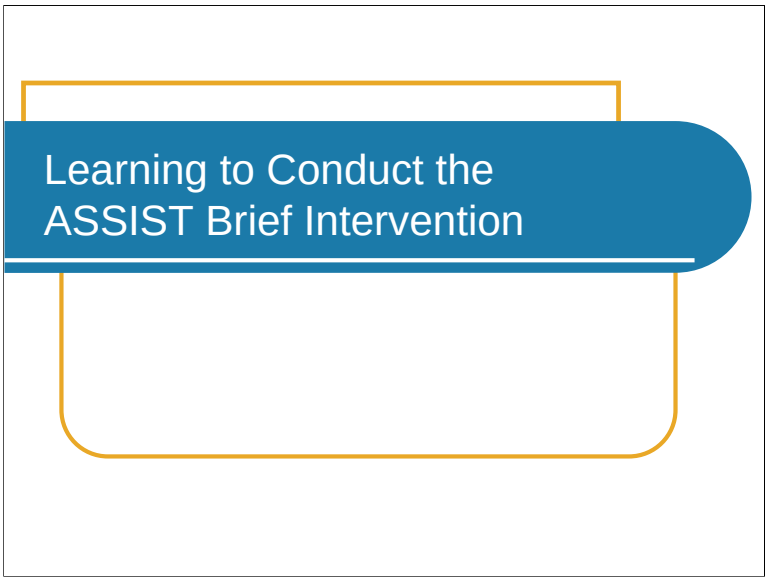
- Ask the patient to imagine the worst consequences of not changing or the best consequences of changing.
- Explore the patient’s goals and values to identify discrepancies between the patient’s values and their current substance use. For example, ask: “What are the most important things in your life?”

(Source: WHO, 2003b. *Brief Intervention for Substance Use: A Manual for Use in Primary Care.*)



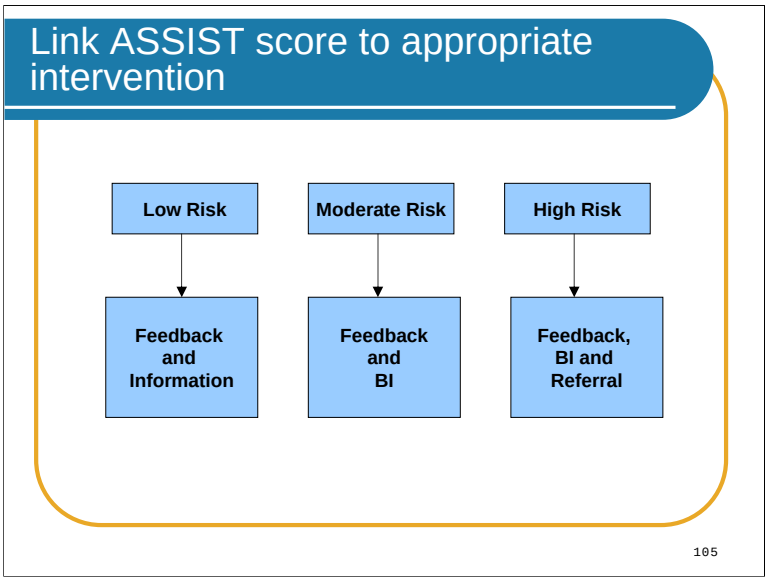
Instructions

1. Read the slide to your audience.
2. Explain that summarising adds to the power of reflective listening, especially in relation to concerns and "change talk." First, patients hear themselves say it, then they hear the clinician reflect it, and then they hear it again in the summary. The clinician chooses what to include in the summary and can use it to change direction by emphasising some things and not others. It is important to keep the summary succinct and to reflect both sides of the ambivalence whenever possible.



Instructions

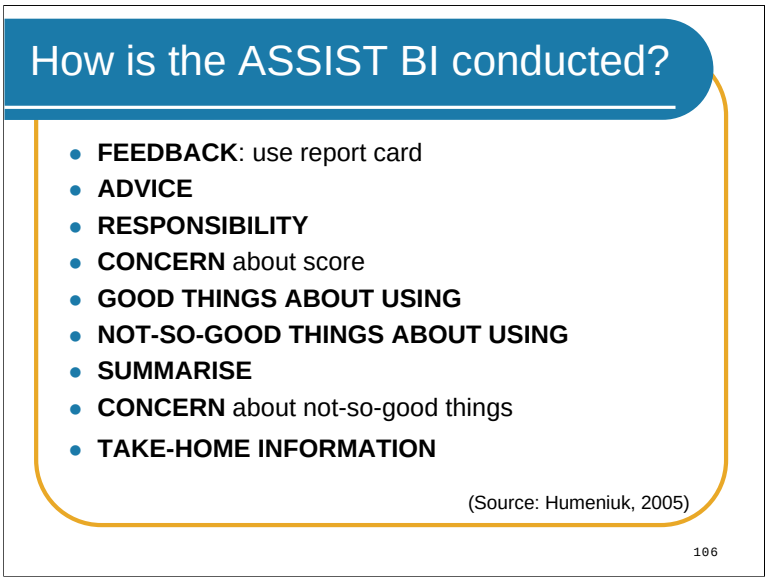
Tell participants that you will now discuss the ASSIST brief intervention.



Instructions

1. Explain that this slide shows how the ASSIST can be linked to an appropriate intervention for each patient depending on their Specific Substance Involvement scores.

(Source WHO, 2003b. *Brief Intervention for Substance Use: A Manual for Use in Primary Care*.)

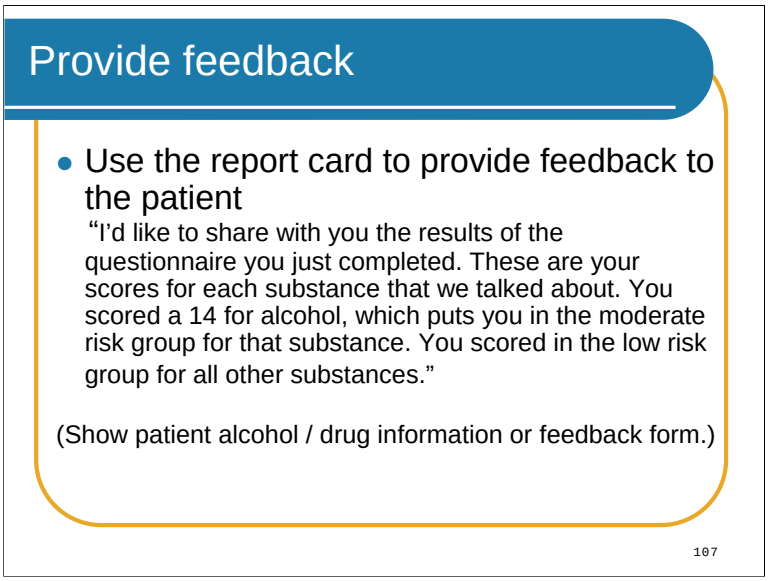


Instructions

Introduce the 9 steps for conducting the ASSIST brief intervention by reading the items to the audience.

Additional Information

The 9-step model was developed by the Department of Clinical & Experimental Pharmacology, University of Adelaide, South Australia.



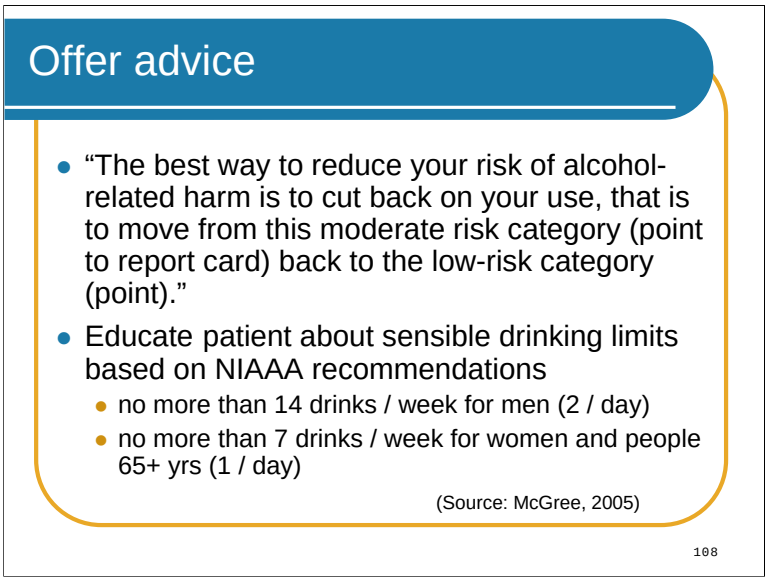
Instructions

Explain that the ASSIST report card is completed at the end of the ASSIST interview and is used to provide personalised feedback to the patient about their level of substance-related risk.

2. Explain that another way of starting the conversation is to ask the patient if they are interested in seeing the results. You can ask, "Are you interested in seeing how you scored on the questionnaire that you just did?" This allows the patient to maintain personal control over the situation and serves to reduce patient resistance. After giving feedback on the patient's scores, the clinician can elicit discussion from the patient by saying something like, "How concerned are you by your score?"

Note: The reference to the scores comes from the "Chloe" role-play.

(Source: WHO, 2003b. *Brief Intervention for Substance Use: A Manual for Use in Primary Care*; Humeniuk, 2005.)



Instructions

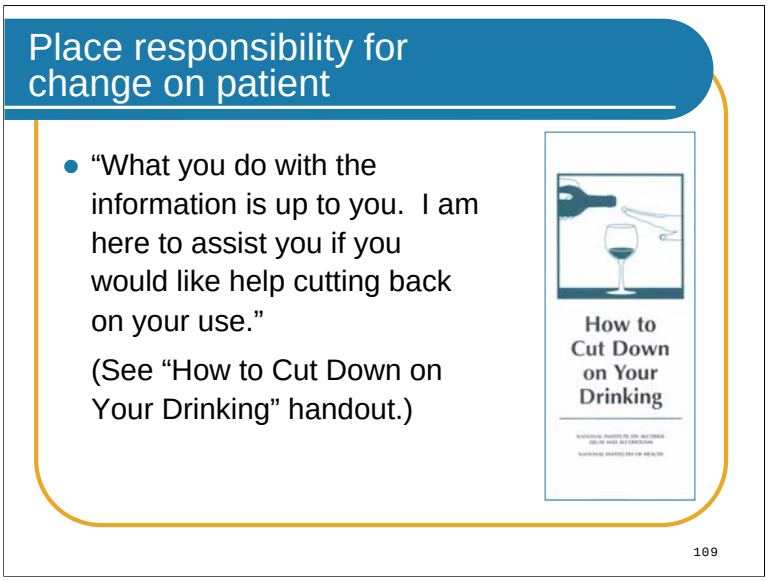
Explain that the next step is to offer clear advice to the patient.

Read the content of the slide. The content of this slide is just a sample of advice that you may provide to a client.

Note

"NIAAA" stands for the U.S. National Institute on Alcohol Abuse and Alcoholism.

(Source: WHO, 2003b. *Brief Intervention for Substance Use: A Manual for Use in Primary Care.)*



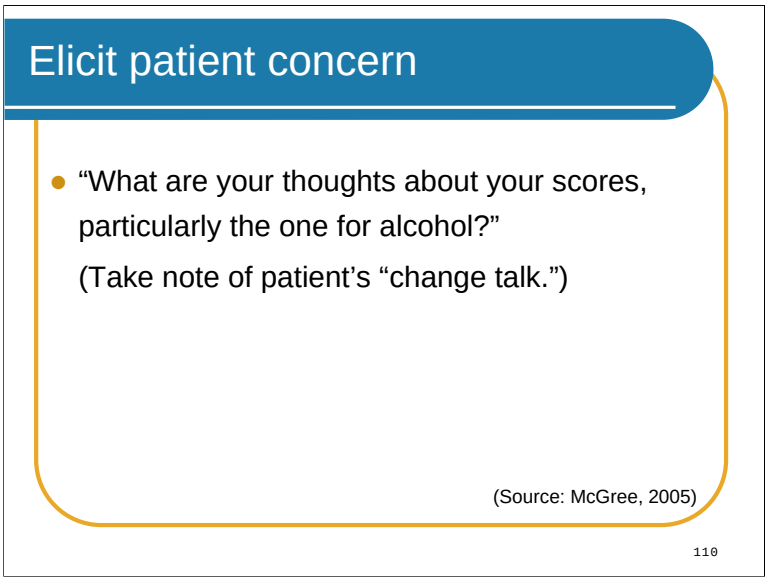
Instructions

1. Explain that the next step is to place responsibility for change on the patient.
2. Read the content of the slide. It is important to emphasise that the patient is responsible for his or her own substance use behaviour.

(Source: WHO, 2003b. *Brief Intervention for Substance Use: A Manual for Use in Primary Care*.)

Additional Information

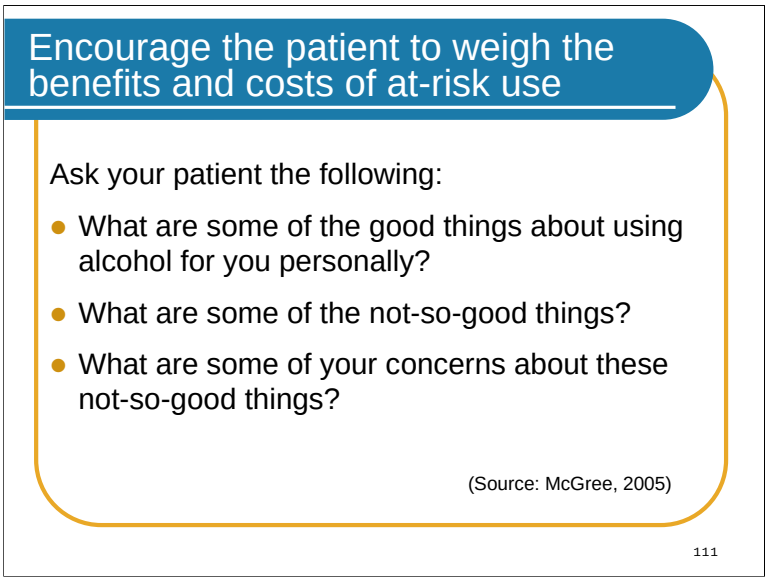
"How to Cut Down on Your Drinking" was originally a brochure developed by the U.S. National Institute on Alcohol Abuse and Alcoholism. The brochure is no longer available, but the contents can be found at http://pubs.niaaa.nih.gov/publications/handout.htm, printed out, and used as a handout.



Instructions

1. Explain that the next step is to ask the patient if they are concerned about their scores.
2. Read the content of the slide.

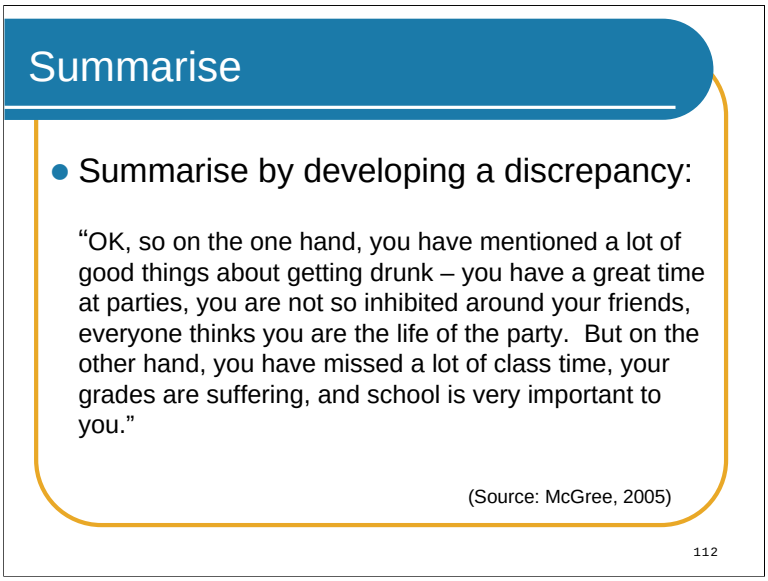
(Source: WHO, 2003b. *Brief Intervention for Substance Use: A Manual for Use in Primary Care*.)



Instructions

1. Explain that the next step is to encourage the patient to discuss the pros and cons of using.
2. Read the content of the slide.

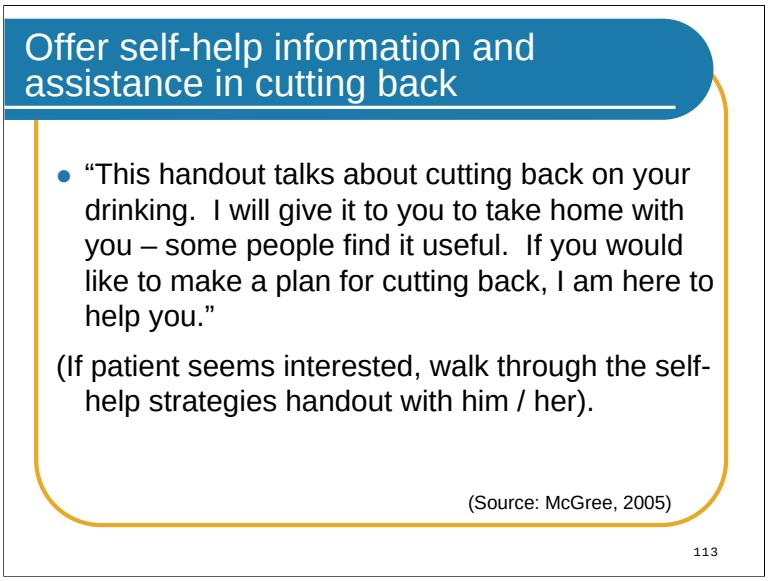
(Source: WHO, 2003b. *Brief Intervention for Substance Use: A Manual for Use in Primary Care*.)



Instructions

1. Explain that the next step is to summarise what the patient is saying and to highlight the discrepancy between the patient's goals and his or her current situation with drug abuse.
2. Read the content of the slide.

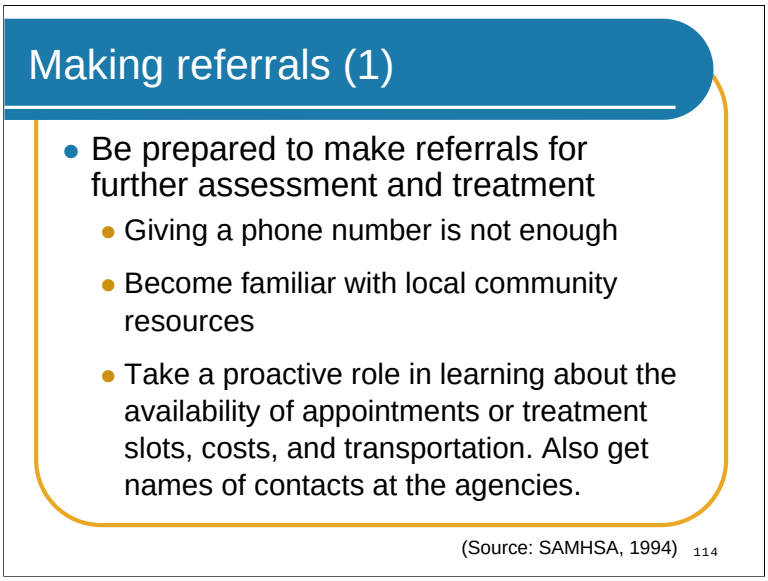
(Source: WHO, 2003b. *Brief Intervention for Substance Use: A Manual for Use in Primary Care*.)



Instructions

1. Explain that the next step is to offer educational information about the risks related to substance use as well as self-help information for cutting down.
2. Read the content of the slide.

(Source: WHO, 2003b. *Brief Intervention for Substance Use: A Manual for Use in Primary Care*.)



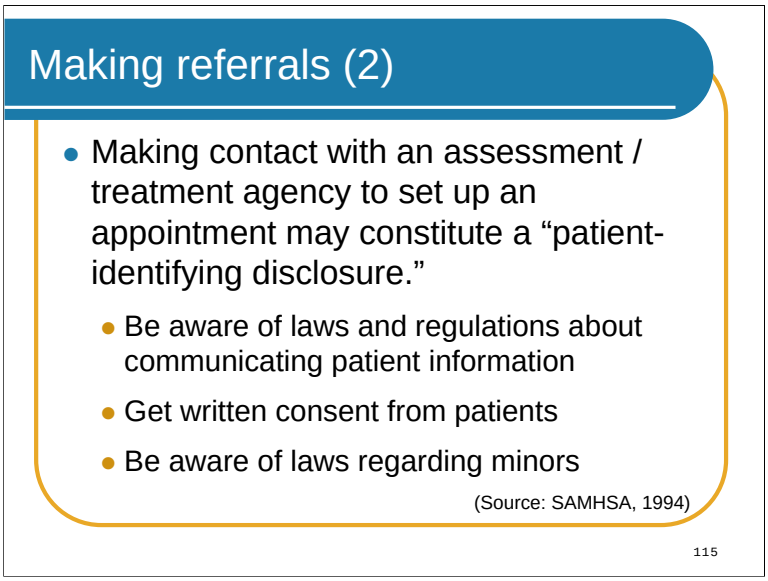
Instructions

1. Explain that patients who get high scores on the ASSIST (high risk) should receive a brief intervention and a referral for specialised treatment.
2. Read the content of the slide.

(Source: SAMHSA, 1994. *Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases*.)

Notes:

Please review Volume B, Module 1 (*Drug Addiction and Basic Counseling Skills*) for further information on comprehensive treatment and services where you can refer you clients, if these services are available in your geographic area.



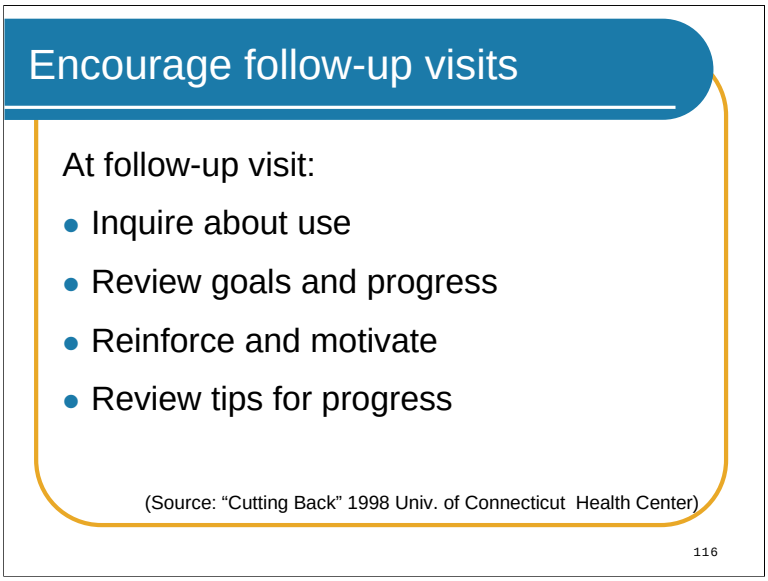
Instructions

Read the content of the slide.

(Source: SAMHSA, 1994. *Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases*.)

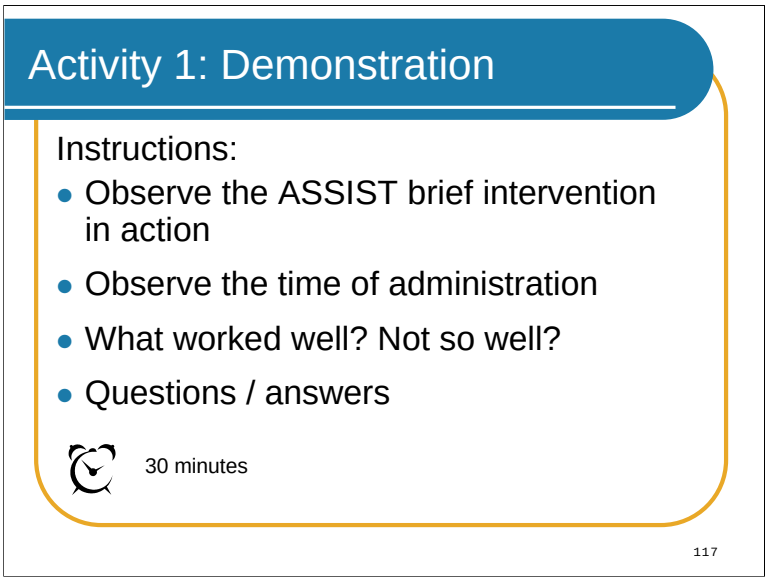
Notes:

Confidentiality of clients is extremely important. That said, there is a need for substance abuse counselors to contact medical providers in order to address any urgent medical needs of the client. We recommend that you find local information on laws and policies for your region on confidentiality and referrals and share this information and resources with your audience.



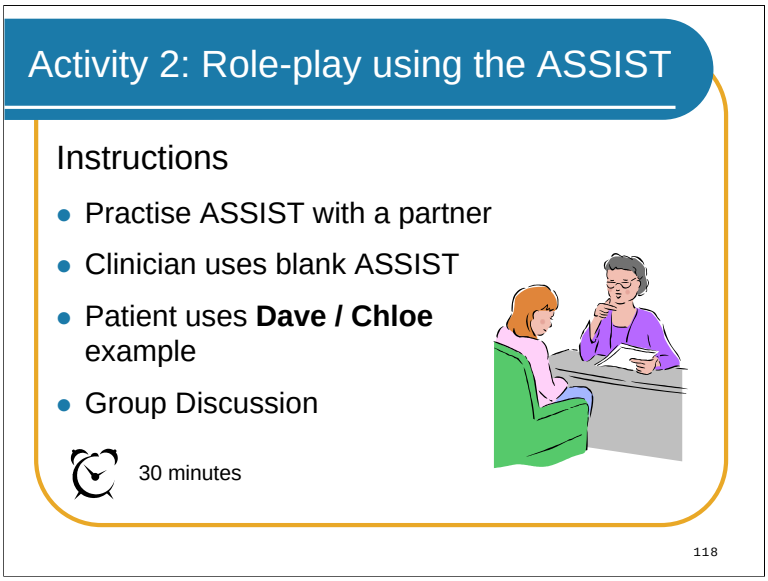
Instructions

1. Explain that is helpful to have a follow-up visit with the patient to check in with them and support their efforts to cut down or stop using.
2. Read the content of the slide.



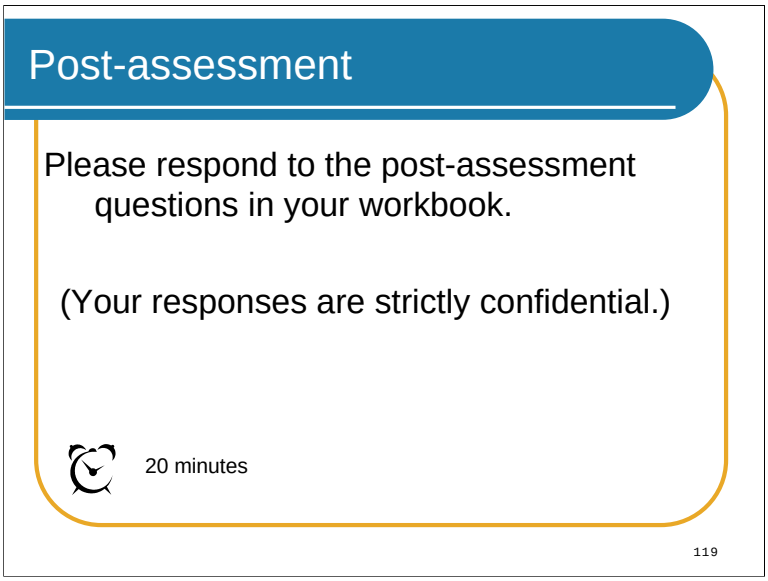
Instructions

At this point the trainer can demonstrate the brief intervention using the same demonstration example from Workshop 1 (23-year-old female).



Instructions

1. Ask participants to get with their partner from Workshop 1 and role-play the brief intervention. Each group should use the same example they used in Workshop 1.
2. If there is more time, the group can try doing another role-play using a different example.

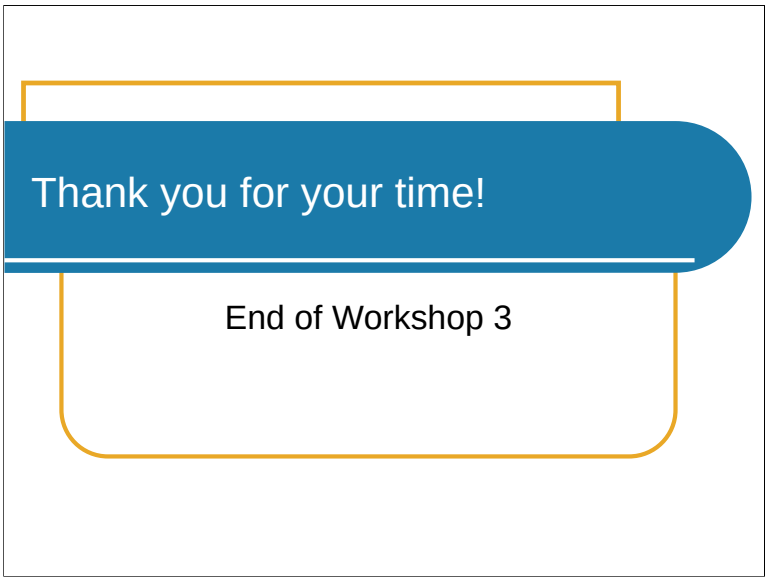


Instructions

1. Ask participants to complete the 5 post-assessment questions for this module. They have 20 minutes to complete these questions.

2. Remind participants that the assessments are confidential and that they do not need to provide any personal information.

3. Explain that these assessments are conducted so as to insure that the training is appropriate for your particular audience, to measure the effectiveness of the training, and to provide opportunities for improvement.



Instructions

1. Thank your audience for their time.
2. Encourage your audience to keep in touch with you.
3. Provide your contact information.