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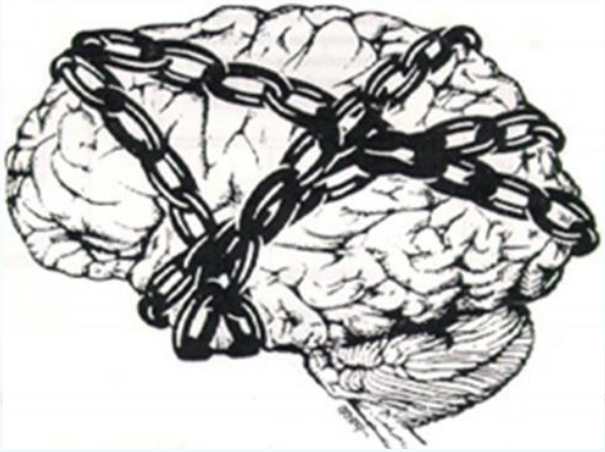
Addiction & Behavioural Change



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Aims

- To understand physical and psychological dependence.
- To have an understanding of ITEP Mind mapping
- To know how to refer into tier two, three and four drug and alcohol services and what they provide.

Dependence Syndrome
3+ in last year:

- strong desire or compulsion to take the substance
- difficulty in controlling use (amount/onset/termination)
- physical withdrawal state
- tolerance
- progressive neglect of other interests, increasing time spent obtaining and taking substance
- persistence with substance despite detrimental effects: social, cognitive, physical

Treatment Approach

- Brief Interventions
  - Harm reduction
- Detoxification
  - Inpatient or community
- Relapse Prevention
  - Maintaining abstinence

Cycle of Change

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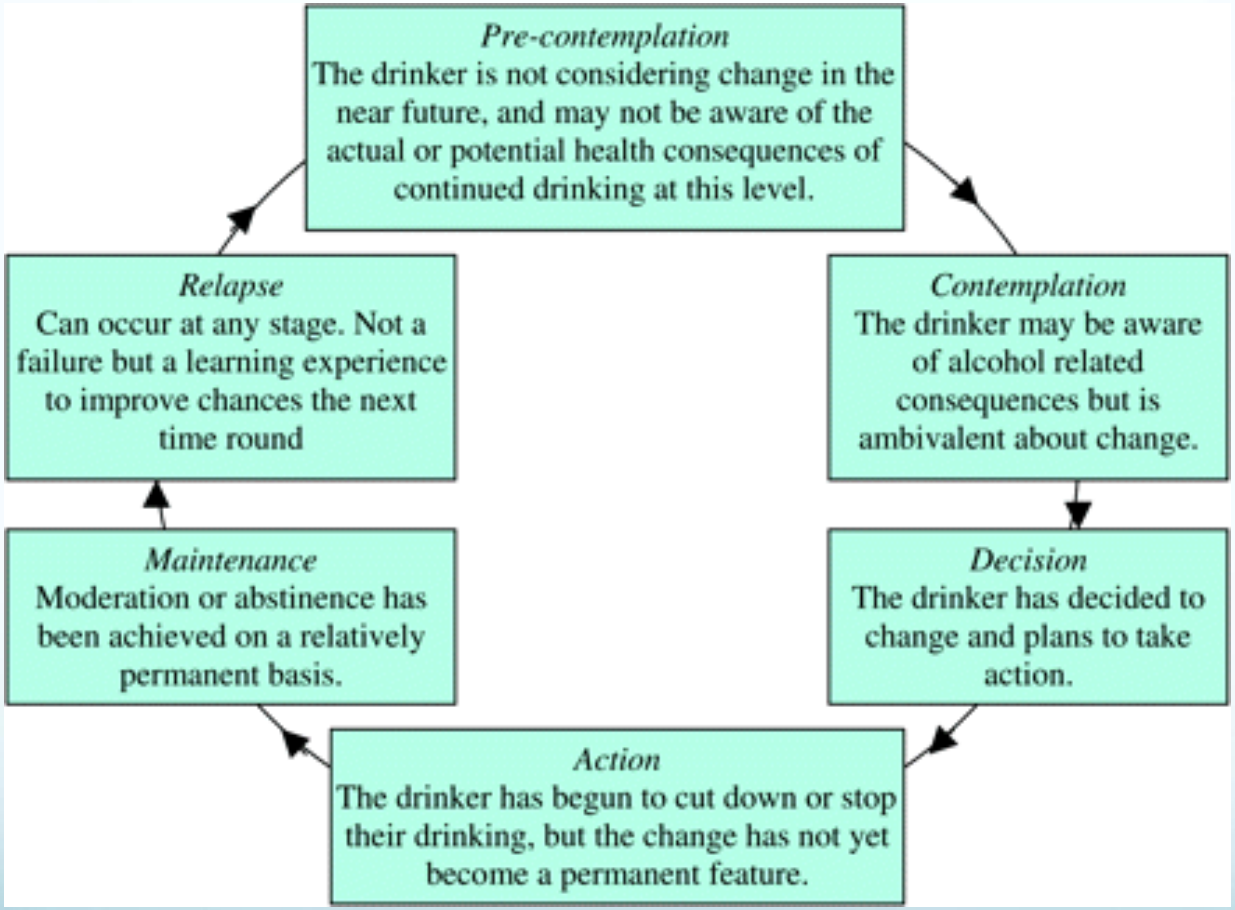

Prochaska & DiClemente (1983)

Motivation for change

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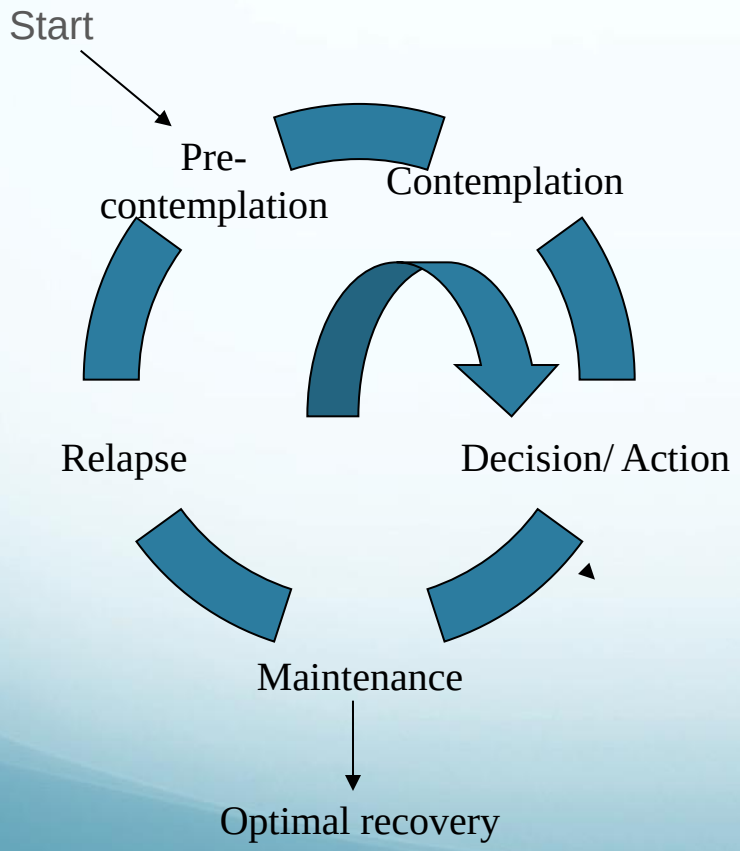

Intervention at each stage :

Pre-contemplation – raise doubt by ↑ awareness of risks/ impact of use

Contemplation – elicit pros & cons of use

Decision/ Action – agree treatment plan specific to individual needs

Maintenance – identify & use strategies to prevent relapse

Relapse – renew process of change

Readiness to Change

- On a scale of 1 to 10 how important is it for you to change your drinking?

  (1 = not important, 10 = very important)

  ≤3 = pre-contemplative

  4-6 = thinking about change

  ≥7 = ready to take action

Brief Interventions

- **Stage appropriate**
- **Follow-up & reinforce**
- Remember that Drug Misuse is:
  - Maladaptive coping mechanism
  - Form of self-harm
- Use the skills that you already have:
  - Develop more positive coping mechanisms
  - ↓ Self-harm

Pre-Contemplation

- **Establish a therapeutic relationship**
- **Provide information in a non-judgemental way about the risks of substance misuse.**
- **Explore the patient's perception of the problem**
- **Explore why the meaning of what has brought the client into treatment.**
- **Look for discrepancies in use.**

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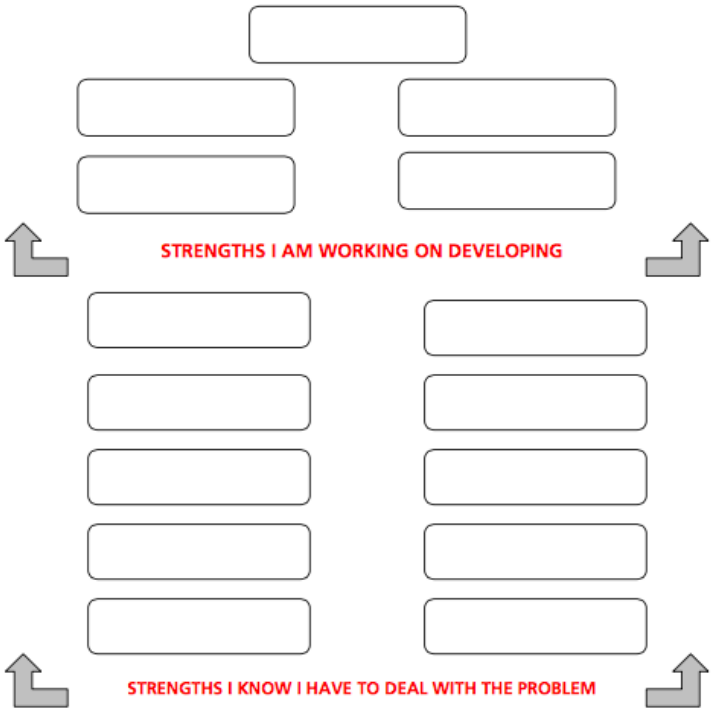
Building motivation

Strengths and Qualities

Adaptable	Forgiving	Peacemaker
Adventurous	Friendly	People-person
Ambitious	Funny	Persistent
Artistic	Generous	Polite
Athletic	Good intentioned	Practical
Believes in self	Good memory	Principled
Brave	Happy	Problem-solver
Community-minded	Hard-working	Quick learner
Competitive	Healthy	Quick thinker
Contented	Honest	Relaxed
Cool-headed	Imaginative	Religious
Cooperative	Independent	Responsible
Curious	Kind	Self-starter
Dedicated	Learner	Sense of humour
Dependable	Likeable	Sensitive to others
Determined	Logical	Sincere
Endurance	Loving	Smart
Energetic	Loyal	Spiritual
Enthusiastic	Mechanical	Spontaneous
Ethical	Musical	Strong
Even-handed	Optimistic	True to self
Expressive	Open-minded	Trusting
Fair	Organized	Trustworthy
Flexible	Patient	Warm-hearted

Tower of Strength



Problem, obstacle, or challenge I may face in staying clean/avoiding drugs:

Contemplation

- **Drug use diary**: self-monitor
  - Info for you
  - Insight for patient

- **Pros & Cons** of drug use – patient lead
  - Ask first about positives
  - when run out of positives THEN ask about negatives
  - Is this a problem for them?

- **Self Efficacy** - Emphasize the client's free choice, responsibility, and self- efficacy to change.

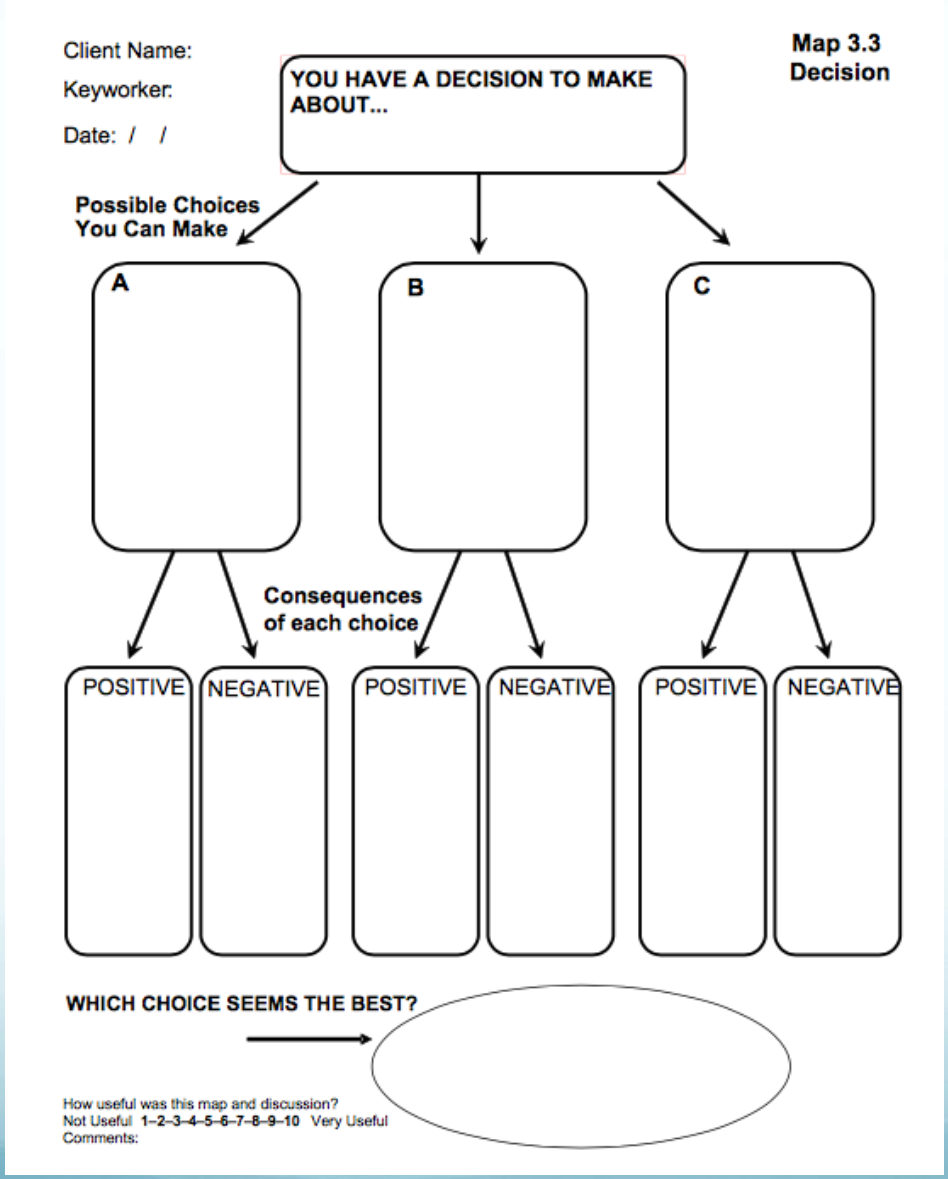
Motivation 1.4

Continuing to use as before	
Advantages	Disadvantages

Making a change to my use	
Advantages	Disadvantages

How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

Client Name: Keyworker: Date: / /


Client Name:
Keyworker:
Date: / /
Map 3.3
Decision
YOU HAVE A DECISION TO MAKE ABOUT...
Possible Choices You Can Make
A
B
C
Consequences of each choice
POSITIVE
NEGATIVE
POSITIVE
NEGATIVE
POSITIVE
NEGATIVE
WHICH CHOICE SEEMS THE BEST?
How useful was this map and discussion?
Not Useful 1–2–3–4–5–6–7–8–9–10 Very Useful
Comments:

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Preparation for action

- **Set Collaborative Goals**
- **Offer menu of treatment options if possible or referral into specialist services**
- **Explore expectancies of treatment**
- **Discuss what has worked in the past**
- **Encourage significant others/ carers to be part of this.**
- **Negotiate and explore barriers to change**

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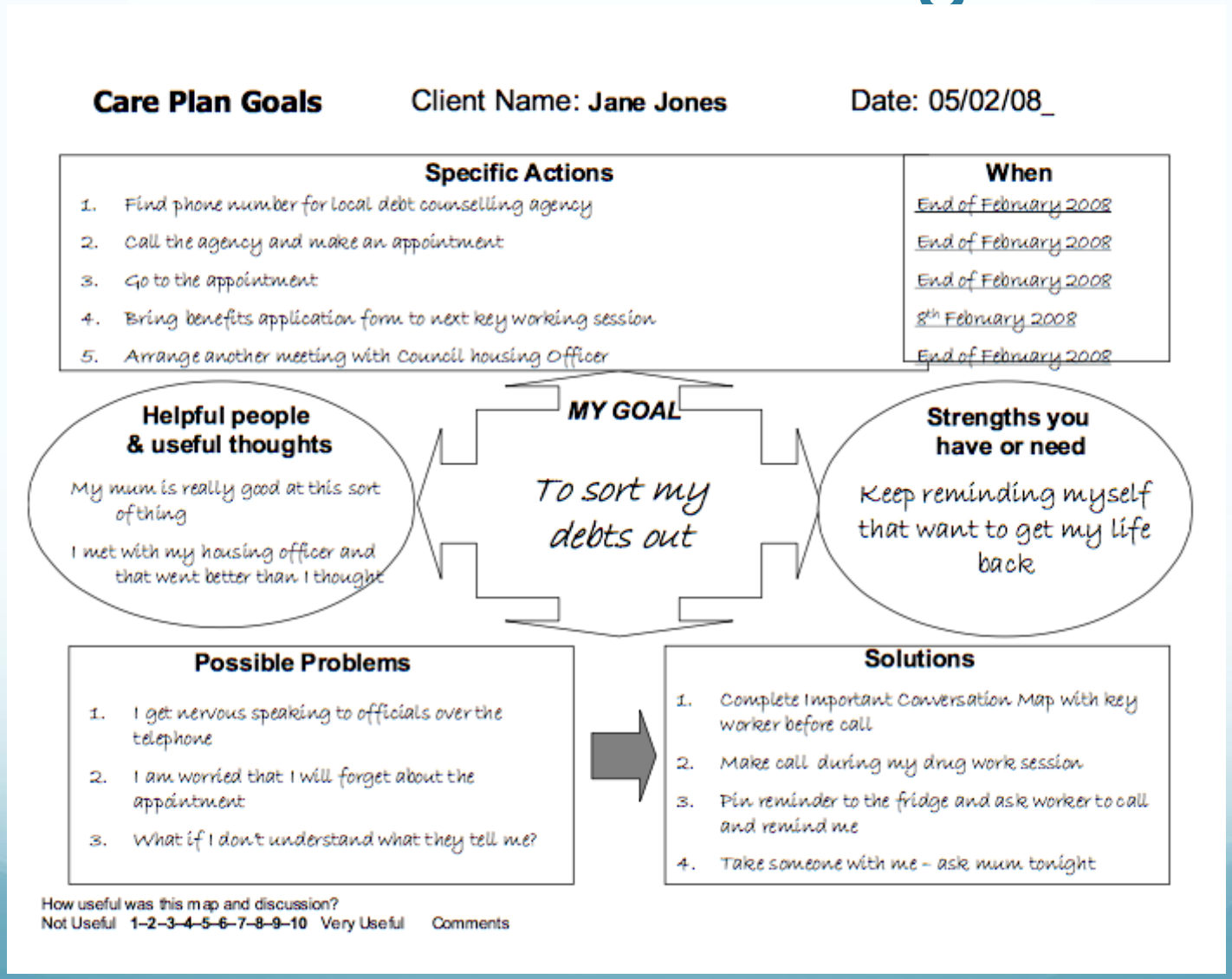
Goal Planner

Goal Planner **Client:** JANE JONES **Keyworker:** D. WRIGHT **Date:** __/__/__

Problem Area	Satisfaction out of 10	What would have to change to increase my score out of 10?	Priority
Drug and/or alcohol use	3	I don't drink at all, but I am injecting heroin every day and using crack 3 times per week	3rd
Health (physical & mental)	4	I am struggling to deal with the death of my step-dad and the guilt that I feel. I might get another DVT	2nd
Social life & friends	4	All my friends that don't use drugs have got fed up with me	
Relationships (Partner or family)	4	Always end up using when I see my youngest brother. Want to see my daughter but need to get clean first.	
Housing	5	Flat is ok, but might get evicted if I don't pay rent	
Job/ Education	3	Would like to work. I am interested in job in catering, but can't see how I can get the qualifications.	
Money	2	I owe so many people I have lost track – gas, electricity, rent, family	1st
Exercise	5	Don't get much, but not bothered about it. Would like to go swimming again.	
Legal & crime	8	In court for shoplifting – hope to get a treatment order. This will stop if I get off the drugs.	

Care Planning



Care Plan Goals Client Name: **Jane Jones** Date: 05/02/08_

Specific Actions	When
1. Find phone number for local debt counselling agency	End of February 2008
2. Call the agency and make an appointment	End of February 2008
3. Go to the appointment	End of February 2008
4. Bring benefits application form to next key working session	8th February 2008
5. Arrange another meeting with Council housing Officer	End of February 2008

Helpful people & useful thoughts

My mum is really good at this sort of thing

I met with my housing officer and that went better than I thought

MY GOAL

To sort my debts out

Strengths you have or need

Keep reminding myself that want to get my life back

Possible Problems

1. I get nervous speaking to officials over the telephone
2. I am worried that I will forget about the appointment
3. What if I don't understand what they tell me?

Solutions

1. Complete Important Conversation Map with key worker before call
2. Make call during my drug work session
3. Pin reminder to the fridge and ask worker to call and remind me
4. Take someone with me – ask mum tonight

How useful was this map and discussion?
Not Useful 1–2–3–4–5–6–7–8–9–10 Very Useful Comments

Action

- **Reduce Drug Use**
  - Move from injecting to smoking or rectal
  - Spread out use during the day
  - Days off using
- **Alternatives/Diversions** for ‘high-risk’ situations
- **Engage in mutual aide regularly**
- **Medication**
  - Engaged with pharmacological intervention daily?
  - Optimum prescribed OST?

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Detoxification

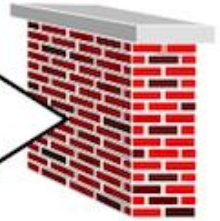
- Inpatient or Community
- Preparation
- Aftercare

Client Name:

Keyworker:

Date: / /

Map 3.2 Running into a Brick wall



What was the unsuccessful attempt?

What made it unsuccessful?

Your actions?

Your thoughts?

Describe how this has happened to you before

What can you do differently next time?

How useful was this map and discussion?
Not Useful 1–2–3–4–5–6–7–8–9–10 Very Useful
Comments:

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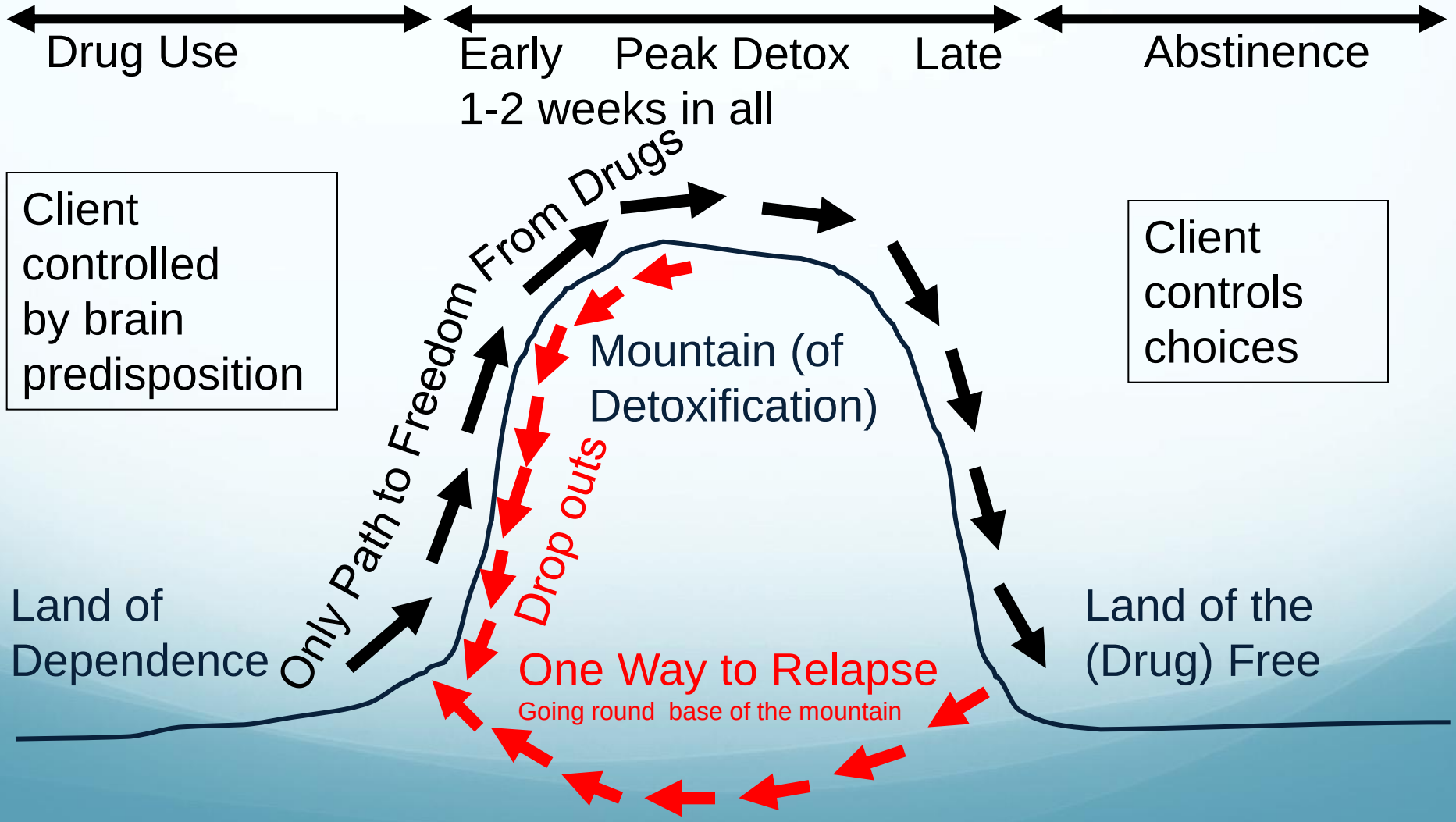
Perception:

The Fantasy: How Patients (& Staff) Perceive Progress



"Stopping smoking is easy; I've done it thousands of times" – Mark Twain

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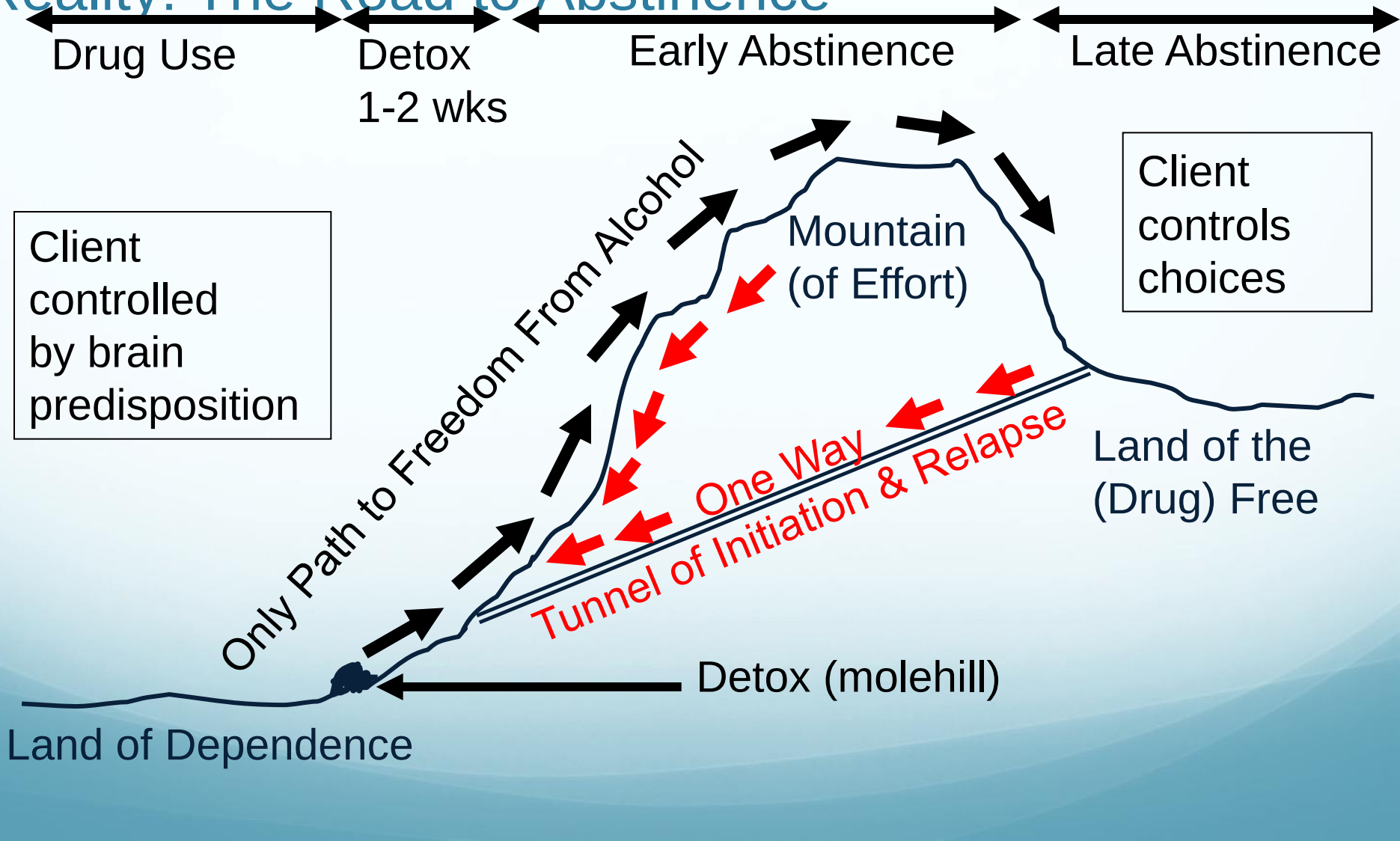
Perception:

Reality: The Road to Abstinence



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Case Scenarios

Case scenario 2

You are asked by a shared care worker to review Jack a 34-year - man who is prescribed 50ml methadone weekly pick up for the last 7 years and continues to smoke £20 heroin daily. He sees his shared care worker monthly but otherwise doesn't access any other support around his opiate use.

What are the main issues we would need to consider in terms if stage of stage?

Case scenario 1

Jill is a 22-year-old woman who has just attempted a community detoxification from a daily dose of methadone 25mls with the support of her shared care worker. She attends your surgery reporting to have relapsed into heroin use £10 daily after two weeks of abstinence and lives with her partner who is supportive.

What issues would we consider at the appointment?

Case scenario 3

Jill, a 24-year-old woman who is 14 weeks pregnant and prescribed 8mg buprenorphine daily (weekly pick up) transfers to your practice. She reports to be smoking £20 heroin & crack 3 times per week and drinking 14 units of alcohol per day. She lives with her partner (who is also a user) and their 2 children (aged 2 and 4). What issues do we need to consider?

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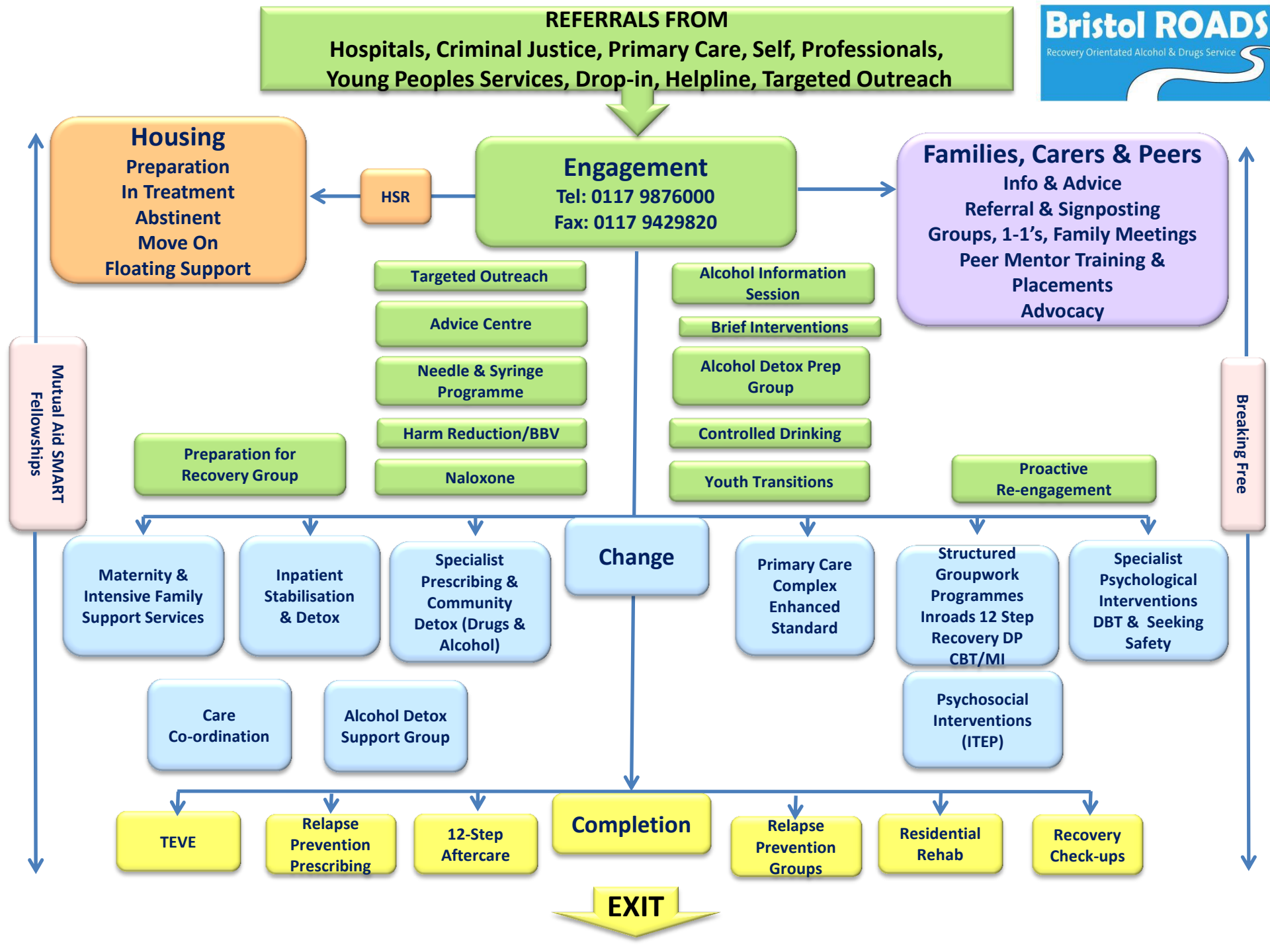
Bristol Recovery Orientated Drug and Alcohol Services


REFERRALS FROM
Hospitals, Criminal Justice, Primary Care, Self, Professionals,
Young Peoples Services, Drop-in, Helpline, Targeted Outreach
Bristol ROADS
Recovery Orientated Alcohol & Drugs Service
Housing
Preparation
In Treatment
Abstinent
Move On
Floating Support
HSR
Engagement
Tel: 0117 9876000
Fax: 0117 9429820
Families, Carers & Peers
Info & Advice
Referral & Signposting
Groups, 1-1's, Family Meetings
Peer Mentor Training &
Placements
Advocacy
Mutual Aid SMART Fellowships
Breaking Free
Targeted Outreach
Advice Centre
Needle & Syringe Programme
Harm Reduction/BBV
Naloxone
Alcohol Information Session
Brief Interventions
Alcohol Detox Prep Group
Controlled Drinking
Youth Transitions
Preparation for Recovery Group
Proactive Re-engagement
Maternity & Intensive Family Support Services
Inpatient Stabilisation & Detox
Specialist Prescribing & Community Detox (Drugs & Alcohol)
Change
Primary Care Complex Enhanced Standard
Structured Groupwork Programmes Inroads 12 Step Recovery DP CBT/MI
Specialist Psychological Interventions DBT & Seeking Safety
Care Co-ordination
Alcohol Detox Support Group
Psychosocial Interventions (ITEP)
TEVE
Relapse Prevention Prescribing
12-Step Aftercare
Completion
Relapse Prevention Groups
Residential Rehab
Recovery Check-ups
EXIT

Drug Services

- Shared Care

- Standard shared care: GP Led
  - For people not currently motivated to work towards a detox
  - May have lower level alcohol use
  - Care is GP Led but all reviewed 12 weekly by BDP worker
  - Access to groups to enhance motivation
  - ALL on minimum 5 day supervised consumption (rare exceptions include regular employment, physical disability, agreed by BDP worker)

Drug Services

- Standard shared care: BDP Led
  - For people not currently motivated to work towards a detox within 6 month period
  - May have lower level alcohol use
  - Access to groups to enhance motivation
  - ALL on minimum 5 day supervised consumption (rare exceptions include regular employment, physical disability, agreed by BDP worker)

Drug Services

- Enhanced shared care
  - For people motivated to detox from opioids within the next 6 months
  - Can have stepped relaxation of prescribing regime (exception if have children) if providing negative urines and engaging in treatment
  - Weekly appointments
- Contingency Management for cohort who have been unable in previous treatment episodes to cease use of opiates and crack cocaine: twice weekly mouth swab testing to verify and reward behaviour

Drug Services

- Specialist Treatment
  - Dual alcohol and opioid dependency
  - Dual diagnosis with SMI (serious mental illness)
  - Severe unstable physical illness (eg Hep C, HIV)
  - High level of risk ie children, pregnancy, homelessness, sex workers
  - Once risk stabilised must be stepped down to Enhanced or Standard shared care depending on motivation to change
  - Ready for a Community Care Assessment

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Alcohol Services

- Alcohol (based on audit):

Audit (8-15 Numbers) breaking free on-line and signpost to mutual aid and/or controlled drinking groups

Audit (16-19 Numbers) enhanced brief intervention and signpost to mutual aid and/or controlled drinking groupsAudit 20 and over but few complicating factors primary care initially with support of ROADS Preparation for Alcohol Detox and Alcohol Detox Support groups

Complex nurses (6 hub GP practices) For people needing extra support with alcohol detox in primary care (ie not need specialist treatment yet)

- For Specialist Treatment if Audit 20 and over AND evidence of one of
  - A: mental illness
  - B: alcohol related physical illness
  - C: homelessness
  - D: pregnant or children involved
  - E: repeated failure of treatment in primary care
  - F Ready for a CCA

- Urgent alcohol
  - significant physical health problems due to alcohol use ie acute liver failure / jaundiced.
  - Note: if acutely medically unwell a patient should be directed to a general hospital.