VOLUME A

Basics of Addiction, Screening, Assessment, Treatment Planning and Care Coordination
INTRODUCTORY MODULE
Basics of Addiction

MODULE 1
Screening and Brief Intervention Using ASSIST
- Rationale for screening and brief intervention
- ASSIST screening basics
- ASSIST brief intervention basics
- Planning and implementation of ASSIST

MODULE 2
Addiction Severity Index
- Interviewing instructions and coding
- Employment section. Drug and alcohol
- Legal and family sections
- Psychiatric section, review and competency measures

MODULE 3
Treatment Planning M.A.T.R.S.
- Assessment tools in treatment planning
- Prioritising problems
- Putting treatment planning M.A.T.R.S. into practice
MODULE 1
SCREENING AND BRIEF INTERVENTION USING THE ASSIST
Training goals

► Increase knowledge of screening and brief intervention concepts and techniques

► Develop skills to use the alcohol, smoking, and substance involvement screening test (ASSIST)

► Develop skills to deliver the ASSIST brief intervention
Module 1

Screening and brief intervention using ASSIST

1. Rationale for screening and brief intervention
2. ASSIST screening basics
3. ASSIST brief intervention basics
4. Planning and implementation of ASSIST
Pre-assessment
Icebreaker
Workshop 1

Rationale for screening and brief intervention
At the end of this workshop, you will be able to:

► Describe the purpose of screening patients in health care settings
► Identify 3 populations for whom screening is recommended
► Identify 3 types of settings where screening can take place
► Identify 3 screening tools
► Understand the components of brief interventions
Rationale for screening and brief intervention

► Substance use disorders problems are widespread worldwide

► Substance use disorders problems are associated with significant morbidity and mortality

► Early identification and intervention can help reduce substance use disorders problems
Top 10 risk factors for disease globally

1. Underweight
2. Unsafe sex
3. High blood pressure
4. Tobacco consumption
5. Alcohol consumption
6. Unsafe water, sanitation & hygiene
7. Iron deficiency
8. Indoor smoke from solid fuels
9. High cholesterol
10. Obesity
Injecting drug use and HIV

Injecting drug use (IDU) has played a role in the global diffusion of HIV infection.

Globally, between 5% and 10% of HIV infections result from IDU.
- In Asia and Europe, over 70% due to IDU.

IDU is the dominant mode of transmission of hepatitis C virus.
Psycho-stimulant and sexual risk behaviour

- Psycho-stimulant (cocaine and methamphetamine) use is associated with high risk sexual behaviour, e.g., unprotected sex, multiple partners

- Psycho-stimulant users are at risk for sexually transmitted diseases (STDs) including HIV infection
Problems related to substance use

Acute intoxication (immediate effects from use):

► Physical
  – overdose
  – fever, vomiting

► Behavioural
  – accidents and injury
  – aggression and violence
  – unintended sex and unsafe sexual practises
  – reduced work performance
Effects of regular use include:

▸ Specific physical and mental health problems
▸ Increased risk for infectious diseases
▸ Psychiatric symptoms
▸ Sleep problems
▸ Financial difficulties
▸ Legal, relationship, or work problems
▸ Risk of dependence
▸ Withdrawal symptoms when use is reduced or stopped
Overall, injecting increases the risk of harm from substance use:

- Increases risk for blood-borne diseases (HIV, hepatitis B & C)
- Increases risk of overdose
- Increases risk of infection and damage to skin (e.g., abscesses) and veins as a result of poor technique, repeated injections, and dirty injection equipment
We don’t ask and we don’t know what to do

Substance use disorders are often unidentified

► In one study of 241 trauma surgeons, only 29% reported screening most patients for alcohol problems.

  (Danielsson et al., 1999)

► In a health study of 7,371 primary care patients, only 29% of the patients reported being asked about their use of alcohol or drugs in the past year.

  (D’Amico et al., 2005)
What is screening?
What is screening?

► A range of evaluation procedures and techniques to capture indicators of risk

► A preliminary assessment that indicates probability that a specific condition is present

► A single event that informs subsequent diagnosis and treatment
Benefits of screening

► Provides opportunity for education, early intervention

► Alerts provider to risks for interactions with medications or other aspects of treatment

► Offers opportunity to engage patient further

► Has proved beneficial in reducing high-risk activities for people who are not dependent
Why do screening in the community and primary care?

► Substance users usually first contact:
  – NGOs
  – primary care providers
  – school nurses/counsellors
  – wellness centres
  – probation services
  – youth and outreach services

► Screening and brief intervention in primary care are effective!

► Patients expect health and other community care workers to:
  – provide lifestyle advice
  – ask about their use of alcohol and other drugs
Who can do screening in the community?

Once trained and assessed for competencies:

► Health workers
► Social workers
► Other community workers
Candidates for routine screening

- General practice patients
- Special groups (e.g., pregnant, homeless, prisoners)
- Patients in social service agencies
- Patients in infectious disease clinics
- Young people services (e.g. secondary school health clinics, young people offenders’ centers, wellness centers)
- Children receiving outreach services
- People with alcohol- or drug-related legal offenses (e.g., driving under the influence)
Types of screening tools

Self-report
- Interview
- Self-administered questionnaires

Biological markers
- Breathalyzer testing
- Blood alcohol levels
- Saliva or urine testing
- Serum drug testing
Benefits of self-report tools

► Provide historical picture
► Inexpensive
► Non-invasive
► Highly sensitive for detecting potential problems or dependence
Benefits of biological markers

- Objective measure
- Quick to administer
- Immediate results
Characteristics of a good screening tool

- Brief (10 or fewer questions)
- Flexible
- Easy to administer, easy for patient
- Addresses alcohol, & other drugs
- Indicates need for further assessment or intervention
- Has good sensitivity and specificity
Sensitivity and specificity

- Sensitivity refers to the ability of a test to correctly identify those people who actually have a problem, e.g., “true positives”

- Specificity is a test’s ability to identify people who do not have a problem, e.g., “true negatives”

- Good screening tools maximise sensitivity and reduce “false positives”
Screening instruments
Let’s think!


- CAGE
- AUDIT
- DAST-10
- ASSIST
- TWEAK
- AUDIT-C
- CRAFFT

► What is the target population?
► What does the test assess?
► How much time does it require?
► What is the best setting to use this instrument?
► How does this test work (interview, self-assessment etc.)?
CAGE

► 4 “yes/no” questions
  – to detect hazardous drinking
  – asks about need to cut down, signs of dependence, & related problems

► Popular in primary care settings

► Self-administered, interview

► Used with adults/adolescents > 16 years

► Sensitive screen overall, but less sensitive for women
CAGE questions

1. Have you ever felt you should **CUT** down on your drinking?

2. Have people **ANNOYED** you by criticising your drinking?

3. Have you ever felt bad or **GUILTY** about your drinking?

4. Have you ever taken a drink first thing in the morning (**EYE-OPENER**) to steady your nerves or get rid of a hangover?
5 questions developed to screen for risky drinking during pregnancy

Based on CAGE

Asks about number of drinks one can tolerate, alcohol dependence, & related problems

Self-administered, interview, computerised

Used with adults
TWEAK questions

1. How many drinks does it take before you begin to feel the first effects of alcohol, OR How many drinks does it take before the alcohol makes you fall asleep or pass out (Tolerance)?

2. Have your friends or relatives Worried about your drinking in the past year?

3. Do you sometimes take a drink in the morning when you first get up (Eye-opener)?

4. Are there times when you drink and afterwards cannot remember what you said or did (Amnesia)?

5. Do you sometimes feel the need to Cut down on your drinking?
Alcohol Use Disorders Identification Test

AUDIT

► **10 questions** – can identify problem use and dependence

► Used with adults/adolescents/young adults

► Highly sensitive for many different populations, including women and minorities

► Interview, self-administered and computerized versions

► Validated cross-culturally, translated into many languages
AUDIT questions

1. How often do you have a drink containing alcohol?
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
3. How often do you have six or more drinks on one occasion?
4. How often during the last year have you found that you were not able to stop drinking once you had started?
5. How often during the last year have you failed to do what was normally expected from you because of drinking?
AUDIT questions

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

9. Have you or someone else been injured as a result of your drinking?

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
AUDIT-C

- **3 questions** from AUDIT (quantity/ frequency)
- Sensitivity appears as good as full AUDIT
- Can be used as a pre-screen to identify patients in need of full screen and brief intervention
AUDIT-C questions

1. How often did you have a drink containing alcohol in the past year?

2. How many drinks did you have on a typical day when you were drinking in the past year?

3. How often did you have 6 or more drinks on one occasion in the past year?
Drug Abuse Screening Test (DAST-10)

- **10 questions** developed from original 28 to identify drug-use problems in past year
- Self-administered, interview
- Used with adults
- Good sensitivity
- Spanish version available
1. Have you used drugs other than those required for medical reasons?
2. Do you use more than one drug at a time?
3. Are you always able to stop using drugs when you want to?
4. Have you had “blackouts” or “flashbacks” as a result of drug use?
5. Do you ever feel bad or guilty because of your use of drugs?
6. Does your spouse or a parent ever complain about your involvement with drugs?

7. Have you neglected your family because of your use of drugs?

8. Have you engaged in illegal activities in order to obtain drugs?

9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis)?
CRAFFT

- 6 questions – asks about alcohol and drug use, risky behavior, & consequences of use
- Developed for adolescents to identify high-risk use
- Clinical interview
- Good sensitivity
CRAFFT questions

1. Have you ever ridden in a Car driven by someone who was high or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to Relax, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs while you are by yourself Alone?
4. Do you ever Forget things you did while using alcohol or drugs?
5. Has your Family or Friends ever told you that you should cut down on your alcohol or drug use?
6. Have you ever gotten into Trouble while you were using alcohol or drugs?
Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

- Developed by WHO
- **8 questions** on alcohol, tobacco and illicit drugs (including injection drug use)
- Gives information on hazardous, harmful or dependent use (including injection drug use)
- Developed for primary care
- Interview only
- Studied cross-culturally in 8 countries
Let’s think!

► Which populations would be good candidates for screening in your community?

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

► Use a non-judgmental, motivational approach
► Do not use stigmatizing language
► Embed screening questions in larger assessment of health and lifestyle habits
Enhancing accuracy of self-report

Self-reports are more accurate when people are:

► Drug-free when interviewed
► Given written assurances of confidentiality
► Interviewed in a setting that encourages honest reporting
► Asked clearly worded, objective questions
► Provided memory aides e.g., calendars, response cards
What happens after screening?

Screening results can be given to the patient/user in a factual and non-judgmental way, forming the basis for a conversation about impacts of substance use.

Brief intervention is low-intensity, short-duration counselling for those who screen positive:
- uses motivational interviewing style
- incorporates readiness to change model
- includes feedback and advice
Overview of brief interventions
Studies show brief interventions (BIs) in primary care settings are beneficial for alcohol and other drug problems.

Brief advice (5 minutes) is just as good as 20 minutes of counselling, making it very cost effective.

BIs extend services to individuals who need help, but may not seek it through substance use disorders service agencies.
Components of brief intervention

“FRAMES” stands for the components of effective brief intervention:

- **Feedback** is given to the individual about personal risk or impairment
- **Responsibility** for change is placed on the patient
- **Advice** to change is given by the provider
- **Menu** of alternative self-help or treatment options is offered to patient
- **Empathic** style is used in counselling
- **Self-efficacy** or optimistic empowerment is engendered in the patient
Components of brief intervention

5 Basic Steps

1. Introducing the issue in the context of patient’s health
2. Screening and assessing
3. Providing feedback
4. Talking about change and setting goals
5. Summarising and reaching closure
Who can administer screening and brief interventions?

- Primary care physicians
- Drug treatment clinicians
- Emergency department staff members
- Nurses
- Social workers
- Mental health workers
- Health educators
Where to go for more information

► Project CORK: www.projectcork.org
  – Good overview of screening instruments

► WHO ASSIST:
  www.who.int/substance_abuse/activities/assist/en/
  – Manuals for primary care, including screening, brief intervention, and self-help information for patients

  – Resource kit for training general practitioners on drug issues

► NIAAA: www.niaaa.nih.gov
  – “Assessing alcohol problems: A guide for clinicians and researchers,” 2003 (screening instruments)
  – “Helping patients who drink too much: A clinician’s guide,” 2005 (screening, brief interventions, medication information and pocket guide)
Questions
Wrap-up

► Why screen patients in health care settings?
► Give an example of 3 populations for whom screening is recommended.
► In which types of settings can screening take place?
► What screening tools are there?
► What are the components of brief interventions?
Thank you for your time!
End of workshop 1

Treatonet