Sandwell
in the West Midlands

VISION 2030 SANDWELL

Substance Use

brief intervention

Version 1, September 2022

This document has been produced to support the Sandwell Complex Risk Assessment Screening Tools (CRAST) document which was developed following the recommendations of Mike Ward and Michael Preston-Shoot in a 2021 Safeguarding Adults Review (SAR) written on behalf of Sandwell Safeguarding Adults Board (SSAB):

> *"Recommendation 1 – Sandwell SAB should reassure itself that the local Public Health Team is working to ensure that all frontline services use robust alcohol screening tools such as the AUDIT tool to identify and record the level of alcohol related risk for clients."*

Safeguarding Adult Reviews have pinpointed a number of recurring themes regarding vulnerable adults. It was felt that the opportunity should be taken to promote a number of other screening tools alongside the AUDIT for use by practitioners in all sectors rather than introducing them individually later, and that these would need to be supported by guidance on brief interventions to follow screening.

The CRAST is a suite of screening and short-assessment tools for frontline practitioners to make use of in situations where they have concerns about a person's alcohol or drug use, malnutrition, cognitive impairment, gambling behaviour, depression, or anxiety. It contains a checklist for staff working with drinkers, the referral forms for Cranstoun and the Blue Light team, as well as the risk assessment guide tool.

These tools are provided to enable frontline practitioners to structure a discussion around a difficult subject, find out more, and provide appropriate levels of reinforcement, advice or support, including brief interventions or referral to medical providers or specialist services. The tools provide workers with a stronger case for making appropriate referrals and can be included with referral forms with the person's consent.

For ease of access the tools will be available for download from both the SSAB and DECCA websites.

Contents

Instructions

This is a Screening and Brief Intervention Tool (SBIT) for substance use, it has been designed for use by all practitioners in any setting. It is for use where there is concern about a person's level or risks of drug consumption.

Raise the issue: You can raise the issue, or the person may raise the issue. You should ask permission from the person to discuss their substance use further. If the person does not wish to continue the conversation, at any point, you should respect their wishes and end it. Suggest using the DUDIT as a way of beginning the conversation.

Screen and give feedback: If the DUDIT score is 5 or more, ask permission to use the DAST (p6) and help them to complete the Drug Diary (p8) for the past week to assess the level at which the person is using and level of risk (p9). Discuss these results and the effects that drug use may have on their health and wellbeing (p10); how do they feel about this?

Listen for readiness to change: Following the OARS approach (p5), explore options - a referral to treatment may be the best response but they may need some encouragement or reassurance to accept this; or they may choose to work towards their own goals in their own time.

Promote change behaviours: Raising awareness with factual information (p12-16) about the risks and harms of drugs of choice, and the benefits of cutting down or stopping (p17). Exploring ways to reduce risks and harms (18-22).

With women using opiates who are or may become pregnant, the importance of not stopping suddenly must be discussed.

Discuss recovery options and the concept of recovery capital (p24-26).

Building motivation and confidence to change: Ask them to think about the pros and cons of why they use drugs, and to identify their personal reasons to make a change (p27). Use scaling questions and a solution focused approach to build confidence that small goals can be achieved (p28-29).

Planning for change: With the goal setting tool (p30) begin to plan small-smart-goals, identify strengths and resources, explore potential barriers and coping strategies, and talk about what the change will look like. Introduce the Wheel of Life and the Five Ways to Wellbeing as tools to plan and review progress.

DUDIT: Problem drug use in the past 6 months

1. How often are you heavily under the influence of drugs?
   Never ☐0 Occasionally ☐1 Monthly ☐2 Weekly ☐3 Daily ☐4

2. How often have you felt that you needed drugs to feel well or better?
   Never ☐0 Occasionally ☐1 Monthly ☐2 Weekly ☐3 Daily ☐4

3. Have you not done something you should have done because of using drugs?
   Never ☐0 Occasionally ☐1 Monthly ☐2 Weekly ☐3 Daily ☐4

DUST Score:

DUDIT: Problem drug use in the past 6 months

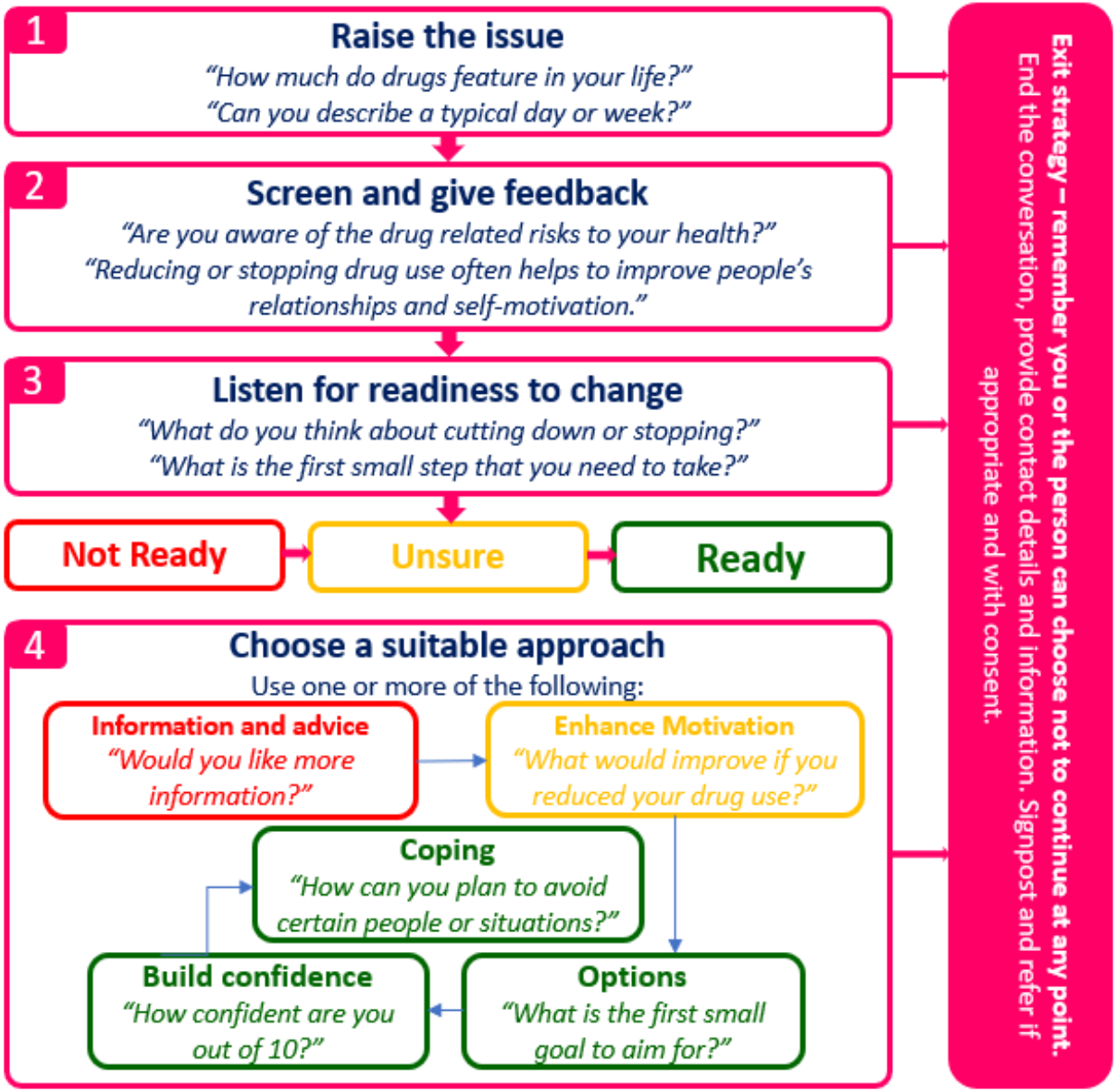
The 3 screening questions are adapted from The Drug Use Disorders Identification Test (DUDIT) manual. Bergman, A.H., et al. 2003,

A score of **less than 5** indicates lower risk drug use, an opportunity to give brief harm reduction advice and positive reinforcement. **Scores of 5+** require further assessment with the full DUST for substance use (p9).

Four stages of using a Screening and Brief Intervention Tool

Throughout the brief intervention remember to:

- Maintain rapport and empathy
- Emphasise the person's personal responsibility



NHS Health Scotland

O.A.R.S. questions

Following 'identification' via the use of a validated screening tool, such as the Drug Abuse Screening Tool (DAST), a number of actions should follow:

1. For those using drugs at low-risk levels, experimentally or recreationally, discuss the potential risks and provide harm reduction information.

2. Deliver 'brief intervention' to at-risk drug users.

3. Encourage referral to a specialist treatment service for those showing signs of dependence and/or in need of more in-depth support.

OARS questions can help develop a better picture of a person's substance use,

O – Open ended questions (Allow them to tell their story)

- How much has this affected other aspects of your life?
- How are you affording this?
- How are you managing to get your shopping?

A - Affirmations (Show empathy to the client)

- You're really concerned about your family (your money, your job, etc).
- It's good that you are talking about this.
- You are thinking about other ways you could spend the time.

R – Reflections (Let them see you have understood)

- You are worried about friends and family and miss them.
- You're wondering how you will manage if this goes on much longer.
- You realise you are drinking more at home than you used to in the pub.

S – Summaries (Used to sum up your chat)

- You are feeling…. just now.
- You are going to try the three small goals you've identified this week.
- We can catch up again next time and look at your drink diary.

DAST (Drug Abuse Screening Tool

Which substances have you used in the past year? (Check all that apply)

- ☐ heroin, methadone
- ☐ fentanyl, oxycontin
- ☐ cocaine
- ☐ crack
- ☐ tranquilisers (valium, zopiclone, nitrazepam, benzodiazepines)
- ☐ psychedelics (mushrooms, lsd)
- ☐ cannabis, skunk, resin, oil
- ☐ inhalants (gas, glue, paint thinners)
- ☐ khat
- ☐ speed, amphetamines, base
- ☐ methamphetamines, crystal
- ☐ ecstasy, mdma, 2CB
- ☐ ketamine, ghb
- ☐ steroids, weight-loss pills
- ☐ other:

.....

How often have you used these drugs?

☐ Monthly or less ☐ Weekly ☐ Daily or almost daily

DAST Questions	No (0)	Yes (1)
1. Have you used drugs other than those required for medical reasons?	☐	☐
2. Do you use more than one drug at a time?	☐	☐
3. Are you unable to stop using drugs when you want to?	☐	☐
4. Have you ever had blackouts or flashbacks as a result of drug use?	☐	☐
5. Do you ever feel bad or guilty about your drug use?	☐	☐
6. Does your spouse (or parents) ever complain about your use of drugs?	☐	☐
7. Have you neglected your family because of your use of drugs?	☐	☐
8. Have you engaged in illegal activities in order to obtain drugs?	☐	☐
9. Have you ever experienced withdrawal symptoms when you stopped taking drugs?	☐	☐
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	☐	☐
11. Do you inject your drugs?	☐	☐
12. Have you ever been in treatment for substance use?	☐	☐
Total:		

Circle score:	I	II	III	IV
	0	1-2	3-5	6+

DAST score & intervention guide

Score	Risk Level	Explanation	Action
0	I – Low Risk	Low risk for health or social complications.	Reinforce positive choices and educate about risks of drug use.
1 - 2	II – Risky	May develop health problems or existing problems may worsen.	Brief Intervention to reduce or abstain from use and raise awareness of potential risks and harms.
3 - 5	III – Harmful	Has probably experienced negative effects from drug use.	Brief Intervention to reduce use, raise awareness of potential risks/ harms, and referral to Cranstoun for Brief Treatment.
6-12	IV – Severe	Would benefit from more assessment and support.	Brief Intervention to accept referral to specialty treatment for a full assessment.

0 = Simple Brief Advice: Reinforce positive choices and educate about risks of drugs used.

1-2 = Brief Intervention to Reduce Use or Abstain from Using: Person-centered discussion that employs Motivational Interviewing concepts to raise an individual's awareness of their drug use and enhance their motivation towards behavioural change. Brief interventions are 5-15 minutes and should occur in the same session as the initial screening. Repeated sessions are more effective than a one-time intervention. The recommended behaviour change is to decrease or abstain from use.

3-5 = Brief intervention to Reduce or Abstain (Brief Treatment if available) & Follow-up: People with numerous or serious negative consequences from their drug use, or people who likely have a substance use disorder who cannot or are not willing to obtain specialised treatment, should receive more numerous and intensive interventions with follow up. The recommended behaviour change is to abstain from use. Brief treatment is 1 to 5 sessions, each 15-60 minutes. Refer for brief treatment if available (see below). If brief treatment is not available, secure follow-up in 2-4 weeks.

6-12 = Brief Intervention to Accept Referral: The focus of the brief intervention is to enhance motivation for the patient to accept a referral into treatment. If accepted, the provider should use a proactive process to facilitate access to specialty substance use disorder treatment for diagnostic assessment and, if warranted, treatment. The recommended behaviour change is to accept the referral and consider reducing or stopping the drug use.

Refer to Cranstoun-Sandwell who offer groupwork and one-to-one support to reduce drug using behaviour, alternate prescribing options, as well as interventions to manage health problems caused by drug use. For severe and chaotic drinkers or substance users who may be placing a high demand on blue light services contact the Blue Light Project at Cranstoun (0121-553-1333) to discuss assertive outreach support.

Substance Use Diary

Week Commencing .....

Day	Where and who with	Start Time	End Time	Type of drug and how much	Cost £££'s
	Total time this week:			Total cost this week:	

Levels of Substance Use

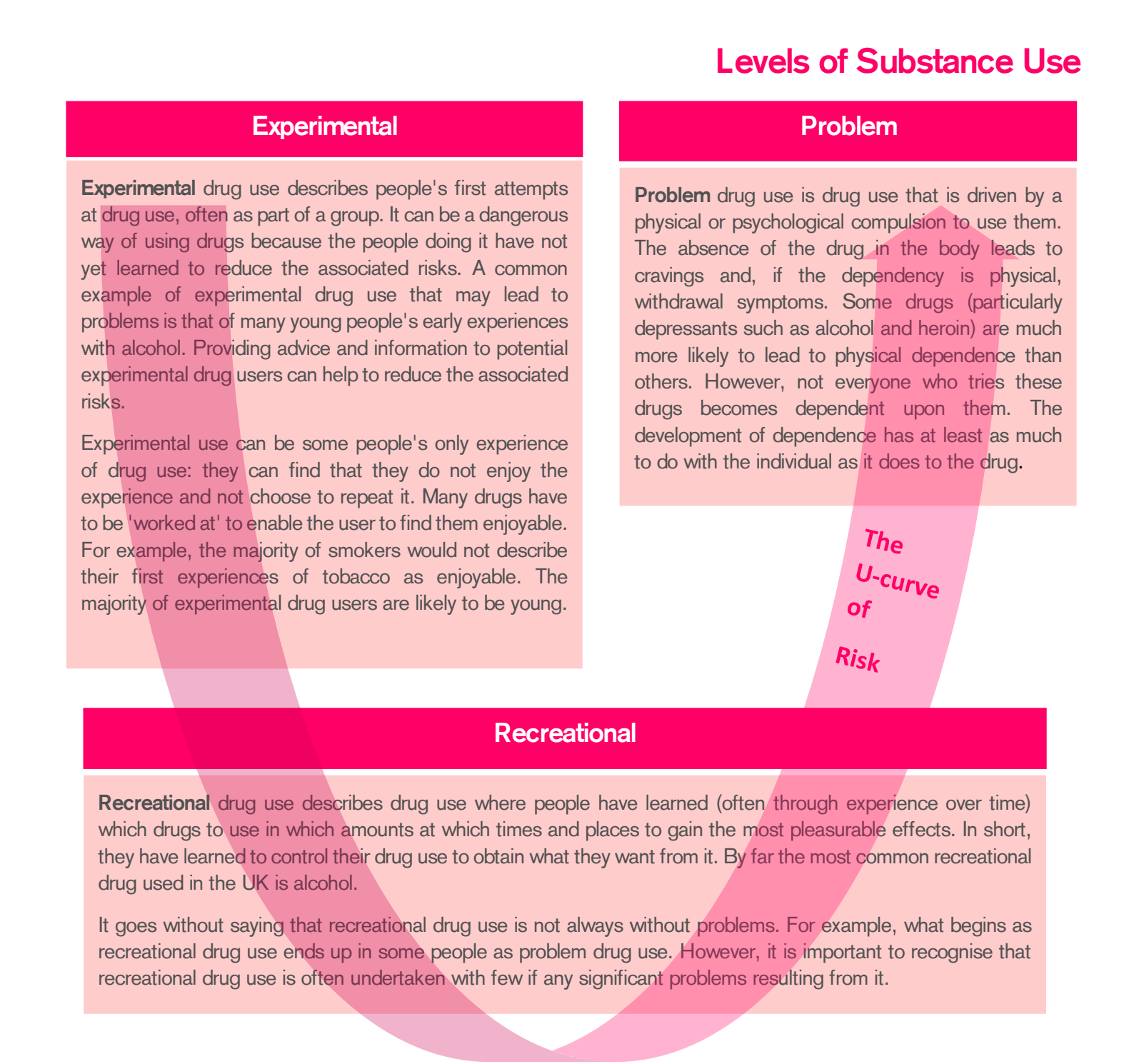
Experimental

Experimental drug use describes people's first attempts at drug use, often as part of a group. It can be a dangerous way of using drugs because the people doing it have not yet learned to reduce the associated risks. A common example of experimental drug use that may lead to problems is that of many young people's early experiences with alcohol. Providing advice and information to potential experimental drug users can help to reduce the associated risks.

Experimental use can be some people's only experience of drug use: they can find that they do not enjoy the experience and not choose to repeat it. Many drugs have to be 'worked at' to enable the user to find them enjoyable. For example, the majority of smokers would not describe their first experiences of tobacco as enjoyable. The majority of experimental drug users are likely to be young.

Problem

Problem drug use is drug use that is driven by a physical or psychological compulsion to use them. The absence of the drug in the body leads to cravings and, if the dependency is physical, withdrawal symptoms. Some drugs (particularly depressants such as alcohol and heroin) are much more likely to lead to physical dependence than others. However, not everyone who tries these drugs becomes dependent upon them. The development of dependence has at least as much to do with the individual as it does to the drug.



Recreational

Recreational drug use describes drug use where people have learned (often through experience over time) which drugs to use in which amounts at which times and places to gain the most pleasurable effects. In short, they have learned to control their drug use to obtain what they want from it. By far the most common recreational drug used in the UK is alcohol.

It goes without saying that recreational drug use is not always without problems. For example, what begins as recreational drug use ends up in some people as problem drug use. However, it is important to recognise that recreational drug use is often undertaken with few if any significant problems resulting from it.

Problems Arising from Substance Use

Health Problems associated with substance use are related to several factors, including: the drug itself, the amount used, the method by which it is used (Drug factors); the general health of the drug user (Set factors); the place in which it is used (Setting factors).

Drug use that may not cause health problems in one setting could easily do so in another. For example, drinking alcohol may or may not lead to health problems depending on many of the above factors. Drinking alcohol and driving is likely to cause accidents and lead to health problems.

Moderate cannabis use is unlikely to lead to health problems, but regular heavy smoking could lead to health problems associated with smoking, such as poor lung capacity.

Lifestyle problems can be caused or made worse by drug use. Social or emotional problems are not always an inevitable consequence of drug use, but such problems can be masked or have more damaging effects as a result of using drugs.

Spending money on drugs that was meant for rent or bills can lead to financial difficulties, homelessness, and being increasingly focused on obtaining and using drugs can lead to job loss, loss of relationships. Using illegal drugs can lead to legal problems, as can involvement in crime to finance drug use.

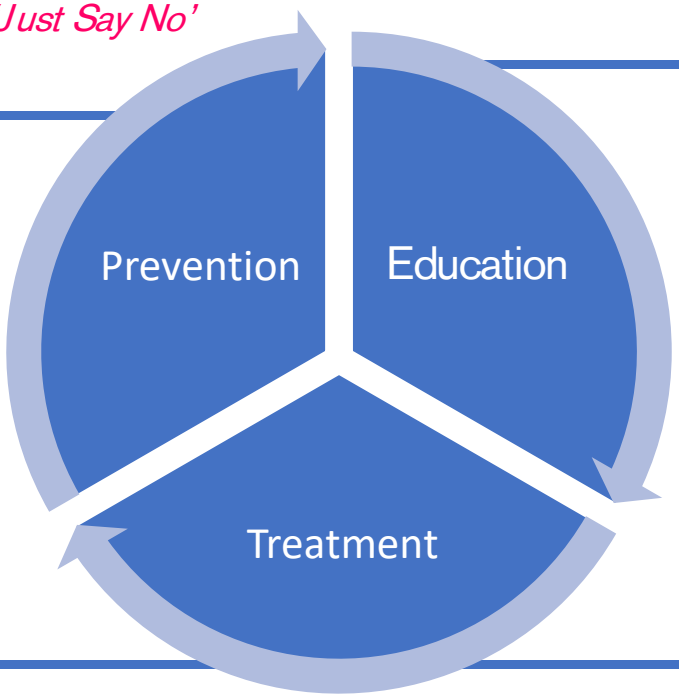
Management problems are not usually thought of as problems by drug users themselves. These include some of the problems that drug use can cause for those other than the drug user. Management problems often arise as a result of drug use by young people, causing potential problems for: Parents; Youth workers; Club owners; Employers

For example, it is an offence to 'knowingly allow' a building for which you are responsible to be used for the smoking of cannabis. A young person smoking cannabis in a youth club, or at work, poses a management problem for the youth worker responsible for the club or the manager of the Department.

Responding to Substance Use

E.g.: Drug Prohibition Laws; police enforcement; customs searches; prison sentences; property seizure; anti-drugs campaigns; 'Just Say No' approaches.

E.g.: Education in school curriculum; awareness raising; training for professionals; parent education; harm reduction information.



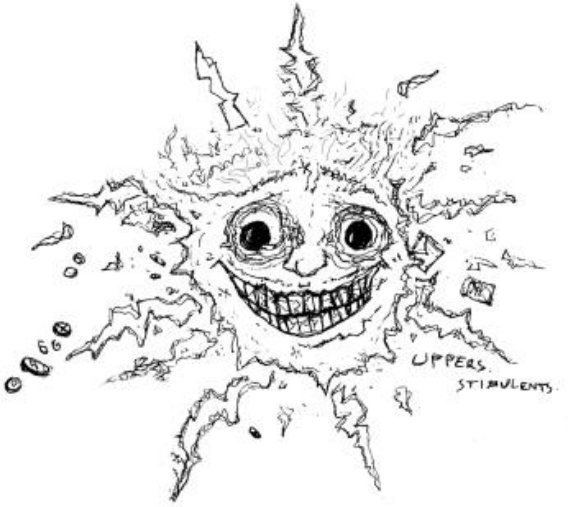
E.g.: Substitute prescribing; detoxification; psycho-social therapies; key-working; counselling; harm reduction; overdose prevention; consumption spaces; acupuncture.

Drug Awareness

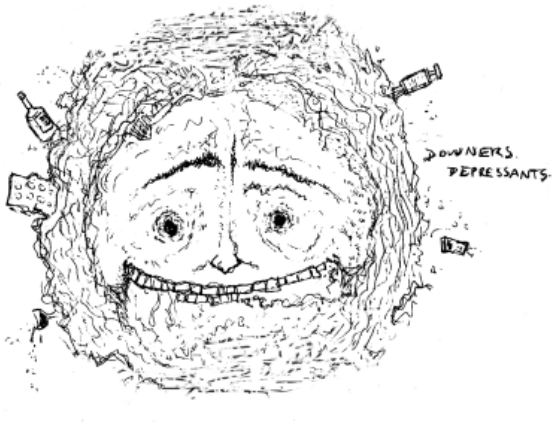
Stimulants

Substances which speed up the central nervous system and metabolic rates: increased neural activity (chatty!), heart rate increases. Pupils become dilated. Stimulant users will feel confident, full of energy and talkative ("wired"). There is a risk of dehydration so fluids should be taken regularly. People under the influence of large doses may become aggressive, more so if coupled with alcohol. In extreme cases of prolonged use over several days, psychosis will occur.

Tobacco, Amphetamines, Methamphetamine, Cocaine, Crack, Caffeine, Khat, Mephedrone …



Depressants

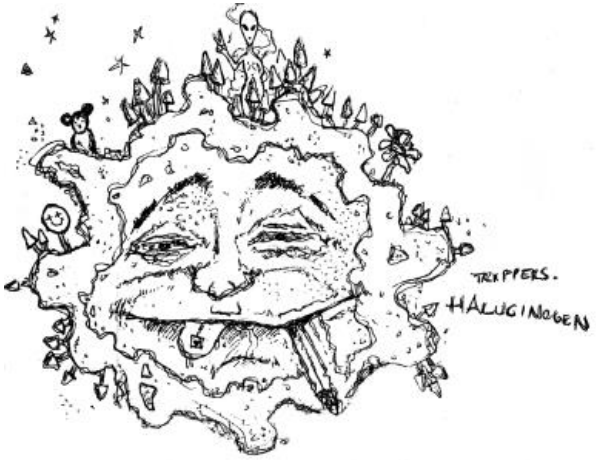


Substances which slow down the central nervous system and metabolic rates: heart rate and breathing are slowed down and neural activity in the brain is suppressed. Depressants cause constriction (shrinking) of the pupils, so heroin users are "pinned" because their pupils look like pin-heads. Sometimes users will take drugs on top of others, this is very dangerous as overdose can be caused by the cumulative effect of several depressants.

Opiates, Benzodiazepines, Barbiturates, Alcohol, GHB, Ketamine, Solvents …

Hallucinogens and Psychedelics

Substances which alter perceptions, can cause confusion and delusions. The drugs listed have differing effects, all have the ability to alter perception of visual space and the passing of time. Inexperienced users can become confused, paranoid or even delusional.

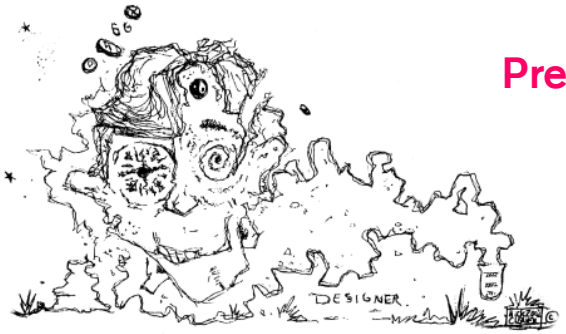


Acid (LSD), Mushrooms, DMT, Ayahuasca, Salvia …

Novel & Psychoactive substances

Novel psychoactive substances are newly used designer drugs ("internet drugs", "research chemicals", "legal highs") potentially posing similar health risks to classic illicit substances, they became illegal under the Novel and Psychoactive Substances Act in 2015.

1. Stimulants (e.g. mephedrone)
2. Cannabinoid NPS (SCRA or 'Spice')
3. Hallucinogens (e.g. methoxetamine, the NBOMe series)
4. Depressants (e.g. benzodiazepine and opioid like NPS such as Flubromazepam and AH-7291).



Original illustrations by Nick Cleaver, 2003

Prescribed & Over the Counter (OTC) Medicines

Substances which are available as medicines either by prescription or OTC from pharmacies, that are abused for their affects at stronger doses.

UK Drugs Law - MoDA

In the UK substances are controlled by the 1971 Misuse of Drugs Act (MoDA) with minor amendments added since like the 2015 NPS Act.

CLASSIFICATIONS

These dictate the penalty for supply or possession; Class A drugs are treated by the law as the most dangerous, and class C as the least harmful.

CLASS	Possession	Supply
A	up to 7 years + fine	Life + fine
• cocaine, ecstasy, lsd, heroin, methadone, magic mushrooms		
B	up to 5 years + fine	14 years + fine
• cannabis, amphetamines, barbiturates, ketamine		
C	up to 2 years + fine	14 years + fine
• valium (benzodiazepines), GHB, cannabis, steroids, khat		

SCHEDULES 1 - 5

Dictate the circumstances drugs can be lawfully possessed/ supplied and whether the substance can be prescribed or not.

Schedule	Regulation
5	Can be possessed without prescription and sold over the counter. Example includes cough mixture (contains small amounts of Morphine/ Cocaine)
4	Supply is illegal other than under prescription· Lawful for anyone to possess e.g. many Tranquillisers
2/ 3	Can be prescribed and legally possessed if under prescription. Example of schedule two includes Heroin, Cocaine and Amphetamine
1	Considered to have no therapeutic value and cannot be prescribed e.g. Cannabis and LSD

Premises

It is an offence under section 8 of the MoDA to allow premises that you are either the occupier of or concerned in the management of, to be used for the consumption, production, preparation, or distribution of controlled substances.

Assessing Risk - Drug, Set & Setting

The Drug, Set, and Setting Model shows how drugs themselves (drug), the individual's physical and mental being (set), and their environment (setting) play an interchanging role in how drug use affects a substance user's life:

Drug Variables

- **The Drug:** what does it do, depress, stimulate, disorientate, hallucinate?
- **Dosage:** how much has been consumed in one hit or in one session?
- **Potency:** how strong is it? The purity will depend on what it is cut with and how much, this can vary a lot. In the case of cannabis, it will depend on the THC content in the strain grown, this can also vary a lot.
- **Frequency:** how often is it used? Tolerance can develop so that more is needed to get the original effect, and come downs or withdrawals will be worse, leading to dependence on the substance to feel okay.
- **Route:** how is it used, smoked, snorted, absorbed, swallowed, or injected? Different methods affect how quickly and strongly the drug works, and can carry very different risks, e.g. blood-borne viruses (BBV's) from sharing injecting works.
- **Preparation and technique:** dirt around unclean places and practices can lead to infections, and it is easy for novice users to severely injure themselves when trying to inject themselves.
- **Poly drug use:** Most drug deaths involve more than one drug, often alcohol plus at least one other substance. Combining or mixing drugs can multiply the effect inside the body,

  e.g. cocaine + alcohol = cocaethylene

- **Access** - The way drugs are obtained, acquisitive crime, prostitution etc. carries social risks. Illicitly obtained drugs also carry a higher adulterant risk.
- **Legal status:** whether it is illegal or legal to have it in your possession.

Drug, Set, and Setting

Set and setting are factors that can vary the effects of mind-altering substances:

Set *(Individual Factors)*

Set refers to the individual substance user themself, physically and psychologically, the reasons that motivate them to use drugs, their personality, mood, attitude, and experience. Taking drugs for fun as a social lubricant with friends, carries less risk than taking them alone to deal with problems.

- Mood - mental or emotional state
- Physiology and metabolism (not simply about size), tolerance, medications
- Physical health and fitness
- Cultural identity, culture of origin, affiliations, sense of belonging
- Motivation for using the drug and expectations of the drug

Setting *(Situational Factors)*

Setting refers to the physical and social environment in which drugs are being used, where and who with? The amount of knowledge and experience among group members can mitigate the risks and concerns, or conversely encourage risky behaviours. There's a higher risk of paranoia if cannabis is smoked with strangers rather than friends. Music and soft lights can create the mood and ambience that is more conducive to positive experiences, psychedelic therapies are delivered in a non-clinical 'Hubbard' room. Safe and clean consumption spaces can be provided to reduce the need for people to inject without clean works or in public places.

- The place a person uses, hygiene, atmosphere, safety.
- The people they use with may be experienced or novices
- Stress in a person's life: social, economic, environmental
- Support in someone's life
- Social and cultural attitudes toward the drug in the community and surrounding culture

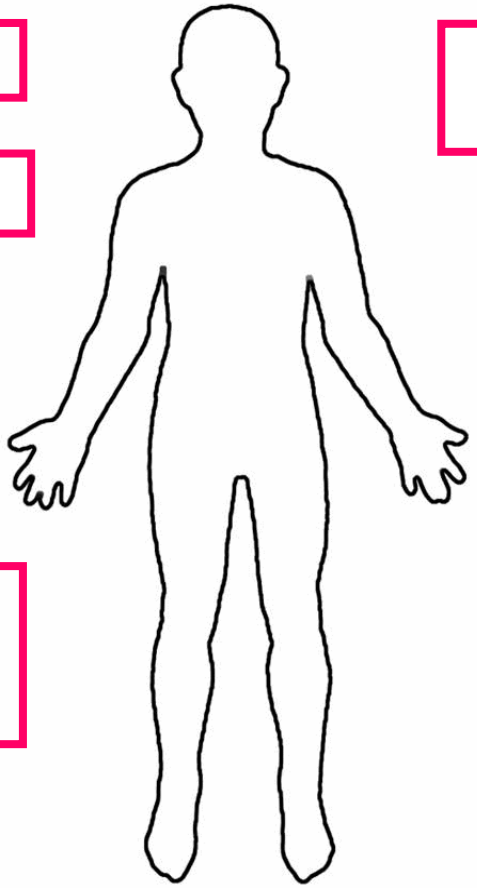
Benefits of Cutting Down or Stopping

I will sleep better

My memory will improve

I will be less likely to die of heart or liver disease or cancer

I will be less likely to have an accident or fall



Less likely to develop damage to my brain

I will be happier and feel more energetic

I will live longer: maybe between 5 and 10 years!

- ✓ **My relationships will improve**
- ✓ **I will save money to spend on other things**
- ✓ **I will be less likely to die of an accidental overdose**
- ✓ **I will be less likely to get into trouble with the police**

Harm Reduction

*As "Drug, Set, and Setting" is a useful way of assessing the risks of an individual's drug use, it also offers a practical means to **reduce** the negative consequences of substance use.*

Drug

- **The Drug:** Educate yourself about the drugs you use, knowledge and awareness can reduce the risks of being sick, accidents, infections, injuries, overheating and overdoses. Knowledge and awareness in itself, reduces harm and will equip you to look after yourself or friends.
- **Dosage:** Use less in one go, do not 'double drop', know your limits, reduce in small amounts. Access drug substitution (medication assisted therapies) to reduce and stop.
- **Potency:** Begin by using a small amount e.g. a quarter of a pill and wait a couple of hours before taking more. Or **Crush, Dab, Wait** – i.e. crush up any pills, dab in a wet finger to taste and then wait an hour or two. This is particular important advice now that ecstasy tablets are being found that are much stronger than they used to be. See more on this **here**.
- **Frequency:** Use less often, have days off, set yourself a limit or ration yourself.
- **Route:** Change the route of admission.
- **Preparation and technique:** Always use clean paraphernalia in a clean preparation space. Always use clean pipes or needles and do not share any injecting equipment.
- **Poly drug use:** Don't mix drugs with other drugs including alcohol or prescription medications. When using stimulants like MDMA (ecstasy) and dancing, be sure to take breaks to cool down and drink water – but don't drink more than a pint an hour.
- **Access:** Know who and where your drugs come from. It is far riskier to buy drugs from strangers than a known and trusted source.
- **Legal status:** Be aware of the potential risks and penalties for being caught in possession of controlled substances.

Set

- Eat before using
- Stay hydrated when using
- Maintain mental health and wellbeing needs
- Sleep
- Exercise
- Be honest with your doctor
- Allow your body to rest between using episodes
- Pay attention to your thoughts and feelings, avoid using to forget or feel better
- Practice safe sex, carry a condom
- **With women using opiates who are or may become pregnant, the importance of not stopping suddenly must be discussed.**

Setting

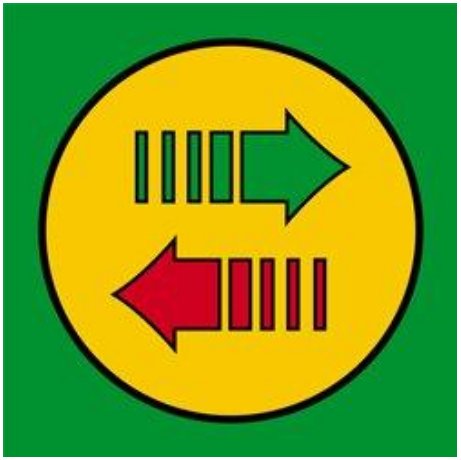
- Do not use alone and always tell someone else what it is you have taken. If you are alone, Cranstoun have a **Buddy Up** service (people who are using drugs alone can download the Buddy Up app and be connected to a Cranstoun volunteer with whom they can build a rescue plan in the event of an emergency).
- Always get help if you are worried about a friend and give the medical professionals as much information as possible about the drug or drugs that were taken.
- Place sleeping or unconscious friends in the recovery position. Think about your surroundings and do not use in an unsafe place.
- Check your surroundings. Always stay safe
- Use safe transportation (designated driver or taxi)
- Only use when you expect to have fun
- Use with supportive people who know what to expect
- Learn from your experiences
- Know the attitudes of your surrounding community about the drug
- Develop an overdose plan with your using companions (Narcan)
- Know the legal and social consequences of using the drug
- Never drive or use machinery after taking drugs.

Harm Reduction

Preventing blood-borne viruses

Many pharmacies and drug services offer a **needle exchange** where you can get free, sterile injecting equipment such as needles, spoons, citric acid, filters and foil. You will also be given a free container to dispose of used needles in, which you can take back to the service. Some hostels also provide this service. In fact, wherever you see the sign below, there is a needle exchange operating.

Needle exchange services are available where this sign is displayed. You can also search for a needle exchange scheme on the With You website.



It is important to keep equipment as clean and sterile as possible and to avoid sharing. If needles are shared it is safer to use *low dead space* versions. These syringes have less space between the needle and the plunger after injecting which means that less blood and drug remain here and there is less risk of spreading blood-borne viruses, such as HIV and hepatitis B and C.

You do not need to make an appointment to visit a service and you will be able to speak to someone in a private room if you wish. You do not have to give your full name and anything you do tell the service is confidential.

Often, at a needle exchange you can get advice on how to inject more safely and what to do in the event of an overdose.

A free Naloxone kit on reversing opiate overdoses, i.e. overdoses from drugs like heroin, morphine and methadone is available too and you will be trained in how to use it.

It is also possible to be tested for blood borne viruses such as HIV, hep B and hep C. and to be vaccinated against hep B.

What to do if someone overdoses

If you believe someone has overdosed on opiates call 999 for an ambulance straight away and stay with the person until the ambulance arrives. Tell the ambulance crew as much as you can about what the person took.

Signs of an overdose include:

- Turning blue (especially lips or fingertips)
- Shallow breathing or not breathing
- Deep snoring and/ or gurgling
- Being unwakeable
- Floppy limbs

It is easy to reverse the effects of an overdose from opiates such as heroin or methadone using the drug, Naloxone. Naloxone may come as pre-filled syringe for injection (Prenoxad) or as a nasal spray (Nyxoid), which is now carried by police officers.

Naloxone begins working to reverse an opioid overdose in a few minutes but its effects wear off after 20-40 minutes, so you will still need to keep an eye on the person until the ambulance arrives, and during this time you may need to top up the naloxone to keep the person awake and breathing adequately.

Naloxone kits should have guidance on how to use them included in the pack but if not, you can find **instructions for administering the injecting kits here, and the nasal spray here**, courtesy of naloxone.org.uk. In Sandwell, Cranstoun provide Naloxone training, call 0121 553 1333 to book a place if you have contact with heroin/ opiate users in your daily life or work life.

If the person is **unconscious but breathing,** place them in the recovery position. This will keep their airway clear and open.

Harm Reduction

The Recovery Position

Teach this to anyone who uses drugs or who knows people that use drugs:

1. Open their airway by tilting the head and lifting their chin. Lie them on their side and straighten their legs.

2. Place the arm nearest to you at right angles to the body. Get hold of the far leg just above the knee and pull it up, keeping the foot flat on the ground. Place their other hand against their cheek.

3. Keep their hand pressed against their cheek and pull on the upper leg to roll them towards you and onto their side.

4. Tilt the head back so they can breathe easily.

5. Make sure that both the hip and the knee of the upper leg are bent at right angles.

If the person is **not breathing** you will need to administer CPR. The 999-emergency operator can work with you over the phone to do this.

www.drugwise.org.uk/harm-reduction-2/

Spiral of Addiction/ Cycle of Change

Pre-Contemplation
No intention to change behaviour

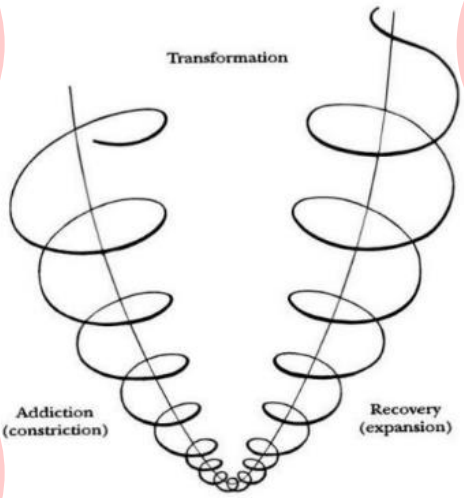
Contemplation
Aware a problem exists but not ready to try to change.

Preparation
Intending to take action to address problems

Action
Active behavioural change

Maintenance
Sustained change, new behaviours

Relapse
A fall back to old patterns of behaviour



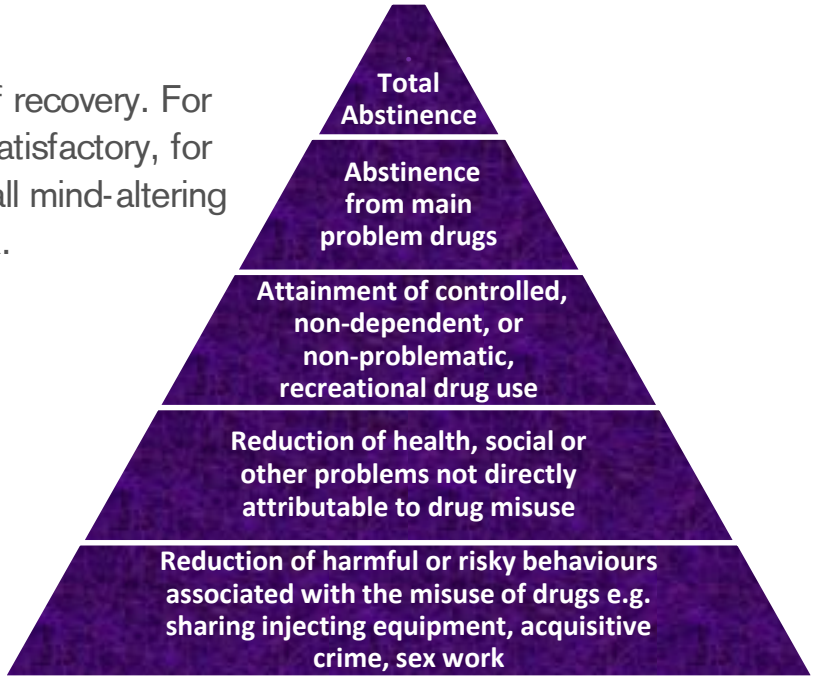
Constriction *of affects, self-worth, self-care, behaviours, social network*

Expansion *of confidence, self-esteem, self-efficacy, behaviours, social network*

W hat does recovery look like?

Right: The pyramid illustrates stages of recovery. For some people the middle level may be satisfactory, for others only complete abstinence from all mind-altering substances (including alcohol) will work.

Every persons journey and destination will be personal to them but each step up the pyramid represents recovery.



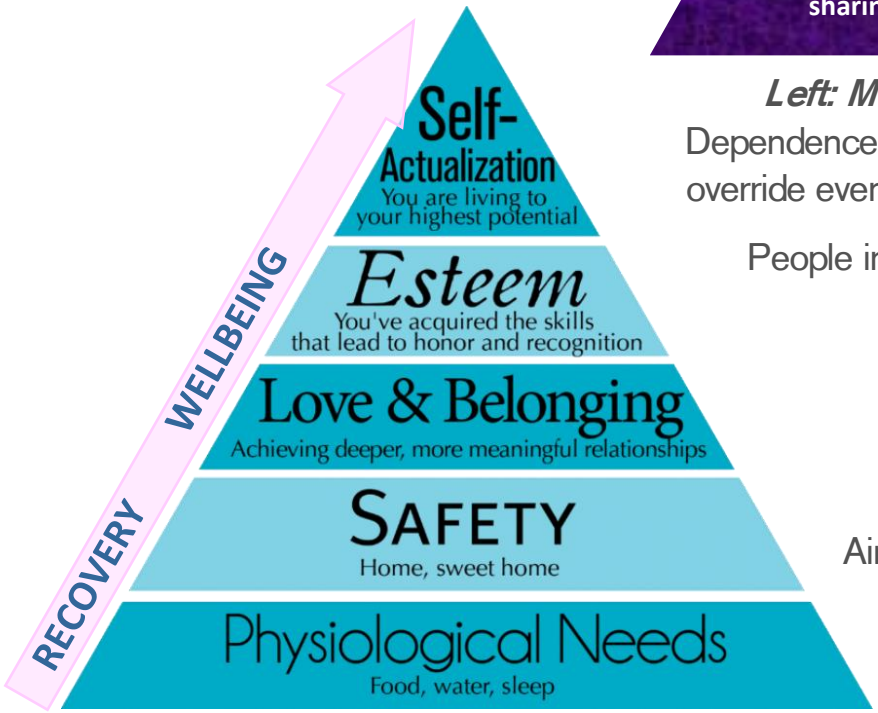
Left: Maslow's Hierarchy of Human Needs.

Dependence on substances (including alcohol) can override even the basic needs for food and shelter.

People in recovery, who have used therapeutic support or techniques to rebuild their social networks and actually reflected on themselves can become

"Better Than Well."

Aiming to be the best version of yourself is hard work but it is the only way to self-actualisation.

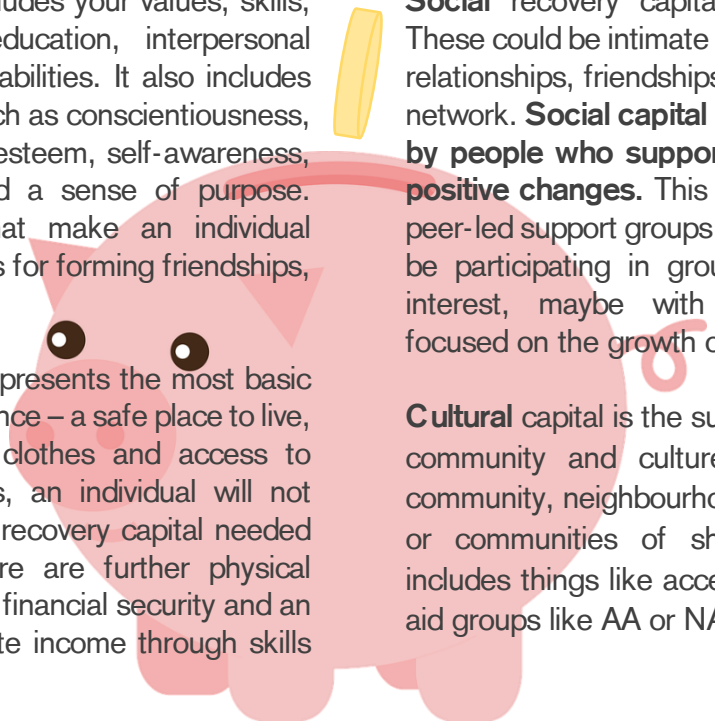


What is Recovery Capital?

'Recovery capital' describes the range of factors in and around an individual that can help and support them in finding their route to recovery, to stay in recovery even after lapses or in difficult times.

Recovery capital is broken down into four main categories:

Human recovery capital includes your values, skills, knowledge, experience, education, interpersonal skills, and problem-solving abilities. It also includes certain personality traits, such as conscientiousness, optimism, confidence, self-esteem, self-awareness, perseverance, humility, and a sense of purpose. They are the qualities that make an individual attractive and are the means for forming friendships, relationships and support.



Physical recovery capital represents the most basic needs for ongoing maintenance – a safe place to live, enough to eat, adequate clothes and access to transportation. Without this, an individual will not meet the bare minimum of recovery capital needed to maintain recovery. There are further physical needs such as good health, financial security and an ability to be able to generate income through skills and employment.

Social recovery capital is all your relationships. These could be intimate relationships, family, at work relationships, friendships, or members of your sober network. **Social capital means you are surrounded by people who support your recovery and other positive changes.** This can be found in the form of peer-led support groups such as AA and NA. It could be participating in groups who share a common interest, maybe with charitable aspirations or focused on the growth of spiritual practice.

Cultural capital is the support available through your community and culture, it could be your local community, neighbourhood, the broader community, or communities of shared interest (groups). It includes things like access to treatment and mutual aid groups like AA or NA meetings.

Therapeutic support or self-help tools aid in planning how you will increase your recovery capital. You can choose where and who you spend time around, avoiding people who are not supportive. Recovery is contagious, get involved in recovery groups, you could become a peer mentor or a recovery coach, or just volunteer for a local group or charity.

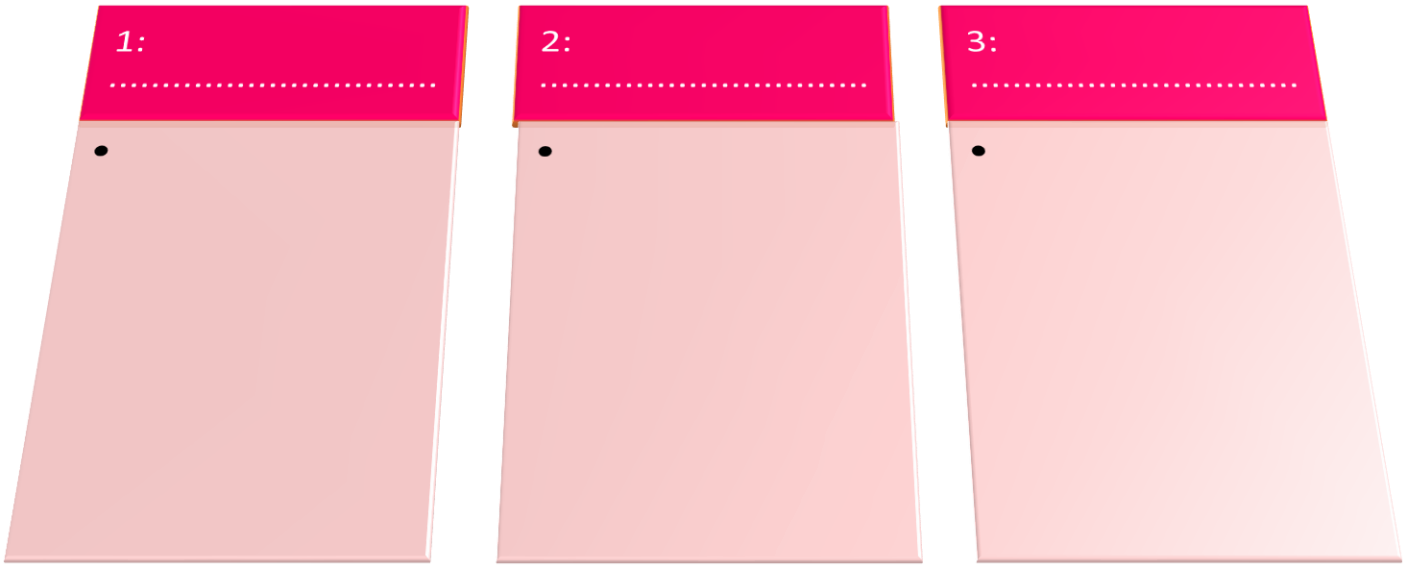
Think of recovery capital as money in the bank. Every time you learn a new skill, make a new friend, pay off a debt, save a little money or help someone else, you are making deposits to strengthen your recovery. The more deposits you make, the more you can withdraw in the form of support, self-esteem and purpose that will serve to motivate you in difficult times.

Adapted from "What is Recovery Capital?", https://addictionsuk.com/blogs/recovery-capital/

Recovery Capital

Whole Person recovery: A user-centred systems approach to problem drug use. Photo Credit – Broome, Steve & Daddow, Rebecca. (2010).

Reasons to reduce MY substance use



List your three main reasons for cutting down your drug use in the boxes above, then write down why each reason is important to you. Then complete the exercise below.

Staying as things are

Advantages	Disadvantages

Making a change

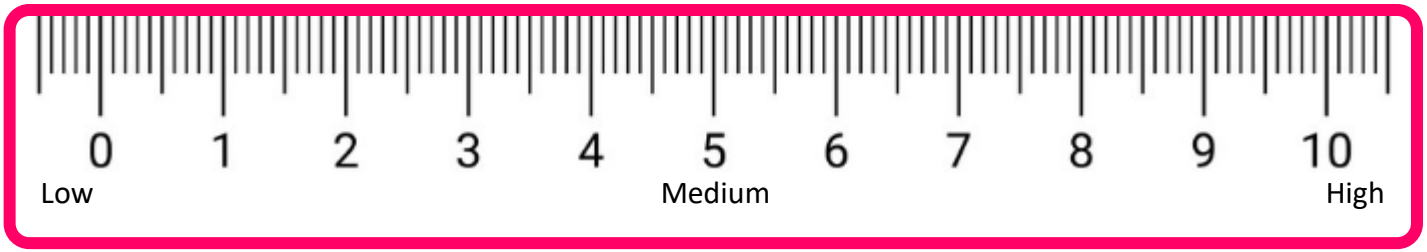
Advantages	Disadvantages

Building Confidence to Change

When discussing lifestyle with an individual, there are two main questions that provide a lot of information about 'readiness' for change. Ask the individual:

1. How **important** is it for you to make a change?
2. How **confident** do you feel that you can make changes to your lifestyle?

Ask individuals to indicate their best answer to each question (remember they may be at different stages of readiness to change for each lifestyle behaviour you may discuss).



Importance

Ask what factors made them choose their score and what would help increase their score by one. This highlights potential obstacles to change. You can discuss these with the individual and help them to consider ways of overcoming these barriers.

Focus as well on why the score was not lower. This brings out the positive aspects of the person's thoughts about their importance and confidence with regard to behaviour change.

Confidence

Sometimes a person scores higher in importance but lower in confidence. The **confidence scale** helps to measure the person's belief in their ability to comply with the changes required to have a healthier lifestyle. A low score requires further discussion. It may be due to a lack of confidence and motivational skills and the individual may need more support in developing a plan of action. Alternatively, you may find that the person is not confident because they have other priorities in their lives at the moment and feel unable to commit to lifestyle behaviour change.

This is not a fixed numerical assessment but a tool to quickly identify readiness.

SMART Goal Talk

Talking about goals is an important way to identify long term hopes and aspirations to help people begin to map out how they will get there and start to build belief that they can.

A Long Range Plan inspires hope and motivation, it may be broad and 'fuzzy' but it reflects the person's values and dreams; it can only be reached by taking small steps to get there.

For example:

- Get along better with my family
- Find a worthwhile job
- Quit smoking weed

These small steps are your **GOALS** and they are a way to break down what you want to achieve and see how you are making progress.

- ✓ **Specific**: who will do what and how?
- ✓ **Measurable**: How will you know you have achieved this goal?
- ✓ **Attainable**: Is this achievable, realistic and under your control?
- ✓ **Relevant**: Why is this important to you? What is motivating you?
- ✓ **Time-based:** When do you want to have achieved this goal?

For example:

- Eat with my family at least three times each week
- Look for some training and write a C.V.
- Buy smaller amounts and have a daily ration

It helps to write your goals down to be clear on what you are aiming for; to keep you focused; and to see your own progress. Use the tool on the next page to start being SMART.

Setting Goals

Specific Actions - 3 small SMART steps

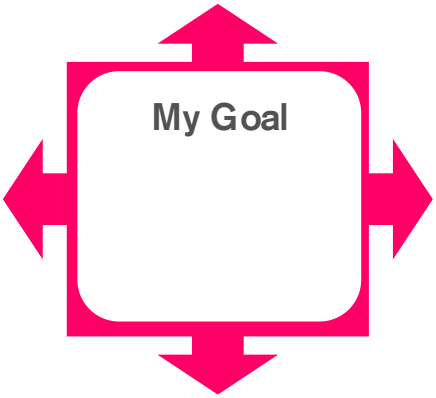
1.

2.

3.

By When?

Strengths I have or need



Helpful people & useful thoughts

Cranstoun: 0121 553 1333

How will I know this has happened, what will be different?

Possible problems and solutions

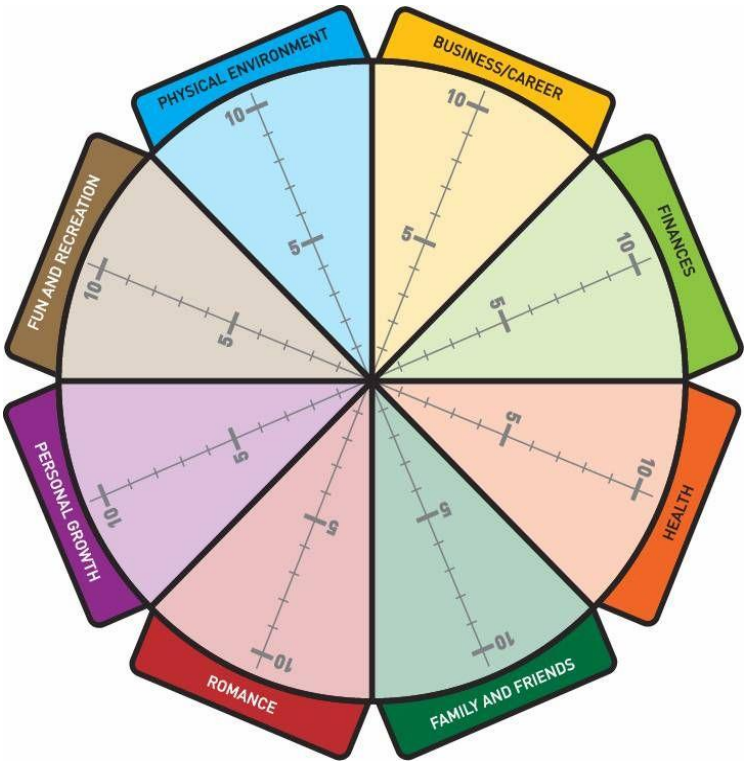
What will YOUR recovery look like?

Use the 'Wheel of Life' to help identify what areas to work on first and how important they are to you.

For each segment, mark your score out of ten, with ten meaning complete satisfaction.

Reflect on these scores then pick one or two areas to start working on first.

Use the goal planner below, to break each area down into small achievable goals and review them each week.



As you progress in building your recovery capital it is also worth considering the Five Ways to Wellbeing.

Connect - "Recovery happens in the spaces between people", meet new people, have conversations.

Be Active - "The devil makes work for idle hands to do"

Keep Learning - "Every day's a school day."

Take Notice - pause, take in the moment, be mindful.

Give - your time, knowledge, stuff, smiles😊

Preparing for an Appointment

Who is it with?	When is it & what time?	Where is it exactly?

How will you get there?	How will you remember?	Who could go with you?	What do you want to ask?

Notes: .....

Useful Links (organisations and self-help)

More screening tools and resources:		www.sbirtoregon.org
For more tools visit:		https://smartcjs.org.uk/professionals/gps/screening-tools/
Re-Solv	**01785 810 762**	www.re-solv.org
The Hep-C Trust	**020 7089 6221**	www.hepctrust.org.uk/
DATUS Mutual Aid	**0121 523 4855**	www.datus.org.uk

Useful Links (Sandwell local services)

Cranstoun Drug & Alcohol Service (also for the **Blue Light Team**)	**0121 553 1333**
DECCA (YP D & A Service)	**0121 569 2201**
Healthy Sandwell	https://www.healthysandwell.co.uk/
Sandwell Family Information Service - FIS Hub	https://fis.sandwell.gov.uk
SCVO (Sandwell Council of Voluntary Org's)	https://route2wellbeing.info/

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8. https://www.centerforintegrativechange.com/blog/changing-substance-use-drug-set-and-setting
9. Norman E. Zinberg, M.D. (1984), Drug, Set, and Setting
10. https://www.nationalelfservice.net/mental-health/substance-misuse/novel-psychoactive-substances-important-information-for-health-professionals/
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