# BRIEF INTERVENTION FOR SUBSTANCE USE: A MANUAL FOR USE IN PRIMARY CARE

## Draft Version 1.1 for Field Testing

Department of Mental Health and Substance Dependence

World Health Organization

## Caveat relating to use of this document

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## Opportunity for feedback

We invite your comments and feedback. We are particularly interested in your experiences in using this document and its usefulness and relevance in your clinical, or other, setting.

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# 1. WHAT IS A BRIEF INTERVENTION?

Screening and brief interventions aim to identify current or potential problems with substance use and motivate those at risk to change their substance use behaviour[1]. Brief interventions in primary care can range from 5 minutes of brief advice to 15-30 minutes of brief counselling[13]. Generally, brief interventions are not intended to treat people with serious substance dependence, however, they are a valuable tool for treatment for problematic or risky substance use. Brief Interventions can also be used to encourage those with more serious dependence to accept more intensive treatment within the primary care setting, or referral to a specialised alcohol and drug treatment agency. 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 personalised and offered in a supportive, non judgemental manner.

There is strong evidence for the effectiveness of brief interventions in primary care settings for alcohol and tobacco, and growing evidence of effectiveness for other substances. Brief interventions are low in cost and are effective across all levels of hazardous and harmful substance use and so are ideally suited for use as a method of health promotion and disease prevention with primary care patients.

# 2. NATURE AND PURPOSE OF THIS MANUAL

This manual is a companion to the manual "The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for use in Primary Care". The purpose of this manual is to explain the theoretical basis and evidence for brief intervention and to assist primary health care workers to conduct a simple brief intervention for risky or harmful drug use. Together with the ASSIST guidelines for use manual, this manual presents a comprehensive approach to screening and brief intervention which is tailored to the specific circumstances of primary care and is designed to improve the health of populations and patient groups as well as individuals. The manual will describe:

- the rationale for brief intervention in primary care
- a model of behaviour change
- the components of brief interventions that work
- principles of motivational interviewing and essential skills
- how to link screening and brief intervention
- giving feedback
- how to conduct brief intervention for people at moderate risk
- information and self-help resources for patients

Although the manual is particularly aimed at primary health care workers, it may also be useful for others who work with people who engage in risky drug use such as hospital physicians and nurses, social workers, or prison and probation officers.

# 3. RATIONALE FOR BRIEF INTERVENTION IN PRIMARY CARE

Tobacco, alcohol and illicit drugs are among the top 20 risk factors for ill-health identified by the World Health Organisation[26]. It is estimated that tobacco is responsible for 9% of all deaths and for 4.1% of the global burden of all disease, which is measured as the number of years spent living with a disease (Disability Adjusted Life Years - DALYs), while alcohol is responsible for 3.2% of deaths and 4.0% of DALYs. Illicit drugs are responsible for 0.4% of deaths and 0.8% of DALYs. Excessive alcohol use and other substance abuse are also risk factors for a wide variety of social, financial, legal and relationship problems for individuals and their families. Globally, there is an increasing trend for people to use multiple substances, either together or at different times, which is likely to further increase the risks.

Primary care workers are in a unique position to identify and intervene with patients whose substance use is hazardous or harmful to their health and wellbeing. Health promotion and prevention are important parts of the role of primary care and primary care workers are engaged in many preventive activities including immunisation, and screening and early intervention for high blood pressure, obesity, smoking and other lifestyle risk factors. Patients view primary care as a credible source of advice about health risks including substance use.

In the developed world, eighty five percent of the population visit a primary health care clinician at least once per year. Patients whose tobacco, alcohol and other substance use is hazardous or harmful have more frequent consultations. This means that primary care workers have the opportunity to intervene at an early stage before serious substance related problems and dependence develop. Many common health conditions seen in primary care may be related to tobacco, alcohol or other substance use and the primary care worker can use this link to introduce screening and brief interventions for substance use. The intervention then forms part of the management of the presenting complaint.

Primary care workers often have an ongoing relationship with patients which enables them to develop rapport and demonstrate genuine concern for the welfare of patients. Patients expect their primary care clinician to be involved in all aspects of their health and are likely to feel more comfortable about discussing sensitive issues such as substance use with someone they know and trust. The ongoing nature of the relationship also means that interventions can be spread out over time and form part of a number of consultations or that patients can be invited to make a specific appointment to discuss substance abuse.

There is substantial evidence of the benefits of screening and brief intervention for alcohol problems in Primary Health Care settings[5, 7, 8, 10, 11, 20, 24]. Senft et al.[20] showed a reduction in frequency of alcohol consumption at 6 and 12 months in hazardous drinkers who had received a 15 minute brief intervention and self-help materials, in a primary care setting. The WHO Brief Intervention Study Group[24] found that five minutes of simple advice were as effective as 20 minutes of counselling. Moreover, brief interventions have been shown to be a cost effective way of reducing alcohol consumption and associated problems[27].

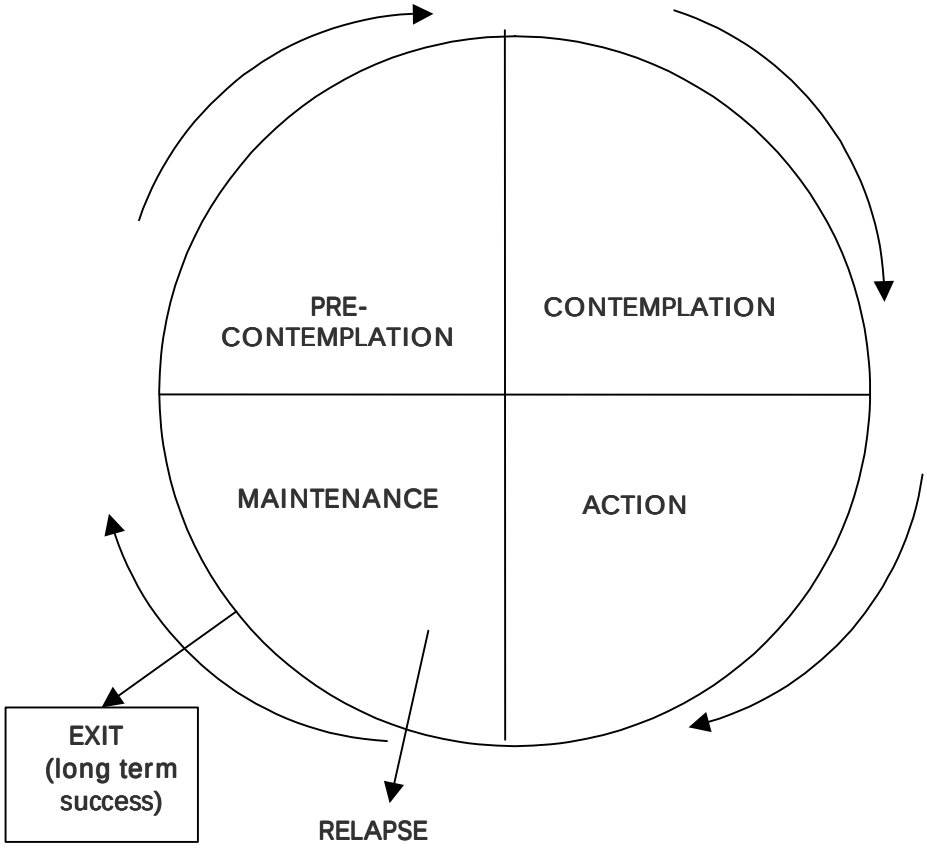
Research suggests that brief interventions may also be effective in primary care settings for substance use other than alcohol, if culturally appropriate intervention procedures are developed. Evidence to date suggests that brief interventions can work for cannabis[6, 9, 21], benzodiazepines[4], amphetamines[3], opiates[19], and cocaine[22].

# 4. MODEL OF BEHAVIOUR CHANGE

The model of stages of behaviour change developed by Prochaska and DiClemente[16] provides a useful framework for understanding how people change their behaviour and for considering how ready they are to change their substance use or other lifestyle behaviour. The stages and processes by which people change seem to be the same with or without treatment and the model describes these natural processes[13]. The stages of change model can be used to match interventions with a person's readiness to take in information and change their substance use.

The model includes four stages and is shown in Figure 1.

**Figure 1 Model of Change**



## Stage 1 Not really thinking about changing (Pre-contemplation)

Many people seen in primary care who score positive on the ASSIST are likely to be in this stage.

- They are 'happy-users'.
- They do not have any worries about their use of psychoactive substances, and do not want to change.
- They may not know or accept that their substance use is risky or problematic.

People in this stage are unlikely to respond to advice to change their behaviour but may be receptive to information about the risks associated with their level and pattern of substance use. Providing information may encourage them to recognise the risks of substance use and to think about cutting down or stopping their substance use.

## Stage 2 Thinking about cutting down or stopping substance use (Contemplation)

People in this stage are likely to:

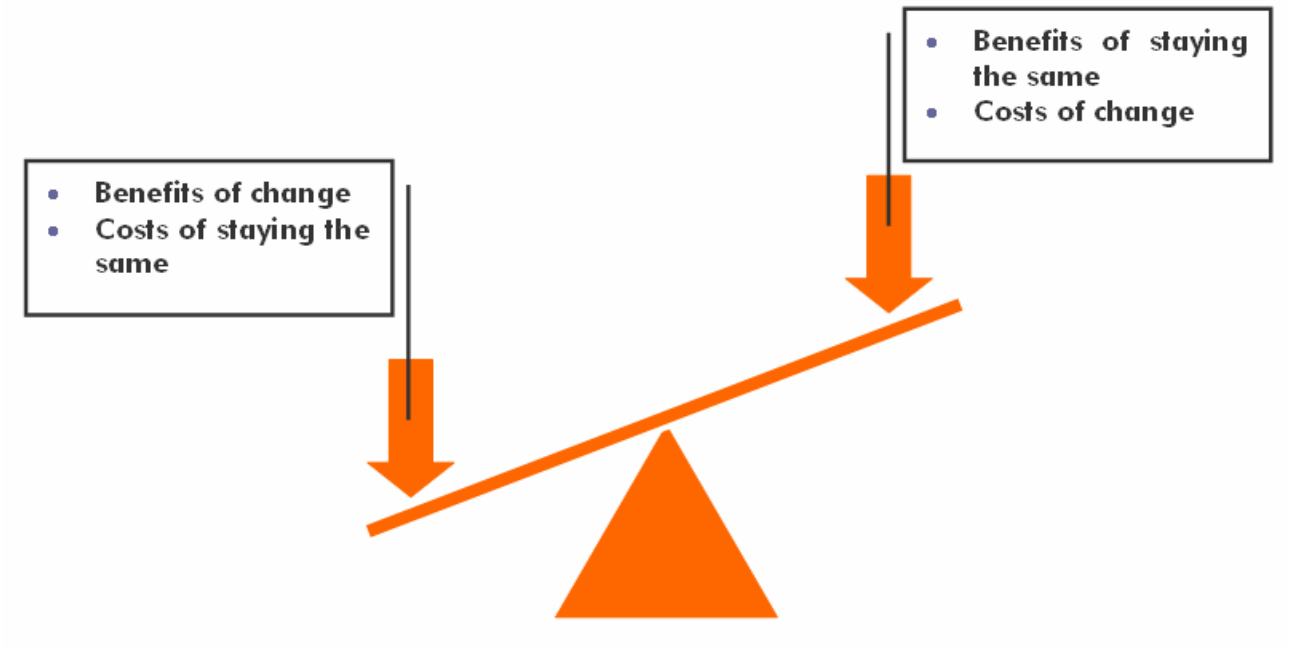
- be ambivalent about their substance use. They can see both the good things and the not so good things about their substance use.
- have some awareness of the problems associated with substance use and may be weighing up the advantages and disadvantages of their current substance use pattern.
- Others may be willing to make a change but they:

    - may not know how to make a change.
    - may not be confident that they are able to change.

Interventions for people in this stage focus on providing information about their substance related risks, advice to cut down or stop, and helping them to talk about the good and not so good things about their current substance use pattern. The aim is to encourage them to find and talk about their own reasons to cut down or stop their substance use.

A helpful tool at this stage is to see ambivalence about substance use as a balance. On one side of the balance are the benefits to the patient of their current substance use behaviour and the costs associated with changing it (reasons for remaining the same), while on the other side are the costs of current substance use and the benefits of change (reasons for change). Change is unlikely to occur until the reasons for change outweigh the reasons for staying the same (See figure 2).

Figure 2 Decision Balance




Another way of encouraging the patient to consider the costs and benefits of their current substance use is to help them to draw up a table similar to the one below. It can be helpful to ask the patient to talk first about what they like about their substance use, the good things, and then to ask about the not so good things.

| | Benefits | Costs |
|---|---|---|
| Short term | | |
| Long term | | |

Interventions for this stage may also include:

- helping the patient to recognise their strengths and ability to change.
- suggesting a range of strategies the patient could choose to help them cut down or stop their substance use (menu of options, see pages 10 & 11).

## Stage 3 Doing something about changing their behaviour (Action)

People in the action stage:

- have made the decision that their use of substances needs to change.
- may be abstaining or cutting down, or have decided to change their established behaviour.

People in this stage are likely to continue to feel ambivalent about their substance use and to need encouragement and support to maintain their decision. Interventions for this stage also include:

- negotiating aims and goals for changing risky substance use behaviours together.
- suggesting a range of strategies the patient could choose to help them cut down or stop their substance use (menu of options, see page 10 & 11).
- helping them to identify situations where they might be at risk of relapse.
- discussing with the patient their plan for action to reduce or stop their substance use.

## Stage 4 Keeping on with the new behaviour (Maintenance)

- The person is attempting to maintain the behaviour changes that have been made.
- Long-term success means remaining in this stage.

People who are trying to maintain behaviour changes need affirmation that they are doing a good job and encouragement to continue. Primary health care workers can assist people in this stage by providing praise for successes and reinforcing the patient's strategies for avoiding situations where they are at risk of relapse or helping them to move on after a small lapse.

## Relapse

- Most people who try to make changes in their substance use behaviours will go back to substance use, at least for a time. This should be expected. Smokers, for example, make an average of 6 attempts to quit smoking tobacco before they are successful.
- Having relapsed, they will return to one of the preceding stages:- pre-contemplation, contemplation or action.
- For many people, changing their substance use gets easier each time they try until they are eventually successful.

## Ready, willing and able

In order for people to actually change their behaviour they need to be ready, willing and able to change[13]. The stages of change model discussed above is a way of understanding how ready and willing a patient is to make changes in their substance use.
Being ready and willing to reduce or stop substance use is related to how important the patient thinks it is to make the change. However, thinking a change is important is not always enough for a person to move into the action phase. Sometimes a person is willing to make a change but is not confident that they are able to do so. Both importance and confidence need to be addressed in interventions to encourage patients to change their behaviour.

*Importance*

A simple way to find out how important the patient thinks it is to reduce their substance use is to use the 'readiness ruler'[13]. This is just a scale with gradations from 0 to 10 where 0 is not at all important and 10 is extremely important. Patients can be asked to rate how important it is for them to change their substance use.

**Figure 3 'The Readiness Ruler'**

"How important is to you to cut down or stop your substance use?
On a scale of 0 to 10, where 0 is not at all important, and 10 is extremely important, how would you rate yourself?"

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Not at all important | | | | | | | | | | Extremely important |

The readiness ruler can be used at the beginning of a brief intervention to help target the intervention at the appropriate stage of change or it can be used during the intervention as a way of encouraging the patient to talk about reasons for change.

*Confidence*

The same sort of scale can also be used to assess how confident patients are that they are able to cut down or stop their substance use[13]. The confidence ruler can be used with patients who have indicated that it is important for them to make a change or it can be used as a hypothetical question to encourage patients to talk about how they would go about making a change.

**Figure 4 'The Confidence Ruler'**

"How confident are you that you could cut down or stop your substance use if you decided to do it? On a scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident, how would you rate yourself?"

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Not at all confident | | | | | | | | | | Extremely confident |

It is not necessary to actually show the patient a ruler, but it may be helpful, especially for patients with low literacy and numeracy. For some patients it may be enough to just describe the scale using words like those in the examples given above.

# 5. COMPONENTS OF BRIEF INTERVENTIONS THAT WORK

Research into effective brief interventions for substance use have found that they include a number of consistent features which appear to contribute to their effectiveness. These have been summarised using the acronym FRAMES:- **F**eedback, **R**esponsibility, **A**dvice, **M**enu of options, **E**mpathy and **S**elf efficacy (confidence for change)[5, 14, 15]. A number of these features (empathy, self efficacy, responsibility and menu of options) are also associated with motivational interviewing which is a style of intervention aimed at helping people move through the stages of change[13]. Examples of FRAMES techniques are given in Boxes 3 & 4 and in the section "Brief Intervention with moderate risk users" on page 19 of this manual. Motivational interviewing is discussed later in this guide.

## FRAMES

*Feedback*
The provision of personally relevant feedback is a key component of brief intervention and generally follows a thorough assessment of drug use and related problems. Feedback can include information about the individual's drug use and problems from 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. If the patient's presenting complaint could be related to substance use, it is important to inform the patient about the link as part of feedback. Feedback may also include a comparison between the patient's substance use patterns and problems and the average patterns and problems experienced by other similar people in the population.

*Responsibility*
A key principle of intervention with substance users is to acknowledge that they are responsible for their own behaviour and that they can make choices about their substance use. The message that "What you do with your substance use is up to you" and that "nobody can make you change or decide for you" enables the patient to retain personal control over their behaviour and its consequences. This sense of control has been found to be an important element in motivation for change and to decrease resistance[5].

*Advice*
The central component of effective brief interventions is the provision of clear advice regarding the harms associated with continued use. Patients are often unaware that their current pattern of substance use could lead to health or other problems or make existing problems worse. Providing clear advice that cutting down or stopping substance use will reduce their risk of future problems will increase their awareness of their personal risk and provide reasons to consider changing their behaviour.

*Menu of alternative change options*
Effective brief interventions and self help resources provide the patient with a range of alternative strategies to cut down or stop their substance use. This allows the patient to choose the strategies which are most suitable for their situation and which they feel will be most helpful. Providing choices reinforces the sense of personal control and responsibility for making change and can help to strengthen the patient's motivation for change. Giving patients the "Substance users guide to cutting down or stopping" is a good first start because it contains strategies for helping them change their behaviour, and can be used alone or in conjunction with several options. Examples of options for patients to choose could include:

- Keeping a diary of substance use (where, when, how much, who with, why)
- Helping patients to prepare substance use guidelines for themselves
- Identifying high risk situations and strategies to avoid them
- Identifying other activities instead of drug use – hobbies, sports, clubs, gymnasium, etc.
- Encouraging the patient to identify people who could provide support and help for the changes they want to make
- Providing information about other self help resources and written information
- Inviting the patient to return for regular sessions to review their substance use and to work through the "substance users guide to cutting down or stopping" together
- Providing information about other groups or counsellors that specialise in drug and alcohol problems
- Putting aside the money they would normally spend on substances for something else

*Empathy*
A consistent component of effective brief interventions is a warm, reflective, empathic and understanding approach by the person delivering the intervention. 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 followup[13].

*Self efficacy (confidence).*
The final component of effective brief interventions is to encourage patients' confidence that they are able to make changes in their substance use behaviour. 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 behaviour[13]. It is particularly helpful to elicit self efficacy statements from patients as they are likely to believe what they hear themselves say.

# 6. MOTIVATIONAL INTERVIEWING

Motivational interviewing is a directive, client centred style of interaction aimed at helping people to explore and resolve their ambivalence about their substance use and move through the stages of change. It is especially useful when working with patients in the precontemplation and contemplation stages but the principles and skills are important at all stages[13].

Motivational interviewing is based on the understanding that:

- effective treatment assists a natural process of change,
- motivation for change occurs in the context of a relationship between the patient and the therapist, and
- the style and spirit of an intervention is important in how well it works, in particular, an empathic style is associated with improved treatment outcomes[13].

The brief intervention approach adopted in this manual is based on the motivational interviewing principles developed by Miller[12] and further elaborated by Miller and Rollnick[13].

## Principles of motivational interviewing

*Express empathy*
In the clinical situation empathy involves an accepting, non judgemental approach which tries to understand the patient's point of view and avoids the use of labels such as 'alcoholic' or 'drug addict'. It is especially important to avoid confrontation and blaming or criticism of the patient. Skilful reflective listening which clarifies and amplifies the person's own experience and meaning is a fundamental part of expressing empathy. The empathy

of the health worker is an important contributor to how well the patient responds to the intervention[13].

*Develop discrepancy*
People are more likely to be motivated to change their substance use behaviour when they see a difference or discrepancy between their current substance use and related problems and the way they would like their life to be. The greater the difference between their important goals and values and their current behaviour, the more important it is likely to be to patients to change. Motivational interviewing aims to create and amplify a discrepancy between current behaviour and broader goals and values from the patient's point of view. It is important for the patient to identify their own goals and values and to express their own reasons for change.

*Roll with resistance (avoid argument)*
A key principle of motivational interviewing is to accept that ambivalence and resistance to change is normal and to invite the patient to consider new information and perspectives on their substance use. When the patient expresses resistance, the health worker should reframe it or reflect it rather than opposing it. It is particularly important to avoid arguing in favour of change as this puts the patient in the position of arguing against it.

*Support self efficacy (confidence)*
As discussed above patients need to believe that reducing or stopping their substance use is important and be confident that they are able to do so. Using negotiation and confidence building to persuade patients that there is something that they can do is an important part of motivational interviewing. The therapist's belief in the patient's ability to change their behaviour is also important and can become a self fulfilling prophecy.

## Specific skills

Motivational interviewing makes use of five specific skills. These skills 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[13]. The first four skills are often known by the acronym OARS – **O**pen ended questions, **A**ffirmation, **R**eflective listening, and **S**ummarising. The fifth skill is 'eliciting change talk' and involves using the OARS to guide the patient to present the arguments for changing their substance use behaviour.

*OARS*

<u>Open ended questions</u>
Open ended questions are questions which require a longer answer and open the door for the person to talk. Examples of open ended questions include:

- "What are the good things about your substance use?"
- "Tell me about the not so good things about using…(drug)?"
- "You seem to have some concerns about your substance use; tell me more about them"
- "What concerns you about that?"
- " How do you feel about ……..?"
- "What would you like to do about that?"
- "What do you know about ….?

<u>Affirmation</u>
Including statements of appreciation and understanding helps to create a more supportive atmosphere, and helps build rapport with the patient. Affirming the patient's strengths and efforts to change helps build confidence, while affirming self

motivating statements (or change talk) encourages readiness to change. Examples of affirmation include:

- "Thanks for coming today."
- "I appreciate that you are willing to talk to me about your substance use."
- "You are obviously a resourceful person to have coped with those difficulties"
- "I can see that you are a really strong person."
- "That's a good idea."
- "It's hard to talk about .....I really appreciate your keeping on with this."

Reflective listening

A reflective listening response is a statement guessing at what the patient means. It is important to reflect back the underlying meanings and feelings the patient has expressed as well as the words they have used. Using reflective listening is like being a mirror for the person so that they can hear the therapist say what they have communicated.

Reflective listening shows the patient that the therapist understands what is being said or 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.

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. Examples include:

- "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".

Summarise

Summarising is an important way of gathering together what has already been said and preparing the patient to move on. 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 therapist reflect it, and then they hear it again in the summary. The therapist 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. An example of a summary appears below.

> *"So you really enjoy using speed and ecstasy at parties and you don't think you use any more than your friends do. On the other hand you have spent a lot more money than you can afford on drugs, and that really concerns you. You are finding it difficult to pay your bills and your credit cards have been cancelled. Your partner is angry and you really hate upsetting him. As well, you have noticed that you are having trouble sleeping and you're finding it difficult to remember things."*

*Eliciting change talk*

The fifth skill 'eliciting change talk' is a strategy for helping the patient to resolve ambivalence and is aimed at enabling the patient 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.

There are a number of ways of drawing out change talk from the patient.

- Asking direct open questions; for example:
  - "What worries you about your substance use?"
  - "What do you think will happen if you don't make any changes?"
  - "What would be the good things about cutting down your substance use?"
  - "How would you like your life to be in five years time?"
  - "What do you think would work for you if you decided to change?"
  - "How confident are you that you can make this change?"
  - "How important is it to you to cut down your substance use?"
  - "What are you thinking about your substance use now?"

- Use the importance and confidence rulers (see figure 3 and figure 4). Miller and Rollnick[13] suggest using the ruler to obtain the patient's rating and then asking the following two questions.
  - "Why are you at a (eg. 3) and not a 0?" This gets the patient to verbally justify, or defend, their position which can act to motivate the patient to change.
  - "What would it take for you to go from a (eg. 3) to a (eg. 6) (a higher number)?". This gets patients to verbalise possible strategies for change and gets them to start thinking more about change.

- Probe the decision balance (see figure 2) by encouraging the patient to talk about the benefits of change and the costs of staying the same.
- Ask the patient to clarify or elaborate their statements - for example, a person who reports that one of the less good things about using cocaine is having panic attacks could be asked:
  - "Describe the last time this happened."
  - "What else?"
  - "Give me an example of that"
  - "Tell me more about that?"

- 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?"

# 7. SCREENING AND BRIEF INTERVENTION

## Screening

Screening provides a simple way to identify people whose substance use may put them at risk of health problems as well as those who are already experiencing substance related problems. Screening has other benefits as well. It provides the health worker with information to develop a plan for intervention, and it provides patients with personal feedback about their substance use risks and problems which can prompt them to consider changing their substance use behaviour.

It is recommended that screening be carried out systematically using a standardized, validated screening instrument such as the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST - see the companion manual *"The Alcohol, Smoking and Substance Involvement Screening Test: Guidelines for use in Primary Care"*). The ASSIST was developed by the WHO to identify persons with hazardous or harmful use of a range of psychoactive substances including tobacco, alcohol, cannabis, cocaine, amphetamine type stimulants, sedatives, hallucinogens, inhalants, opioids and 'other drugs'. The ASSIST is the first screening test which covers all psychoactive substances including alcohol, tobacco and illicit drugs, and can help practitioners identify patients who may have hazardous, harmful or dependent use of one or more substances. The ASSIST is short and easy to use and can be administered quickly in primary care settings. It has been validated in many countries with differing cultures, languages and health systems.
The ASSIST consists of eight questions and provides information about:

- the substances people have ever used in their lifetime;
- the substances they have used in the past three months;
- problems related to substance use;
- risk of current or future harm;
- dependence;
- injecting drug use.

## Linking Screening to Appropriate Interventions

The ASSIST can be linked to an appropriate intervention for each patient depending on their Specific Substance Involvement Scores (see the companion manual "*The Alcohol, Smoking and Substance Involvement Screening Test: Guidelines for use in Primary Care")* for details of how to calculate Specific Substance Involvement Scores). Box 1 shows the level of risk of substance related harm associated with different score ranges. People who report injecting any drug with high frequency in the previous three months (a score of '2' on ASSIST Q8) are also considered to be at high risk.

**Box 1: What do the Specific Substance Involvement Scores Mean?**

| Alcohol | | All other substances | |
|---|---|---|---|
| 0-10 | Low Risk | 0-3 | Low Risk |
| 11-26 | Moderate Risk | 4-26 | Moderate Risk |
| 27+ | High Risk | 27+ | High Risk |

- People who score in the low risk range on the ASSIST for all substances should receive brief feedback of their results and be asked if they require any further information about drug use.

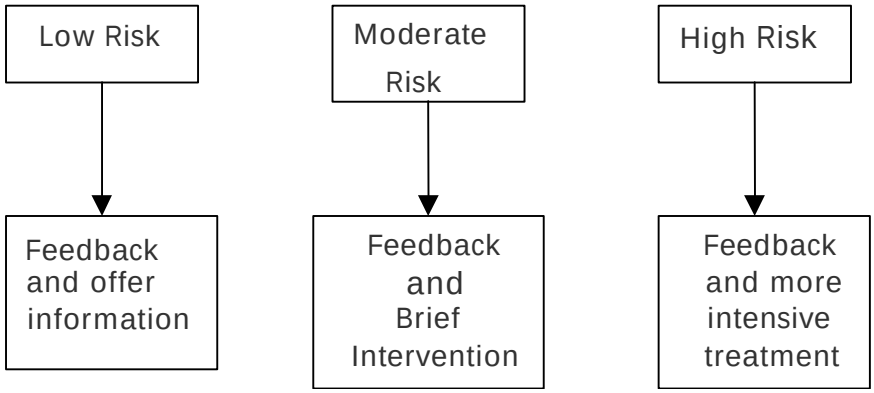
- People whose scores are in the moderate risk range for any substance should receive feedback of their results and a brief intervention, which includes at a minimum, Feedback, Responsibility and Advice. Risk is increased for those with a past history of problems or dependence.

- Those whose score indicates that they are at high risk (including frequent injectors) should receive more intensive treatment which may commence with feedback of their results and brief intervention. More intensive treatment may be provided by the health care professional(s) within your health care setting, or, by specialist drug and alcohol treatment service when available.

Question 8 on the ASSIST asks about the recency of injection of substances. While the score from question 8 is not included in the calculation of the ASSIST Specific Substance Involvement score, patients who are injecting more than once a week, or have injected drugs three or more consecutive days in a row are at very high risk of harms, including dependence, infection and blood borne virus contraction, and will require more intensive treatment. Patients injecting less frequently than this are at a reduced risk, and may be given a brief intervention.

These are guidelines for the most appropriate treatment based on risk and are based on patterns of injecting use that would reflect moving towards dependent use for heroin users (more than weekly) and amphetamine/cocaine users (more than three consecutive days in a row). However, health professionals will have to make a clinical judgment about the best course of action based on the information they have available to them at the time.

**Linking ASSIST Score to Appropriate Intervention**




*The ASSIST Report Card*

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. The report card is a four page folder with space to insert scores on the front page and information about risk level and potential problems for each substance on the remaining pages. Further information about the ASSIST Report Card and a formatted copy can be found in the companion manual, *"The Alcohol, Smoking and Substance Involvement Screening Test: Guidelines for use in Primary Care".* The *"Risks of Injecting"* card can be used in companion with a brief intervention to give feedback to people who have a history of intravenous drug use.

## Feedback of ASSIST Results

All patients screened using the ASSIST should receive feedback regarding their scores and level of risk and be offered information or advice about the substances they use. This is the minimum level of intervention for all patients.

The ASSIST Feedback Report Card provides a useful framework for giving feedback and can also serve as an introduction for providing advice. Specific Substance Involvement Scores for each substance are recorded in the boxes provided on the front of the card. The other pages contain information about specific risks associated with each substance included in the ASSIST. There is provision for the therapist or the patient to tick a box indicating the patient's risk of experiencing these harms for each substance.

The way that feedback is given can affect whether the patient really hears the feedback and takes it in. Feedback should be given in a way that takes account of what the patient is ready to hear and what they already know. Using the empathic style and specific skills described earlier in the manual can have a large effect on how well patients feel they have understood the feedback.

A simple and effective way of giving feedback which takes account of the patient's existing knowledge and interest, and is respectful of their right to choose what to do with the information involves three steps: **E**licit – **P**rovide – **E**licit.

- **E**licit readiness/interest for information. i.e.: ask the patient what they already know and what they are interested in knowing. It may also be helpful to remind the patient that what they do with the information is their responsibility.

  - "Would you like to see the results of the questionnaire you completed? What you do with this information is up to you."
  - "What do you know about the effects of amphetamines on your mood?"

- **P**rovide feedback in a neutral and non-judgemental manner.

  - "Your score for opiates was 6, which means that you are at risk of experiencing health and other problems related to your opiate use at your current levels"
  - "Amphetamines affect the chemicals in your brain that regulate mood and regular use can make you feel depressed, anxious and in some people angry and violent"

- **E**licit personal interpretation. i.e.: ask the patient what they think about the information and what they would like to do. You can do this by asking one of the following key questions:

  - "How do you feel about that?"
  - "Where do we go from here?"
  - "What would you like to do about that?"
  - "How concerned are you by this?"
  - "What concerns you most?"

## Feedback and information for low risk users

Most patients screened with the ASSIST will have scores in the low risk range for all substances (see Box 1 for cut off scores for each substance). These people do not need any intervention to change their substance use. However, provision of general information about alcohol and other drugs to low risk users is appropriate for several reasons:

- It increases the level of knowledge in the community about alcohol and other substance use and risks.
- It may act as a preventive measure by encouraging low risk substance users to continue their low risk substance use behaviour.
- It may remind patients with a past history of risky substance use about the risks of returning to hazardous substance use.

*What to do with patients whose ASSIST Scores indicate they are at low risk*

- Provide feedback about their ASSIST scores and risk level.

**Box 2: Example of feedback of ASSIST scores in low risk range**

"This card shows the results of the ASSIST questionnaire you completed a few minutes ago. If you remember, the questions asked about your substance use and whether you have experienced any problems in connection with your substance use. (*Show the patient the front page of the ASSIST report card*) You can see that your scores fall into the low risk range for all substances. (*Turn the page of the report card to show the patient the lists of substance related problems.*) This means that you are unlikely to develop any of these problems if you continue your current behaviour."

- Ask if they would like any additional information about drugs for themselves or their family. Give the patient the report card to take home, along with any other information resources they are interested in receiving.
- Reinforce that what they are doing is responsible and encourage them to continue their current low risk substance use patterns.

## Brief Intervention with moderate risk users

People whose ASSIST score for any substance indicates moderate risk of substance related problems should be offered a brief intervention (see Box 1 for cut-off scores for each substance). Brief interventions should be flexible and take account of the patient's level of risk, specific problems, and readiness to change as well as the time available. If it seems appropriate you can ask the patient to come back for a further appointment to discuss their substance use in more detail. This may occur if time is short, or if you are particularly concerned about the patient's substance use and related problems, or if the patient really wants to do something about their substance use. If necessary, the intervention could be implemented over a number of consultations.
The main components of a brief intervention are:

- Provide feedback (**F**RAMES) of ASSIST results and risk levels (page 1 of the ASSIST Report Card). Discuss the meaning of the results and link to the specific problems listed on pages 2-4 of the Report Card.
- Provide clear advice (FR**A**MES) that the best way to reduce the risk of substance related problems is to cut down or stop substance use. At the same time it is important to emphasise that the patient is responsible (F**R**AMES) for their own substance use behaviour.

  - "The best way to reduce your risk of experiencing these problems is to cut down or stop your substance use but nobody else can make that decision for you. It is up to you to decide. If it is alright with you I'd like to talk with you about that"

- Take a brief history of drug use over the past week.
- Discuss perceived benefits of drug use:

  ➢ "What are the good things about using…(substance)?"

- Discuss negative consequences of drug use.

  ➢ "Can you tell me about some of the ***less*** good aspects of using…(substance)?"
  Encourage the patient to consider both long term and short term consequences. Refer back to the problems listed on pages 2-4 of the ASSIST report card. If the presenting complaint, or a problem in the medical history may be related to substance use, it is important to discuss this with the patient.

- Encourage the patient to weigh up the positives and negatives. You can use the decision balance or the table of benefits and costs on page 7 to help the patient think about this.
- Discuss the patient's level of concern about their drug use. You can use the importance ruler on page 9 to help the patient show you how important they believe it is to change their substance use.

If the patient is not concerned about their drug use, or is not ready to consider change (pre- contemplator):

- Provide the ASSIST Report Card to take home
- Offer additional written information about the specific substances they use, and available services in their area.
- Invite them to return to discuss their substance use if they become concerned at any time in the future.
- End the current session. Review substance use whenever they return to see you about other health problems.

# 8. EXAMPLE OF A SHORT BRIEF INTERVENTION FOR CANNABIS (BOX 3)

**Box 3:**
**Feedback and advice only ~3 minutes**

After completion of the ASSIST questionnaire with Dr Y, Mr X, a 33 year old man who lives with his girlfriend and their young child, has scores in the low risk range for all substances except cannabis for which he has scored a 20, placing him in the moderate risk category.

FRAMES Techniques and MI strategies used are in brackets.

Dr Y. Ok, thanks for going through this questionnaire with me (affirmation). Would it be fair to say that marijuana is the drug that you use the most at the moment?

Mr X. Yeah, pretty much.

Dr Y. How much would you smoke, say, on an average day after work? (taking brief history)

Mr X. Um, usually about 3 or 4 cones throughout the evening, maybe a bit more on the weekends.

Dr Y. Would you like to see the results of the questionnaire that you did? (Elicit)

Mr X. Yes.

Dr Y. If you remember, the questions asked about your drug and alcohol use and whether you have experienced any problems related to your substance use (*shows the patient the front page of the ASSIST Report Card*). It really is up to you what you would like to do with this information. (responsibility)

From your answers it appears that your scores for most of the substances we asked about are in the low risk range so you are unlikely to have any problems from those substances if you keep on with your current pattern of use. However, your score for marijuana was 20, which means that you are at risk of experiencing health and other problems related to your marijuana use by smoking dope at your current levels. (provide feedback)

(*shows the patient pages 2-4 of the ASSIST Report Card*). This box shows some of the problems that are caused by risky use of cannabis - problems with attention and motivation, anxiety, dysphoria, panic, paranoia, decreased memory and problem solving ability, high blood pressure, asthma and bronchitis, heart disease and lung disease. (provide advice)

Dr Y. How concerned are you about dope affecting you? (open ended question, elicit self-motivating statement)

Mr X. Yeah…I don't know, I never thought about it…..I mean….I suppose it is a bit worrying that it could cause all these problems. I don't know. (dissonance)

Dr Y. Can I give you some pamphlets about smoking dope that you can take home with you? They just explain more about the effects that marijuana can have and provide information about how to cut down, if that's what you want to do (hands Mr X written materials). Have a read, and if you want to talk about it more I'm happy to talk to you about it at our next appointment (Menu, written advice).

Mr X. Ah….OK….thanks…I'll have a think about it.

If the patient is concerned or is ready to consider change (contemplator) then further intervention should be offered. Key components of this intervention could include:

- Further feedback linking substance use with current and potential health problems.
- Further discussion aimed at eliciting change talk (see page 22).
- Discuss the patient's level of confidence that they can change their substance use if they want to. Use the confidence ruler on page 9 to help the patient tell you how confident they feel. If confidence is low, encourage the patient to tell you about other changes they have made or the personal qualities which would help them to make changes in their substance use.

- Discuss specific options to assist change (Menu of options). Examples include:
  - Keep a diary of substance use including:
    - Time and place of using
    - Other people present when using
    - What substances were used, and how much
    - How much money was spent.
  - Identify high risk situations and strategies to avoid them or to reduce use in those situations.
  - Identify other activities instead of drug use.
- Help the patient decide on their goals.
- Encourage the patient to identify people who could provide support and help for the changes they want to make.
- Provide self help resources and written information to reinforce what has been discussed in the consultation.
- Invite the patient to return to discuss their substance use if they need further help or information. Review how they are going with changing their substance use whenever they return to see you about other health problems.

# 9. EXAMPLE OF A SHORT BRIEF INTERVENTION FOR CANNABIS (BOX 4)

**Box 4:**
**Feedback and exploring pro's and con's of use ~5 minutes**

After completion of ASSIST questionnaire with Dr Y, Mr X, a 33 year old man who lives with his girlfriend and their young child, has scored low risk for all substances with the exception of cannabis for which he has scored a 20, placing him in the moderate risk category.

Techniques and MI strategies used are in red in brackets at end of sentence.

Dr Y. Ok, thanks for going through this questionnaire with me. Would it be fair to say that marijuana is the drug that you use the most at the moment? (affirmation)

Mr X. Yeah, pretty much.

Dr Y. What do you enjoy about smoking dope – I mean what are the good things about it? (open ended question – exploring pro's and con's)

Mr X. Well, it makes me relax, especially after coming home from work. It really helps me to unwind and forget the day. It's also good when you're out with mates or at a party or something on the weekend because you enjoy yourself more.

Dr Y. How much would you smoke, say, on an average day after work? (taking brief history)

Mr X. Um, usually about 3 or 4 cones throughout the evening.

Dr Y. Would that be the amount you'd have when you smoke on the weekends? (taking brief history)

Mr X. Yeah…probably a bit more actually…maybe 5 or 6, I don't know, sometimes I lose track (laughs).

Dr Y. What are the less good things about smoking dope? (open ended question – exploring pro's and con's)

Mr X. Ask my girlfriend – she always nagging me about it (laughs). I guess probably the worst thing about it for me is that it seems to affect my memory and concentration at work. Sometimes after a big binge session the night before, the next day at work I'm a bit hazy and I feel really tired. If I feel really bad sometimes I won't go into work that day.

Dr Y. So smoking dope helps you to relax and unwind after work, but it also makes you forgetful and tired and sometimes you miss work because of it. You also said your girlfriend doesn't like you smoking it – why do you think that is? (reflective listening, re-focus, open-ended question)

Mr X. She doesn't like me getting stoned all the time because she says I don't do anything except sit around and watch TV and that I'm always forgetting to do stuff. She says I don't do enough around the house and that she's always left to do all the work and look after the baby. But, I mean, I work and bring home a wage every week….

Dr Y. And it's hard for you because smoking dope helps you relax but at the same time you're not lending a hand around the house because you're stoned and sometimes you forget to do things that she is relying on you to do. (summary, empathy)

Mr X. Yeah.

Dr Y. Would you like to see the results of the questionnaire that you did? (Elicit)

Mr X. Yes.

Dr Y. If you remember, the questions asked about your drug and alcohol use and whether you have experienced any problems related to your substance use (s*hows the patient the front page of the ASSIST Report Card*). It really is up to you what you would like to do with this information. (responsibility)

From your answers it appears that your scores for most of the substances we asked about are in the low risk range, so you are unlikely to have any problems from those substances if you keep on with your current pattern of use. However, your score for marijuana was 20, which means that you are at risk of experiencing health and other problems related to your marijuana use by smoking dope at your current levels. (provide feedback)

(*shows the patient pages 2-4 of the ASSIST Report Card*). This box shows some of the problems that are caused by risky use of cannabis - problems with attention and motivation, anxiety, dysphoria, panic, paranoia, decreased memory and problem solving ability, high blood pressure, asthma and bronchitis, heart disease and lung disease. (provide advice)

You said you've experienced some of these problems with your memory and concentration and motivation……..

Mr X. (interrupts) yeah, but that could be because I'm always tired because I don't always sleep well if the baby cries at night. (resistance)

Dr Y. So it seems to you that the only reason you're forgetting things and finding it hard to concentrate and help your girlfriend after work is because you don't get enough sleep? (roll with resistance – amplified reflection)

Mr X. Well, that's part of it anyway. I guess part of it could be from smoking too much. (ambivalence)

Dr Y. How concerned are you about the way smoking dope affects you? (open ended question, elicit self-motivating statement of concern)

Mr X. Yeah...I don't know.....I mean....I suppose it is a bit worrying that it's doing this to my brain...I don't know. (dissonance)

Dr Y. Listen Mr X, you do have many options available, and it's up to you to decide what is best for you. Can I give you some pamphlets about smoking dope that you can take home with you? They just explain more about the effects that marijuana can have and provide information about how to cut down, if that's what you decide to do (hands Mr X written materials). If you want we could talk about your options more at another time. (written advice, menu, emphasis on personal choice and control)

Mr X. Ah....OK....thanks...I'll have a think about it.

*(A longer session could focus on the importance of the relationship between Mr X. and his girlfriend and child*)

*Choosing the substance of most concern.*
Some patients will have Specific Substance Involvement ASSIST scores indicating hazardous or harmful use of more than one substance. A sub-group of these patients may also be injecting one or more types of drug. For these patients it may be necessary to choose one substance only to be the focus of the intervention. Trying to change a number of behaviours at the same time can be difficult and may lead to the patient feeling overwhelmed and discouraged. It is better to focus on one behaviour at a time. Patients will be more likely to respond to an intervention if they are involved in choosing which substance is of greatest concern to them. It is likely that the substance of most concern will be the substance that is being injected (where relevant) and the substance for which they have received the highest Specific substance Involvement ASSIST score, however, some patients may be more concerned about a lower scoring substance. The intervention should therefore focus on either:

- The substance with the highest ASSIST Specific Substance Involvement Score *OR*
- The substance of most concern to the patient *OR*
- The substance that is being used intravenously.

## What to do with high risk users or frequent injectors

Patients who have been injecting drugs regularly over the last three months and/or whose ASSIST scores are in the high risk range for any substance may require more intensive treatment. This may take the form of treatment within the primary care agency, such as pharmacotherapy or on-going counselling, or may be referral to a specialist drug and alcohol treatment agency if available.

Some patients who are at high risk may not be concerned about their substance use or may not be willing to accept intensive, higher-level treatment. Elements of the brief intervention may be used to motivate such patients to accept further treatment.

- Provide feedback of ASSIST results and risk levels (page 1 of "*The ASSIST Feedback Report Card*"). Discuss the meaning of the results and link to the specific problems listed on pages 2-4 of the Report Card (and the "*Risks of Injecting*" card if relevant).
- Provide clear advice that the best way to reduce the risk of substance related problems and to manage existing problems is to cut down or stop substance use. If the patient has tried unsuccessfully to cut down or stop their substance use in the past, discuss these past attempts. This may help the patient understand that they may need treatment to change their substance use.
- Link the results to specific problems the patient is already experiencing.
- Take a brief history of drug use over the past week.
- Encourage the patient to weigh up the positives and negatives. You can use the decision balance or the table of benefits and costs on page 7 to help the patient think about this. Asking open ended questions is also an effective technique;

  - "Tell me about the good things about using…(substance)."
  - "Can you tell me about some of the less good things about using …(substance)?"

- Encourage the patient to consider both long term and short term consequences. Refer back to the problems listed on pages 2-4 of the ASSIST report card.
- Discuss the patient's level of concern about their drug use. You can use the importance ruler on page 9 to help the patient show you how important they believe it is to change their substance use.
- Provide information about what is involved in treatment and how to access treatment.
- Provide encouragement and reassurance about the effectiveness of treatment.
- Provide written materials on problem substances and strategies for reducing use.

Review and monitor all patients, whether they agree to more intensive treatment or not, whenever they return to see you about other health problems. Invite them to make an appointment to come back and talk to you about substance use at any time.

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# APPENDIX – LIST OF AVAILABLE MATERIALS ON SUBSTANCE INFORMATION IN YOUR COUNTRY

## Australia

- Cannabis
  - Cannabis: Fighting the Fears with the facts. *Manly Drug Education and Counselling Centre, NSW.*
  - Mulling it over: Health Information for people who use cannabis. *Manly Drug Education and Counselling Centre, NSW.*
- Cocaine
  - Cocaine: How drugs affect you. *Australian Drug foundation*
- Amphetamine-type stimulants
  - A users' guide to speed. *National Drug and Alcohol Research Centre, NSW*
  - Ecstasy: facts and fiction. *National Drug and Alcohol Research Centre, NSW*
  - Club Drugs (also includes information about cocaine). *National Drug and Alcohol Research Centre, NSW*
- Opiates
  - Heroin: Information. *Drug and Alcohol Services Council, South Australia*