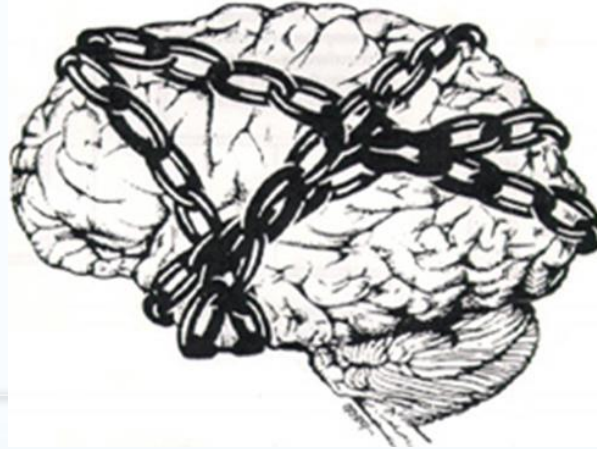


# Addiction & Behavioural Change



**Stephen Murphy**

Team Manager / NMP  
Bristol Specialist Drug & Alcohol Service.

# 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

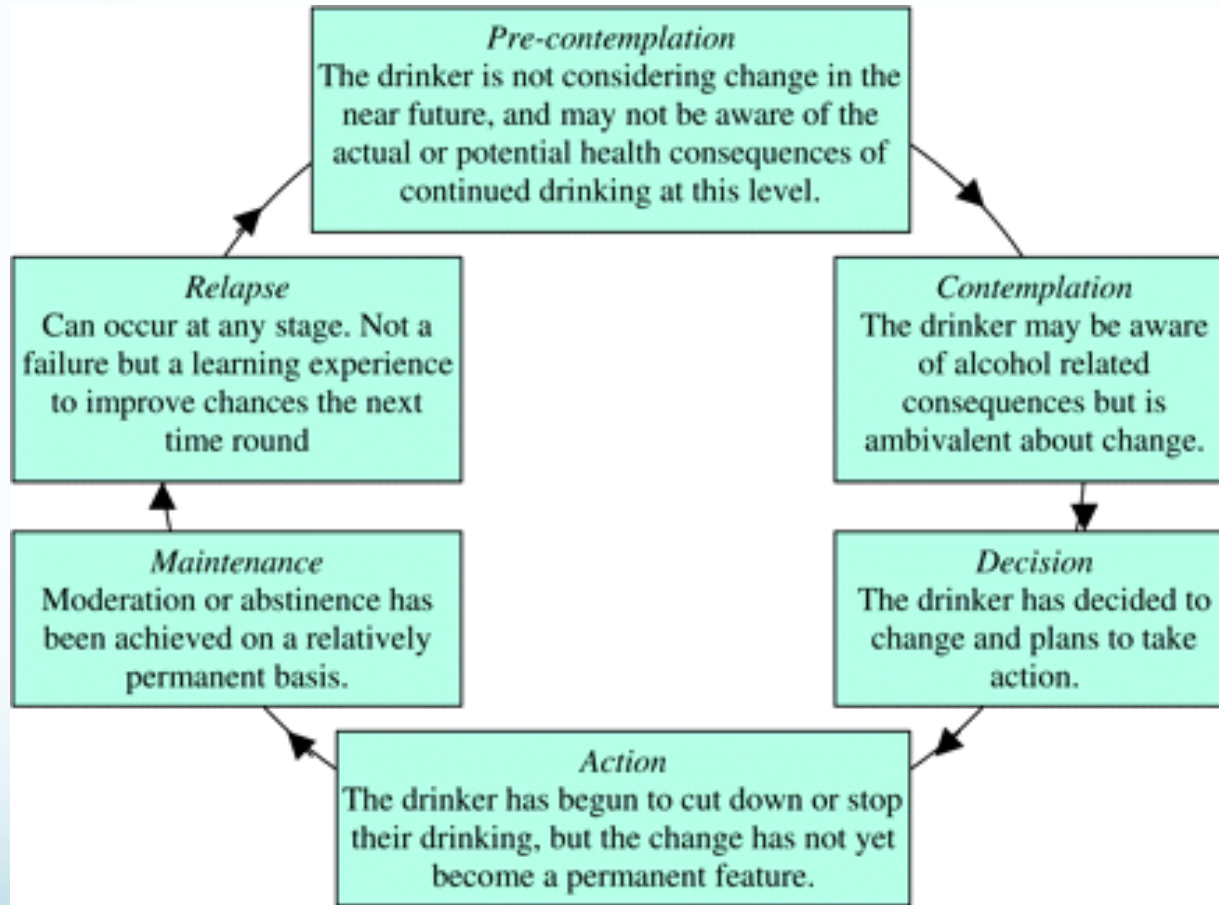
## 3+ in last year:

- 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



# Motivation for change

## Intervention at each stage :

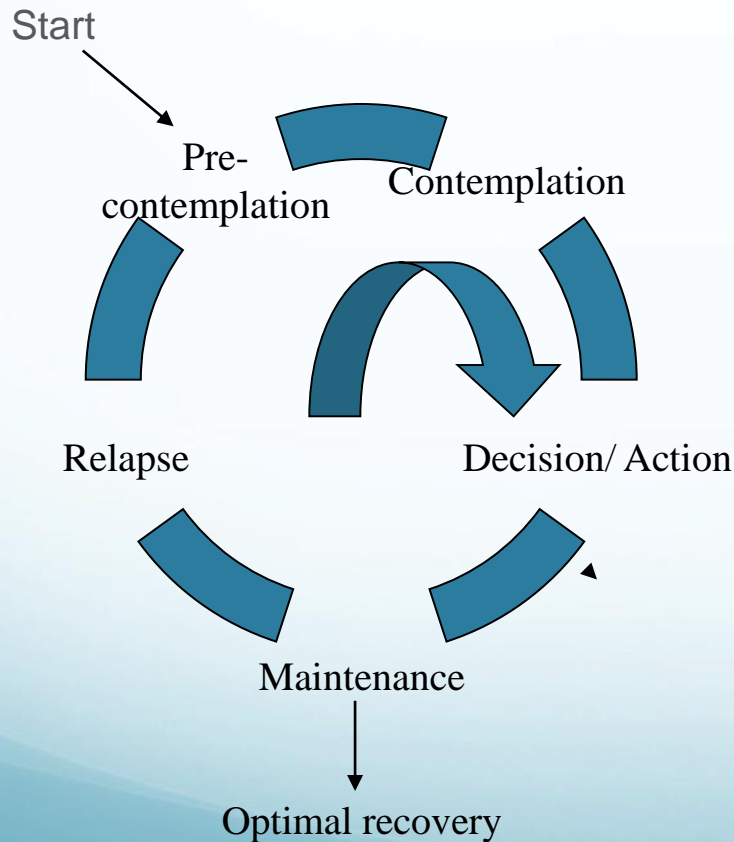
**Pre-contemplation** – raise doubt by  
↑ awareness of risks/ impact of use

**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)

$\leq 3$  = pre-contemplative

4-6 = thinking about change

$\geq 7$  = 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



# Awareness

- **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?

# Action

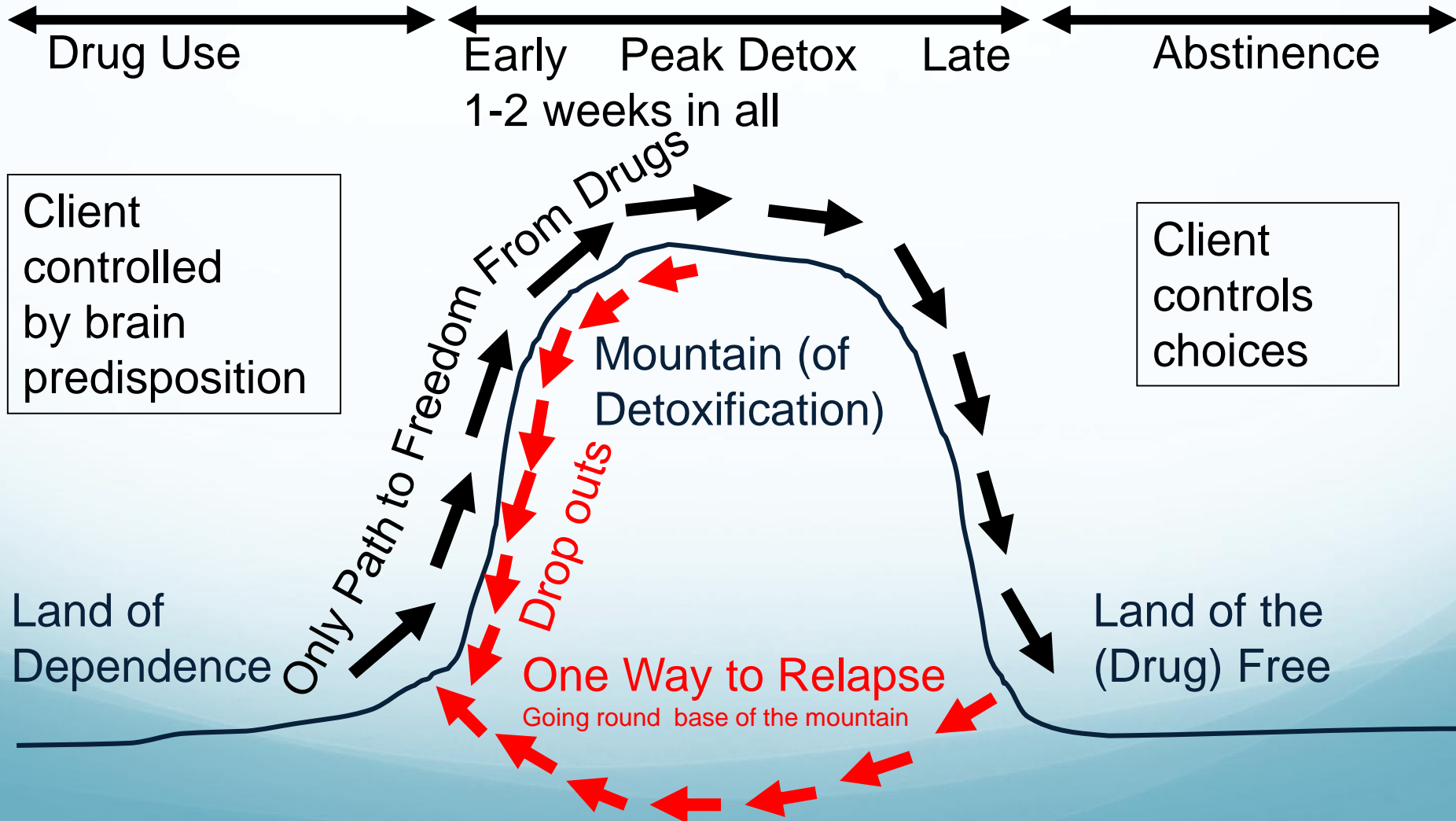
- **Set Goals**
- **Reduce drug use**
  - Move from injecting to smoking or rectal
  - Spread out use during the day
  - Days off using
- **Alternatives/Diversions** for ‘high-risk’ situations
- **Medication**
  - Engaged with pharmacological intervention daily?
  - Optimum prescribed OST?

# Detoxification

- Inpatient or Community
- Preparation
- Aftercare

# Perception:

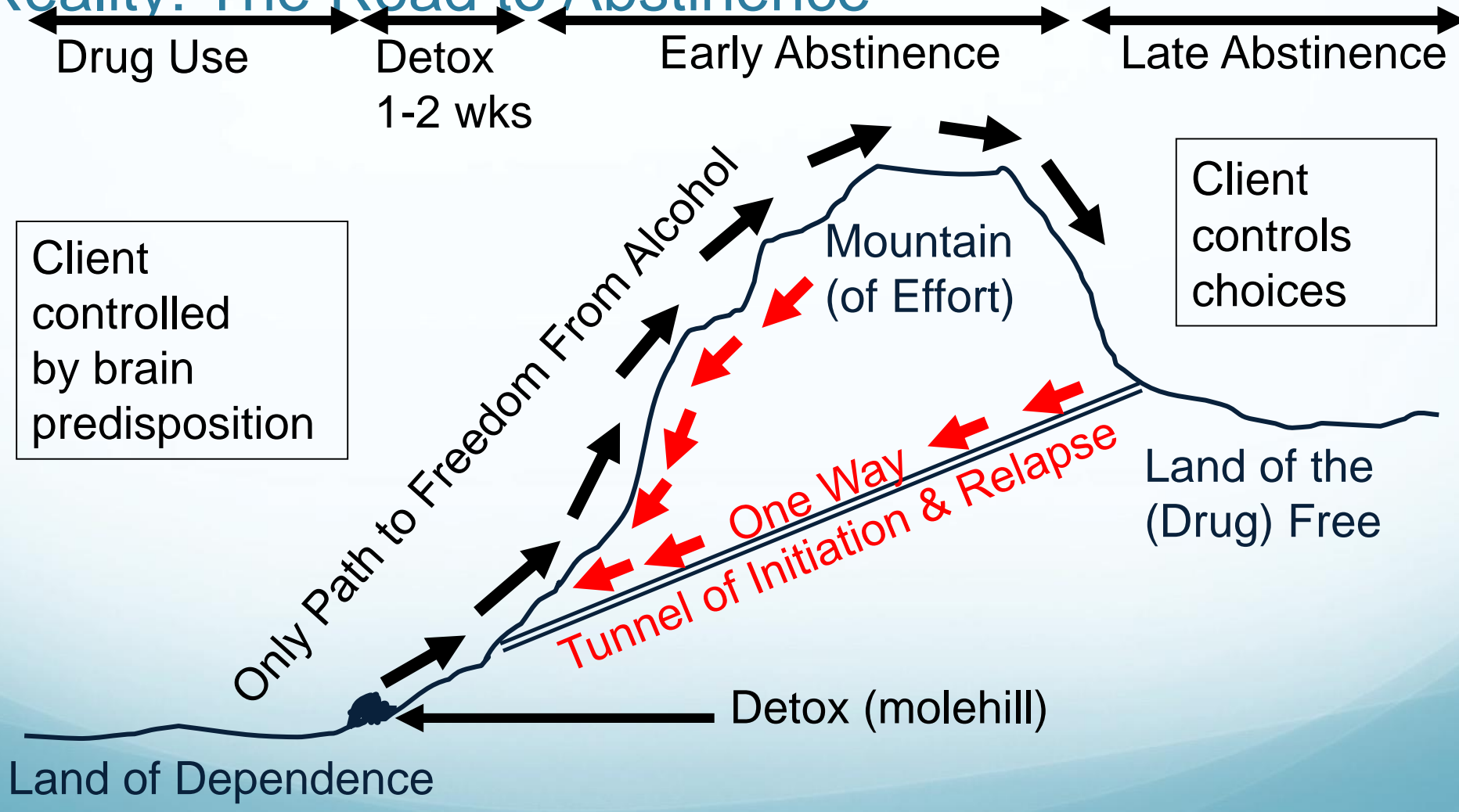
## The Fantasy: How Patients (& Staff) Perceive Progress



“Stopping smoking is easy; I’ve done it thousands of times” – Mark Twain

# Perception:

## Reality: The Road to Abstinence



# 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	<u>End of February 2008</u>
2. Call the agency and make an appointment	<u>End of February 2008</u>
3. Go to the appointment	<u>End of February 2008</u>
4. Bring benefits application form to next key working session	<u>8<sup>th</sup> February 2008</u>
5. Arrange another meeting with Council housing Officer	<u>End of February 2008</u>



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?

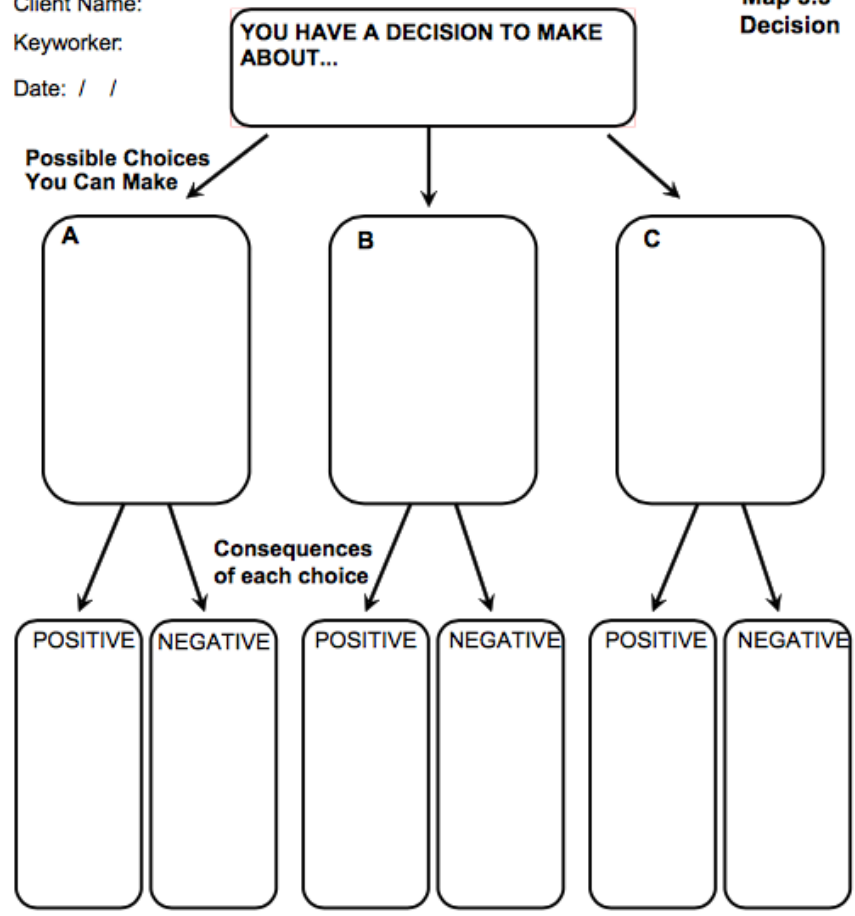


Solutions
1. Complete Important Conversation Map with key worker before call
2. Make call during my drug work session
3. Pin reminder to the fridge and ask worker to call and remind me
4. Take someone with me - ask mum tonight

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

Client Name:  
Keyworker:  
Date: / /

Map 3.3  
Decision



**WHICH CHOICE SEEMS THE BEST?**

→ 

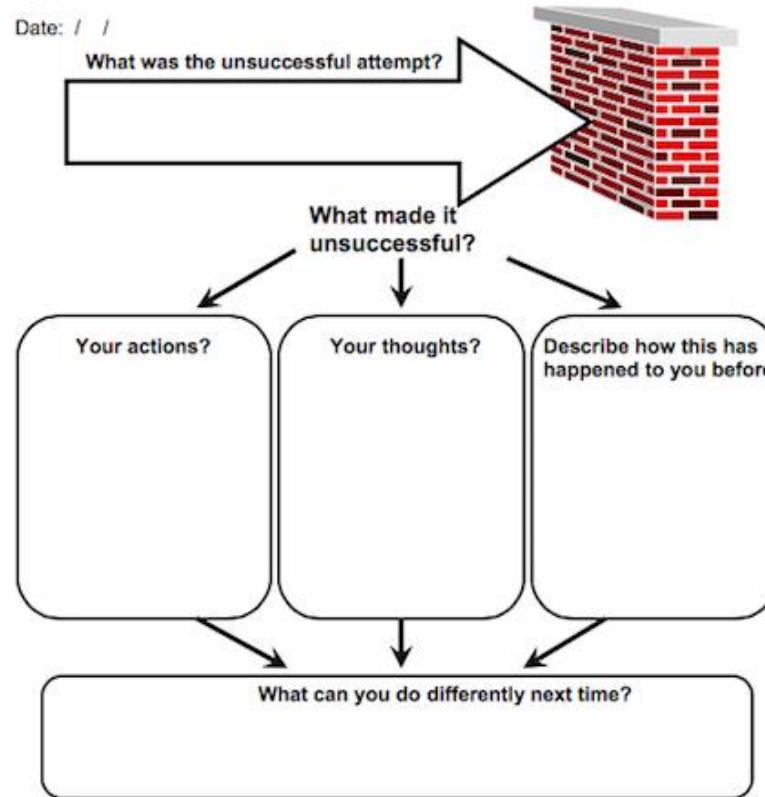
How useful was this map and discussion?  
Not Useful 1-2-3-4-5-6-7-8-9-10 Very Useful  
Comments:

Client Name:

Keyworker:

Date: / /

Map 3.2 Running into a  
Brick wall



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

# Case scenario 1

John is a 30-year-old man who has just attempted a community detoxification from buprenorphine 25mls methadone with the support of his shared care worker. He relapses into heroin use £10 daily after two weeks of abstinence. He lives with his partner who is supportive.

# Case scenario 2

You are asked by a shared care worker to review Jack a 34-year - man who is prescribed 120ml methadone Daily supervised consumption and continues to inject £20 heroin daily with his housemates. What are the main issues you would need to consider?

# 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). Outline your management plan.

# Bristol Recovery Orientated Drug and Alcohol Services





# REFERRALS FROM

Hospitals, Criminal Justice, Primary Care, Self, Professionals,  
Young Peoples Services, Drop-in, Helpline, Targeted Outreach



**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

- Targeted Outreach
- Advice Centre
- Needle & Syringe Programme
- Harm Reduction/BBV
- Naloxone

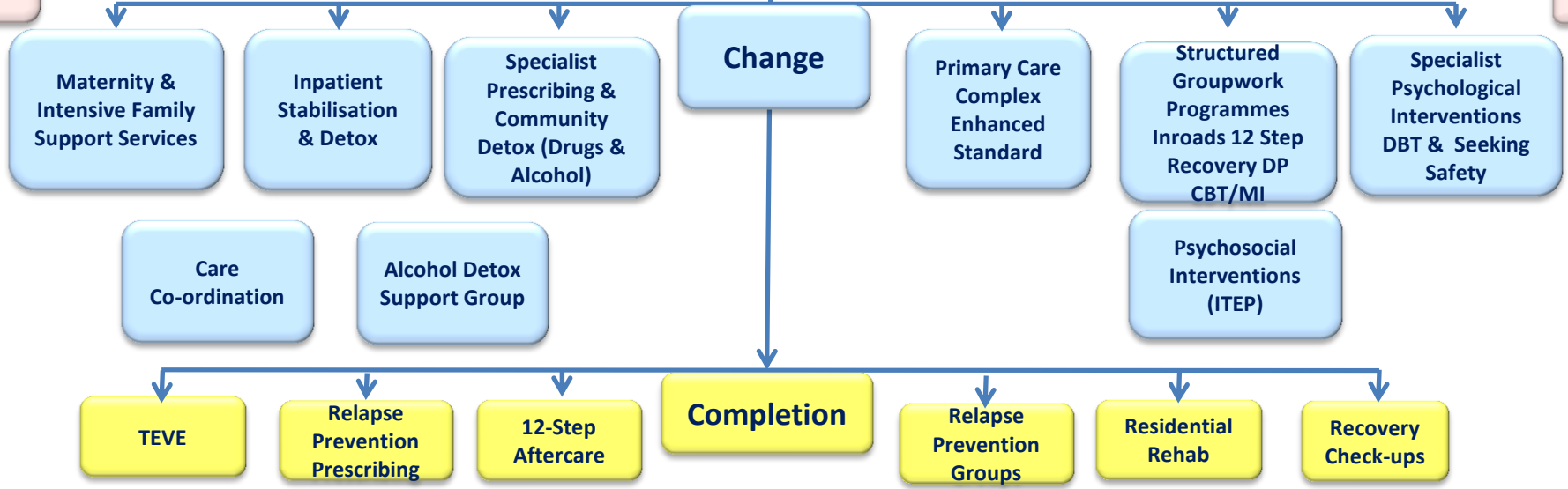
- Alcohol Information Session
- Brief Interventions
- Alcohol Detox Prep Group
- Controlled Drinking
- Youth Transitions

Preparation for Recovery Group

Proactive Re-engagement

Mutual Aid SMART Fellowships

Breaking Free



**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

# 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 groups  
Audit 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.