



ISSUP

**INTERNATIONAL
SOCIETY OF
SUBSTANCE USE
PROFESSIONALS**

NIGERIA chapter



Brief Intervention For Substance Abuse: ASSIST Model

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Outline

- Introduction
- Rationale for brief intervention (BI)
- Who can administer BI
- Linking screening score to appropriate intervention
- Components of BI
- Basic steps of BI
- Making referrals

Introduction

ASSIST (Alcohol, Smoking, and Substance Involvement Screening Test):

- A brief screening questionnaire
- Developed by WHO (1997) for primary care settings
- Interviewer administered
- Gives information on hazardous, harmful, or dependent use (including IDU)

Introduction cont.

- Brief intervention is a low-intensity, short-duration counseling .
- It uses emphatic, respectful approach
- Incorporates the stages of change model
- Includes feedback and advice.

Introduction cont.

- ❑ Focuses on increasing a person's insight and awareness of substance use and behavioral change
- ❑ Can be provided through a single session or multiple sessions of **motivational interventions** by SUD or other professionals or peer staff

Introduction cont.

- ❑ Studies show brief interventions (BIs) in primary care settings are beneficial for alcohol and other drug use problems
- ❑ BIs extend services to individuals who need help, but may not seek it through substance abuse service agencies

Rationale for BI

- ❑ Substance use problems are associated with significant morbidity and mortality

- ❑ Early identification and intervention can result in:
 - Identification of problematic substance use
 - Reduction of substance use
 - An admission to treatment

Who can administer brief interventions?

- Primary care physicians
- Psychologists
- Medical personnels
- Substance abuse treatment clinicians
- Emergency department staff members
- Nurses
- Social workers
- Mental health workers
- Health educators

Link screening score to appropriate intervention

Low Risk



**Feedback
and
information**

Moderate Risk



**Feedback
and
BI**

High Risk/SUD



**Feedback, BI,
and
Referral**

Patient Feedback Form

Specific Substance Involvement Scores

Substance	Score	Risk Level
a. Tobacco products		0-3 Low 4-26 Moderate 27+ High
b. Alcoholic Beverages		0-3 Low 4-26 Moderate 27+ High
c. Cannabis		0-3 Low 4-26 Moderate 27+ High
d. Cocaine		0-3 Low 4-26 Moderate 27+ High
e. Amphetamine type stimulants		0-3 Low 4-26 Moderate 27+ High
f. Inhalants		0-3 Low 4-26 Moderate 27+ High
g. Sedatives or Sleeping Pills		0-3 Low 4-26 Moderate 27+ High
h. Hallucinogens		0-3 Low 4-26 Moderate 27+ High
i. Opioids		0-3 Low 4-26 Moderate 27+ High
j. Other – specify		0-3 Low 4-26 Moderate 27+ High

What do your scores mean?

- Low:** You are at low risk of health and other problems from your current pattern of use.
- Moderate:** You are at risk of health and other problems from your current pattern of substance use.
- High:** You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and are likely to be dependent

Are you concerned about your substance use?

Components of Effective Brief Intervention

FRAMES:

- Feedback** about personal risk or impairment
- Responsibility** for change
- Advice** to change
- Menu** of alternative self-help or treatment options
- Empathic** style in counselling
- Self-efficacy** or optimistic empowerment

Feedback

- Individual's drug use and problems from a screening instrument.
- Personal risks associated with current drug use patterns.
- Substance related risks and harms.
- Link between individual's presenting complaints and substance use



Responsibility

- Make the individual to understand that the responsibility for change lies with him.
- Use statement like “What you do with your substance use is up to you”. “No one can decide for you”.
- Such statements enables patients to feel in control of their behavior and the consequences.



Advice



- Provide clear advice on the harm associated with continued use.
- Stating that cutting down or stopping substance use will reduce their risk of future problems could improve their knowledge of their personal risk, and encourage them to consider change

Menu of Alternative options



- ❑ Provide the patient with a range of alternative strategies to cut down or stop their substance use.

- ❑ This can encourage the patient to seek change

- ❑ E.g. of options include:
 - Keeping a diary of substance use (where, when, how much, who with, why).
 - Identifying high risk situations and strategies to avoid them.

Empathic Style

- The use of warm and reflective approach.
- Skillful reflective listening is fundamental.

Example:

- Patient's statement can be acknowledged while stating contrary information provided earlier – Double-sided reflection.
- Patient's statement can be reflected in a neutral form – simple reflection.

Self Efficacy

- Encourage patient to believe in his ability to make changes
- Elicit self confidence statement from patient. E.g. “I can do it”, “I was doing well before I started to use substance, therefore I can be the same person that was not using substance”

Basic Steps of brief intervention

- Ask clients whether they are interested in seeing their ASSIST scores
- Provide personalized feedback using the feedback report card
- Give advice about how to reduce risk associated with substance use
- Allow clients to take ultimate responsibility for their choices
- Ask clients how concerned they are about their scores

Encourage the patient to weigh the benefits and costs

Ask your patient the following:

- What are some of the good things about using alcohol for you personally?
- What are some of the not-so-good things?
- What are some of your concerns about these not-so-good things?

Summarize and reflect

Summarise by developing a discrepancy:

“OK, so on the one hand, you have mentioned a lot of good things about getting drunk – you have a great time at parties, you are not so inhibited around your friends, everyone thinks you are the life of the party. But on the other hand, you have missed a lot of class time, your grades are suffering, and school is very important to you.”

Ask how concerned the patient is about the “not-so-good” things

- ❑ Ask open-ended questions

- ❑ Follow up on discrepancy developed above:

“Do the things we just talked about (missing classes and getting poor grades) give you concern? Tell me how.”

Provide Take-Home Materials and assistance in cutting back

- General information pamphlets on the substance being used
- Self-help strategies for cutting down or stopping substance use
- Risks of injecting card (if relevant)

“This handout talks about cutting back on your drinking. some people find it useful. If you would like to make a plan for cutting back or stopping, I am here to help you.”

Making referrals

Be prepared to make referrals for further assessment and treatment

- Giving a phone number is not enough
- Become familiar with local community resources
- Take a proactive role in learning about the availability of appointments or treatment slots, costs, and transportation.
- Get names of contacts at the agencies.

Making referrals cont.

- ❑ Making contact with an assessment / treatment agency to set up an appointment may constitute a “patient-identifying disclosure.”
 - Be aware of laws and regulations about communicating patient information
 - Get written consent from patients
 - Be aware of laws regarding minors

Encourage follow-up visits

At follow-up visit:

- Inquire about use
- Review goals and progress
- Reinforce and motivate
- Review tips for progress

Summary

BI simply requires the clinician to:

- Explain the screening results
- Provide information on safe use
- Advice patient about changing
- Assess readiness to change
- Provide strategies for change
- Arrange for follow up

Where to go for more information

- **WHO ASSIST:** www.who.int/substance_abuse/activities/assist/en/
 - Manuals for primary care, including screening, brief intervention, and self-help information for patients
- **National Centre for Education and Training on Addiction Consortium:** www.nceta.flinders.edu.au/
 - 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)
- **The Universal Treatment Curriculum for Substance Use Disorders (UTC)**
 - Trainer Manual for course five

Thank you