

# Planting the seeds of change: Working with clients who use substances



# Presenters

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# Today's objectives



- Discuss the pathophysiology of substance use
- Describe the Trans-theoretical Model of Change framework
- Identify applicable screening tools for substance use
- Discuss and apply the Screening Brief Intervention and Referral Model for early intervention

# The Pathophysiology of Substance Use



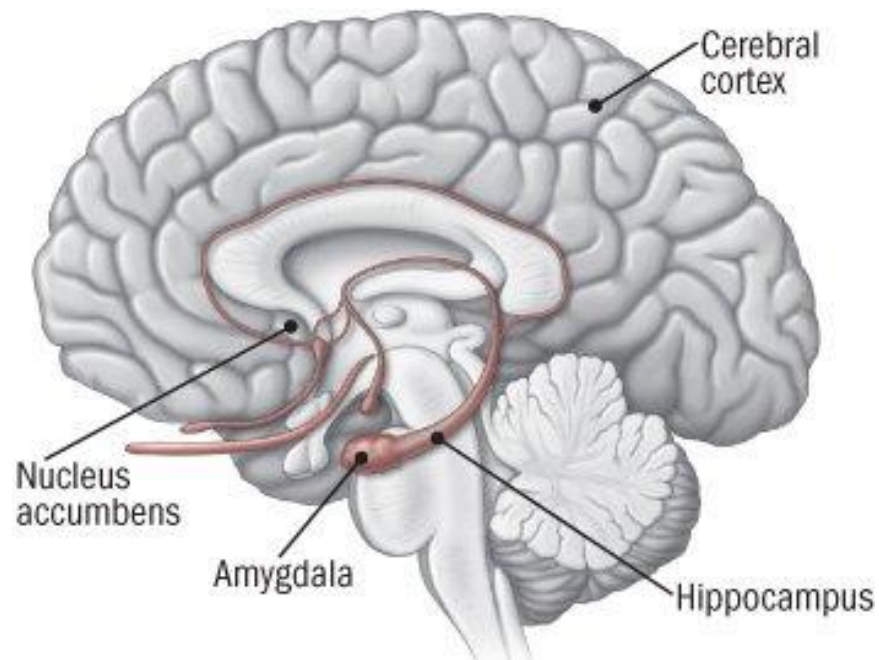
# Addiction is not:

- A lack of willpower
- Laziness
- A character flaw
- A moral failing



(Courtwright, 2010)

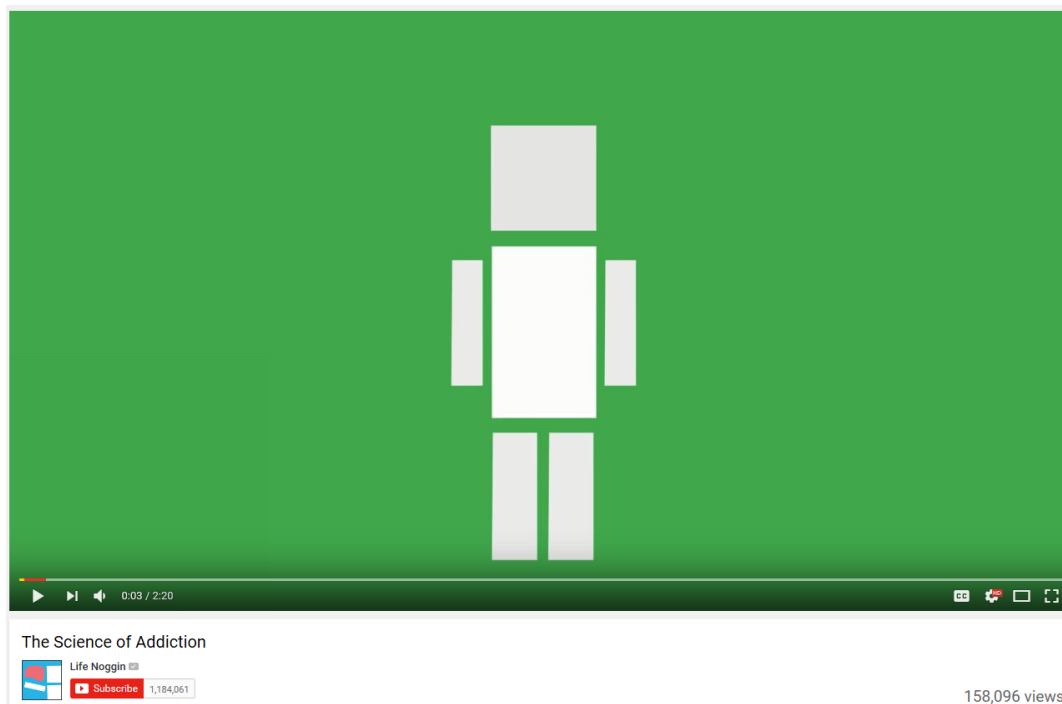
# How does addiction develop?



(Harvard Health Publications, 2011; National Institute on Drug Abuse, 2014)



# The science of addiction



Retrieved from: <https://www.youtube.com/watch?v=VI4KZWtROt0>



# Substance use disorder (DSM-V)

## IMPAIRED CONTROL

- Increase in substance use or over longer period of time than originally intended
- Unsuccessful desire stated to regulate or reduce substance use. Great deal of time obtaining, using or recovering from effects of substance
- Craving: urge for drug at any time of day, especially in environments where drug was previously obtained or used

## SOCIAL IMPAIRMENT

- Failure to fulfill major role obligations due to substance use (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school, neglect of children or household)
- Problems (social and interpersonal in nature) occur (persistent or recurrent) and are caused or aggravated by effects of substance use
- Activities once considered important to the individuals (e.g., social, occupational or recreational) are reduced or discontinued due to substance use

(Registered Nurses' Association of Ontario, 2015)





# Substance use disorder (DSM-V)

## RISKY USE

- Recurrent use of substances in situations where it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
- Repeated substance use, even though physical and or psychological problems (caused or exacerbated by substance use) persist

## PHARMACOLOGICAL EFFECTS

- Increased amount of substance consumed to achieve desired effects and /or diminished effect with use of the same amount of substance (Tolerance)
- Occurrence of withdrawal marked by reduced blood and tissue concentrations of substances used; individual increases amount of substance used to relieve symptoms

For more information on diagnostic criteria for substance use disorders, please refer to:

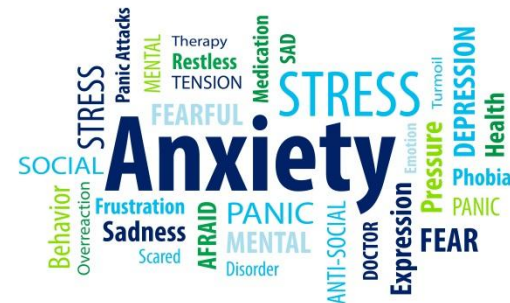
American Psychiatric Association (APA). (2013). *Diagnostic and Statistical Manual of Mental Disorders* 5th edition, by the American Psychiatric Association, 2013, pp. 483-484.

(Registered Nurses' Association of Ontario, 2015)



# Other risk factors for addiction

- Concurrent mental health diagnosis (ADHD, PTSD, depression, anxiety)
- Genetics
- Environment
- Coping skills and resiliency



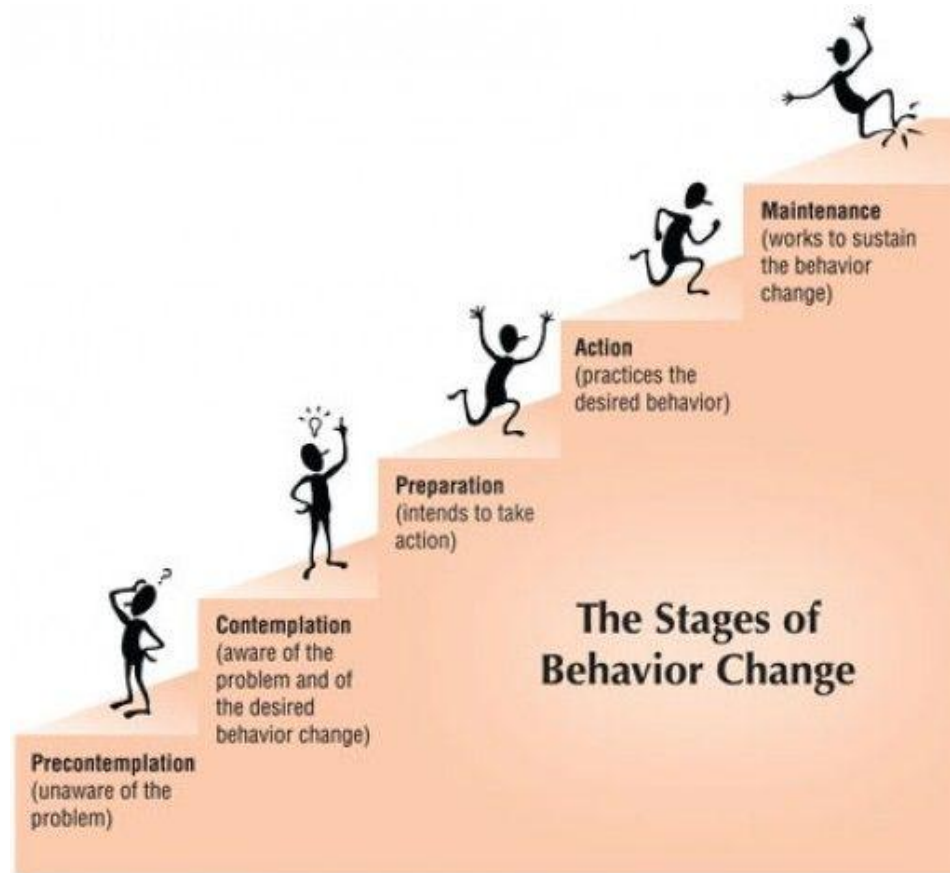
(Registered Nurses' Association of Ontario, 2015)



# Trans-Theoretical Model of Change Framework (Proschaska & DiClemente)



# The Trans-Theoretical Model of Change



Sources: Grimley 1997 (75) and Prochaska 1992 (148)



# Precontemplation

Characteristics	Goal	Interventions
<ul style="list-style-type: none"><li>• No intention to quit</li><li>• Not thinking about quitting in the next 6 months</li><li>• May be unaware or under-aware a problem exists</li></ul>	<ul style="list-style-type: none"><li>• Assist client to consider he or she may have a problem</li></ul>	<ul style="list-style-type: none"><li>• Establish a relationship with the client</li><li>• Build trust</li><li>• Ask permission</li><li>• Examine discrepancies</li><li>• Express concern and keep the door open</li></ul>

(California Society of Addiction Medicine, 2011)



# Contemplation

Characteristics	Goal	Interventions
<ul style="list-style-type: none"><li>• Thinking about quitting in the next 6 months but not in the next 30 days</li><li>• Has not fully committed to change and expresses ambivalence</li></ul>	<ul style="list-style-type: none"><li>• Explore feelings of ambivalence</li></ul>	<ul style="list-style-type: none"><li>• Normalize ambivalence</li><li>• Weigh pros and cons</li><li>• Emphasize client's self-efficacy for change</li><li>• Summarize self-motivational statements</li></ul>

(California Society of Addiction Medicine, 2011)



# Preparation

Characteristics	Goal	Interventions
<ul style="list-style-type: none"><li>Thinking about quitting in the next 30 days</li></ul>	<ul style="list-style-type: none"><li>Strengthen commitment to change</li></ul>	<ul style="list-style-type: none"><li>Clarify goals and strategies for change</li><li>Offer options for change/treatment</li><li>Discuss barriers and facilitators for change</li><li>Help client enlist social supports</li></ul>

(California Society of Addiction Medicine, 2011)



# Action

Characteristics	Goal	Interventions
<ul style="list-style-type: none"><li>• Change has been made for less than 6 months</li></ul>	<ul style="list-style-type: none"><li>• Support client's action plan</li></ul>	<ul style="list-style-type: none"><li>• Support a realistic view of change through small steps</li><li>• Acknowledge challenges</li><li>• Help client identify high-risk situations</li><li>• Help the client develop coping strategies</li><li>• Assist the client in finding new reinforcers of change</li></ul>

(California Society of Addiction Medicine, 2011)





# Maintenance

Characteristics	Goal	Interventions
<ul style="list-style-type: none"><li>• Has quit for 6 months or longer</li></ul>	<ul style="list-style-type: none"><li>• Relapse prevention</li></ul>	<ul style="list-style-type: none"><li>• Support lifestyle changes</li><li>• Affirm the client's resolve and self-efficacy</li><li>• Be available for support</li><li>• Review long-term goals</li><li>• Develop relapse plan</li></ul>

(California Society of Addiction Medicine, 2011)



## In summary...

- Meet clients where they are
- Tailor interventions
- Goal is not to change the client, but to assist in building self-efficacy and intrinsic motivation to change





## Case study

Jon is a 20 year old college student in his second year who is living away from home. He started smoking 10 cigarettes per day during his first semester of college. He also smokes 1-2 joints when out with friends on Friday and Saturday nights. Jon comes to the campus clinic for a cough that “won’t go away”. You ask him about tobacco use. Jon admits to smoking and that his smoking has been increasing lately to almost a pack per day due to stress. Jon says he has noticed how smoking is affecting his breathing and has been thinking about cutting down on his tobacco use but states he needs the cannabis to help him relax.

# Case study



- What Stage of Change is Jon in?
- What would be the goal you would work towards with Jon in this stage of change?
- What further questions would you ask Jon at this time?

# Screening Brief Intervention & Referral Process (SBIR)



# What is SBIR?

## Screening

- An assessment of substance use and severity

## Brief Intervention

- Brief motivational and awareness raising

## Referral

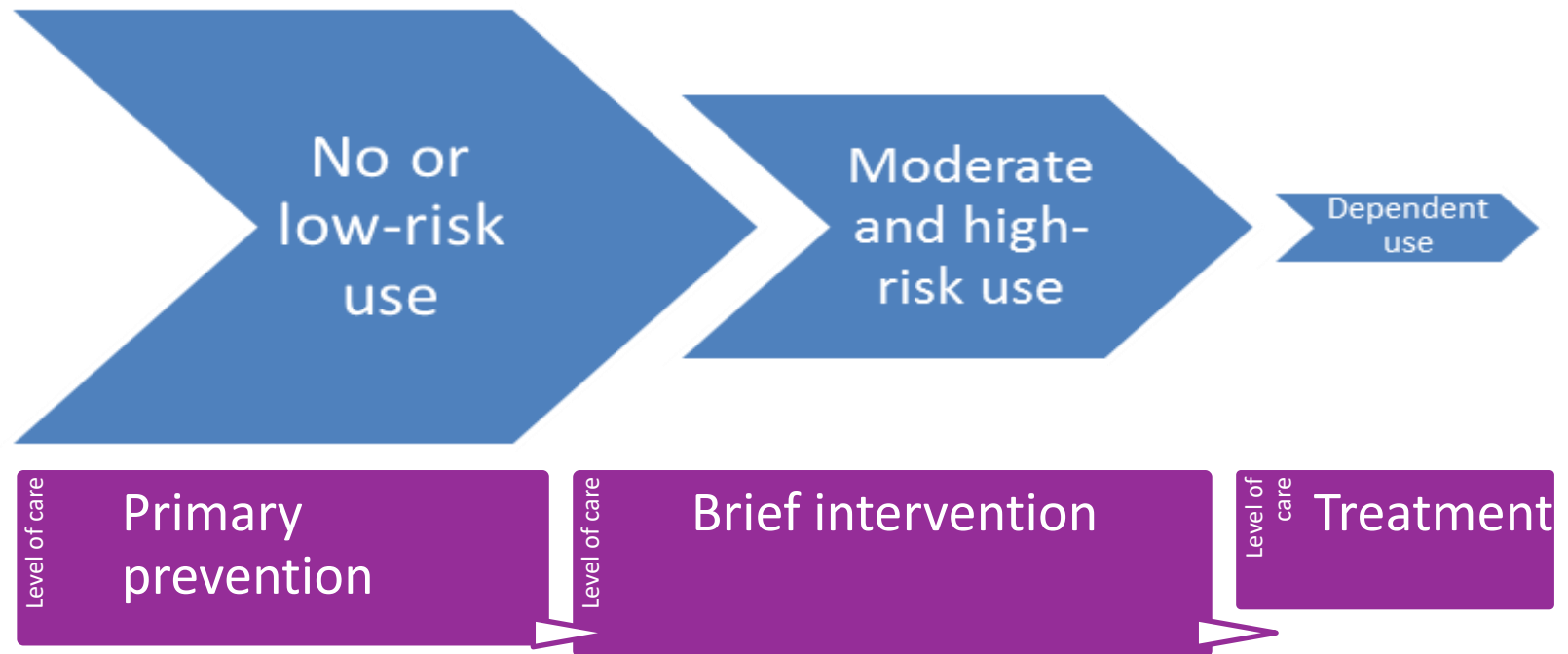
- Tailored treatment based on the client's needs and wishes

# Benefits of SBIR

- Helps people reduce/quit substance use
- Saves money
- Addresses prevalence of moderate/high risk use of substances
- A way to engage those not ready to utilize treatment services



# SBIR in the Continuum of Care





# Substance Use Screening Tools



## Polling question

I am currently screening for alcohol and other drug use in my practice:

- a. With all my clients
- b. With some of my clients
- c. With a few of my clients
- d. Not applicable



# Types of screening tools

- Universal
- Targeted full screen
- Brief screen



# Universal screening questions

Question	Yes	No
1. Have you ever had any problems related to your use of alcohol or other drugs?		
2. Has a relative, friend, doctor or other health-care provider been concerned about your drinking or other drug use or suggested cutting down?		
3. Have you ever said to another person “No, I don’t have an alcohol or drug problem,” when at the same time, you questioned yourself and felt, “Maybe I do have a problem”?		
<b>Score:</b> A positive response (i.e., a “yes” to any of the questions) indicates the need for further investigation.		

(Health Canada, 2002)



## Fagerstrom Test for nicotine dependence

How soon after you wake up do you smoke your first cigarette?	5 min or less 6-30 minutes 31-60 minutes 60+ minutes	3 points 2 points 1 point 0 points
Do you find it hard to refrain from smoking in places where it is forbidden?	Yes No	1 point 0 points
What cigarette would you hate most to give up?	First Morning Any other	1 point 0 points
How many cigarettes per day do you smoke?	10 or less 11-20 21-30 31 or more	0 points 1 point 2 points 3 points
Do you smoke more during the first hours after waking?	Yes No	1 point 0 points
Do you smoke if you are so ill you can't get out of bed?	Yes No	1 point 0 points
≥6 points indicates a high level of dependence		

RNAO, 2007: [http://rnao.ca/sites/rnao-ca/files/Integrating\\_Smoking\\_Cessation\\_into\\_Daily\\_Nursing\\_Practice.pdf](http://rnao.ca/sites/rnao-ca/files/Integrating_Smoking_Cessation_into_Daily_Nursing_Practice.pdf)



# Single questionnaire - Alcohol

How many times have you had 4 or more (women) or 5 or more (men) drinks in one sitting in the past year?

**Score:** One or more instances identified as a positive screen.

National Institute on Drug Abuse, 2013:

[https://www.drugabuse.gov/sites/default/files/files/QuickScreen\\_Updated\\_2013\(1\).pdf](https://www.drugabuse.gov/sites/default/files/files/QuickScreen_Updated_2013(1).pdf)



# CAGE questionnaire - Alcohol

Question	Yes	No
C – Have you ever felt you should <b>Cut</b> down on your drinking?		
A – Have people <b>Annoyed</b> you by criticizing your drinking?		
G – Have you ever felt <b>Guilty</b> about your drinking?		
E – Have you ever had a drink first thing in the morning ( <b>Eye</b> opener)		
<p>A total score of 0 or 1 suggests low risk of problem drinking            A total score of 2 or 3 indicates high suspicion of alcohol dependence</p>		

Ewing 1984:

[http://www.hopkinsmedicine.org/johns\\_hopkins\\_healthcare/downloads/CAGE%20Substance%20Screening%20Tool.pdf](http://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/CAGE%20Substance%20Screening%20Tool.pdf)



# Low-risk alcohol drinking guidelines



Source: London Middlesex Health Unit



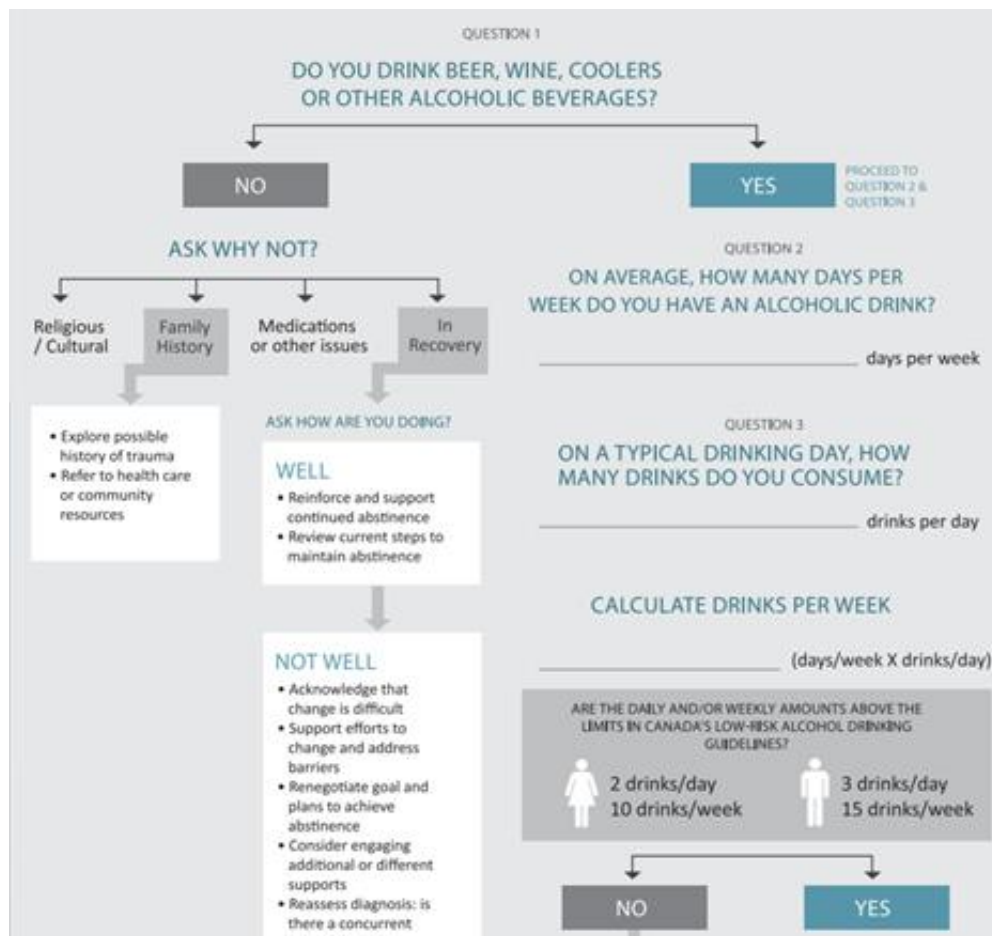


# Low-risk alcohol drinking guidelines

- **Daily and weekly limits (healthy adults 25-65 years)**
  - No more than 2 drinks/day and no more than 10 drinks a week for women
  - No more than 3 drinks/day and no more than 15 drinks a week for men
- **Cancer limits**
  - No more than 1 drink/day for women; no more than 2 drinks/day for men
- **Youth limits**
  - Delay drinking
- **When zero is best**
  - For those with physical, mental health or substance use problems
  - Pregnant or planning to be pregnant; those about to breastfeed



# Alcohol SBIR protocol



## ELEVATED RISK

Patient drinks at levels above alcohol limits set in Canada's Low-Risk Alcohol Drinking Guidelines and does not meet the criteria for either Alcohol Abuse or Alcohol Dependence.

## ALCOHOL ABUSE\*

In the past 12 months, patient's drinking has caused or contributed to:

- Role failure (i.e., failed work or home obligations)
- Injuries or risk of injuries
- Drinking while driving or operating machinery
- Legal issues (e.g., arrested, charged)
- Relationship issues (e.g., spouse or friends complained about patient's drinking)
- Does not meet criteria for Alcohol Dependence

## ALCOHOL DEPENDENCE\*

In the past 12 months, patient's drinking has caused or contributed to:

- Increased tolerance (i.e., need to drink more to achieve the same effect)
- Withdrawal (e.g., tremors, sweating, nausea or insomnia when trying to quit or cut down)
- Failed attempts to stick to limits
- Failed attempts to cut down or quit
- More time spent anticipating or recovering from drinking
- Less time spent on other activities that had been important or pleasurable
- Continuation of drinking despite problems (e.g., personal, work, social, physical, psychological, and/or legal)

\*American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC.

WHAT IS THE PATIENT'S AT-RISK STATUS?

ALCOHOL DEPENDENCE

(The College of Family Physicians of Canada, 2011)



# CRAFFT tool for adolescents

Part A: During the PAST 12 MONTHS, did you:		No	Yes
1.	Drink any alcohol (more than a few sips)? – do not count sips taken during family/religious events		
2.	Use any marijuana?		
3.	Use anything else to get high? (e.g., illegal, over-the-counter and prescription drugs)		
Part B: CRAFFT			
1.	Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was “high” or had been using alcohol or drugs?		
2.	Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?		
3.	Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?		
4.	Do you ever <b>FORGET</b> things you did while using alcohol or drugs?		
5.	Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?		
6.	Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?		
<p><b>Score:</b> If “yes” to any question in Part A, ask all 6 CRAFFT questions. If “no”, ask CAR question then stop.            Score 1 point for each “yes” answer in Part B.            0-1: No problems reported. No action at this time.            2+: Potential of a significant problem. Assessment required.</p>			



# Drug abuse screening tool (DAST-10)

In the past 12 months			
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop abusing drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped using?	Yes	No
10.	Have you had medical problems because of your drug use (e.g., memory loss, injury, hepatitis)?	Yes	No

**Scoring:** Score 1 point for each question answered “yes”, except for question 3 for which a “no” receives 1 point.

0 No problems reported. No action.

1-2 Low level. Monitor, reassess at a later date.

3-5 Moderate level. Further investigation.

6-8 Substantial level. Intensive assessment.

9-10 Severe level. Intensive assessment.



# A few words about opioids

- Opioid misuse has been a rising concern
- Factors predicting higher rate of misuse
  - Younger age
  - Current or previous mental illness
  - Current or previous substance use disorder
  - High dose prescription (>50 mg morphine equivalent/day)
  - # of days of prescribing (for acute conditions)



(Health Canada Opioid Conference, 2016)



# Polling question

I am familiar with some of the tools that were just presented:

- a. Yes
- b. Somewhat
- c. No



# Screening - Summary

- Screening tools have “cut-off” scores for positive screening
- Screens detail what is to take place when a client scores in the positive range
- RNAO’s [Engaging Clients who use Substances](#)  
BPG has a list of tools



# Brief Intervention





# What is SBIR?

## Screening

- An assessment of substance use and severity

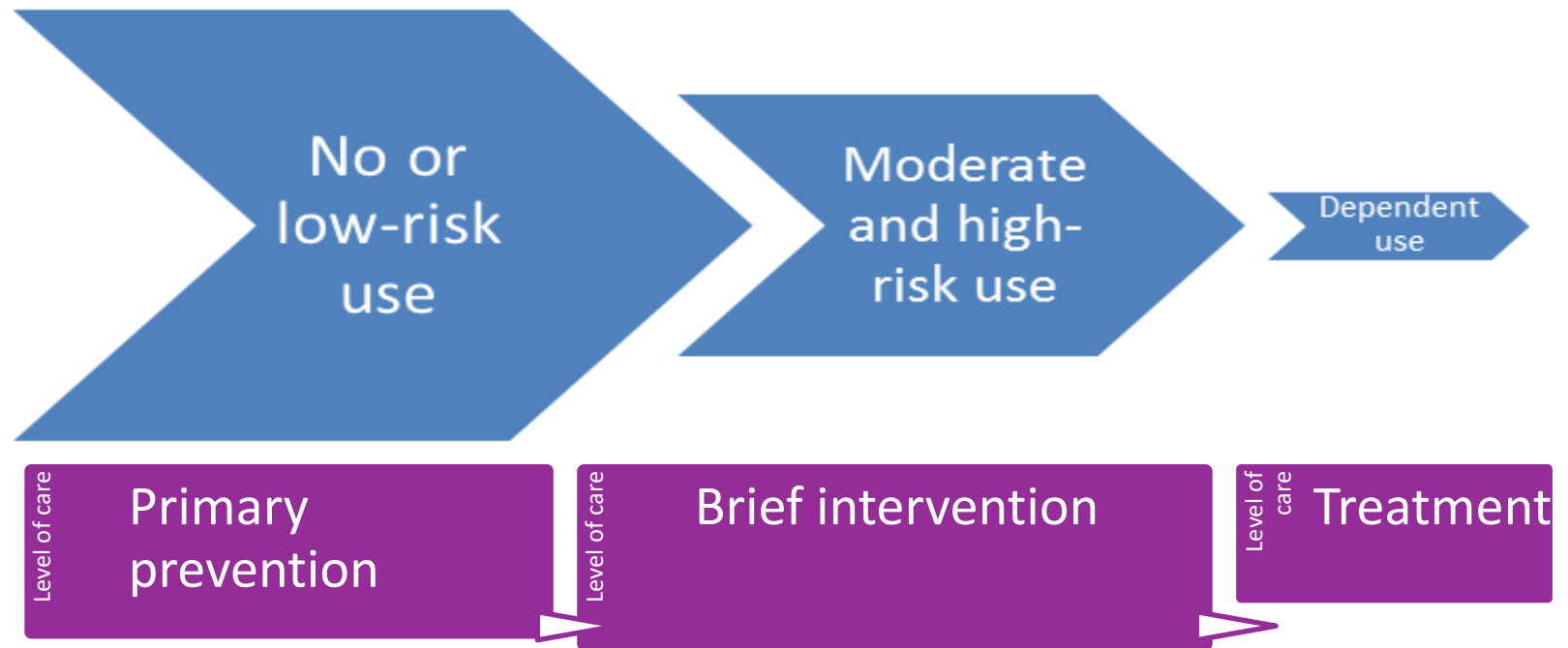
## Brief Intervention

- Brief motivational and awareness raising

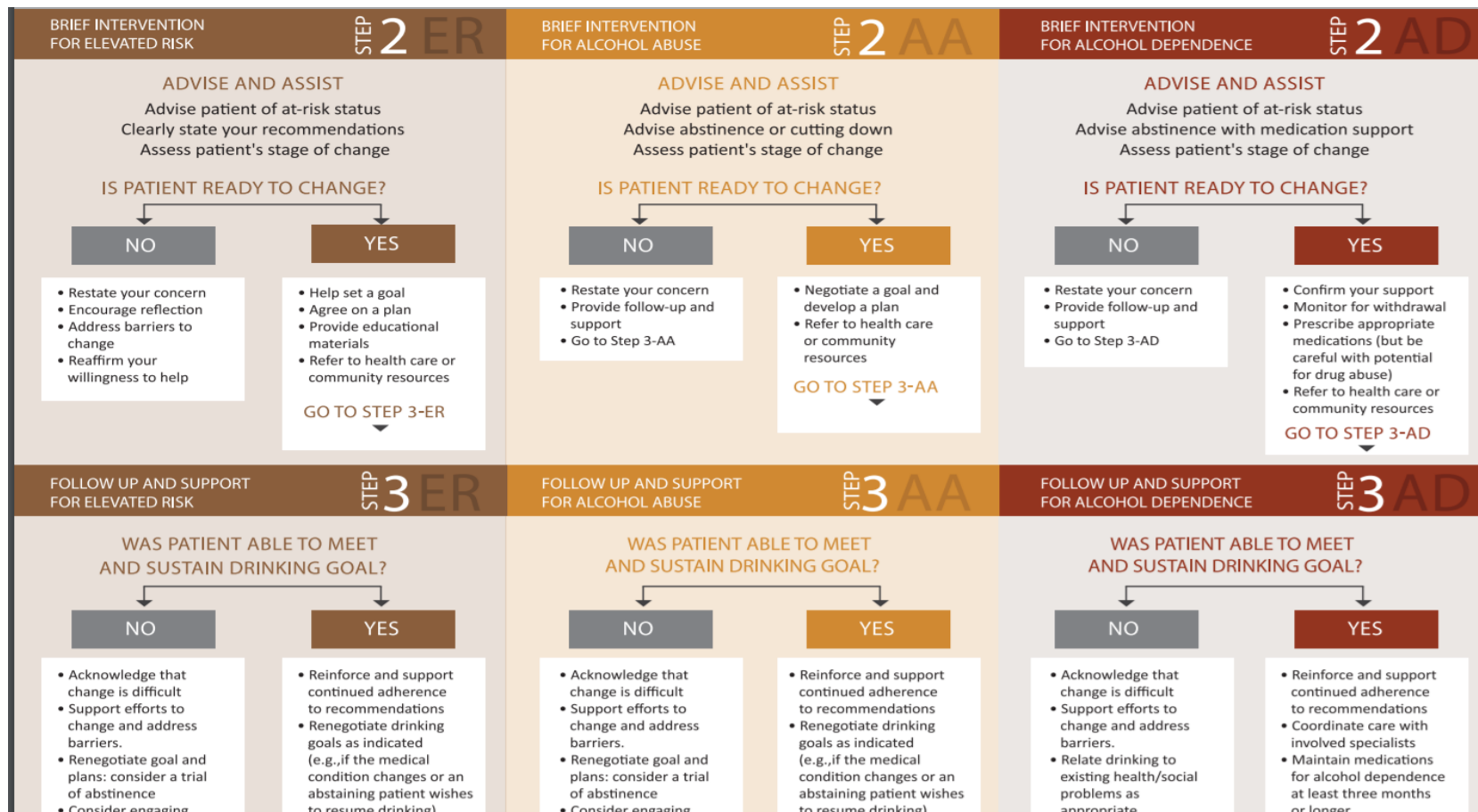
## Referral

- Tailored treatment based on the client's needs and wishes

# SBIR in the Continuum of Care



# Alcohol



(The College of Family Physicians of Canada, 2011) **Community and Health Services**



# Tobacco brief intervention

## The 4 A's of Smoking Cessation:

- Ask
- Advise
- Assist
- Arrange



(Registered Nurses' Association of Ontario, 2007)

# Motivational interviewing

- A particular conversation about change
- Collaborative
- Non-judgmental
- Evocative



(Center for Substance Abuse Treatment, 1999)



# The principles of MI

- Express empathy
- Support self-efficacy
- Roll with resistance
- Develop discrepancy



(Center for Substance Abuse Treatment, 1999)

# The skills of MI (OARS)

- **O**pen-ended questions
- **A**ffirmations
- **R**eflections
- **S**ummary statement



(Center for Substance Abuse Treatment, 1999)

# Case study



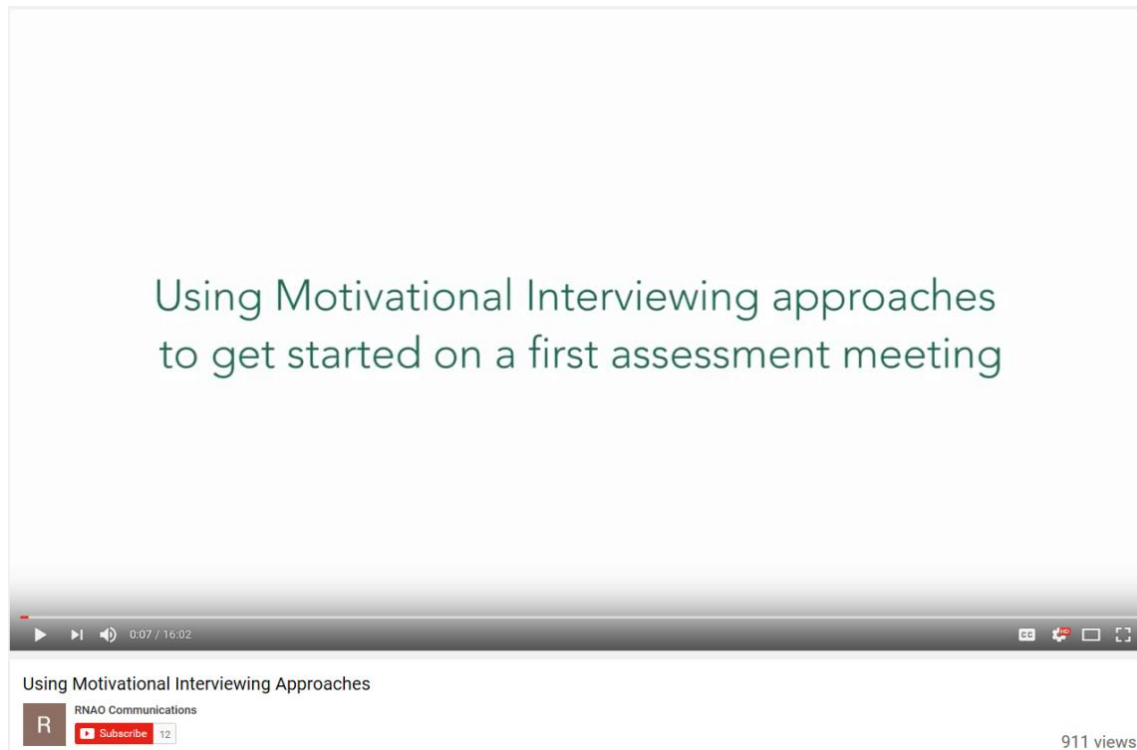
“Jon says he has noticed how smoking is affecting his breathing and has been thinking about cutting down on his tobacco use but states he needs the cannabis to help him relax”

- What are some open-ended questions you might ask Jon?
- How might you help Jon to develop discrepancy and explore his ambivalence to change?





# Using MI approaches



Retrieved from: <https://www.youtube.com/watch?v=PQzrx7JmUkM>



# The 5 R's: Structuring the conversation

- Rewards
- Risks
- Relevance
- Roadblocks
- Repetitions



(Fiore et al., 2008)

# Rewards and risks

**Rewards:** What are the positives of using x?

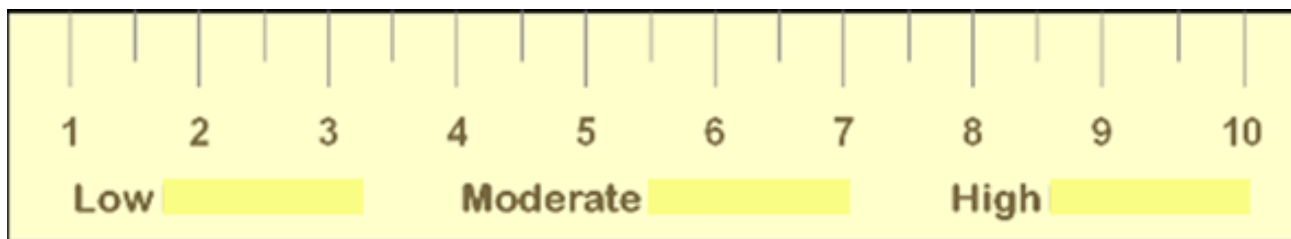
**Risks:** What are the negatives about using x?

“Tell me more about how x fits into your life”

# Relevance

What would make you think about making a change? What are your 3 best reasons for change?

- How **important** is it for you to change this behaviour? (1-10)
- How **confident** are you to make the change? (1-10)
- How **ready** are you to make the change? (1-10)



# Relevance

- How important/confident/ready are you to make a change?
- Why are you at a \_\_\_\_\_ and not a \_\_\_\_\_? What will get you 1-2 points higher?
- How might you go about making this change in order to succeed?

# Roadblocks

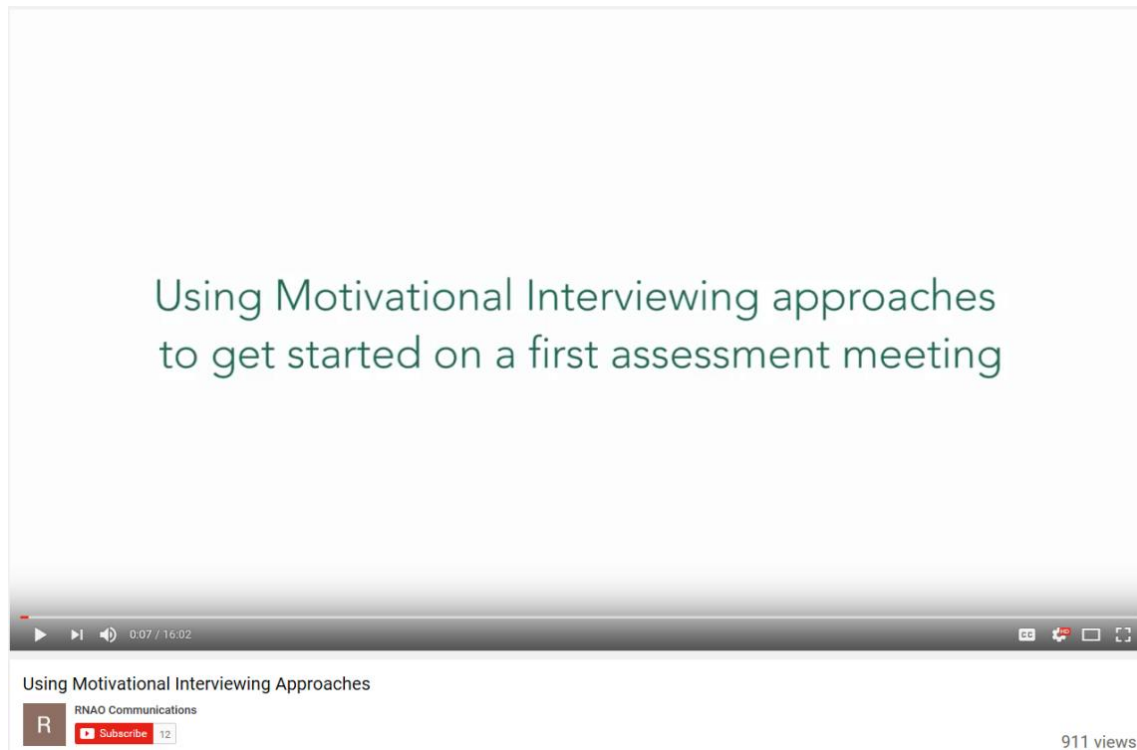
- What would make it hard for you to change?
- How will you deal with these challenges?
- What are your triggers?
- What are your coping strategies?

# Repetitions

- Repeat steps 1 to 4 again during each encounter with the client



# Using MI approaches



Retrieved from: <https://www.youtube.com/watch?v=PQzrx7JmUkM>





# Brief intervention - Summary

- Use motivational interviewing principles and skills to help client build self-efficacy and motivation to change
- Consider using the 5 Rs as a way to structure the conversation



# Referral



# What is SBIR?

## Screening

- An assessment of substance use and severity

## Brief Intervention

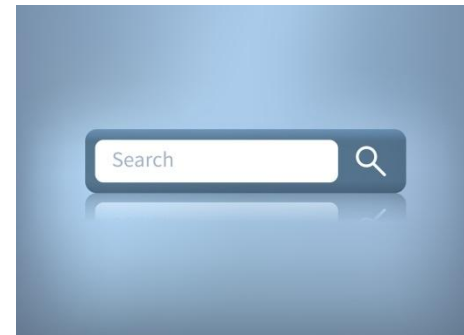
- Brief motivational and awareness raising

## Referral

- Tailored treatment based on the client's needs and wishes

# Referral

- Treatment
- Harm Reduction
- Mental Health Support
- Social Determinants of Health



# Recommended resources/reading

- [ConnexOntario](#) 1-519-439-0174
  - Helpline for drugs/alcohol; mental health and gambling
- [Smokers' Helpline](#) 1-877-513-5333
  - Online, phone, and text support
- [Local Public Health Unit](#)
  - [www.alphaweb.org](http://www.alphaweb.org)



# Recommended resources/reading

## RNAO Best Practice Guidelines:

- [Integrating Smoking Cessation into Daily Nursing Practice](#)
- [Engaging Clients Who Use Substances](#)
- [Supporting Clients on Methadone Maintenance Treatment](#)



# Recommended resources/reading

## Centre for Addiction and Mental Health

- TEACH – (Tobacco) Training Enhancement in Applied Cessation Counselling and Health
- Portico - Alcohol
- Opioid Resource Hub
- Canadian Centre on Substance Abuse
- College of Family Physicians of Canada – Alcohol Screening, Brief Intervention and Referral



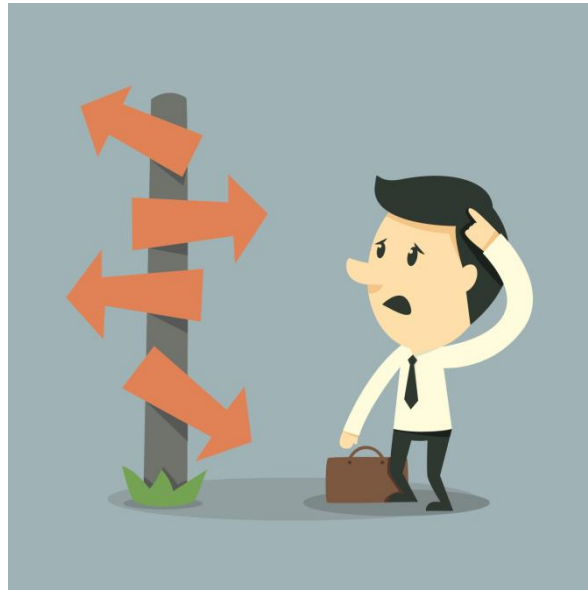
# Recommended resources/reading

- Public Health Ontario (2017). [Evidence Brief: Alcohol screening, brief intervention and referral services in health settings.](#)
- [SAMHSA](#) – Substance Abuse and Mental Health Services Administration
- [NIDA](#) – National Institute on Drug Abuse
- [NIAAA](#) – National Institute on Alcohol Abuse and Alcoholism





# Questions?



# References

- American Public Health Association and Education Development Center, Inc. (2008). *Alcohol Screening and Brief Intervention: A guide for public health practitioners*. Washington DC: National Highway Traffic Safety Administration, US Department of Transportation.
- California Society of Addiction Medicine. *Stages of change – a summary of treatment needs and strategies*. Retrieved from <http://www.csam-asam.org/sites/default/files/pdf/misc/StagesofChange.pdf>
- Canadian Centre on Substance Abuse (2013). *Canada's low risk alcohol drinking guidelines*. Retrieved from <http://www.ccsa.ca/Resource%20Library/2012-Canada-Low-Risk-Alcohol-Drinking-Guidelines-Brochure-en.pdf>
- Center for Substance Abuse Treatment. *Enhancing Motivation for Change in Substance Abuse Treatment*. Treatment Improvement Protocol (TIP) Series, No. 35. HHS Publication No. (SMA) 13-4212. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999
- Courtwright, D.T. (2010). The NIDA brain disease paradigm: history, resistance and spinoffs. *The London School of Economics and Political Science*, 5(1), 137-147.



# References

Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

Harvard Health Publications (2011). *How addiction hijacks the brain*. Retrieved from [http://www.health.harvard.edu/newsletter\\_article/how-addiction-hijacks-the-brain](http://www.health.harvard.edu/newsletter_article/how-addiction-hijacks-the-brain)

Hasin, D.S., et al. (2013). DSM-5 Criteria for Substance Use Disorders: Recommendations and Rationale. *American Journal of Psychiatry*, 170(8), 834-851.

Health Canada (2002). *Best Practices: Concurrent Mental Health and Substance Use Disorders*. Minister of Public Works and Government Services Canada.

Health Canada (2016). *Opioid conference*. Retrieved from <http://video.isilive.ca/hcsc/2016-11-18/english.html>

Massachusetts Department of Public Health Bureau of Substance Abuse Services. (2009). *Adolescent Screening, Brief Intervention, Referral to Treatment for Alcohol and Other Drug Use. Using the CRAFFT Screening Tool*.



# References

- National Institute on Drug Abuse (2014). *Drugs and the brain*. Retrieved from <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain>
- National Institute on Drug Abuse. *Screening for Drug Use in General Medical Settings: Resource Guide*. US Department of Health and Human Services.
- Registered Nurses' Association of Ontario. (2015). *Engaging Clients Who Use Substances*. Toronto, ON: Registered Nurses' Association of Ontario.
- Registered Nurses' Association of Ontario (2007). *Integrating Smoking Cessation into Daily Nursing Practice* (Revised). Toronto, Canada: Registered Nurses' Association of Ontario.
- The College of Family Physicians of Canada (2011). Alcohol screening, brief intervention & referral: a clinical guide. Retrieved from <https://www.sbir-diba.ca/docs/default-document-library/2012-screening-brief-intervention-and-referral-clinical-guide-enB0E406423349865474B15064.pdf?sfvrsn=4>