

# Module: Disorders due to substance abuse

## Overview

### Learning objectives

- Promote respect and dignity for people with disorders due to substance use.
- Know the common presentation of disorders due to substance use.
- Know the assessment principles of disorders due to substance use.
- Know the management principles of disorders due to substance use.
- Perform an assessment for disorders due to substance use.
- Use effective communication skills in interactions with people with disorders due to substance use.
- Assess and manage physical health in disorders due to substance use.
- Assess and manage emergency presentations of disorders due to substance use.
- Provide psychosocial interventions to persons with disorders due to substance use and their carers.
- Deliver pharmacological interventions as needed and appropriate in disorders due to substance use, considering special populations.
- Plan and perform follow up for people with disorders due to substance use.
- Refer to specialists and link with outside agencies when appropriate.

### Key messages

- Substance use disorders are associated with health and social problems.
- People with substance use disorders can present as:
  - acute intoxication
  - overdose
  - withdrawal from substance use
  - harmful uses
  - dependence.
- All health-care providers can make a difference. It is important to ask people about their substance use.
- The withdrawal features from alcohol and benzodiazepines can be life threatening. Ensure that you closely monitor and help people who are withdrawing from substance use and refer to hospitals when required.
- Assess and treat the physical health of people with disorders due to substance use.
- Use psychosocial interventions, including brief motivational interviewing to explore a person's motivation to stop using substances.
- Provide pharmacological interventions when appropriate.
- Offer care and support to the family and carers of people with disorders due to substance use.
- Offer regular follow-up to people with disorders due to substance use.

Session	Learning objectives	⌚ Duration	Training activities
1. Introduction to disorders due to substance use	Know the common presentations of disorders due to substance use	30 minutes	<b>Activity 1: Group brainstorm: What substances?</b> Group brainstorm about different psychoactive substances
	Know the impact of disorders due to substance use of individuals and the family	20 minutes	<b>Activity 2: Person's story followed by group discussion</b> Use a person's story to introduce disorders due to substance use
	Understand the importance of managing substance use in primary health-care settings	60 minutes	<b>Presentation to supplement person's story</b> Use the story as a basis for discussions on: <ul style="list-style-type: none"> <li>• Common presentations of substance use</li> <li>• Impact of substance use on individuals and families</li> <li>• Why substance use is a public health priority</li> <li>• Role of primary health care</li> </ul>
	Promote respect and dignity for people with disorders due to substance use		
2. Assessment of disorders due to substance use	Perform an assessment for disorders due to substance use	40 minutes	<b>Activity 3: Video demonstration: Assessment</b> Use videos/demonstration role play to show an assessment and allow participants to discuss the principles of assessment, including when to refer
	Assess and manage physical health in disorders due to substance use	30 minutes	<b>Activity 4: Role play: Assessing substance use</b> Feedback and reflection
	Use effective communication skills		
3. Management of disorders due to substance use	Refer to specialists and link with outside agencies for people with disorders due to alcohol use	45 minutes	<b>Presentation on the principles of managing disorders due to substances</b>
	Provide psychosocial interventions to persons with disorders due to substance use and their carers		<b>Activity 5: Video demonstration: Motivational interviewing</b>
	Deliver pharmacological interventions as needed and appropriate in disorders due to substance use, considering special populations	30 minutes	<b>Activity 6: Role play: Motivational interviewing</b> Practise using motivational interviewing
4. Follow-up		45 minutes	<b>Activity 7: Group work: Understanding the role of pharmacology in substance use disorders</b>
	Plan and perform follow-up for people with disorders due to substance use	10 minutes	<b>Presentation on principles of follow-up</b>
5. Emergency presentations	Perform assessment and management of emergency presentations including when to refer	30 minutes	<b>Activity 8: Role play: Assessing and managing emergency presentations</b>
6. Review	Review the information and skills taught during the training	15 minutes	<b>Multiple choice questions and discussion</b>
<b>Total duration (without breaks) = 5 hours 55 minutes</b>			



## Step-by-step facilitator's guide

### Note

When planning and adapting this module for training remember to select the substances that are most relevant to the local area. If alcohol is not consumed then leave out the slides that relate to alcohol. If khat is not consumed then leave out any slides about khat etc.

# Session 1. Introduction to disorders due to substance use

 1 hour 50 minutes

### Session outline

- Introduction to disorders due to substance use.
- Assessment of disorders due to substance use.
- Management of disorders due to substance use.
- Follow-up.
- Emergency presentations.

Begin the session by briefly listing the topics that will be covered.

# Activity 1: Group brainstorm: What substances?

## Reflection

1. Is substance use common in your society?
2. What are the benefits of substance use?
3. What are the harms of substance use?
4. How does the community/society try to balance those benefits and harms?
5. Do you agree with the approach taken by the community/society?

### Group discussion

Allow people to have an open discussion rather than telling everyone whether they are right or wrong.

Try to get a sense of the range of views.

**Note:** Answers to the second question should explore the role the substance plays in social cohesion, accepted social activities etc.

**Duration:** 30 minutes.

**Purpose:** To introduce participants to different substances and reflect on substances used in the local society.

### Instructions:

- Explain that disorders due to substance use include both drug and alcohol use disorders and certain conditions including acute intoxication, overdose withdrawal, harmful use and dependence.
- Explain that before we start to discuss ways to assess and manage disorders due to substance use we need to understand what substances people use.
- Ask participants to brainstorm the most common substances used in their setting (10 minutes).
- Make a list of their contributions, including local types of alcohol and the most commonly used drugs.
- Direct participants to use Box 1 on page 115 of mhGAP-IG Version 2.0 and have participants reflect on the different ways people use those substances. Ask:
  - Is substance use common in your society?
  - What are the benefits of substance use?
  - Are there harms?
  - How does your community/society try to balance these benefits and harms?
  - Do you agree with the approach taken by your society/community?

Take the opportunity now to define what we mean by alcohol and other substances.

As you discuss the different types of substances direct participants to read Box 1 (page 115 mhGAP-IG). As you describe the different substances briefly look at the long-term effects of the substances on health and behaviour.

Standard Drinks Guide										

© Commonwealth of Australia

## Alcohol

- Alcohol is a psychoactive substance with intoxicating effects.
- When we talk about alcohol we are talking about alcoholic drinks.
- State that a standard drink is usually equivalent to 8–12 grams (10 ml) of alcohol, although different countries use different definitions.
- Alcohol is a depressant, which means it slows down the body's responses including brain activity.
- A small amount can reduce feelings of anxiety and reduce inhibitions which can help you feel more relaxed and sociable.
- Short-term effects of alcohol can last for a day or two, depending on how much you drink and can include a hangover (often including dehydration, headaches, nausea).
- Long-term effects include damage to the brain and other organs such as the liver.

## Note:

- Find out if there is a local definition of a standard drink.
- Also, if the most common type of alcohol is not in this slide, consider adding it, calculating the amount needed for a standard drink (8–10 grams of alcohol).
- It may be possible to have the local drink analysed in advance of the training to find out how much alcohol is in it.



## Opioids

## Opioids

- Opioids includes heroin, opium and prescription drugs such as oxycodone, codeine, morphine and many others.
- Heroin can be smoked, snuffed and/or injected.
- Opioids generally produce pain relief and euphoria and for that reason they are often misused (taken in large quantities).
- Regular use can lead to a physical dependence and if overused they can lead to overdoses and death.

© <http://www.usnodrugs.com/black-tar-heroin.htm>



## Benzodiazepines



© <http://www.serenityranch.ca/blog/bid/79580/Benzodiazepines-are-they-safe-Serenity-Ranch>

### **Benzodiazepines**

Explain that this is an example image of what benzodiazepines may look like. However, there are many formulations that may not look like these.

Benzodiazepines are tranquillizers and they include rohypnol, valium (called diazepam), alprazolam, temazepam and phenazepam.

They can induce periods of calmness, relaxation and sleep and are used to treat anxiety and insomnia.

Benzodiazepines depress the nervous system and slow the brain and the body down. They relieve tension and anxiety and can induce sleep.

People can become dependent on them, especially for sleep, and find that if they stop using them they experience opposite effects to those of the substance.

## Cannabis



© [www.talktofrank.com](http://www.talktofrank.com)

### **Cannabis**

Explain that cannabis can come in many forms.

These are just some examples.

Cannabis is naturally occurring – it is made from the cannabis plant.

The main active ingredient in cannabis is tetrahydrocannabinol (THC).

Smoking, eating or drinking cannabis can produce a sense of relaxation and euphoria.

It can make a person hallucinate.

It can also make a person feel very anxious and paranoid and increase the risk of psychosis.

A long-term effect can be problems with concentration and decision-making and loss of motivation.

### Stimulants: Cocaine, metamphetamines and amphetamines



© www.talktofrank.com

### Stimulants

Stimulants include: amphetamines, cocaine, speed, crystal meth.

People take stimulants to keep awake, energized and alert.

They can make a person overactive, agitated and even produce psychotic symptoms.

Stimulants are available in pill or powder form.

### Khat



© <http://www.talktofrank.com/sites/default/files/drugs/Khat%201.JPG>

### Khat

Khat is a leafy green plant containing two main stimulant drugs which speed up your mind and body. Their main effects are similar to, but less powerful than, amphetamine.

A person may feel more alert, social and talkative.

It suppresses the appetite as well. It can cause disrupted sleep and make a person prone to developing mental health problems or exacerbate existing mental health problems.

### Tobacco



© talktofrank.com

### Tobacco

Explain that tobacco comes from the leaves of the tobacco plants and is mixed with other chemicals such as nicotine.

Nicotine is addictive.

Regular smokers believe that tobacco helps them to relax and handle stress better and feel less hungry.

Long-term health effects of tobacco cause serious damage.



# Activity 2: Person's story followed by group discussion

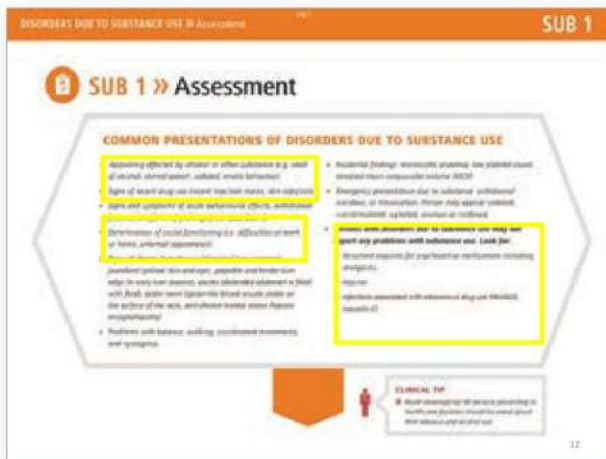
## Activity 2: Person's story

- You are now going to hear a person's story of what it is like to live with substance use disorder.
- After listening spend some time thinking what are the common presentations of people with substance use disorders in primary health care?

Use a person's story to:

- Introduce the activity (SUB supporting material) and ensure participants have access to pens and paper.
- Choose a story – be creative in how you tell the story to ensure the participants are engaged (five minutes maximum).
- First thoughts and common presentations – give participants time to summarize what they think are the most common presentations of people with substance use disorders.
- Encourage them to think of people that they have worked with in the past who may have had disorders due to substances.

Make a note of their answers.



Direct participants to the common presentations described on page 114 mhGAP-IG Version 2.0 and in the master chart (disorders due to substance use).

Summarize the types of common presentations that participants have already identified.

Stress that in general people with substance use disorders will present with immediate concerns about their health or social problems. They will rarely state that they have a problem with substances.

- People will present with physical health problems: liver disease, gastrointestinal problems, aches and pains.
- People will present with deterioration in their social functioning and often having many social problems – with work, school, in their studies, with their family and relationships.
- Often, they can smell of alcohol, cannabis or tobacco. There may also be other signs of recent substance use including recent injection marks, skin infections etc.).
- Emphasize that often people with disorders due to substances may not present with any problems at all, instead they may return frequently requesting prescriptions for psychoactive medications, they may present with injuries (that they obtained whilst using substances) and, in some cases, they may have infections associated with intravenous drug use such as HIV/AIDS, hepatitis C.

Explain that at times people will also present as an emergency presentation.



## Emergency presentations

### Acute intoxication

A transient condition following the intake of a psychoactive substance, resulting in disturbances of consciousness, cognition, perception and affecting behaviour.

13

Explain that one emergency presentation is **acute intoxication**.

Ask participants for a definition of what we mean by acute intoxication before revealing the answer.

## Emergency presentations

### Overdose

The use of any drug in such an amount that acute adverse physical or mental effects are produced.

14

A second emergency presentation is **overdose**.

Ask participants for a definition of an overdose before revealing the answer.

## Emergency presentations

### Withdrawal

The experience of a set of unpleasant symptoms following the abrupt cessation or reduction in dose of a psychoactive substance. It has been consumed in high enough doses and for a long enough duration for the person to be physically or mentally dependent on it. Withdrawal symptoms are, essentially, opposite to those that are produced by the psychoactive substance itself.

15

The third emergency presentation is **withdrawal**.

Ask participants to give a definition or description of withdrawal before revealing the answer.

Explain that we will spend more time looking at how to assess and manage emergency presentations later in the sessions; but for now we are going to look at the reasons why people use substances.

## Why people use substances

People often use substances:

- To relax and feel calm.
- To feel happy.
- For pain relief.
- To cope with stress.
- Pressure from peers.
- To help with sleep.
- To feel more confident in social situations.

36

Before revealing the list ask participants to think of the reasons why people use substances.

Reveal the list on the slide and add these point to those highlighted by the participants.

## When does substance use become a problem?

Not everyone who uses substances will have a problem but some will.

There are two types behaviours that would denote someone has a problem with their substance use:

- harmful use
- dependence.

37

Explain that the fact that people use substances does not always mean that they have a substance use disorder.

Some people can use substances such as alcohol or tobacco without developing a disorder.

However, if a person's substance use starts to negatively affect their life then they may have a problem.

There are two types of behaviours that would denote a person has a problem with their substance use:

- harmful use
- dependence.

## What is harmful use?

Harmful use is a pattern of substance use which is causing harm to health:

- The harm may be physical (e.g. liver disease) or mental (e.g. episodes of depressive disorder).
- Harmful use is often associated with social consequences, e.g. family or work problems.

38

Encourage a discussion about what people think harmful use is before revealing the answers.



## What is dependence?

Dependence is a cluster of physiological, behavioural and cognitive phenomena in which the use of substances takes on a much higher priority for a given individual than other behaviors that once had greater value. It is characterized by:

- Strong craving to use the substance.
- Loss of control over consumption of the substance.
- High levels of substance use.
- Presence of withdrawal state upon cessation.

19

Encourage a discussion about what people think dependence/addiction is before revealing the answer.

Explain that dependence (sometimes called addiction) is a pattern of symptoms that include:

- Strong cravings – cravings are both physical and mental urges to take the substance – they can be very intense and very difficult to ignore.
- Long-term high level of use associated with: (a) increased tolerance (you need to take more to get the same effect); and (b) withdrawal symptoms if alcohol is stopped.
- Loss of control over alcohol consumption.
- Reduction in other activities which used to have meaning.

## What causes drug withdrawal symptoms?

- Our bodies and brains have mechanisms to minimize the impact of drug use on our ability to function.
- When we use sedating substances like opioids and benzodiazepines over a prolonged period of time, one of the ways our body adapts is to release endogenous stimulants to keep us alert.
- A common effect is increased tolerance to a substance, which means that increased doses of the substance are needed to get the same sedative effect.
- When we stop taking the sedating substance, it takes about a week for our bodies to stop releasing the endogenous stimulants. In the meanwhile, we experience the unbalanced effects of the endogenous stimulant. This is why the symptoms of sedative withdrawal are similar to stimulant intoxication.

20

Then talk through the example of what causes the body to experience withdrawal symptoms. In this case, this is a description of how the body reacts to drug use. However, it can be applied to alcohol as well.

Explain that the neuroscience of substance tolerance, dependence and withdrawal is complicated.

This slide presents an extremely simplified explanation.

Participants will not need to exactly remember the contents of this slide but they should remember that there is a neuroscientific basis for substance use problems.

Explain that substance dependence is a disease.

### Health effects of psychoactive substances include

- Intoxicating effects
- Toxic effects
- Immunosuppressant effects
- Teratogenic effects
- Accidents, injuries
- Liver fibrosis
- Brain injury
- Cancer
- Infections including HIV/AIDS and hepatitis C
- Hypertension/stroke
- Fetal alcohol syndrome
- Dependence/addiction
- Depression, psychosis

21

Explain that alcohol and drugs can affect the body and brain in numerous ways.

**Note:** The list on the left shows the mechanisms by which health is affected, the list on the right are the end results. Some results are due to more than one mechanism, i.e. cancer is due to both toxic effects and to immune suppression.

### Effects of substance use on the family

#### Parents

##### Familial breakdown

Problems/violence between spouses

##### Neglect of children

Leading to malnourishment, delayed development, abuse, violence

##### Poverty

Loss of income through missed employment, cost of substance use

#### Children

##### Familial breakdown

Parents fighting, disowning child

##### Loss of opportunities

Dropping out of school, employment, parents unable to work

##### Risk of criminal activity

Stealing from parents to pay for substances

22

Explain by talking through the lists on the slide that these are some of the effects that substance use can have on a family.

These effects look at whether the parent is the person with the substance use disorder or the child.

In both scenarios, the family environment can be destabilized which can negatively affect any siblings and the wider family and community.

**Note:** If alcohol is not consumed in the country you work in then this slide can be omitted.

### Global impact of alcohol use

- Harmful use of alcohol results in 3.3 million deaths each year or 5.9% of all global deaths were attributed to alcohol consumption.
- in 2012 139 million DALYs (disability-adjusted life years) or 5.1 % of the global burden of disease and injury were attributable to alcohol consumption.
- Alcohol-related harm is determined by the volume of alcohol consumed, the pattern of drinking, and, on rare occasions, the quality of alcohol consumed.

23

Talk through the statistics on the slide explaining that alcohol is widely used in many cultures. The harmful use of alcohol causes a large disease, social and economic burden in societies.

The harmful use of alcohol is a component cause of more than 200 disease and injury conditions in individuals, most notably alcohol dependence, liver cirrhosis, cancers and injuries.

3.3 million global deaths each year can be attributed to alcohol use.

In 2012, 5.1 % of the global burden of disease and injury were attributable to alcohol consumption.

The level and severity of alcohol related harm is influenced by the quantity of alcohol available in a country, and, in some cases, the quality of that alcohol.



## Global impact of drug use

- An estimated 250 million people (1 out of 20) people between 15–64 years used illicit drugs in 2014.
- 1 in 10 of those people are suffering from a form of drug use disorder including drug dependence.
- Almost half of people with drug dependence inject drugs and more than 10% are living with HIV and the majority are infected with hepatitis C.
- Stigma and discrimination have prevented these people from receiving the care they need.

24

Talk through the points on the slide, explaining that it is estimated that a total of 250 million people, or one out of 20 people between the ages of 15–64, used illicit drugs in 2014.

One in 10 of those people are suffering from a form of drug use disorder including drug dependence. Almost half of those people with drug dependence inject drugs, more than 10% are living with HIV and the majority are infected with hepatitis C.

Drug use disorders are a major global health problem.

## Role of health care

- Stigma and discrimination are commonly applied to substance dependent individuals (including discrimination by health-care providers).
- In many countries, people with substance use disorders managed by the criminal justice service.
- Research shows us that substance dependence is best treated in primary health care.
- A question in a routine assessment such as, “Do you drink? Have you used drugs?” can save a life.

25

### Role of primary health-care providers

Explain that unfortunately outdated views about substance use disorders persist in many parts of the world.

The stigma and discrimination that is commonly applied to substance dependent individuals and professionals working with them have significantly compromised the implementation of quality treatment interventions, undermining the development of treatment programmes and training of health-care professionals.

Even though the evidence clearly shows that substance use disorders are best managed in a public health system, the inclusion of substance use treatment programmes in health care is very difficult.

In some countries, substance use disorders are still seen as a primarily criminal justice problem and agencies of the ministry of justice and/or defence are still responsible for affected individuals without supervision or engagement with the ministry of health. Using only law enforcement strategies and methods is unlikely to result in sustained positive effects. Only treatment that has at its core an understanding of substance dependence as a primarily multifactorial biological and behavioural disorder that can be treated using medical and psychosocial approaches can improve chances of recovery from the disorder and reduce substance related social consequences.

**Note:** The slide is used to summarize the points made in the notes above.

# Session 2.

## Assessment of disorders due to substance use

 1 hour 10 minutes

Explain to participants that there are two ways that people can present with disorders due to substance use in primary health care:

1. As an **emergency presentation** in a state of:
  - **withdrawal**
  - **intoxication**
  - **overdose.**
2. With signs and symptoms of **prolonged, harmful patterns** and/or **dependence.**

The assessment of these different presentations follow different algorithms in the mhGAP-IG Version 2.0 (page 106).

Explain that we will discuss emergency presentations and management of emergency presentations later in the session. For now, we will focus on assessing whether the person has harmful patterns of substance use and/or dependence.



Talk through the principles of assessment. Explain that if it is not an emergency presentation then the assessment seeks to establish:

- Does the person use psychoactive substances?
- Is there harmful use?
- Does the person have substance dependence?

### Brainstorming session

Reiterate that asking about substance use can be a sensitive topic. Ask participants to suggest open-ended questions they could use to initiate a conversation about someone's substance use.

Make a list of their questions.

If they struggle, suggest that alcohol can be raised in the context of other risk factors for health (smoking, inactivity, poor diet, social problems, occupational problems, relationship problems).



Reiterate that there is a lot of shame and stigma attached to substance use therefore people may be very reluctant to talk about it. Ask participants to think what they could do to overcome that reluctance?

### Asking about substance use

If you suspect substance use continue to:

- Address the person's immediate expectations:
  - What problem or concern has prompted the person to come to the health service today?
  - Listen carefully and with respect.
- Manage the person's expectations:
  - If they are unreasonably high, be honest about what you can and cannot do.
- Assess the impact of substance use on the person's life:
  - The health-care worker should ask everyone about alcohol and tobacco use.
  - How have their home and work life been affected.

27

Describe the steps on the slide and then ask participants to brainstorm other ways that they can learn more about a person's substance use?

- If they struggle, explain that they can:
- Carry out thorough physical examinations especially on the liver.
  - Talk to a family member or a carer (with their consent).
  - Conduct an assessment into the person's social history, psychosocial stressors and coping mechanisms.

Talk through the types of investigations that could be considered and why.

### Asking about substance use

- Look for common ground:
  - There is a shared interest in improving the person's health.
  - Do not judge.
  - Challenge misconceptions but avoid confrontation.
- Use good communication skills:
  - Start by asking open questions.
  - Remain neutral.
  - Explain your understanding of the situation to the person.
  - Always be honest.
  - Expect that it will take multiple appoints to build trust.

29

Use this slide to summarize how to ask people about their substance use.

Start by reminding the person that you are both interested in improving their health.

# Activity 3: Video demonstration: Assessment

## Activity 3: Video demonstration

Show the mhGAP-IG assessment videos for substance use.

Choose an appropriate mhGAP-IG video (alcohol or cannabis).

mhGAP SUB module (alcohol) assessment:  
<https://www.youtube.com/watch?v=XEHZijvafQQ&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v&index=15>.

mhGAP SUB module (cannabis) assessment:  
<https://www.youtube.com/watch?v=sccCxFFMGzk&index=13&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v>.

Before showing the alcohol video, explain that this video was made during the mhGAP workshop and involved two experienced clinicians. The lady at the back was trying to summarize the situation during the workshop.

or

Before showing the drug assessment video explain that this young man is being assessed for his cannabis use.

Show the video.

After showing the video:

1. Discuss how the health-care provider established whether the person uses substances?

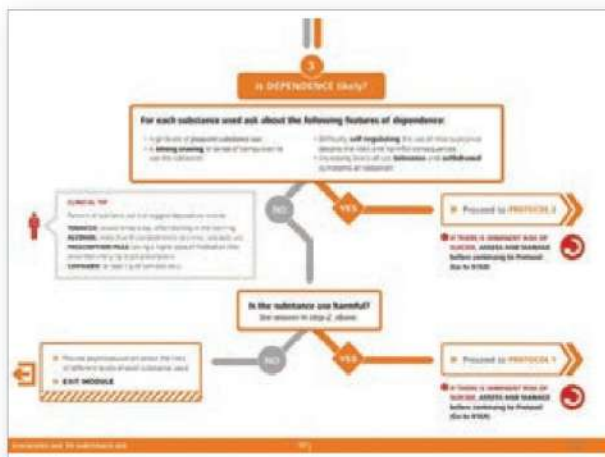
In the alcohol assessment, the lady asked about his alcohol use in the context of discussing his health.

In the cannabis assessment, the doctor found out because of discussions with his family.

2. Ask participants if they think the man's substance use is **harmful**:
  - a. How many days per week does the person use the substance? How much do you use per day?
  - b. Does the substance cause any problems for the person?



Give participants time to answer. Show them the video again if they do not know the answer.



Once you have gathered this information the next step is to establish if dependence is likely.

Ask the participants to answer the following questions:

- *Does the man have high levels of frequent use?* (Direct participants to the clinical tip on page 117 – frequent alcohol consumption is more than six standard drinks at a time and daily use, frequent cannabis use is 1 gram a day.)
- *Does he have a strong craving?* Alcohol video: If participants struggle remind them that he stated his head does not feel right until he has had a drink. Drug video: The health-care provider did not find out but she could have asked, “What happens if you do not smoke during the day – how do you feel?”
- *Is there difficulty self-regulating?* Did the health-care provider find out? Can the men control how much they consume?
- *Has he noticed that he is becoming more tolerant of the substance (e.g. does he need a bigger quantity of substance to feel the same effects than before)?* Did the health-care provider find out?
- *Does he show any signs of withdrawal?* Alcohol video: remind them that there was a tremor when he was asked to raise his arms.

Highlight that if dependence or harmful use is likely it is important to consider if there is an imminent risk of suicide. Why do you think that is?



## Activity 4: Role play: Assessment

### Activity 4: Role play: Assessment

- The person has come to a primary health clinic with hypertension.
- This is their second visit to the clinic, during the first visit they were diagnosed with hypertension because they had severe headaches, confusion, chest pain and a fast beating heart.
- The primary health-care provider at the time suspected that there may be alcohol use but was unable to conduct a thorough assessment.
- The person was asked to return and this is their second visit. Their medical records require that the person is assessed for patterns of alcohol use.

See SUB supporting material role play 1.

Print the three different instruction sheets for the participants playing the different roles.

Ensure the person playing the role of the observer also has a competency assessment form (see ToHP training forms) in order to assess the participants.

**Duration:** 30 minutes.

**Purpose:** This role play gives participants an opportunity to practise using the mhGAP-IG to assess for possible substance use.

#### **Situation:**

The person has come to a primary health clinic with hypertension. This is their second visit to the clinic. During the first visit they were diagnosed with hypertension because they had severe headaches, confusion, chest pain and a fast beating heart. The primary health-care provider at the time suspected that there may be alcohol use but was unable to conduct a thorough assessment. The person was asked to return and this is their second visit. Their medical records require that the person is assessed for patterns of alcohol use.

#### **Instructions:**

- Divide the participants into groups of three.
- Instruct one person to play the role of the health-care provider, one the person seeking help and one the observer.
- Distribute the role play instructions to each person depending on their role.
- Ensure that the participants keep to the allotted time.

**Note:** The clinical scenario and notes below are only an example. In the supporting material there are other assessment role plays that involve someone being assessed for their drug use. Please use those if alcohol is not a problem substance in your country.

# Session 3.

## Management of disorders due to substance use

 2 hours



Ask participants to suggest any management interventions they can think of or they have used to try and help a person with a substance use disorder?



Explain the management options available and emphasize that the success of any intervention is dependent on how willing the person is to change and/or reduce and stop their consumption of substances.

**Ask participants to think why the motivation of the person is so important in treating substance use?**

Explain that no one can force someone to do something if they do not want to do it. If you forbid someone from doing something then they may just do it in secret which can be more dangerous.

Explain that, as discussed at the beginning of the session, many people use substances because they are socially acceptable, or it is part of their social life and social activities. Therefore, stopping using these substances can represent a huge loss for the person.



Ask a participant to read out loud the management interventions for **harmful use** (Protocol 1) (page 118) explaining that these are the options in any treatment plan for someone with harmful substance use.

Explain that, as with all MNS conditions, psychoeducation is a priority. Explain how the substances are harming the person physically, socially and psychologically as they may not be aware of it.

As we learned from the stories at the beginning, harmful substance usage is complex and impacts all areas of a person's life.

Support the person to address any immediate social needs and ensure they are safe, i.e. if they need access to food, shelter, clothing etc.



Ask another participant to read out loud **dependence** (Protocol 2) (page 119). Explain that the management options available for harmful use and dependence are similar, except in people with dependence there is an option to facilitate a safe withdrawal and detoxification.

Explain that we will return to the protocols for **alcohol withdrawal** and **opioid withdrawal** but for now we are going to concentrate on psychosocial interventions and motivational interviewing, in particular.



Give the participants time to read through the psychoeducation interventions and motivational interviewing (page 123).

Stress that brief interventions using motivational interviewing are typically 5–30 minutes long and aim to assist an individual cease or reduce their use of a psychoactive substance and or deal with other life issues that may be supporting their use of substances.



It seeks to empower and motivate the person to take responsibility and change their substance use behaviour. It can be extended for one or two sessions to help people develop the skills and resources to change or be used in follow-up.



Stress the importance of using effective communication skills to build trust and empathy with the person. But also, creating a comfortable space where you can challenge any false beliefs the person may have and point out any contradictions in their narratives and explanations (this may be especially necessary if the person is not even ready to think about changing their substance use and does not recognize that their substance use is harming them and other people).

## Activity 5: Video demonstration: Motivational interviewing

### Activity 5: Video demonstration: Motivational interviewing

An example of how to use brief motivational interviewing.

**Duration:** 10 minutes.

<https://www.youtube.com/watch?v=i1JtZaXmNks&index=14&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v>.

**Purpose:** To show participants an example of a health-care provider using the principles of motivational interviewing. Give them time to reflect afterwards.

**Instructions:**

- Depending on time, show the video from 4:11 (4 minutes and 11 seconds), which shows the young man being assessed by the health-care provider) or just show the brief motivational interviewing intervention from 09:11 seconds until the end.
- After you have shown the video allow the participants two minutes to reflect on how effective they thought motivational interviewing was with the young man? Is it a technique they have used before?
- After a brief time for reflection continue with the presentation on motivational interviewing.

## Motivational interviewing

- The aim of motivational interviewing is to empower and motivate individuals to take responsibility and change their substance use behaviour.
- It can be used as a way of supporting and motivating people to travel through the different stages of change.

41

Describe the points on the slide.

State that we are now going to look at the different techniques that can be used in motivational interviewing.

## Motivation to change



42

A person's motivation to change any pattern of behaviour can be complicated and pass through different stages.

- Stage 1 is understanding why the person wants or needs to change.
- Stage 2 is planning and making the changes.
- Stage 3 is maintaining those changes and coping with any lapses or relapses.

## Stage 1: Understanding the need to change

- Help the person explore their desire to change.
- Do they want to change?
- Do they need to change?
- What can the health-care provider do?

See page 123 of mhGAP-IG.

43

### Stage 1

Explain that stage 1 involves helping the person explore their desire to change.

Explain that we will now look at what the health-care provider can do to help at this stage.

Ensure participants are following the **eight steps** on page 123 of mhGAP-IG Version 2.0.

## Step 1: Give feedback

Give feedback about the person's personal risk or impairment (e.g. how is the substance use harming them/impacting on them and how it is harming others?).

You can start giving feedback by discussing the person's health/social problems that have brought them to the clinic in the first place.

Thus, you place the person at the centre of the intervention and can use effective communication skills like reflection and summarizing to give feedback.

44

**Step 1:** Explain that initially the health-care provider will introduce the issue of substance use in the context of the person's health and well-being or in the context of the problem that brought them to the clinic in the first place.

Place the person at the centre of the discussion. Do not give your opinion on why their substance use is damaging – *your* opinion will not convince them to change.

They need to make the choice themselves.

Use communication techniques like summarizing, so that you give feedback using **their** own words about the impact and risks the substance use is having on the person whether that be on their physical health or their social problems.

## Step 2: Take responsibility

Encourage them to **take responsibility** for their substance use choices. For example you could say:

"You have told me that you use cannabis because you find it is the only thing that can relax you. Has that ever worried you before?"

**or**

"You say that your parents want you to stop using drugs but have **you** ever been worried about your drug use?"

45

**Step 2:** Encourage the person to start taking responsibility for their substance use choices.

This includes their choice to engage with treatment or not.

Taking responsibility is the first step in the person accepting that there is something in their life that they want to change.

Talk through the examples given on the slide.

## Step 3: Reasons for their substance use

Ask them about the reasons for their substance use.

*Can you tell me why you started using alcohol?*

*Do you know why you use drugs?*

*What are the benefits of using substances?*

46

**Step 3:** If the person recognizes that they use substances as a response to other priority MNS conditions and or psychosocial stressors in their life, then continue to explore why they use substances in a response to those. What does the substance do? How does it help them? What are the perceived benefits of substance use?

Talk through the examples on the slide.



## Step 4: Consequences of their substance use

Ask about both the perceived positive and negative consequences of their substance use.

*How does your substance use help you?*

*Can you think of any negative consequences of your substance use?*

Use effective communication skills to challenge any overstatements of the benefits and understatements of the risks/harm.

47

**Step 4:** Ask participants to think about the consequences of their substance use. Having explored their reasons why, ask them what are the consequences of their substance use on themselves (physically, mentally and socially)? What are the consequences on other people (their family, friends, spouse, at work, in their studies etc.)?

## Stage 2: Planning and making changes

Supports the person to make changes.  
What do they need to do to make the changes they want?  
What can the health-care provider do?

48

### Stage 2

Explain that once the person has decided to make a change then we move to stage 2, which involves supporting the person to plan and to make the changes they need to.

Help them set realistic goals and targets. Keep them motivated to make those changes.

Discuss the different options that the person has – to make the changes they need to.

Explain that in the next few slides we will look at what the health-care provider can do.

## Step 5: Personal goals

Ask them about their personal goals for their future. Support them to explore whether their substance use is helping them reach those goals or not?

*“You say you would like to progress at work and achieve a promotion to a management position but at the same time you have said that your alcohol use makes it difficult for you to concentrate at work. So do you think your alcohol use will help you reach the goal of a promotion?”*

49

**Step 5:** Explain the points on the slide.

## Step 6: Have a discussion

Discuss the reasons, consequences, benefits, harms and goals the person has so they gain a deeper understanding of how their substance use is impacting on them.

By using their words and descriptions you can gently highlight any contradictions in their explanations and motivate them to want to change their behaviour.

50

**Step 6:** Explain the points on the slide and emphasize that throughout motivational interviewing, it is important to use communication skills such as summarizing to help people explore how their substance use is impacting them.

By using their words and their descriptions you can gently highlight any contradictions in their explanations and motivate them to want to change their behaviour.

## Step 7: Discuss options

Discuss options with the person.  
Discuss realistic changes the person could make to change.  
Work together to create a choice of options.  
Support them to come up with an agreed upon realistic plan of action.

51

**Step 7:** If someone is very motivated and enthusiastic to change they can easily state that they are going to make some unrealistic changes. For example, a person with a dependence on alcohol explaining that they will just stop drinking for good the next day.

Although their motivation should be supported they need to have more realistic goals or else they could be setting themselves up for failure.

Instead, work with them to find some strategies they could do to reduce their substance use or discuss with them the option of doing a controlled substance withdrawal.

## Step 8: Support the person enact the changes

Support them to enact that plan.  
What steps do they need to take to make that plan a reality?  
Arrange a follow up session with them so you can see how that plan is going and make necessary changes to it if they have lapsed.

52

**Step 8:** Explain the points on the slide.

## Stage 3: Maintaining the change

The person has achieved the change they want but it can be easy to lapse or relapse and start using old patterns of behaviour.

What can the health-care provider do?

Support the person, if they relapse be non-judgemental and acknowledge how difficult it can be to change a behaviour.

53

### Stage 3

Explain that once the person has planned and implemented the changes they want, the final stage is maintaining the change.

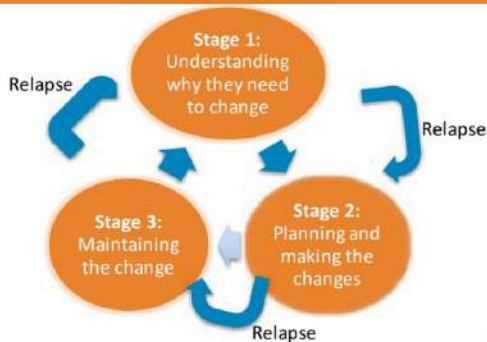
Changing a pattern of behaviour (especially a behaviour that has been happening for years, decades and lifetimes) can be very difficult.

It is very common for a person to relapse and slip back into their old behaviour patterns. This is especially so if they are still seeing the same triggers (social events, people, places) where they used to drink alcohol, smoke or use drugs.

Therefore, the maintenance stage is about supporting the person to cope with the relapses, being non-judgemental and helping them make the changes again.

People can spend years in this stage.

## Motivation to change



54

Describe again that relapse can happen at any stage, but if a person does fully relapse (i.e. they go back for a long period of time to their old behaviour and pattern of substance use) they will need to go back to stage 1 if they want to start making the changes again.

That is because they may need to explore again the reasons why they use substances and whether they perceive the substance as a positive or negative part of their life.

Emphasize that the success and failure of any intervention will depend upon how motivated the person is to change.



## Activity 6: Role play: Motivational interviewing

Activity 6: Role play:  
Motivational interviewing

- A person describes himself as a social smoker (tobacco), but actually smokes more often than just social situations.
- He occasionally has 50–70 cigarettes in one weekend and another 20 cigarettes during the week.
- He has terrible asthma and struggles to breathe the next day. He also has a painful and persistent cough that often means he has to take time off work.
- The health-care provider will perform motivational interviewing, following the steps on page 123 of mhGAP-IG.

55

See SUB supporting material role play 2.

Print the three different instruction sheets for the participants playing the different roles.

Ensure the person playing the role of the observer also has a competency assessment form (see ToHP training forms) in order to assess the participants.

**Duration:** 30 minutes.

**Purpose:** To enable the participants to practise using the principles of motivational interviewing.

**Situation:**

A person describes himself as a social smoker (tobacco) but you suspect he smokes more often than just social situations. He has terrible asthma and struggles to breathe. He also has a painful and persistent cough that often means he has to take time off work. Talk to him about his smoking using the principles of motivational interviewing and learn how motivated he is to change.

**Instructions:**

- Divide the participants into groups of three.
- Instruct one person to play the role of the health-care provider, one to play the role of the person seeking help and one to play the role of the observer.
- Distribute the role play instructions to each person depending on their role.
- Ensure that the participants keep to the allotted time.



## Strategies for reducing and stopping use

Explain that if after using motivational interviewing the person identifies that they want to try reducing or stopping their substance use, discuss with them how they might do that.

- Listen to them to help them identify triggers for their use, e.g. social settings in which they use the substance.
- Listen and help them identify emotional cues for their use, e.g. they use substances when they are depressed, they use substances when they are stressed.
- Encourage them to not have any substances in their home at all.

Ask the group to brainstorm what open and closed questions they could ask to find out a person's trigger or emotional cue?

If they struggle ask, "When do you feel the greatest urge to use the substance? When you last used the substance what was happening in your life? Were you having any problems?".



## Mutual help groups

If, after motivational interviewing, a person identifies that they feel support from peers would help them to stop using substances then explain that there are mutual help groups such as Alcoholics Anonymous and Narcotics Anonymous.

Ask participants to brainstorm any local resources that could offer support in the form of mutual help groups.

## Strategies for preventing harm

If, after motivational interviewing, a person feels that they are not ready to stop or reduce their alcohol consumption then encourage them to look for ways to minimize the risks involved. For example, they must not drive when intoxicated. They should try and eat food when they use alcohol. They could try changing the type of alcohol they drink to something less strong. If they are injecting opioids, they should ensure the needles are clean, and they should never share a needle with other people.



## Carer support

Remind participants of the stories at the beginning of the session and of the stress and impact that alcohol use has on the family, friends and community. As a result, carer support is essential.

Offer psychoeducation to carers and family members.

Assess the immediate needs of the family members including their health, mental health and social needs. If possible, try to meet those needs or link carers and families with other organizations that can meet those needs.



Explain that we will discuss assessing adolescents in more detail during the Module: Child and Adolescent Mental Health.

For now, ask them to reflect on:

- Why adolescents may use substances and how would they assess for that?
- How involved should their parents/carers be?
- Why pregnant and breastfeeding women are considered a special population?
- What warnings would you give to this group when discussing their substance use?

Check the participants answers and explanations with the instructions given in the mhGAP-IG Version 2.0 (page 125).



## Activity 7: Group work: Understanding the role of pharmacology in substance use disorders

Activity 7: Group work:  
Understanding the role of pharmacology  
in substance use disorders

In your groups use the mhGAP-IG to learn about the processes and pharmacological interventions required to:

- Facilitate a safe withdrawal.
- Side-effects and contraindications.

60

**Duration:** 40 minutes (30 minutes of preparation and 10 minutes of presenting).

**Purpose:** To enable participants the opportunity to read through and understand the role of pharmacology in treating people with substance use disorders.

**Instructions:**

- Divide the participants into three groups.
- Instruct one group concentrate on alcohol withdrawal (Protocol 3) (if alcohol is not consumed in the country then divide participants into two groups and only focus on opioid and benzodiazepine).
- One group is to concentrate opioid withdrawal (Protocol 4).
- One group is to concentrate on benzodiazepine withdrawal (Protocol 6).
- Ask each group to read through their respective protocol and Table 1 (page 126 mhGAP-IG version 2.0).
- Once they have read and understood the protocol as a group they can use flip charts, sticky notes, pens, paper and anything they wish to describe and present the:
  - Process needed to support a safe withdrawal.
  - Pharmacological interventions including any side-effects and contraindications.
- They will then show those steps and use them to teach the rest of the group.
- As the facilitator, be available to help the groups and clarify any queries they may have.
- Ensure that as the groups present the different protocols you use the mhGAP-IG to correct any misinformation and ensure the description stay true to those described in the mhGAP-IG.

If necessary use these slides to talk through the different protocols and make sure that the participants understand how to support a planned withdrawal and which pharmacological interventions to use and when.

**DISORDERS DUE TO SUBSTANCE USE - Management SUB 2**

**PROTOCOL 1**

### Alcohol Withdrawal

**PREVENTING AND TREATING SEVERE COMPLICATIONS:**

- Screen for signs of organ or system dysfunction by physical, functional and laboratory investigations.
- Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.

**KEY POINTS:**

- Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.
- If high, repeat investigations are probably to establish diagnosis.

**DISORDERS DUE TO SUBSTANCE USE - Management SUB 2**

**PROTOCOL 2**

### Opioid Withdrawal

**KEY POINTS:**

- Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.
- Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.

**DISORDERS DUE TO SUBSTANCE USE - Management SUB 2**

**PROTOCOL 3**

### Opioid Agonist Maintenance Treatment

**PROTOCOL 4**

### Benzodiazepine Withdrawal

Highlight Protocol 5 and explain that in some countries research is beginning to show the positive results of using opioid agonist maintenance treatment programmes such as methadone programmes on reducing opioid dependence and improving the quality of life of people with opioid use disorder.

Emphasize that although there is a growing evidence base for this sort of intervention, it requires a national framework and guidelines.

Emphasize the importance of understanding which medications should be used in which intervention.

Emphasize the importance of understanding dosing and side-effects.

**DISORDERS DUE TO SUBSTANCE USE - Management SUB 2**

**PHARMACOLOGICAL INTERVENTIONS**

**TABLE 1: Medication Chart**

CLASS/INDICATION	MEDICATION	INDICES	USE EFFECTS	CONTRAINDICATIONS/CAVEATS
Alcohol withdrawal	Benzodiazepines	Prevent and treat alcohol withdrawal symptoms. Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.
Opioid withdrawal	Benzodiazepines	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.
Opioid agonist maintenance treatment	Methadone, Buprenorphine	Reduce opioid dependence and improve quality of life. Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.
Benzodiazepine withdrawal	Benzodiazepines	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.

**DISORDERS DUE TO SUBSTANCE USE - Management SUB 2**

CLASS/INDICATION	MEDICATION	INDICES	USE EFFECTS	CONTRAINDICATIONS/CAVEATS
Alcohol withdrawal	Benzodiazepines	Prevent and treat alcohol withdrawal symptoms. Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.
Opioid withdrawal	Benzodiazepines	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.
Opioid agonist maintenance treatment	Methadone, Buprenorphine	Reduce opioid dependence and improve quality of life. Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.
Benzodiazepine withdrawal	Benzodiazepines	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.	Do not use benzodiazepines, off-patent or a history of alcohol-related use should be given. Consider TCI drug use. Give thiamine prior to administration of benzodiazepines to avoid precipitating Wernicke's encephalopathy.

# Session 4. Follow-up

 10 minutes



**At every visit, assess:**

- Quantity and frequency of substance use
- Medical, social and occupational functioning, including accommodation, employment, etc.
- Any other factors that may be related to substance use and consequences of substance use.

**RECOMMENDATIONS FOR FREQUENCY OF CONTACT**

- Minimal use:** Follow-up in 6-12 months, depending on clinical response.
- Dependence:** Follow-up several times per week or fortnightly during the early or mid phase. Once ongoing abstinence has been achieved, follow-up in 6-12 months.

**ONGOING SUBSTANCE USE**

- Be encouraged to reduce harm.
- Test health problems.
- Be encouraged to reduce use.
- Arrange alcohol/drugs or dependence treatment if not engaged.
- Discuss health's social and cultural.

**RECENT CESSATION OF USE OR SHIFT TO MORE HARMFUL USE**

- Consider what is going to happen afterwards.
- Develop a feedback to encourage the maintenance of abstinence from harmful use.
- Test other medical problems.
- Consider social and/or occupational consequences for alcohol and/or drug dependence.
- Consider appropriate referral to other services and/or other groups.
- Support factors which reduce the risk of relapse such as housing and employment.

**LONG TERM CESSATION OR MORE HARMFUL USE**

- Consider secondary care being in addition to this.
- Monitor regularly.
- Support factors which reduce the risk of relapse such as housing and employment.
- Test other medical problems.
- Encourage participation in mutual help groups.
- Less frequent visits.

Explain that it is important to follow-up regularly with people who have a disorder due to substance use. This is especially important if they have decided to reduce or cease using substances. Remember to be non-judgemental, especially if they have lapsed.

At every visit, it is important to consider the individual's level of motivation to stop or reduce their substance use.

Changing a person's relationship with a substance requires a daily level of commitment and determination, as it can mean a person changing their normal behaviours. For example, someone may have decided not to mix with a certain social group. They may decide to avoid places, social occasions, activities that they usually do.

And, therefore, they need support replacing those activities, finding new things to do, and the emotional support to make the commitment every day to not use substances.

Caring for people with disorders due to substance use can seem intensive and slow but with encouragement people can recover.



# Session 5. Emergency presentations

 30 minutes



**DISORDERS DUE TO SUBSTANCE USE** SUB

**SUB » Quick Overview**

**ASSESSMENT (A)**

- » **EMERGENCY ASSESSMENT: Is intoxication or withdrawal suspected?**
  - » Does the person appear sedated?
  - » Does the person appear overstimulated, anxious or agitated?
  - » Does the person appear confused?
- » Does the person use psychoactive substances?
- » Is there harmful use?
- » Does the person have substance dependence?

**MANAGEMENT (M)**

- » **Management Protocols**
  1. harmful use
  2. dependence
  3. alcohol withdrawal
  4. opioid withdrawal
  5. benzodiazepine dependence treatment
  6. benzodiazepine withdrawal
- » **Psychosocial Interventions**
- » **Pharmacological Interventions**

**FOLLOW-UP (C)**

47

Explain that the principles of conducting an emergency presentation:

- Does the person appear sedated?
- Does the person appear overstimulated, anxious or agitated?
- Does the person appear confused?

Remind participants that as with any emergency presentation then assessment and management must happen quickly and simultaneously.



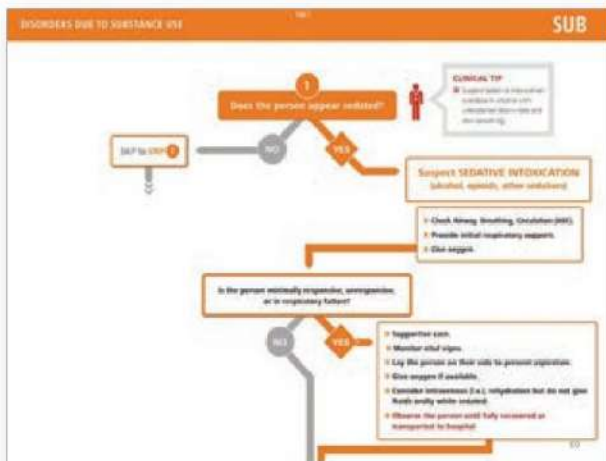
**SUB » EMERGENCY**  
If an emergency presentation presents, go to § 3.10.1, Assessment

**EMERGENCY PRESENTATIONS OF DISORDERS DUE TO SUBSTANCE USE**

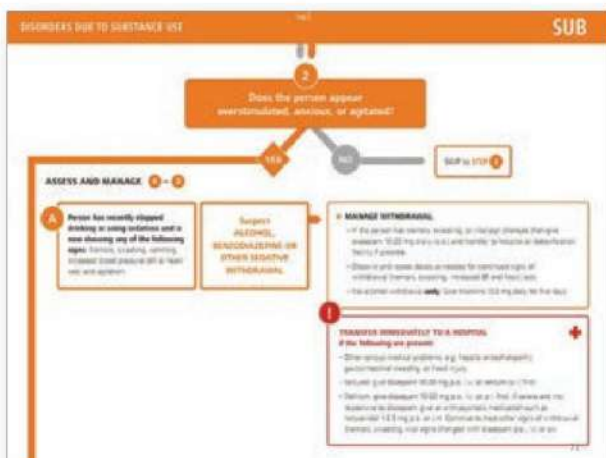
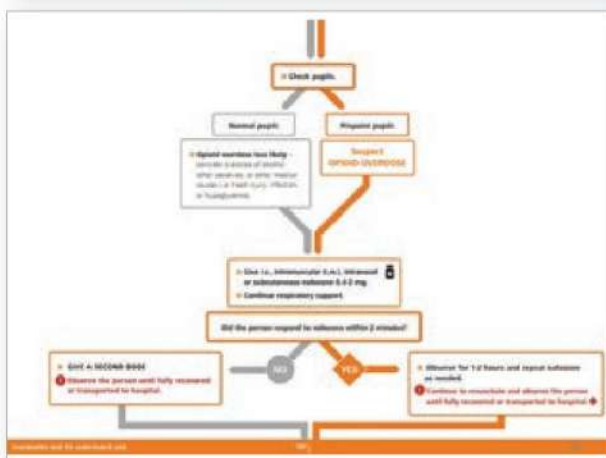
- **Alcohol intoxication:** level of alcohol in the blood, slurred speech, uncoordinated behaviour, disturbance in the field of consciousness, cognitive, perceptual, affect or behaviour
- **Alcohol withdrawal:** Intoxication or severely responsive, dose depending rate, impaired insight
- **Alcohol or other sedative withdrawal:** Tremor, diaphoresis, vomiting, increased pulse and blood pressure, agitation, headache, nausea, anxiety, irritability and confusion in severe cases
- **Stimulant intoxication:** Elevated pupils, inverted, racing thoughts, diminished thinking, change behaviour, irritability, aggression, anxiety, or violent behaviour
- **Delirium associated with substance use:** Confusion, hallucinations, varying degrees, sensory agitation, disorientation, typically in association with either sedation (alcohol) or alcohol or other sedative withdrawal

DISORDERS DUE TO SUBSTANCE USE 30

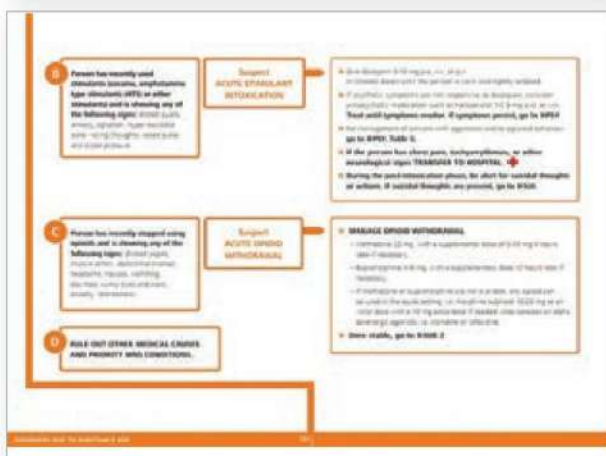
Give the participants time to read through common emergency presentations of people with disorders due to substance use.



**Does the person appear sedated?**  
 Talk through the steps in the algorithm describing what to do if a person is sedated.

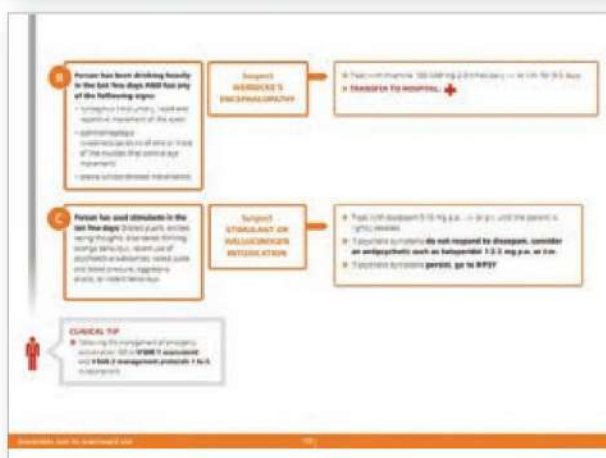
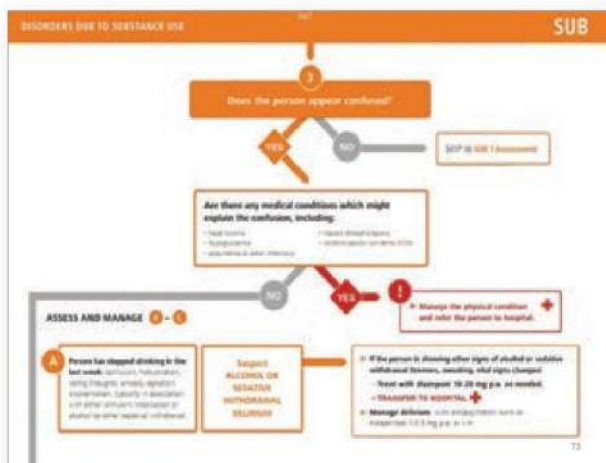


**Does the person appear overstimulated, anxious or agitated?**  
 Talk through the steps describing what to do to assess someone who presents in a state of overstimulation, anxiety or agitation.



Highlight the different assessment and management steps for different substances.

For example, somebody appearing overstimulated, anxious or agitated due to alcohol use, opioid use or stimulant use.



**Does the person appear confused?**  
Talk through the steps describing what to do to assess someone who presents in a state of confusion.

Highlight the different assessment and management steps for different substances.

Explain that when responding to an emergency it can be very easy to become focused on a single task and neglect other tasks.

But remember that, where possible, find out if the person has been using substances.

If the person has presented by themselves then ask if other people in the area know them.

Try and find out which substance they may have used and how much.

Asking these questions could save a life.

Explain that we are now going to practise assessing and managing people with emergency presentations.



## Activity 8: Role play: Assessing and managing emergency presentations

Activity 8: Role play:  
Assessing and managing  
emergency presentations

Practise using the mhGAP-IG  
emergency assessment algorithm  
in the following case scenarios.

75

**Duration:** 30 minutes.

**Purpose:** To give the participants time to practise using the emergency assessment and management algorithms in the mhGAP-IG Version 2.0 (page 106–113).

**Instructions:**

- You can choose to do this activity as small group work or in plenary. (See SUB supporting material role play 3.)
- If you chose to do this as small group work divide participants into three groups and ask them to nominate one person to play the role of the health-care provider, one the person seeking help and one the observer.
- The health-care provider should use the mhGAP-IG to assess and manage the person according to mhGAP-IG decision making algorithms.
- The person seeking help should follow the instructions given to them on a piece of paper.
- The observer should follow the instructions given to them on a piece of paper and when directed they should add in the extra pieces of information given to them.
- If you decide to do this activity in plenary: you play the role of the observer and follow the instructions for the observer including giving the extra information when required.
- Ask for participants to volunteer to play the role of the health-care provider and person seeking help.
- There are three different scenarios all of which involve the presentation of a person as either sedated, overstimulated or confused.

# Session 6. Review

 15 minutes

**Duration:** Minimum 15 minutes (depends on participants' questions).

**Purpose:** To review the knowledge and skills gained during this training session by delivering MCQs and facilitating a discussion.

**Instructions:**

- Administer the MCQs (SUB supporting material) to participants.
- Discuss the answers as a group.
- Facilitate a brief discussion answering any queries or concerns the participants may have.

# SUB PowerPoint slide presentation



PowerPoint slide presentation available online at:  
[http://www.who.int/mental\\_health/mhgap/sub\\_slides.pdf](http://www.who.int/mental_health/mhgap/sub_slides.pdf)

## SUB supporting material

- Person stories
- Role plays
- Emergency presentations role plays
- Multiple choice questions
- Video links

Activity 3: mhGAP SUB module (alcohol) assessment

<https://www.youtube.com/watch?v=XEHZijvafQQ&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v&index=15>

Activity 3: mhGAP SUB module (cannabis) assessment

<https://www.youtube.com/watch?v=sccCxFFMGzk&index=13&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v>

Activity 5: mhGAP SUB module (cannabis) management

<https://www.youtube.com/watch?v=i1JtZaXmNks&index=14&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v>



Supporting material available online at:  
[www.who.int/mental\\_health/mhgap/sub\\_supporting\\_material.pdf](http://www.who.int/mental_health/mhgap/sub_supporting_material.pdf)