# *king to Clients about their Substance Use*

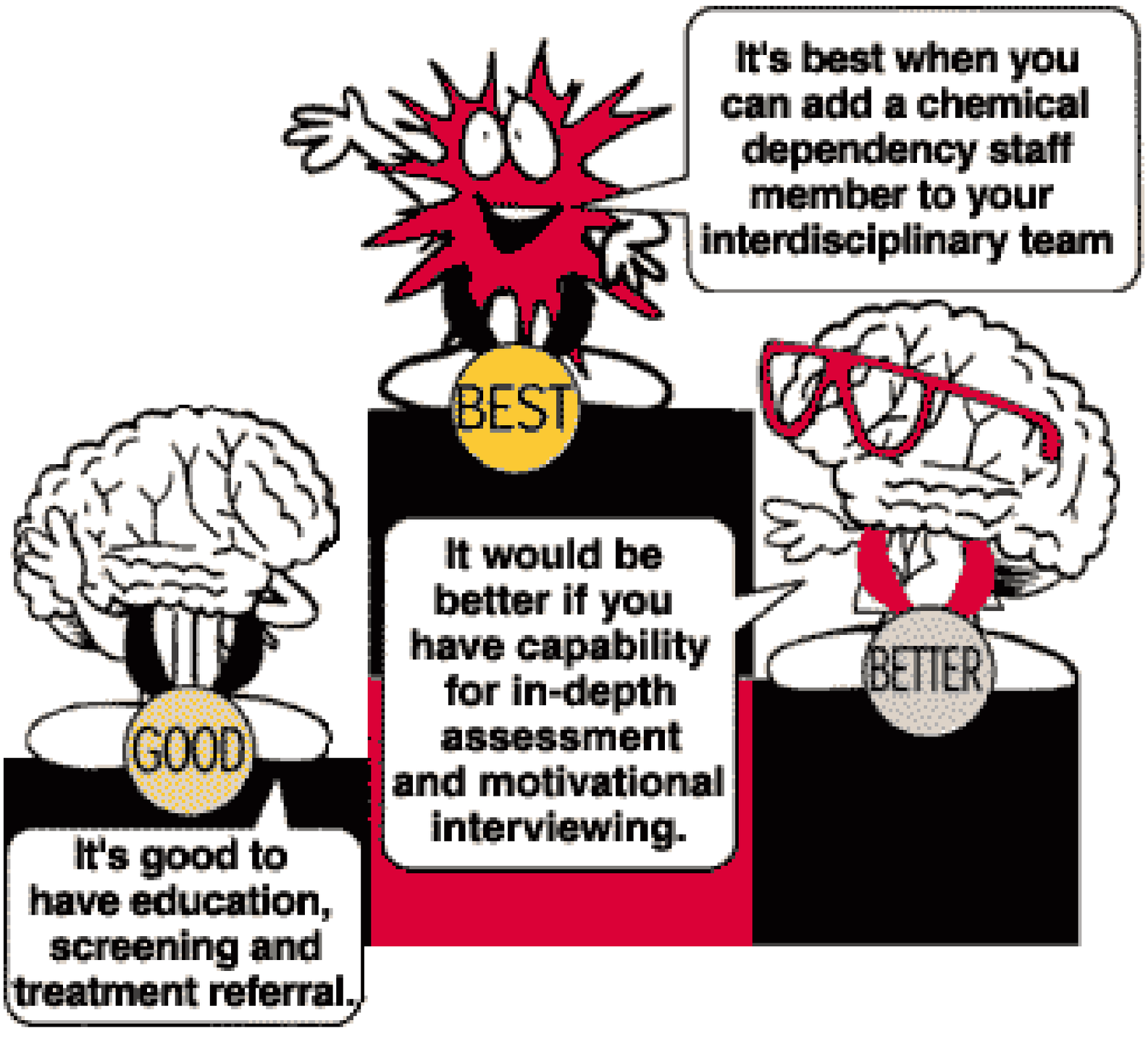
Carolyn Lemsky, Ph.D.

What ABI providers should know About Substance Use and Brain Injury

Toronto abi Network

CHIRS
Community Head injury
Resource services of Toronto

# http://ohiovalley.org/informationeducation/materials/programmer/



## Version 1.0: Good

Education
Screening
Referral

Education for clients and families

Screen for more serious problems

Low risk

High risk

Version 2.0 In-House

Yes

click to go to Version 2.0

No

Refer to outside provider

Follow-up

## Version 2.0: Better

Education
Screening
Referral
Motivational Interviewing
Referral Source Linkages

In-Depth Assessment

Version 3.0 Available?

Yes

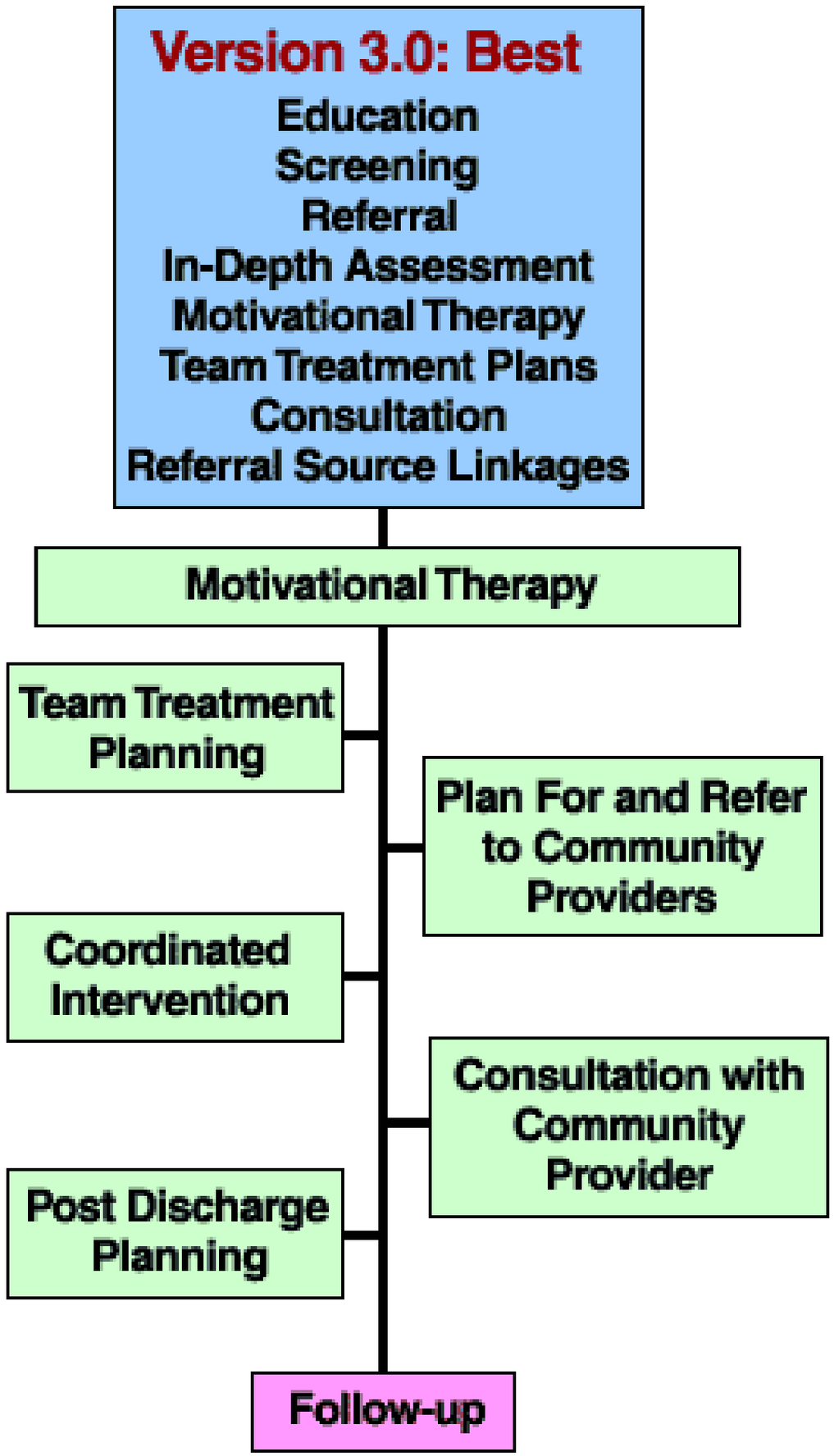
click to go to Version 3.0

No

Motivational Interviewing

Plan for referral to community provider

Follow-up


Version 3.0: Best
Education
Screening
Referral
In-Depth Assessment
Motivational Therapy
Team Treatment Plans
Consultation
Referral Source Linkages
Motivational Therapy
Team Treatment Planning
Plan For and Refer to Community Providers
Coordinated Intervention
Consultation with Community Provider
Post Discharge Planning
Follow-up

# Overview

**What is problematic Substance use and how does it relate to brain injury?**

**How to talk clients about substance use disorders.**

**Screening for SUD**

**Educating Clients about SUD**

# Overview 2

**Intervention**

**Integrated care**

**Model of Case Management**

**Motivational Interviewing**

**Harm Reducation**

**Issues in care delivery**

# Bob

28 year-old man who sustained a moderate brain injury at age 23 as the result of an MVA.

Pre-injury drinking with friends in a binge pattern 2-3 times per month.  No other alcohol related problems. Occasional marijuana use.  Employed as a plumber, no history mental health issues.

Post-injury changes in cognition, mood and behaviour along with some chronic pain.

Referred to the program to address increasing issues with both marijuana and alcohol use.

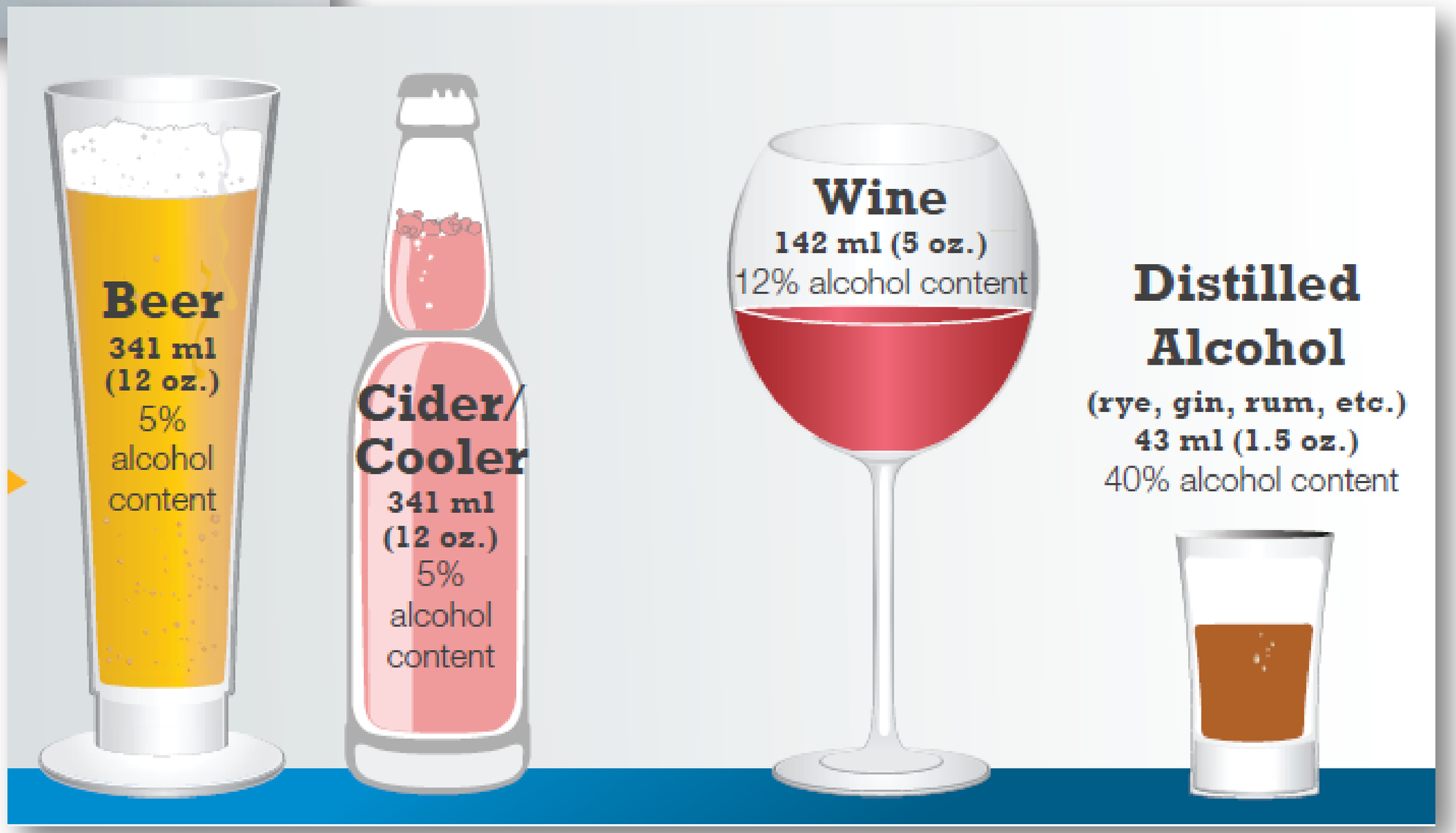
# What is problematic substance use and how does it relate to brain injury?

# For these guidelines, **"a drink"** means:

Canadian Centre **on Substance Abuse**

Centre canadien **de lutte contre les toxicomanies**

**Partnership. Knowledge. Change.**
**Collaboration. Connaissance. Changement.**




WWW.CCSA.ca

# Safer drinking tips

- Set limits for yourself and stick to them.
- Drink slowly. Have no more than 2 drinks in any 3 hours.
- For every drink of alcohol, have one non-alcoholic drink.
- Eat before and while you are drinking.
- Always consider your age, body weight and health problems that might suggest lower limits.
- While drinking may provide health benefits for certain groups of people, do not start to drink or increase your drinking for health benefits.

CCSA wishes to thank the partners who supported development of Canada's Low-Risk Alcohol Drinking Guidelines. For a complete list of the organizations supporting the guidelines, please visit www.ccsa.ca/Eng/Priorities/Alcohol/Canada-Low-Risk-Alcohol-Drinking-Guidelines/Pages/default.aspx.

Visit our website to find out more!

**www.ccsa.ca**

**Reference:**
Butt, P., Beirness, D., Gliksman, L., Paradis, C., & Stockwell, T. (2011). *Alcohol and health in Canada: A summary of evidence and guidelines for low-risk drinking*. Ottawa, ON: Canadian Centre on Substance Abuse.

## Canada's Low-Risk Alcohol Drinking Guidelines

Drinking is a personal choice. If you choose to drink, these guidelines can help you decide when, where, why and how.

Low-risk drinking helps to promote a culture of moderation.

Low-risk drinking supports healthy lifestyles.

The Canadian Centre on Substance Abuse changes lives by bringing people and knowledge together to reduce the harm of alcohol and other drugs on society. We partner with public, private and non-governmental organizations to improve the health and safety of Canadians.

Canadian Centre on Substance Abuse

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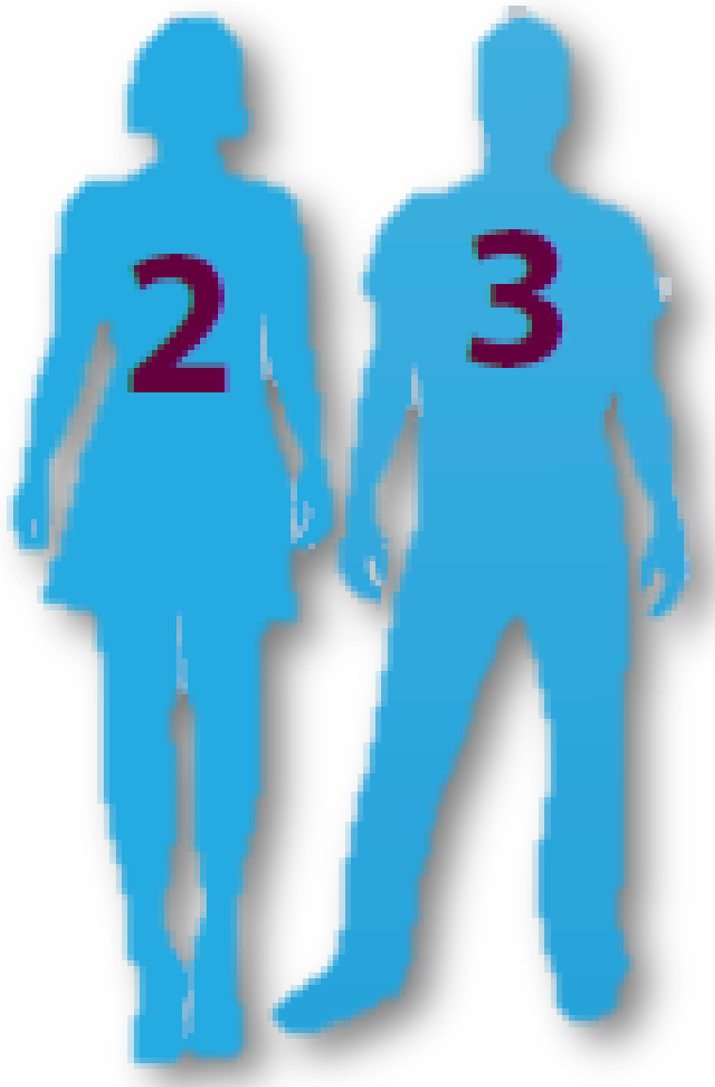
Additional information is needed to connect CHIR
Click to provide additional information.




## Your limits

Reduce your long-term health risks by drinking no more than:

- 10 drinks a week for women, with no more than 2 drinks a day most days
- 15 drinks a week for men, with no more than 3 drinks a day most days

Plan non-drinking days every week to avoid developing a habit.

## Special occasions

Reduce your risk of injury and harm by drinking no more than 3 drinks (for women) or 4 drinks (for men) on any single occasion.

Plan to drink in a safe environment. Stay within the weekly limits outlined above in ***Your limits***.

# When zero's the limit

Do not drink when you are:

- driving a vehicle or using machinery and tools
- taking medicine or other drugs that interact with alcohol
- doing any kind of dangerous physical activity
- living with mental or physical health problems
- living with alcohol dependence
- pregnant or planning to be pregnant
- responsible for the safety of others
- making important decisions

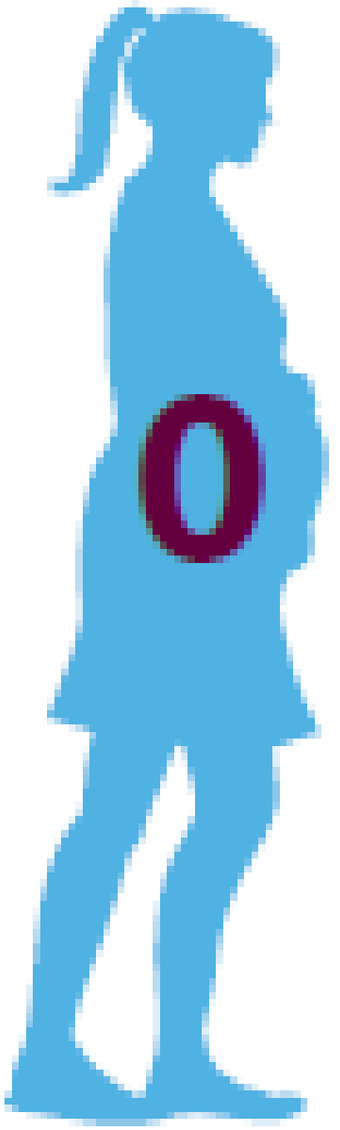
# Pregnant?
# Zero is safest

If you are pregnant or planning to become pregnant, or about to breastfeed, the safest choice is to drink no alcohol at all.

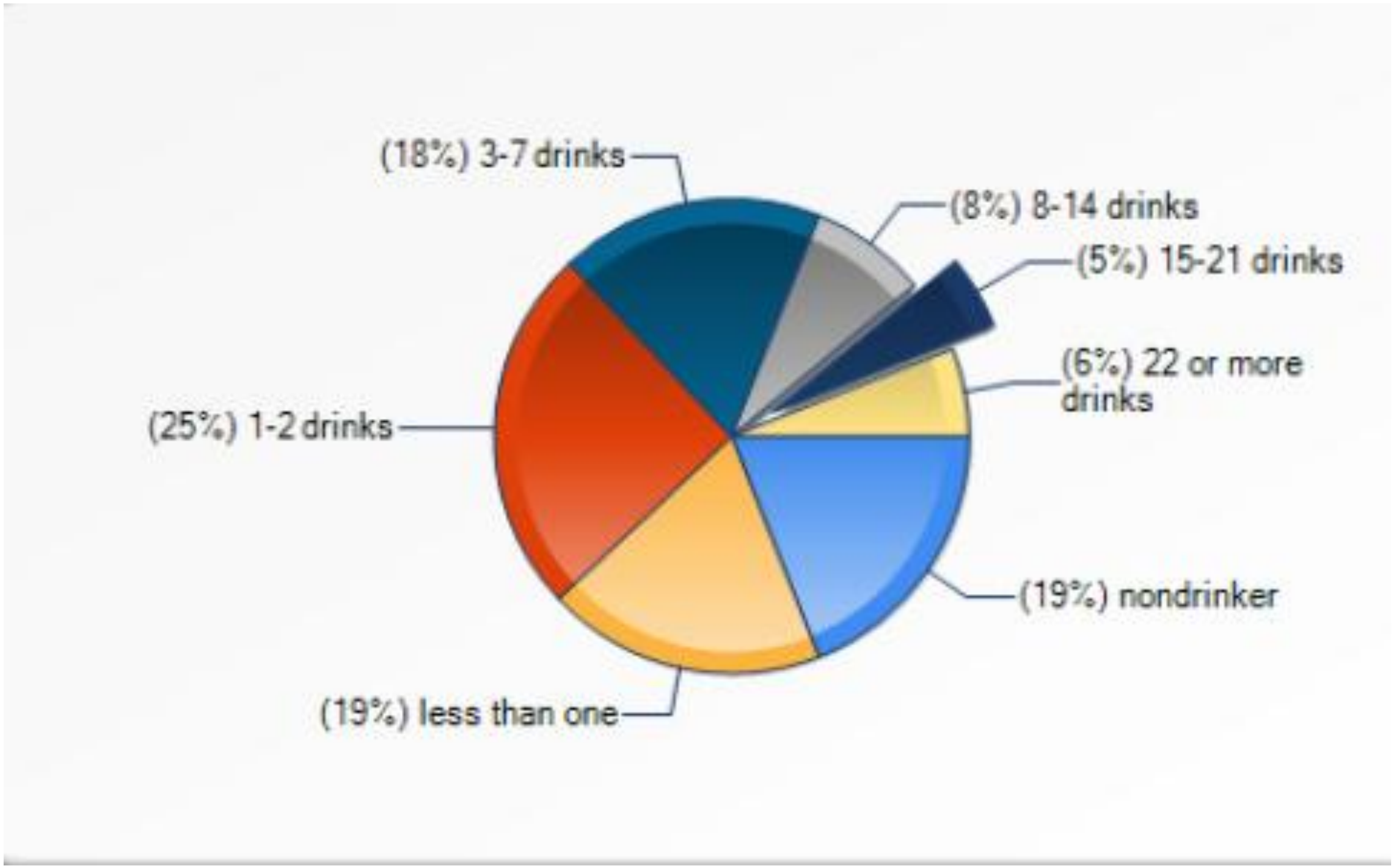
# Delay your drinking

Alcohol can harm the way the body and brain develop. Teens should speak with their parents about drinking. If they choose to drink, they should do so under parental guidance; never more than 1–2 drinks at a time, and never more than 1–2 times per week. They should plan ahead, follow local alcohol laws and consider the ***Safer drinking tips*** listed in this brochure.

Youth in their late teens to age 24 years should never exceed the daily and weekly limits outlined in ***Your limits***.



# Average Drinks Per Week in Canada



# There are no guidelines for low-risk use of non-prescribed intoxicants

# How much is too much after a brain injury?

# Any substance use can have bad effects after brain injury

# Specific risks associated with substance use after brain injury

- **Interferes with recovery**
- **Worsens Balance**
- **Worsens Speech**
- **Increases impulsivity**
- **Lowers seizure threshold**
- **More powerful effect**
- **Increases the risk of second injury**
- **Worsens problems with mood**

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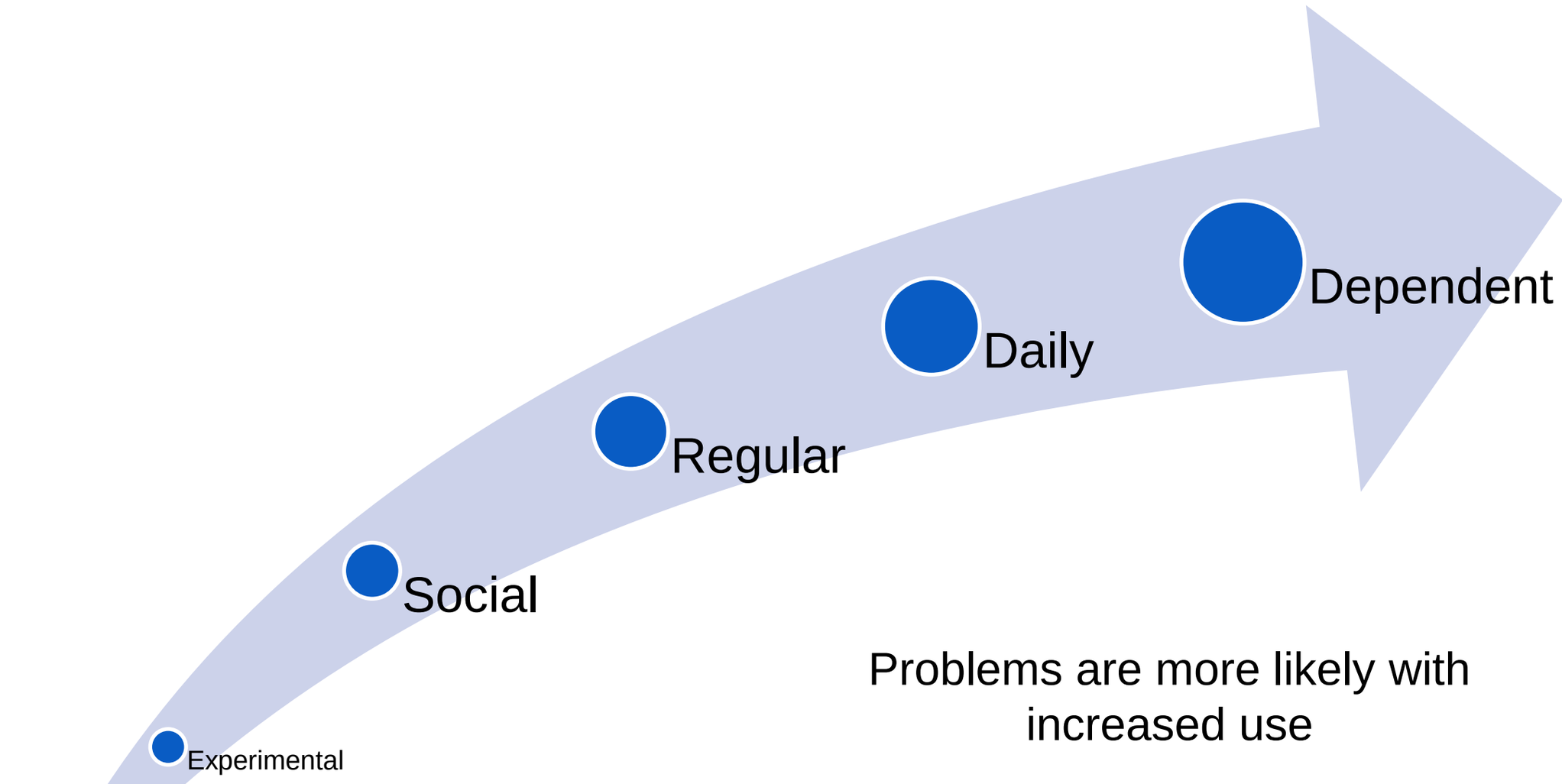
# Diagnosis of Substance Abuse and Addiction

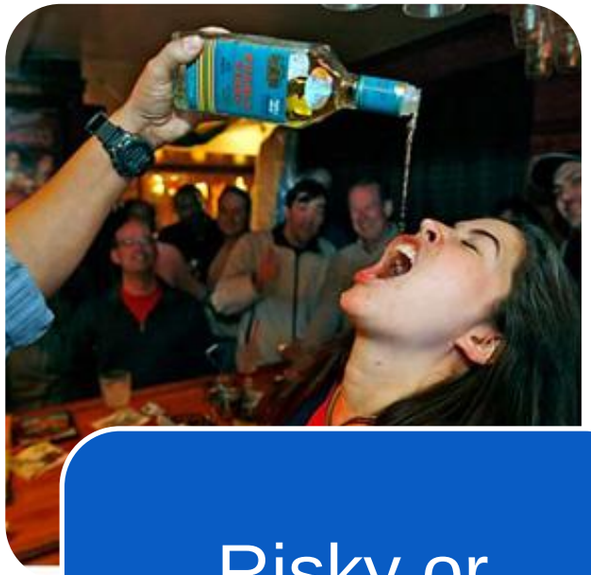
- A highly complex, value-laden term that does not lend itself to any single definition
- Its meaning differs from one society to another

# Continuum of substance use



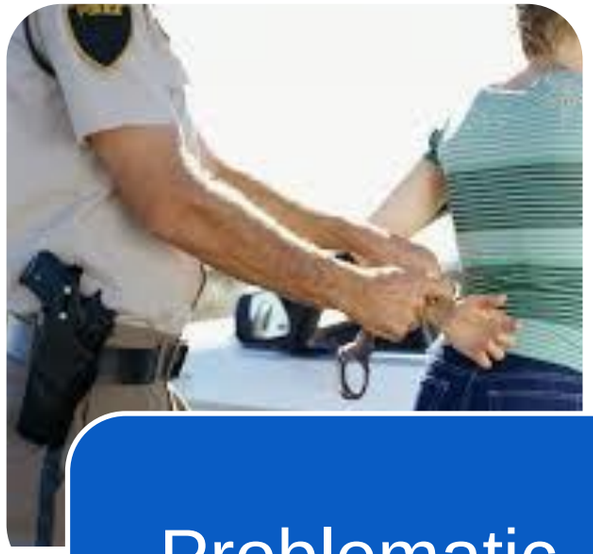

Problems are more likely with increased use

# Terms defined



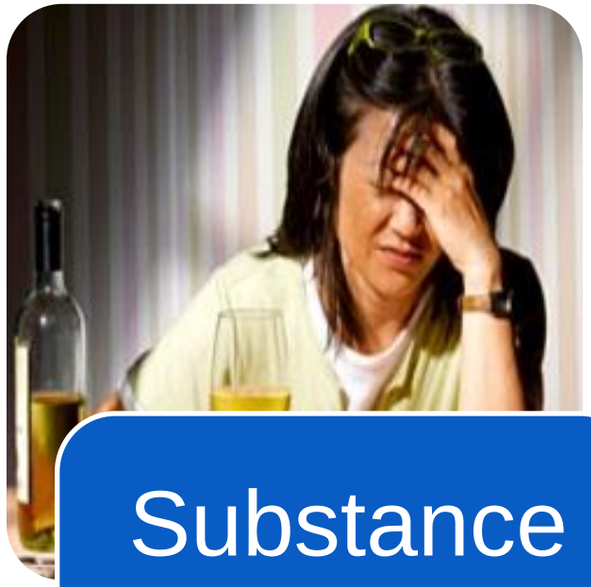
## Risky or hazardous Drinking

Exceeds safe guidelines



## Problematic Substance Use

Use that comes with harms



## Substance Use Disorder

Dependence

Addiction

# DSM –V Criteria for substance use disorders

1. Taking the substance in larger amounts or for longer than intended

2. Wanting to cut down or stop but not managing to

3. Spending a lot of time getting, using, or recovering from use of the substance

4. Cravings and urges to use the substance

5. Not managing to do what you should at work, home or school

6. Continuing to use, even when it causes problems in relationships

# Criteria for substance use disorders continued

7. Giving up important social, occupational or recreational activities because of substance use
8. Using substances again and again, even when it puts the user in danger
9. Continuing to use, even when the user knows he or she has a physical or psychological problem that could have been caused or made worse by the substance
10. Needing more of the substance to get the effect you want (tolerance)
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

# Bob

Post injury moved into an apartment around the corner from his parents. He attempted to return to work as a plumber but needed supervision on the job to organize and complete tasks, was irritable with co-workers and on a few occasions he returned from lunch with signs of intoxication. He refused a position as an assistant plumber, lives on disability and has little structure in his day.

He reports one or two drinks per day, with more on the weekend often six or seven in an evening and marijuana use that has recently increased to daily.

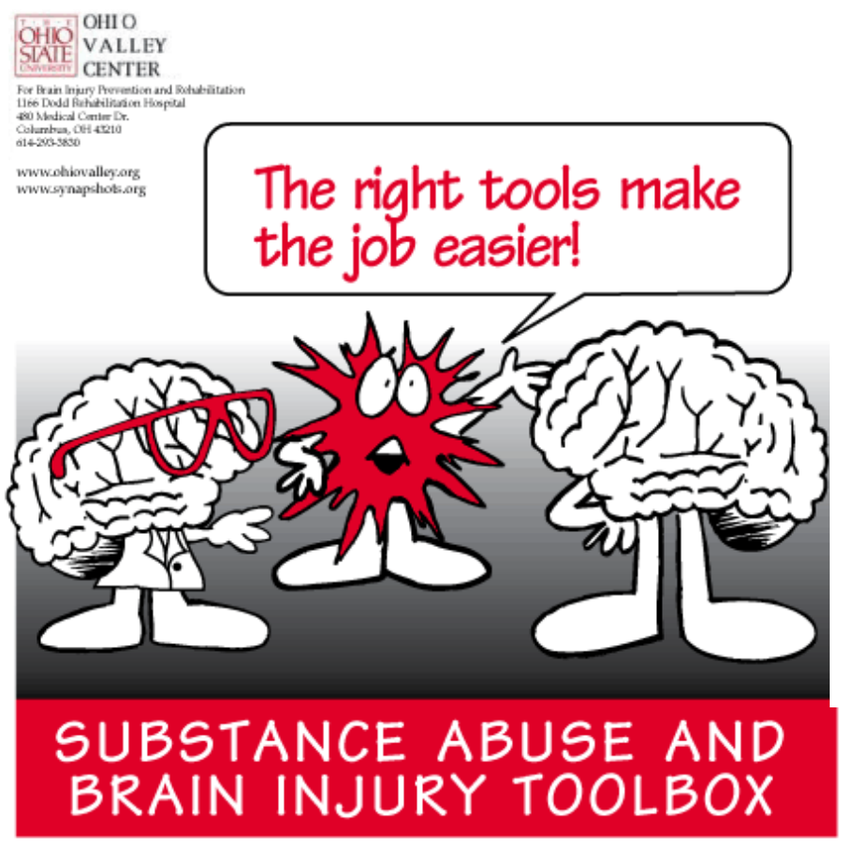
His parents and sister report that when drinking he becomes quite irritable and has damaged items at home.

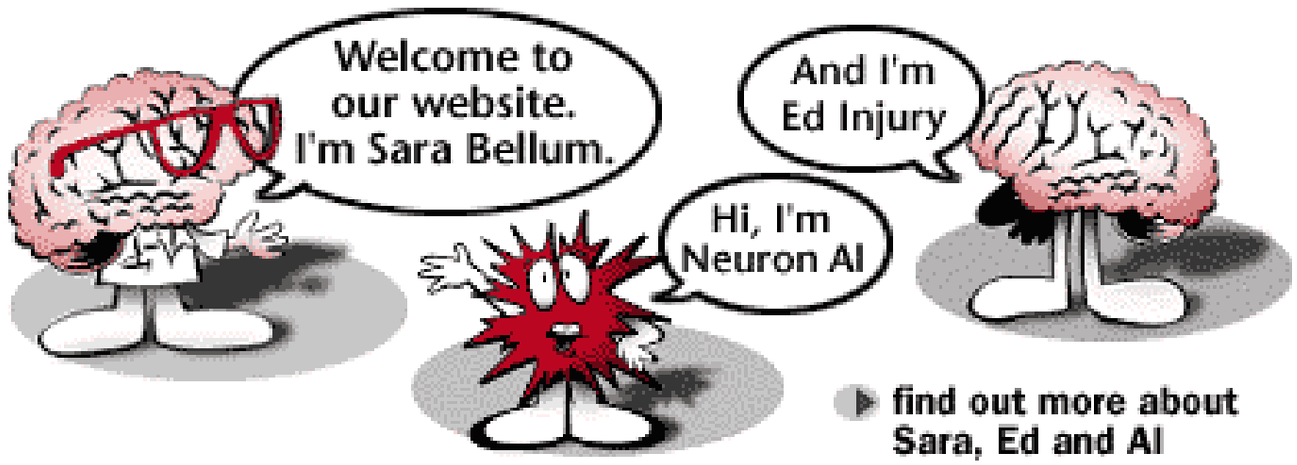
His license is now suspended following a DUI and was once arrested after an altercation in a bar.

# Bob has a Substance Use Disorder

- ✓ Using despite deterioration in relationships
- ✓ Using more than intended
- ✓ Using that interferes with doing what is intended
- ✓ Risky Drinking (binge)

# Preventing harm from substance use after injury




http://ohiovalley.org/informationeducation/materials/programmer/recovery/

# Prevention Messages

Makes problems with walking and talking worse

Limits recovery from brain injury

Increases risk for seizures

Interacts with prescribed medication (it is dangerous to stop medications in order to use)

Makes problems with depression worse

Makes problems with impulsive behavior worse

# How to deliver these messages to your clients

This is important information for everyone living with brain injury

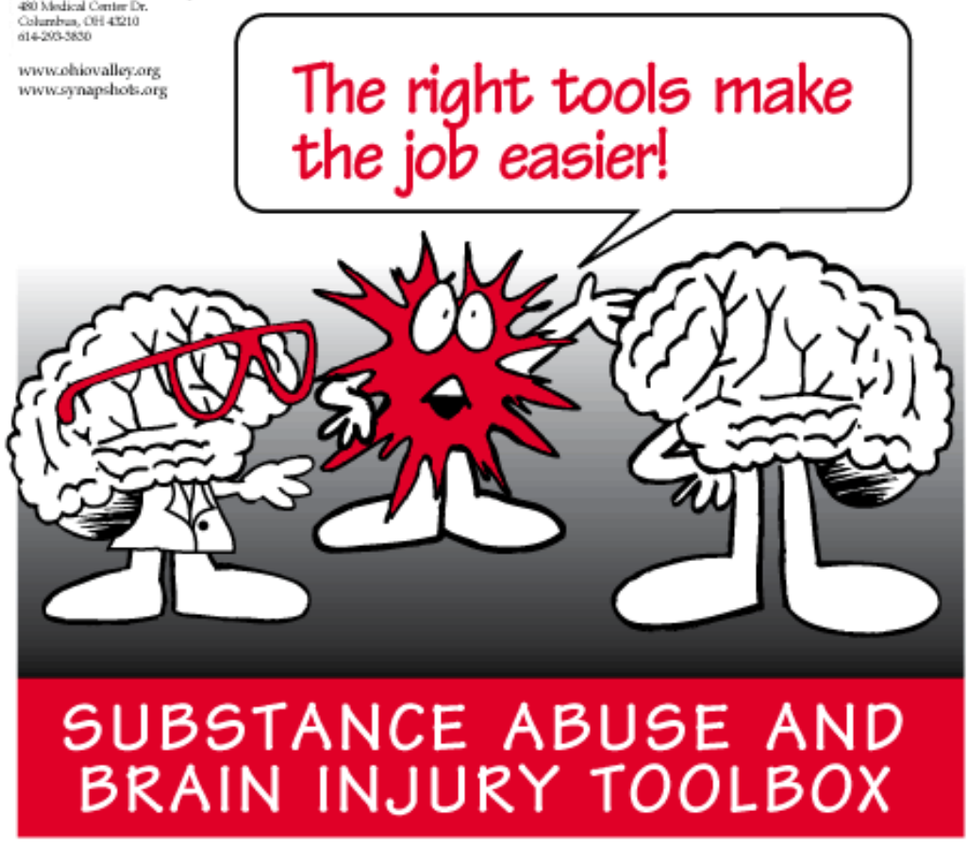
Substance use is a personal choice, but making a good choice requires the right information

Present the information in several formats

# A.B.U.S.E.

OHIO VALLEY CENTER
For Brain Injury Prevention and Rehabilitation
1166 Dodd Rehabilitation Hospital
480 Medical Center Dr.
Columbus, OH 43210
614-293-3850

www.ohiovalley.org
www.synapshots.org

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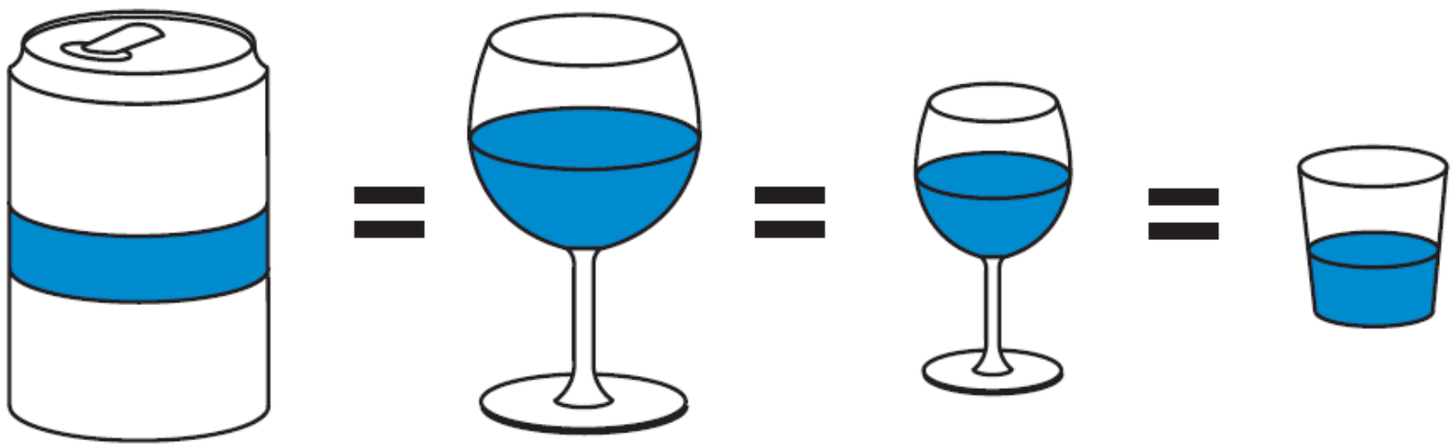
# Asking clients about their substance use

## Assessing quantity of use

Start by thinking about how much alcohol is consumed in a week.

One standard drink is:



12oz. beer (5% alcohol) = 5 oz. wine (10-12% alcohol) = 3 oz. fortified wine (16-18% alcohol) = 1.5 oz. liquor (40% alcohol) (1.5 oz. overproof liquor is about 2 standard drinks)

How many in a typical week?

How many days do you drink?

How much on each occasion?

How much at most?

# Amount

- Daily use
- Drinking to get drunk (binge)
- Regular use over the safe guidelines
- Any amount that causes problems for an individual

# Background

Intoxication at the time of injury

History of previous treatment

First use before the age of 15

History of substance use with harms

Attempts to reduce use or stop

# Use

Use as a form of coping with strong emotion

Drinking longer and more than is intended

Difficulty stopping

# Social

Difficulty coping with a specific situation without substance use

Recreation centered around substance use

Most social ties are related to substance use

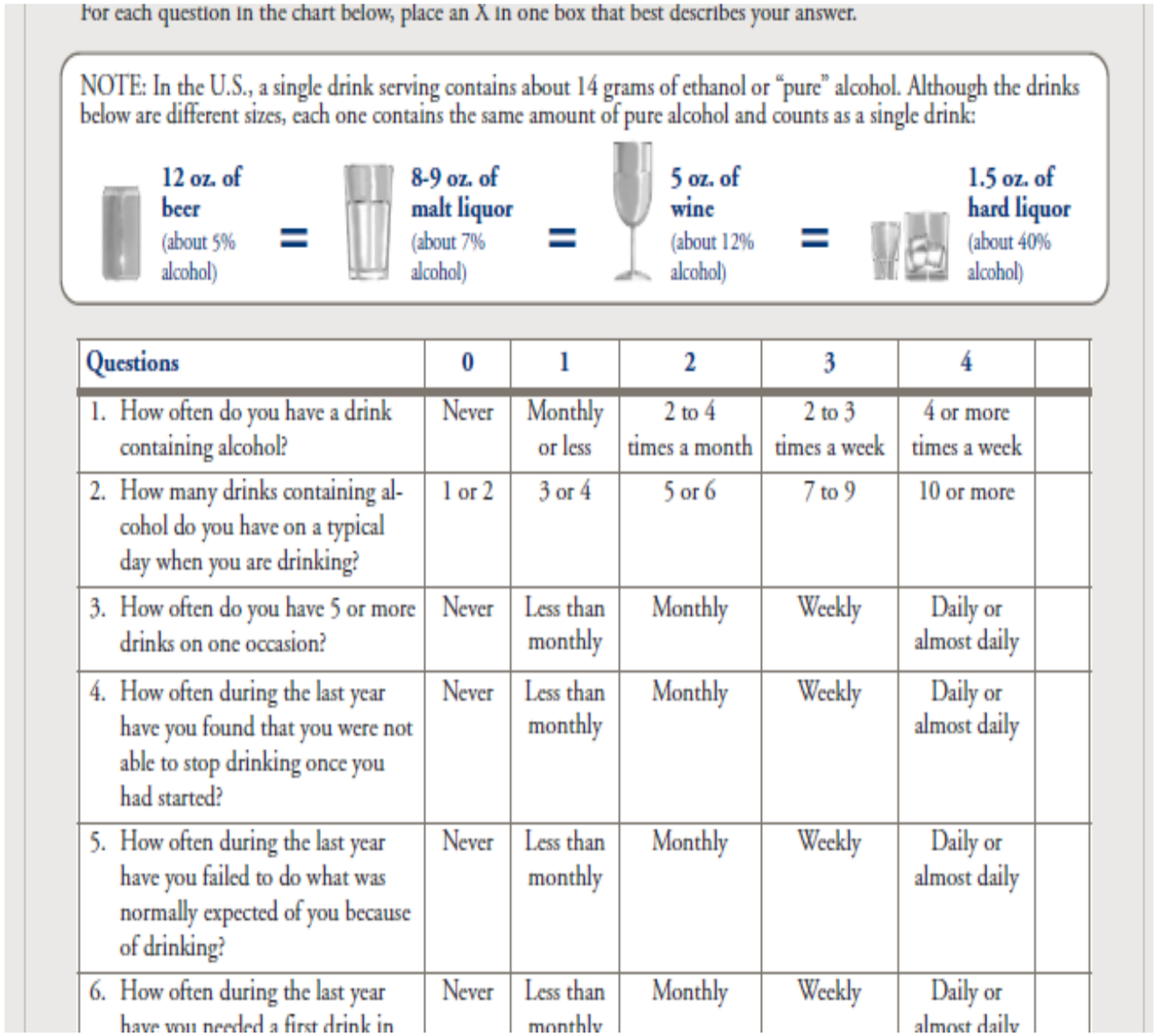
# Environment

Routines that involve substance use

Patterns of use in others in the environment

Degree of structure in the typical schedule

# Alcohol Use Disorders Identification Test (AUDIT)



For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:

**12 oz. of beer** (about 5% alcohol) = **8-9 oz. of malt liquor** (about 7% alcohol) = **5 oz. of wine** (about 12% alcohol) = **1.5 oz. of hard liquor** (about 40% alcohol)

| Questions | 0 | 1 | 2 | 3 | 4 | |
|---|---|---|---|---|---|---|
| 1. How often do you have a drink containing alcohol? | Never | Monthly or less | 2 to 4 times a month | 2 to 3 times a week | 4 or more times a week | |
| 2. How many drinks containing alcohol do you have on a typical day when you are drinking? | 1 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more | |
| 3. How often do you have 5 or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| 4. How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| 5. How often during the last year have you failed to do what was normally expected of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| 6. How often during the last year have you needed a first drink in | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |

http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005

# Add Audit Information

http://www.who.int/substance_abuse/activities/sbi/en/

**Box 2**

**Domains and Item Content of the AUDIT**

| Domains | Question Number | Item Content |
|---|---|---|
| Hazardous Alcohol Use | 1 | Frequency of drinking |
| | 2 | Typical quantity |
| | 3 | Frequency of heavy drinking |
| Dependence Symptoms | 4 | Impaired control over drinking |
| | 5 | Increased salience of drinking |
| | 6 | Morning drinking |
| Harmful Alcohol Use | 7 | Guilt after drinking |
| | 8 | Blackouts |
| | 9 | Alcohol-related injuries |
| | 10 | Others concerned about drinking |

# Results

**General Population**

Scores of 8-15 – education/advice

Scores of 16-19 counselling and Monitoring

Scores of 20 or higher suggest the need for more in depth assessment and referral.

**ABI consideration**

Address harms associated with use.

Develop motivation for change

Refer when there are signs of dependence.

# Summary

Know how to provide education to your clients.  We suggest visiting: www.OHIOVALLEY.org

Understand how Amount, Background, Use, Social, and Environmental (ABUSE) Factors are used in assessing substance use.

Learn to use the AUDIT by visiting:

pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/guide.pdf