

Orientation Programme on Adolescent Health for Health-care Providers

*Facilitator Guidelines for*

Module K

Young people and  
psychoactive  
substance use

Activities that are marked with \* are optional and are not included in the 180 minutes for this module. The facilitators' decision to include the optional activities depends on the available time and whether the optional activities are covered in other modules.



Sessions and activities	Page	Time	Materials and resources
<b>Session 4</b> <b>THE STAGES OF CHANGE MODEL</b>  ACTIVITY 4-1 Mini lecture ACTIVITY 4-2 Individual exercise * ACTIVITY 4-3 Group work	K-29	30 min     15 min *	Slides K4-1 to K4-5
<b>Session 5</b> <b>HEALTH WORKER ACTION WITH YOUNG SUBSTANCE USERS</b>  ACTIVITY 5-1 Mini lecture ACTIVITY 5-2 Mini lecture ACTIVITY 5-3 Mini lecture ACTIVITY 5-4 Role play ACTIVITY 5-5 Mini lecture ACTIVITY 5-6 Mini lecture by guest presenter *	K-36	50 min          10 min *	Slides K5-1 to K5-12
<b>Session 6</b> <b>APPROACHES TO ACUTE PROBLEMS FOR YOUNG SUBSTANCE USERS *</b>  ACTIVITY 6-1 Brainstorming * ACTIVITY 6-2 Individual and group work *	K-43	25 min *	Flipchart K3 Slide K6-1
<b>SESSION 7</b> <b>MODULE REVIEW</b>  ACTIVITY 7-1 Review of objectives ACTIVITY 7-2 Review of spot checks and Matters Arising Board ACTIVITY 7-3 OPPD ACTIVITY 7-4 Key messages from Module and closure	K-47	10 min	Flipchart K4 Slides K7-1, K1-1 and K1-2
		<b>180 min</b>	<b>optional 120 min</b>

# Module checklist

This Module Checklist contains important information that is needed to run this module. We recommend that you review this information well in advance.

## MODULE ADVANCE PREPARATION

- Collect local data and information on legal and illegal substance use by young people (e.g. national and local laws on substance use, the obligations of health workers working with minors and their responsibility to disclose illegal substance use to the authorities). It is recommended that you invite an expert in substance use and young people (e.g. from the Substance Use Programme, Ministry of Health) to make a 5-10 minute presentation to the participants in Activity 2.3. Another 5-10 minute presentation can be included in Activity 5.6 from a person working in a substance use programme (e.g. from a nongovernmental organization) to speak about the services available locally to young people.
- Decide whether this entire module will be presented or select the appropriate activities. This will depend on the expertise in the group of participants and on whether some activities are included in other OP modules that are part of this workshop (see the Table of Contents for optional activities).
- Check the scenarios to decide if it is necessary to adapt elements of them (names, situations, substances, etc.), to ensure they are appropriate to your country/local area
- Ensure that the facilitators are clear about their respective roles during their designated sessions.
- It is strongly recommended that young people and peer counsellors participate in the workshop. Meet with them before the workshop begins to ensure they feel included and that they understand you welcome their unique contribution.
- Make sure you have enough copies of the Substance Use Handout and any other documents that you will distribute to all the participants.
- Ensure that the flipcharts are ready for the group work and that the Mood Meter and the Matters Arising Board are prepared.
- Collect articles and advertisements from national newspaper on young people and substance use, to show participants and to stimulate discussion.

## MATERIALS AND AUDIO-VISUAL EQUIPMENT

### • Materials:

#### *STANDARD*

- Handout (preferably given to participants the day before the module begins)
- Slides
- Prepared Flipcharts
- Mood Meter
- Orientation Programme Personal Diary (OPPD)
- Matters Arising Board.

#### *MODULE-SPECIFIC*

- Local data on substance use among young people
- Local newspapers articles on substance use among young people
- Examples of advertisements for tobacco and alcohol that target young people.

- **Equipment:**
  - Computer and projector, slide projector or overhead projector
  - Flipcharts with blank sheets
  - Sticking tape, pins or glue
  - VIPP cards
  - Name labels
  - Coloured markers
  - Notepads and pens.

## Module overview

This optional module in the Orientation Programme on Adolescent Health for Healthcare Providers (OP) introduces a serious health issue among young people which is often little understood, i.e. their use of psychoactive substances, to healthcare providers (health workers).

In this module, we identify the different types of substance most commonly used by young people, the local situation of substance use, the factors contributing to such use among them and the consequences of their use. In addition, the module highlights what health workers can do in clinics and in the community to prevent and manage this problem.

We recommend that you review Part I of the OP Facilitator Guide which provides important information you must know before conducting any part of the Orientation Programme. The Guide also provides detailed information on teaching/learning methods used in the Orientation Programme. It is important to understand and become familiar with the methodology of this package in order to ensure successful facilitation and to optimize the benefit for the participants from the OP modules. We also recommend that you read through the whole module (the Facilitator Guide and the Handout) more than once to familiarize yourself with the material and the activities. The Tips sections in the Guide give more information for each activity. As they may be too long to read during the activity, we suggest that you read these carefully before the workshop so that you can be well informed and will not miss these important points or spend time reading them during the workshop.

# Session 1

## Module introduction



### Aim of the session

- To provide an overview of the module and outline the module's objectives.

### ACTIVITY 1-1

#### MODULE OBJECTIVES

Begin by welcoming the participants to this module.

Explain that this module looks at psychoactive substance use by young people. Tell the participants that we will not always use the word psychoactive through the module, just substance use.

Tell them that this module focuses on young people (aged 10-24 years) rather than adolescents (10-19 years) because many of the issues discussed are important for people up to the age of 24 years.

Display the module objectives (Slides K1-1 and K1-2) and read them out, in turn:

Module objectives	Module objectives
<ul style="list-style-type: none"> <li>■ Discuss the use of psychoactive substances by young people, how and why substances are used, the patterns of use and their consequences</li> <li>■ Discuss the risk factors and protective factors that influence substance use by young people</li> <li>■ Consider how health workers can assess young people for substance use</li> </ul>	<ul style="list-style-type: none"> <li>■ Introduce tools that can assist the health worker in assessing young people for substance use and in planning appropriate interventions</li> <li>■ Discuss what health workers could do in the clinic and in the community to prevent and reduce substance use and to lessen the harmful consequences of substance use among young people</li> <li>■ Identify the approaches to acute problems for young people and substance use</li> </ul>
SLIDE K1-1	SLIDE K1-2

Ask the participants to look at the Module Schedule in Annex 1 of the Handout.

Remind them that the Handout provides additional information to complement what will be covered during the module. It will be referred to during the module and participants are encouraged to read it carefully later.

Remind them to raise any issues on the Matters Arising Board. Encourage the participants to ask questions and to raise any concerns.

## ACTIVITY 1-2

### SPOT CHECKS

Ask the participants to turn to the Spot Checks in Annex 2 of their Handout.

#### TIP FOR YOU

Spot Checks are also given in Annex 1 of this *Facilitator Guide*.

If necessary, explain the purpose of the Spot Checks, which is to help the participants evaluate their gains in knowledge or changes in attitudes as a result of participation in this module.

Ask the participants to complete the Spot Checks to the best of their knowledge and to keep them for review in Session 7. Give them a few minutes to complete this task.

Stress that the Spot Checks will not be collected, graded or checked by the facilitators. Inform the participants that you will provide the correct answers during the last session of the module.



# Session 2

## Young people and substance use



### Aims of the session

- To identify the substances that are used locally by young people.
- To discuss how they are used and the consequences of such use.
- To discuss the risk factors and protective factors that influence substance use by young persons.
- To identify the patterns of substance use.

### ACTIVITY 2-1

#### MINI LECTURE: MEANING OF "SUBSTANCE"

Ask the participants: *What do we mean by a substance?*

Allow time for discussion and then display slide K2-1 and go over the accompanying talking points.

### Talking points

"Substance" or "psychoactive substance" or "psychoactive drug" describes psychoactive material which, when consumed, can affect the way people see, hear, taste, smell, think, feel and behave.

The common psychoactive substances can be divided into:

- Depressants (e.g. alcohol, sedatives/hypnotics, volatile solvents);
- Stimulants (e.g. nicotine, cocaine, amphetamines, ecstasy);
- Opioids (e.g. morphine and heroin);
- Hallucinogens (e.g. PCP, LSD, cannabis).

A psychoactive substance, legal or illegal, can be any of the following:

- Medicines (obtained with a prescription or over the counter);
- Drugs (obtained without a prescription);
- Tobacco products (e.g. cigarettes, chewing tobacco, cigars, bidis);
- Alcoholic drinks (e.g. spirits, beer, home brew);
- Chemical products (e.g. caffeine, glue, mouth wash with alcohol, aerosol);
- Other substances, which may be locally grown or produced (e.g. khat, cocaine leaves, cannabis).

#### What do we mean by a "substance"?

A psychoactive substance or psychoactive drug, when consumed, can affect the way people see, hear, taste, smell, think, feel and behave.

They are commonly divided into depressants, stimulants, opioids and hallucinogens.

They include medicines, tobacco products, alcoholic drinks, chemical products and other substances, both legal and illegal.

SLIDE K2-1

## ACTIVITY 2-2

### BRAINSTORMING: LOCALLY USED SUBSTANCES

FLIPCHART K1

*What substances are used by young people in your community?*

Substance	Mode of use

Pin up Flipchart K1 and read the question aloud.

If necessary, remind the participants that young people are aged 10 to 24 years.

Explain to the group that you want them to brainstorm this first question: *What substances are used by young people in your community?*

Invite a volunteer to record the answers on Flipchart K1.

Ask the participants to use the common or street names for the substances.

Then ask the participants: *How is this substance commonly used? (i.e. What is the mode of use?)*

Ask the volunteer to write the mode of use beside the substance. There may be more than one mode for a substance.

As it comes up, discuss the following points:

- Some substances are legal and available to the general population.
- Some are legal at a certain age.
- Some substances are illegal (or can be obtained only with a prescription).
- Every country has laws about the possession, sale and use of substances; for some substances there is a permissible age for a person to be able to buy or use them.
- Several factors have a huge impact on the mode of use (e.g. available income, getting value for money, peer influences, curiosity and the desire to experiment).

#### TIP FOR YOU

It may not be possible for you or the participants to answer correctly all the legal questions; however, it is important to raise them. You may have been able to research the legal issues yourself (see Module Advance Preparation), or you may have someone with expertise in substance use (especially the use of illegal substances) present at the meeting, who is able to address the legal issues and disclosure. Health workers will need to know their responsibilities when working with minors and the need to disclose any illegal substance use. If necessary, write the question on the *Matters Arising Board* and ask someone to research a particular issue or do this yourself.

Point out that although it is important to know whether the substances used by young people are legal or illegal, in both cases the health worker's interventions with young people may be the same. This is because the interventions are about changing one's behaviour in order to reduce substance use, as well as to reduce the likelihood of harmful health outcomes. The intervention may be the same regardless of the legality of the substance used; however, the ease in developing the intervention is often influenced by the legality or illegality of the substance.

**ACTIVITY 2-3****MINI LECTURE BY A GUEST PRESENTER (OPTIONAL) - 10 MINUTES:  
LOCAL SITUATION WITH YOUNG PEOPLE AND SUBSTANCE USE**

Invite the guest speaker with expertise on substance use and young people to make a 5-10 minute presentation. He/she can use the following list as a guide to the issues for the presentation:

- Data on substance use in the region/country
- Data on substance use among young people in the region/country
- Most commonly used substances
- Most common mode of use
- Risk factors for substance use (locally) by young persons
- Data on the health and social problems associated with young substance users
- Activities to prevent substance use by young people and services to assist young people who are using substances.

Thank the presenter.

**ACTIVITY 2-4****MINI LECTURE AND BRAINSTORMING: NEGATIVE CONSEQUENCES OF  
SUBSTANCE USE FOR YOUNG PEOPLE**

Tell the participants that during this module there will be situations when we shall discuss all substances as one, although some points may only be applicable to specific substances.

Show the next slide and go through the talking points.

**Talking points**

The effect on the young person of using a substance is shaped by four factors:

- The substance: its pharmacology or properties.
- The person taking it: the influences, personality, family situation, etc. of the individual.
- The mode: the way it is taken (orally, by injection, sniffing, etc.).
- The environment: the immediate environment in which the person takes the substance and the risk factors and protective factors of the wider environment in which the person lives.

**Negative consequences of  
substance use**

The effect of a substance is shaped by:

- The substance
- The person
- The mode of use
- The environment.

Negative consequences of substance use may be:

- Physical
- Psychosocial.

SLIDE K2-2

The negative consequences of substance use can be physical or psychosocial.

Tell the participants that some scenarios explaining the negative consequences of substance use by young people will now be discussed.

FLIPCHART K2

Negative consequences of substance use

	Physical	Psychosocial
Mary		
Raffi		
Pablo		
Amma		

Put up Flipchart K2.

Then show slide K2-3.

Ask four participants to each read aloud one of the brief scenarios.

Divide all the participants into groups of three or four persons.

For each scenario, ask the groups to consider the substance, the mode of use, the individual, and the environment, and to identify the negative consequences (physical, and psychosocial) that could occur for the young person.

Tell them they can speculate (or guess) the parts of the situation that are not included in the scenario.

Ask them to address important questions for the individual in their scenario (e.g. *What effect could the substance have on the individual's behaviour and mode of use? How may the individual feel about their situation? What role may the parents/school/community, etc. play in this situation?*).

Encourage the participants to look at the negative influences that may occur for this young person.

SLIDE K2-3

Young people and substance use: Brief scenarios

- Mary is 11 years old and sniffs glue three or four times a week.
- Raffi, aged 17, drinks alcohol and passes out three or four times a month.
- Pablo is 14 and smokes about 15 cigarettes a day. He occasionally smokes cannabis and inhales (snorts) cocaine.
- Amma, aged 19, smokes tobacco and drinks alcohol most evenings with other students at college. She also sometimes takes pills that her boyfriend gives her. They make her feel good.

Tell them they have 5 minutes to write a list of negative consequences for each of the four individuals. Then we will report back in plenary.

When the time is up, ask each group in turn to speak about the negative consequences. Ask them to identify a new consequence. Go round the room and ask all the groups.

Write the consequences next to the name of the individual on Flipchart K2.

Then ask if there are any more consequences that any group can still add.

TIP FOR YOU

If the IDU Module is following this module, you will want to review this Flipchart K2 in Module X, Activity 2.5. Put the flipchart on the wall in an accessible place and ensure it will stay there.

When all the groups have reported back, ask for any general comments.

Ask them to stay in their small groups and put up the following slide. Go through the talking points and, where possible, relate them back to the brief scenarios.

## Talking points

### ■ Physical consequences

Trauma (e.g. falls, road traffic accident, drowning), overdose (accidentally taking too much due to inexperience), blackouts, increase likelihood of other risky behaviour (e.g. unsafe sex, driving under the influence of substances, using other substances).

Blood-borne infections (e.g. HIV, hepatitis) and local infections (e.g. abscesses, phlebitis).

Damage to body organs (e.g. liver, lungs, nerves).

The harmful consequences can affect others (e.g. second-hand smoke, road traffic accidents, violence).

### ■ Psychosocial consequences

Family dysfunction (e.g. family tension/violence, parental absence, lack of boundaries), social withdrawal of the young person, learning difficulties and school failure, job and income loss, violence towards family, friends or others, and crimes committed in order to obtain substances.

Feelings of anxiety, memory and concentration problems, psychotic episodes (fixed false ideas, hallucinations), depression, and suicide.

Ask the participants to briefly look at Table 1 in section 1 of the Handout (on specific physical effects of some substances).

Then move on to the next activity.

## ACTIVITY 2-5

### GROUP WORK: REASONS WHY YOUNG PEOPLE USE SUBSTANCES

Ask the participants, while staying in their small groups, to identify some reasons that may cause the young person in each scenario to use substances.

Show slide K2-3 again.

Ask each group to look at all the brief scenarios and ask them the question: *What may be the reasons why the young person in each scenario uses substances?*

Again, ask some probing questions: *What about the parents/peers of this young person? Do they use substances? Are there any other reasons related to the substance/person/environment that you can speculate/guess?*

They have 3 minutes to write down a list of reasons.

When the time is up, once again ask each group to give reasons for one of the scenarios.

### Negative consequences of substance use for young people

#### 1. Physical

Trauma, overdose, risky behaviour, blood-borne infection, damage to body organs, harm to others.

#### 2. Interpersonal and social

Family dysfunction, social withdrawal, failure in school, income loss, violence, criminal behaviour.

#### 3. Psychological

Anxiety, memory and concentration problems, psychotic episodes, depression, suicide.

SLIDE K2-4

### Young people use substances for a variety of reasons

- Time for discovery and experimentation
- Role model of other substance users
- Marketing of substances
- Easy access to substances
- Other immediate reasons.

Write these up in a column on the right of Flipchart K2, beside each name using a different coloured pen.

To conclude, put up Slide K2-5.

Review any of the following points that have not been addressed during the scenarios.

## Talking points

- Young people are at the age of discovering themselves and others, and have time for experimenting with adult behaviours and questioning the social norms. However, they often lack the knowledge or understanding of the risks.
- Parents, other adults in close contact with young people, peers, TV personalities and sports stars who use substances can all serve as role models for young people's experiments with and regular use of substances.
- Marketing strategies for promoting substance use show images of wealth, glamour, adulthood and independence, which appeal to young people. This is especially evident in marketing of alcoholic beverages and tobacco, now increasingly in the developing countries.
- When substances are easily available and affordable to young people, substance use will increase.
- The reasons why young people use substances are many and varied and include:
  - for excitement and enjoyment;
  - to stay awake or to sleep;
  - to reduce pain (physical and emotional) and to bolster self-confidence.

We have been looking at the underlying reasons for substance use. However, like all people, a young person may use a certain substance or use it in a certain way spontaneously or purely when the opportunity arises.

## ACTIVITY 2-6

### MINI LECTURE: RISK AND PROTECTIVE FACTORS INFLUENCING SUBSTANCE USE BY YOUNG PEOPLE

Tell the participants that we will now discuss the risk and protective factors associated with substance use by young people.

Tell them that the discussion on risk and protective factors began in the *Meaning of Adolescence and its Implications for Public Health* module and that we will now review how these factors can influence young people's use of substances.

Ask the participants what they understand by the term: **Risk factors**. Then ask what they understand by the term: **Protective factors**.

Allow some discussion and then show slide K2-6 and go over the talking points if they have not been covered.

## Talking points

- Risk factors are individual, social and environmental influences that either encourage or are associated with one or more behaviours that might lead to a negative health outcome. Risk factors can also discourage behaviours that might prevent a negative health outcome.
- Protective factors are influences that discourage one or more behaviours that might lead to negative health outcomes or that encourage behaviours that might prevent negative health outcomes. Protective factors can lessen the likelihood of negative consequences from risk factors.

Use this example to clarify:

If a woman has parents who smoke, this is a risk factor that may encourage her to smoke. However, if she has peers who disapprove of smoking, this is a protective factor. The fact that her peers disapprove may not stop her from ever smoking, but their disapproval may make her smoke fewer cigarettes (i.e. reducing the negative effects) or play a role in her stopping smoking (i.e. reducing the negative consequences of the risk factor smoking by her parents).

The effect and impact of the risk and protective factors can be determined by: The person, the substance (or product) and mode of use, and the environment.

This is the *Who you are, what you do and where you live?* question which determines behaviour.

Ask if there are any questions, respond and then show slide K2-7.

Tell the participants: these are the 5 areas where risk and protective factors occur.

### Risk and protective factors

1. Risk factors
  - **encourage** or are **associated with** behaviours that might lead to a negative health outcome.
  - **discourage** behaviours that might prevent a negative health outcome.
2. Protective factors
  - **discourage** behaviours that might lead to negative health outcomes.
  - **encourage** behaviours that might prevent negative health outcomes.
  - lessen the likelihood of negative consequences from risk factors.

SLIDE K2-6

### Risk and protective factors can occur in 5 areas

- Individual
- Family
- Peer group
- School
- Community.

SLIDE K2-7

### TIP FOR YOU

If optional Activity 2-7 is not to be included, ask the participants to look at slide K2-7 and, in the plenary, identify some risk and protective factors for young people and substance use in these five areas. After some discussion, ask them to look at the list in their Handout, section 1.4 (Risk factors and protective factors associated with young people and substance use).

## ACTIVITY 2-7

### GROUP WORK (OPTIONAL) - 20 MINUTES:

### RISK FACTORS AND PROTECTIVE FACTORS

Tell the participants that we will now consider the risk and protective factors in each of these five areas which may be relevant to a young person with a likelihood of substance use.

Leave slide K2-7 on view for the participants to refer to in this group work. Divide the participants into two groups.

Ask one group to consider the risk and protective factors for young people and substance use in the first 3 points (Individual, Family, Peer group). Ask the other group to consider the risk and protective factors for young people and substance use in the last 2 points (School, Community).

Ask each group to write the risk factors on one colour VIPP card (e.g. blue) and the protective factors on another colour (e.g. pink).

Ask them to identify one person to present the findings from each group.

Tell them they have 10 minutes to prepare their cards and then each group has 3 minutes to report back to the plenary.

### TIP FOR YOU

Here are examples of the risk and protective factors for young people and substance use. They are included in the Handout in section 1.4.

## a) The Individual

### *RISK FACTORS*

- Low personal expectations and low self-esteem
- Personal stress, feelings of hopelessness, distress, depression
- Abused as a child
- Expected positive outcomes of substance use.

### *PROTECTIVE FACTORS*

- No tolerance for unacceptable behaviour
- Positive attitude towards health
- Religious belief or sense of spirituality
- Positive orientation to school, participation in school and community activities
- Expected negative outcomes of substance use.

## b) The Family

### *RISK FACTORS*

- Role models for risk behaviour in the family
- Availability of substances in the home
- Tension/violence in the family
- Poverty.

### *PROTECTIVE FACTORS*

- Parents as role models for conventional and healthy behaviour
- Parents provide boundaries, controls and regulations
- Parental expectations for academic achievement
- Parental presence and support in the home.



## c) Peer group

### *RISK FACTORS*

- Friends and peers as role models for problem behaviour
- Greater influence of friends than of parents.

### *PROTECTIVE FACTORS*

- Peer role models for conventional and healthy behaviour
- Peer disapproval of problem behaviour
- Peer controls against risky behaviour.

## d) The School

### *RISK FACTORS*

- School role models for problem behaviour
- Harassment by other students
- Stress and poor safety in school.

### *PROTECTIVE FACTORS*

- Student-peer disapproval of problem behaviour
- School regulations and controls
- Perceived teacher expectations for school behaviour
- Perceived student norms for school behaviour
- Availability of school activities
- Perceived parental involvement in school.

## e) The Community

### *RISK FACTORS*

- Advertising/promotion, e.g. events in the community sponsored by the tobacco/ alcohol industry
- Illegal substances available in the community
- Community gang activities
- Poverty and poor safety in the community.

### *PROTECTIVE FACTORS*

- Community disapproval of problem behaviour
- Community social controls
- Community resources for young people (sports, recreation and art activities, etc.).

Conclude the activity by going through the VIPP cards and highlighting the important risk and protective factors. Add any points that have been missed.

## ACTIVITY 2-8

### MINI LECTURE: PATTERNS OF SUBSTANCE USE

Explain that you will now give a mini lecture on different patterns of substance use.

These patterns are a guide to the different ways that individuals use substances, based on the frequency and amount of substance use. However, people (and especially young people) can move back and forth between patterns of use over a period of time and in relation to different substances that they are using.

SLIDE K2-8

### There are three patterns of substance use for young people

- Hazardous use
- Harmful use
- Dependence

Show slide K2-8 and read it aloud.

### TALKING POINTS

These are the three patterns of use most frequently seen with young substance users.

Tell the participants that it is important for health workers to understand the patterns of substance use so that their management and strategies with a young person relates to that individual's substance use. Simply asking if a young person ever uses a substance does not give any insight into how much is being used or the frequency and any problems associated with this use.

Understanding an individual's pattern of substance use is a critical part of the initial assessment.

We will now discuss each pattern of use.

Display and talk through Slides K2-9 to K2-12 using the accompanying talking points, inviting questions or comments and encouraging discussion on important issues.

SLIDE K2-9

### Young people and patterns of substance use

Hazardous use

- This is the most common pattern for young people
- Curiosity, desire for a new experience
- Age at first use may determine longer-term use
- No guarantee of "safe use"
- Usually does not see substance use as a problem.

### Talking points

1. Hazardous use (or potentially hazardous use) is the most common pattern of substance use by young people.
2. Youth is a time for experimentation, curiosity and identity search, which may involve trying out new behaviours or risk-taking, especially behaviours that are perceived as adult. Young people may experiment with substance use, but after the first one or two occasions their substance use is no longer experimental.
3. Most young people who experiment with illegal substances do not become dependent and will not continue when they are adults. However, there is evidence that the younger the age at first experimentation, the more likely that a problem or dependence will develop. Even short-term substance use can have a negative effect on progress in school, or impair judgement and increase the likelihood of engaging in other risky behaviours (e.g. unprotected sex, driving when intoxicated, violence).
4. Some young people have serious adverse reactions to a substance or a mix of substances the first time they use it. There is no guarantee of "safe use" (i.e. even the first time of use can result in short- or long-term negative consequences).
5. The young person only sees the benefits of their substance use and none of the problems, and there is usually no motivation to stop such use. However, they can become motivated to change if a particular situation or some person causes them to question their substance use.

## Talking points

- Harmful use is defined as a pattern of psychoactive substance use that is causing damage to health. The damage may be physical (e.g. hepatitis following injecting of cocaine) or mental (e.g. depressive episodes secondary to heavy alcohol intake). Substance use can also exacerbate existing physical and mental health problems (e.g. asthma from smoking, depression from amphetamine use).
- Harmful use often has a negative effect on the young person's normal life. However, social consequences in themselves are not sufficient to identify a pattern of harmful use. Substance use can impact on personal relationships and on school, work and training. Substance use can also impact on poverty levels for an individual and his/her family.
- When problems increase, the individual may have some motivation to think about his/her level of substance use. However, they will still need support to stop.

### Young people and patterns of substance use

#### Harmful use

- Use is damaging to physical and/or mental health
- Negative effects on normal life
- Motivation needed to think about the level of substance use.

SLIDE K2-10

## Talking points

Dependence is defined as a cluster of events behavioural, cognitive (i.e. related to thinking or memory) and physiological, which may develop after persistent substance use over a period of time.

- The substance is used in consistently high doses with a strong desire and craving to use it.
- The body is unable to function without the substance.
- When the substance use is discontinued, the young person experiences the withdrawal syndrome with physical reactions.
- At first, there may be little or no motivation to reduce or stop substance use. Motivation is reinforced when the young person experiences physical symptoms of withdrawal.

### Young people and patterns of substance use

#### Dependence

Cluster of behaviours including:

- Use of consistently high doses
- Inability to function without the substance
- Discontinuation initiates a withdrawal syndrome
- Little or no motivation to stop.

SLIDE K2-11

Point out that we use the term dependence as opposed to addiction because it better describes the relationship between the substance and the young person (see Handout, section 2.3 for more on this).

### TIP FOR YOU

Tell the participants that there are criteria for substance use dependence in the International Classification of Diseases (ICD-10). The criteria are given in the Handout, section 2.3.

Show slide K2-12 and go through the talking points.

### Patterns of substance use and motivation to change

- **Hazardous use:** Usually does not see substance use as a problem, with little or no motivation to change
- **Harmful use:** Some motivation to consider the level of substance use
- **Dependent use:** Little or no motivation to stop.

### Talking points

Understanding a young client's pattern of substance use is an important part of assessment because it gives the health worker information on the nature of use and also an indication of motivation to change his/her behaviour. This means that the health worker's approach can be appropriate to this particular young person's readiness for change.

- During hazardous or potentially hazardous use, the clients do not usually see substance use as a problem, so there is no need to reduce or stop their use. However, a situation may arise that frightens or alarms the young person (e.g. contact with the police, a bad experience with the substance, or a significant person's concern), which can move him/her towards desiring a change.
- With harmful use, there is usually some motivation to consider their level of substance use because they are experiencing problems. Once again, it may be a particular incident that motivates them to change.
- Dependence is more complex. On the one hand, there may be motivation to change because the young person is experiencing problems; on the other hand, physical dependence may make the prospect of change difficult to face. There is also a strong fear that they will not be able to stop substance use, with uncertainty about how their life will be without it. There is usually little or no motivation to stop the dependence. However, the majority of young users are not dependent on substances.

Tell the participants that in Session 4 we will look at the different stages we all go through when we make a significant change in our lives. These stages are a measure of our readiness to make changes. We will link the stages of change with the patterns of substance use that we looked at in this session.

### WRAP UP

Remind to participants the aims of Session 2 and review what has been covered in this session.

# Session 3

## Assessment of young people for substance use and related difficulties



### Aims of the session

- To describe how health workers can assess young people for substance use.
- To identify and practise effective interviewing skills to assess young persons for substance use.

### ACTIVITY 3-1

#### MINI LECTURE: ASSESSMENT OF YOUNG PERSONS FOR SUBSTANCE USE

Tell the participants that we will now discuss the assessment of young people for substance use.

You can begin by asking them the following question: *Do you assess young people for substance use in your clinic/health centre?*

Allow some time for discussion and for them to share their experiences. Then show Slide K3-1.

### Talking points

- Substance use problems are common among young people. Early diagnosis and management can prevent further problems, including dependence. Therefore it is important, whenever possible, to conduct a brief assessment for substance use during all routine contacts with young people. If substance use is identified, the health worker can assist the young person to reduce or stop his/her substance use.

There may be a national assessment tool available that is used for assessment of substance use. An example of such a tool (WHO ASSIST Substance Use Assessment Tool) is on the CD-ROM. If there is a history of regular substance use or if dependence is suspected, a comprehensive assessment and physical examination will be needed.

- Ensure confidentiality, as with all issues of a patient's history-taking and counselling. Health workers should be aware of the potential impact on individuals of a written record of their substance use.
- It is important to include questions on substance use during general history-taking because young substance users will often come to the health centre with different presentations (e.g. depression, headache, poor school performance, worries about pregnancy, STIs, injury, gastrointestinal symptoms). They may also be brought to you by a parent or guardian. These visits can provide an opportunity to discuss substance use and prevention. The health worker can discretely ask questions relating to substance use. It is important that the health worker is non-judgemental in the approach to the young person and the question of substance use. The HEADS assessment tool (introduced in the Meaning of Adolescence Module) includes physical and mental assessment, and a personal and family history.

#### Assessment of young people for substance use

- This should be done during all routine contacts with young people.
- Ensure confidentiality.
- Include questions about substance use during general history-taking.

SLIDE K3-1

The HEADS approach is in the Handout section 3.1.

## ACTIVITY 3-2

### GROUP WORK (OPTIONAL) - 10 MINUTES: LISTENING SKILLS AND THE HEALTH WORKER

Tell the participants we will now do a group exercise about listening. Ask them to number themselves off by twos (i.e. 1, 2, 1, 2....).

Take all the number 1s out of the room. Outside, give them a topic that should generate a good conversation (e.g. the best day of my life, the worst day of my life, a news item of local interest).

Tell them that they will talk about this topic with their number 2 partner for about 4 minutes and ask them to think about what they will say. Ask them to wait outside until you are ready.

You return to the number 2s. Tell them that when the 1s come back they will start talking to their number 2 partners. At first, the 2s must act like they are not listening. Explain that after two minutes, you (the facilitator) will clap your hands. This is the signal and the 2s will now start to act as if they are listening.

Quickly brainstorm some ways that the number 2s can show that they are not listening (e.g. looking away, interrupting, asking inappropriate questions, fidgeting, no eye contact).

Ask the number 1s to come back and start to talk with their partners on the chosen topic. After two minutes, clap your hands and allow the discussion to continue for another two minutes. Tell them when the time is up.

Using the following questions, lead a discussion:

- How did the number 1s feel when their partners were ignoring them?
- What were the signs that the number 2s were not listening?
- How did it feel for the 2s to act as if they were not listening?
- What did the 1s notice that showed them the 2s were listening?
- How does this relate to talking with young people?

## ACTIVITY 3-3

### MINI LECTURE: LISTENING SKILLS AND ASKING QUESTIONS

Tell the participants that counselling requires training and practice and we do not aim to include counselling training here. However, we will now address one of the most important skills of counselling, i.e. ability to listen effectively.

SLIDE K3-2

#### Health worker goals in talking with a young person about substance use

To assist them in:

- Self-exploration
- Self-understanding
- Decision-making with consequent action.

#### Talking points

When the health worker is talking with young persons about their substance use, there are three goals in assisting them:

- Self-exploration: assist them in examining how they use substances and how their substance use affects their life.
- Self-understanding: assist the young person in understanding how they feel about using substances.
- Decision-making with consequent action: assist the young person in coming to a decision on the changes they choose to make (reducing, stopping) and how they can take responsibility and action to make the changes happen.

There are techniques that can help the young person to talk and to explore his/her feelings, as well as explore the facts and circumstances of their situation. These techniques include effective listening skills.

## Talking points

- By maintaining appropriate **eye contact**, the young person knows you are paying attention (keep within cultural norms). One of the most significant forms of communication is by the body. Ensure your body language shows you are listening.
- **Remain attentive**, do not interrupt, ask appropriate questions, be genuine, and use plain language. The young person will feel you understand their situation if you show empathy (empathy is when you are able to feel the other person's position and understanding their point of view).

### Effective listening skills

- Eye contact and body language
- Remain attentive, show empathy
- Use "encouragers"
- Reflecting
- Affirmations
- Summarizing

SLIDE K3-3

#### Example:

"My father hit me last night."

"What did you do to make him angry?"

(lacks empathy)

"How did that make you feel?"

(shows empathy)

#### Example:

"I don't have any money for cigarettes but I really want a smoke."

"It's better for your health if you don't smoke."

(lacks empathy)

"That must be hard."

(shows empathy)

- Every culture has "**encouragers**". These are the small signals (like nodding the head) or sounds (like *mm* or *hm*) and words ("I see" or "Go on"), which indicate to the young person that you are listening and interested.

Ask: *What are the encouragers here in this culture?*

- **Reflecting** is when you repeat what the young person has said, using your own words, to confirm that you have understood. Reflecting can be about facts (something that happened, e.g. "So you went to the party anyway") or feelings (in a certain situation, e.g. "So you say that you felt angry at your mother because she said you were drunk").

This can be a useful technique to encourage someone to keep talking. It is important that the health worker is accurate in reflecting what the young person has said. Do not change the meaning.

- **Affirmations** are when the healthcare worker recognizes the effort that the young person has already made. This is particularly important in helping a young person to reduce or stop the use of a substance.

**Examples:**

“Well done. It must have been hard to walk away from the party without having a drink.”  
“I’m impressed that you were able to refuse to smoke cannabis with your friends.”  
Be sure to be genuine and sincere.

- **Summarizing** is similar to reflecting but can cover more of what the young person has said. It is a useful way to close a topic and change the subject in the least disruptive way. It is shorter than what the young person said, but includes all the important points.  
Ask if there are any questions and then move on.

Tell the participants that another important listening skill is asking questions.

Show slide K3-4.

## Talking points

SLIDE K3-4

### Asking questions

- Open-ended questions
- Closed questions

*Open-ended questions* are ones that cannot be answered with a “yes” or “no” or a brief answer.

They are useful to explore the opinions and the feelings of the young person. These questions are usually effective in determining what the young person needs. They often start with *What? Could? Would? How?*

*Closed questions* are usually answered by a very short response, often one word. They are useful questions for determining the client’s condition and medical history at the start of the interview, but they do not give the client an opening to talk.

The following are examples of open-ended and closed questions to assist participants to understand the difference. Lead the participants through the following questions:

For example if I ask:

1. *Do you play football?* Is this an open-ended or closed question? (closed)  
How could this be asked as an open-ended question?  
Answer: *How do you spend your leisure time?*
2. *Do you get on well with your family?* Is this an open-ended or closed question? (closed)  
How could this be asked as an open-ended question?  
Answer: *Would you like to tell me about your family?*

Ask them to change the following examples from closed to open-ended questions:

- *Have you ever drunk so much that you have vomited?* (Could you tell me about the worst experience you have had with drinking too much?)
- *Do you use cocaine because your friends do?* (What do you like about using cocaine?)
- *Do you know that smoking is bad for your health?* (Could I tell you about some of the effects smoking has on your body?)

Remind them that open-ended questions often start with *What? Could? Would? How?*

Now show the next slide.



## Talking points

Tell the participants that these are specific questions that are useful to ask when assessing substance use. These questions aim to help the young person to think about changing their substance use behaviour.

Change can happen when the person sees a conflict between their current situation and the situation that they wish in their life.

- Good things/perceived benefits of substance use  
Explore what the young person sees as the “good things”
  - (a) “What are the things you like about smoking cigarettes?”
  - (b) “What are the good things that you get out of smoking cigarettes?”
  
- Less good/not so good things about substance use  
Explore the young person’s concerns about the “less good things”
  - (a) “What are the ‘not so good things’ about smoking cigarettes?”
  - (b) “Can you give me some examples of that?”
 Have the young person argue for change by asking questions, e.g. “But aren’t you used to having no money because you spend it on cigarettes?”
  
- Cost of making the change  
Explore what would be different for them if they gave up or reduced their substance use. e.g. “What would be different in your life if you stopped/reduced your smoking?”

### Specific questions on substance use

- What are the good things about smoking cigarettes?
- What are the less good/bad things about smoking cigarettes?
- What would be different if you cut down/stopped smoking cigarettes?

SLIDE K3-5

## ACTIVITY 3-4

### MINI LECTURE: THE GATHER APPROACH

Explain that the GATHER approach can be used to interview young people.

Show slide K3-6.

Ask if the participants are familiar with this approach.

## Talking point

The letters of GATHER can remind the health worker of the steps during the interview. In this session we will focus on assessing the young person by considering the G and the A components. In Session 5, we will look at the THER components (see below).

Show slide K3-7.

### The GATHER approach

- G** Greet
- A** Assess
- T** Tell
- H** Help
- E** Explain
- R** Return visit/Refer

SLIDE K3-6

SLIDE K3-7

### G – Greet

- Greet the client and offer a seat.
- Introduce yourself.
- Ensure confidentiality and privacy.

## Talking point

This is a simple but crucial first step because this is when the health worker starts to establish a rapport with the young person.

Confidentiality is essential to establish a trusting and professional relationship. The health worker needs to tell the young person that they will not tell others about what is

said in the interview. If possible, have a quiet and private space where you can talk with the young person without being disturbed, as discussed in the Adolescent Friendly Health Services module.

Show Slide K3-8.

SLIDE K3-8

### A – Assess

- Ask the client what you can do for him/her.
- Obtain personal information.
- Assess whether he/she is using substances.
- Assess the pattern of substance use and the feelings/concerns about such use.

## Talking points

On the first visit, use open-ended questions and make general enquiries to begin talking about substances. The first questions can be “Have you ever used a substance (e.g. alcohol)?” The questions can then become more specific - about when and how much is used of this and other substances. Remember that the health worker should not criticize the young person’s use of substances. However, the health worker can assess the young person’s feelings, opinions, knowledge, concerns and difficulties associated with substance use.

Ask if there are any questions on this matter. Tell the participants that GATHER is described in their Handout, section 3.4. We will use this approach in the next role play.

## ACTIVITY 3-5

### ROLE PLAY: USING EFFECTIVE LISTENING SKILLS AND THE GA(THER) APPROACH

#### TIP FOR YOU

#### Optional: Demonstration of role plays (additional 10-20 minutes)

Before the participants start the role play themselves, you can demonstrate a pre-prepared role play to show how effective listening can be done. This requires you (as facilitator/s) to demonstrate the skills. If you are not confident to do this, you may have to invite someone else to demonstrate the skills in order to ensure that the participants have a good model to follow. Alternatively, there may be a video available which demonstrates effective listening and counselling skills.

Explain to the participants that the purpose of this exercise is to practise effective listening skills and the G and A parts of the GATHER approach in role play situations with young substance users. Count the participants off into groups of three persons (1, 2, 3). The number 1s will be the young person, the 2s will be the health worker, and the 3s will be the observer. Allocate a scenario to each triad (group).

Tell the young person and the observer (numbers 1 and 3) to look at Annex 4 of their Handout and read the scenario that has been allocated to them.

The health worker (number 2) does not read the scenario but will find out the situation with their young person by using listening and assessment skills. In this exercise, do not spend much time on the presenting complaint. Focus on the Greeting and the Assessment of the young person. The observers (number 3s) will watch the role play, at the end of which they will comment on the interview with the other two participants.

Remind them to come out of their roles at the end of the role play.

Tell them they have 2 minutes to prepare, 5 minutes for the interview, and 3 minutes to report back in their triad.

### TIP FOR YOU

Ideally and if time allows, each participant should have an opportunity to role play the health worker (number 2). They can use the next scenario. This would take an additional 20 minutes.

### ROLE PLAY 1

#### Benni

You are a young man of 16 years living at home with your family. Your mother asked you to go to the health centre because you often complain of headaches before going to school.

If the health worker asks you, you say that you like to smoke cannabis with your friends and at the weekend you drink alcohol at parties. You were badly scared last weekend when you got drunk and had sex at a party with a girl in your class. You are concerned that you did not feel in control of what you did and are worried about what you may do another time. You also feel embarrassed to see the girl as you do not particularly like her. You did use a condom.

### ROLE PLAY 2

#### Mohamoud

You are a young man of 18 years. You have come to the health centre because you have had a gash on your leg for two weeks that will not heal. Tell the health worker that the orderly has dressed the wound and does not think you need antibiotics. The orderly has sent you to see the health worker to check that this is the correct treatment.

If the health worker asks you, you can say that you ran away from home a year ago; since then, you have been living on the street with a group of friends. You find work as a casual labourer and are able to make enough money to support yourself. You snort (inhale) cocaine daily, you smoke cigarettes and cannabis, and you drink alcohol when you can afford it. Sometimes you cannot work because you are too slow and sleepy. If you don't use cocaine every day you feel bad. You injured your leg when you were high and have noticed that you are falling at work more often. You like sharing the pleasure of drugs with your friends but you dream of owning something one day (e.g. a cycle rickshaw or a motorbike or something else you can choose). At the moment you do not save any money but you would like to save some of the money that you spend on drugs. You did stop using cocaine for a month but it was hard.

### ROLE PLAY 3

#### Chekkie

You are a young person (boy or girl) of 12 years. You have come to the health centre because you have had a cough for the last three weeks and you find it hard to breathe at night.

If the health worker asks you, you say that you have been smoking cigarettes for the last one year. You mostly take them from home where both your parents smoke. You think smoking makes you look cool and feel grown-up. You have friends who smoke. You do not have a boy/girl friend. You used to be good at sports (you choose which one) and wish you had continued. Now you find that you get too breathless.

#### ROLE PLAY 4

##### Shasta

You are a 15-year-old girl. You have come to the health centre because you feel that your breasts are too big. You think people are always looking at them and are hoping there is some medicine or operation you can have to make them smaller.

If the health worker asks you, you say that you have a boyfriend, Freddo who belongs to a gang. They all smoke cigarettes and cannabis, drink alcohol and hang out together. Freddo wants you to join in but you are afraid that smoking cannabis or drinking will make you crazy or want to have sex or something.

Your parents and your girl friends do not like Freddo or his gang.

Keep the time for the groups. When they have completed the exercise, bring them back to plenary.

Ask them what they have learnt through this exercise.

#### TIP FOR YOU

If you are not including the next activity (3-6), point the participants to the exercise in Annex 7 of the Handout and ask them to go through it on their own.

### ACTIVITY 3-6

#### INDIVIDUAL EXERCISE (OPTIONAL) - 20 MINUTES:

#### EXPLORE HEALTH WORKER ATTITUDES AND VALUES ON SUBSTANCE USE

Ask the participants to turn to Annex 7 of the Handout. Here they will find an individual exercise that can help them to explore their own attitudes and values on substance use.

Ask a participant to read aloud the introduction. Then ask them to go through, individually and privately, the questions. Ask them to write their responses on a paper. Tell them they will not be asked to share these responses unless they choose to do so.

Give them time to complete the questions. Remind them that there are no correct answers to these questions. Then ask for any comments on this exercise. Were there any questions they had trouble in answering? Let the participants lead the discussion.

The purpose of the exercise is to encourage them to think about their own attitudes and values towards substance use. Suggest that the participants look at this exercise again later at home.

Then move on to Wrap Up.

#### WRAP UP

Go through the aims of the session, reminding the participants about what was covered here. Respond to any questions.

Tell the participants that the next session introduces another tool in assessment, the Stages of Change model.

# Session 4

## The Stages of Change model



### Aims of the session

- To introduce and discuss the Stages of Change model.
- To understand how the model can help health workers assess a young person's readiness to change his/her substance use.

### ACTIVITY 4-1

#### MINI LECTURE: STAGES OF CHANGE

Explain that we have already seen how the patterns of substance use give the health worker an insight into how the young person uses a substance. We will now look at the Stages of Change model, which helps the health worker to understand whether the young person is motivated to change their substance use.

Display and talk through Slides K4-1 to K4-4 using the accompanying talking points, inviting questions or comments, and encouraging discussion on important issues.

### Talking points

Tell the participants that the idea behind the Stages of Change is that change of behaviour does not happen in one step. People usually progress, at their own pace, through different stages on their way to successful change.

People have to be willing to change and feel able to change. They also have to take responsibility to make the change happen.

Slide K4-1 shows the stages of change. It is helpful to use an example to understand the changes. Let's consider a young man who is overweight and think of what he may feel or do at the different stages.

Go through the stages using this example of an overweight man, who initially denies there is a problem with his weight and then begins to find his clothes are tight, his wife is nagging him, friends are teasing him, and he thinks etc., going through the stages. Elaborate on the story and bring out the points that correspond to each of the stages of change.

- **Pre-contemplation** (he does not acknowledge there is a problem with his weight and makes excuses)
- **Contemplation** (he now acknowledges that there is a problem with his weight, but he is not yet ready or sure that he wants to make a change)
- **Preparation** (he starts to get ready to change and tells some people of his plan)
- **Action** (he begins to carry out his plan - eating less, eating well, and exercising)
- **Maintenance** (he stays with his diet and exercise schedule for many weeks, even though it is sometimes hard)
- **Relapse** (one weekend, he goes to a family wedding and eats too much rich food. The next morning he feels bad and regrets that he broke his diet). This "weekend" can happen at any stage.

#### Stages of Change

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse

SLIDE K4-1

At this point he may return to any stage of change; he may be so discouraged that he goes back to his former eating habits and abandons his diet (pre-contemplation), or he may spend some days thinking that he really should get back to his diet (contemplation), or he may make plans to return to his diet on Monday (preparation/action), or he may get straight back to his proper diet (maintenance stage).

Tell the participants that the stages of change can be applied to many situations and is a useful way of determining an individual's readiness for change. However, it is a model and may not always provide an accurate assessment of a young person and his/her stage of substance use.

We will now look in more detail at each stage, with the example of a young person who smokes cigarettes and consider the stages of change that he may go through.

Go through the slides using a young tobacco smoker to illustrate the stages.

SLIDE K4-2

### Stages of Change 1

(from the perspective of the young person)

Pre-contemplation

- advantages of behaviour far outweigh the disadvantages;
- no desire to change.

Contemplation

- beginning to think about change;
- often triggered by something external;
- often characterized by uncertainty.

### Talking points

- Pre-contemplation

This model sees young people as rational and thus if they perceive little or no problems with their substance use they are unlikely to want to change the behaviour.

They may also see some benefits of substance use (e.g. smoking is seen as “cool” and makes them appear older).

- Contemplation

External forces (e.g. parents, school, and authorities) may compel the young person to change or may remove the advantages of the behaviour (e.g. the young person may have been picked up by the police for being drunk or suspended from school for smoking cannabis).

They are still not sure they want to change but the incident has alerted them.

SLIDE K4-3

### Stages of Change 2

(from the perspective of the young person)

Preparation

- moves towards change and makes a decision to change.

Action

- begins to feel the benefits of change are greater than maintaining the behaviour.

### Talking points

- Preparation

Here the young person is “ready to act” but has yet to put together any plans on how best to do this. He may talk with others about the planned change (e.g. telling friends he plans to cut down or stop smoking).

- Action

In this stage, the young person begins to make changes (e.g. stops buying cigarettes). This is most successful if he has a practical and reasonable plan of action, including a good supportive environment.

## Talking points

- **Maintenance**  
Here the young person continues to keep to the plan of action and to maintain the changed behaviour (e.g. even if he/she may find it hard to be at a party where friends are smoking).
- **Relapse**  
This may occur at any stage of the change process. The young person may relapse and return to an earlier stage (e.g. takes a cigarette at a party, buys a pack). Which stage they return to will depend on how they perceive their relapse.

For example, if they believe all their efforts have been in vain and they are back at the starting point, then they may be more likely to return to a stage of pre-contemplation. Or, if they see the relapse as part of the process and are able to see what they can learn from it, then they are likely to move back into a stage of action. This is why it is important to prepare the young person for relapse, so that they can see it as part of the process and not as a failure.

Tell the participants that the importance of the model for the health worker is that the stage of change and the offered intervention have to match. For example, if a young person is at the “pre-contemplation” stage, then it may be useless for a worker to give them a referral to a counselling service because they have no desire to change their behaviour.

## ACTIVITY 4-2

### INDIVIDUAL EXERCISE (OPTIONAL) - 15 MINUTES: UNDERSTANDING THE PROCESS OF CHANGE

If you do not do this exercise now, suggest that the participants read it later, alone. It is a useful personal exercise to understand and empathize with the process of change.

Explain to the participants that the exercise (see below) is to help them understand the process of change; the questions in 1) to 5) are about the stages of change, and in 6) about the relapse.

This exercise will help participants to understand the stages of behaviour change and the needs of the individual at each stage, through thinking about their own feelings towards behaviour change. The sequence of the questions also helps us to understand the difficulty in changing and maintaining the outcome, and the reasons behind refusing any help at certain stages.

Ask the participants to turn to the questions in Annex 2 of their Handout. They should read through all the questions on their own and consider their feelings about their behaviour. Then they should choose one of the questions that reminds them of a personal behaviour and write down their responses.

They will have 5 minutes to do this. Then there will be a short plenary discussion.

Tell the participants that they will not be asked to reveal the personal behaviour change that they have considered (unless they wish to tell), but only the thoughts, reactions and feelings provoked by the questions.

### Stages of Change 3

(from the perspective of the young person)

#### Maintenance

- maintains changed behaviour;
- works to keep from lapsing.

#### Relapse

- returns to use;
- common initial outcome;
- may occur at any stage ;
- needs support to try again.

SLIDE K4-4

## Personal exercise to understanding the process of change

- 1) Think of something in your behaviour (e.g. eating, smoking, exercising, etc), that people around you have asked you to change, but you don't think is important to change.
  - a) What do you think of those who ask you to change?
  - b) How do you react to them?
  
- 2) Think of something in your behaviour that you know you should change and that people are asking you to change, but you have not yet taken any steps towards change.
  - a) Have you told anyone that you intend to change? Who?
  - b) What do you think of those who ask you to change?
  - c) How do you react to them?
  - d) Why haven't you changed?
  
- 3) Think of something in your behaviour that you have decided to change, but have not yet taken any action or have not decided when you will act.
  - a) Have you told anyone that you intend to change? Who?
  - b) What do you think of those who ask you to change?
  - c) How do you react to them?
  - d) What would make you move towards change?
  
- 4) Think of something in your behaviour that you are now in the process of changing or have changed just recently.
  - a) What is it that primarily made you change?
  - b) How do you feel about the change?
  - c) How easy is it to maintain the change?
  - d) What challenges are there to maintaining the change?
  
- 5) Think of something in your behaviour that you have changed some time ago.
  - a) How do you feel about the change?
  - b) How easy is it to maintain the change?
  - c) What are the challenges to maintaining the change?
  - d) How do you cope with the change?
  
- 6) Think of something in your behaviour that you recently changed, but later something caused you to return to the previous behaviour.
  - a) How do you feel about returning to the previous behaviour?
  - b) What made you return to the previous behaviour?
  - c) Did you try to resist?
  - d) What were you thinking about at the moment you were getting back to that behaviour?
  - e) How did people who have known you before and after the change react? And how did you react to them?

Invite the participants to comment on the exercise.



## ACTIVITY 4-3

### GROUP WORK: STAGES OF CHANGE

Divide the participants into three groups. Allocate a scenario to each group from Annex 5 of the Handout.

They should look at their scenario and decide what the pattern of use and the stage of change the young person appears to be at in relation to each of the substances used.

One participant from each group will give a brief presentation. Tell them that they will have 10 minutes to work together and pick a presenter, and 3 minutes for each presentation.

#### SCENARIO 1

##### Yasmine

Yasmine, an 18-year-old woman, has come to the health facility for a follow-up contraception visit. After discussing and meeting her contraceptive needs, you ask her about her family, her friends and work. She tells you that she has recently lost her job. After some discussion she tells you that she is often drunk or feels too ill to go to work. She also frequently injures herself or has arguments with her boyfriend when she is drunk.

She also complains of gastric pain most mornings, which prevents her from eating regular meals. She has recently realized that her alcohol use is a problem and she has been trying to reduce the amount and frequency of her drinking.

On further discussion, you find that she has been inhaling (snorting) cocaine at parties. In the morning after cocaine use she has often felt very ill and she says she wants to stop using it. She also tells you that she has been smoking about 30 cigarettes a day for about 2 years. She says she needs to smoke this number of cigarettes and does not see smoking as a problem.

#### SCENARIO 2

##### Hoang

Hoang, a 17-year-old man, comes to you with a genital ulcer and urethral discharge. As you begin to examine him closely, you realize that his eyes are bloodshot and he smells of cigarette smoke. When you have given him the treatment for his STI, he tells you that he smokes cannabis and tobacco. When you ask him about his cannabis use, he states that he smokes every weekend with his friends and has done so for over a year. However, he is thinking about giving it up because he had a bad fright the last time he was high. He thinks it would be hard to stop because getting high is something he likes to do with his friends.

He used to have a job after leaving school and could afford to smoke a pack of cigarettes a day. At that time he often had a bad cough. Now he cannot afford to buy cigarettes and he only smokes when they are given to him (about 3 a day). He has taken methamphetamine a couple of times with his friends. He liked the feeling and sees no problem with trying new substances occasionally.

### SCENARIO 3

#### Samir

It is late in the evening and you are working in your hospital's casualty department. A young man is brought in with minor cuts on his face and arms. You attend to his cuts.

After a few questions you realize that he seems sleepy and his pupils are dilated. After some discussion, he tells you that he has been using heroin for about three years and smokes it every day. He got hurt earlier that evening when he was in a fight with some men over a drug deal. He says his family are very worried about his substance use and the troubles he gets into, but he says he has no desire to stop using heroin.

He said that a year ago he was drinking alcohol most evenings until he passed out once. After he lost his job, he managed to stop drinking. Now he has another job and wants to keep it. He says that now he only drinks alcohol with his friends at parties about once every few months.

Bring the discussions to a close and ask each group presenter to briefly outline their scenario, identify the pattern of use, and state the stage of change their young client appears to be at in relation to each of the substances used.

Ask a volunteer to write the main points on a flipchart, under the name of each individual (scenario), substance, pattern of use and stage of change.

### TIP FOR YOU

#### Responses to pattern of substance use and stages of change for each scenario

Explain to the participants that the pattern of use and the stage of change for each person are not always clear. What is important is that there is awareness of the stages and that there is a match between the stage of change and the intervention that is offered.

#### Yasmine

Yasmine's use of alcohol was harmful and has become worse recently (injuries and gastric problems). She is in the contemplation/action stage of change with her alcohol use.  
Her use of cocaine is hazardous. She is in the contemplation stage of change with her cocaine use.  
Her use of cigarettes is probably dependent and she is in the pre-contemplation stage of change.

#### Hoang

Hoang's use of cannabis is hazardous; however, why was he frightened? If there is evidence of damage to his mental health (or physical health), his use could be harmful. He is in the contemplation stage of change with his cannabis use.  
His use of cigarettes is hazardous; when he could afford them, it may have been harmful. His stage of change may be pre-contemplation or maintenance (the change has been forced by economics). Consider: if he had the money today, would he spend it on cigarettes? Relapse stage.  
His use of methamphetamine is hazardous. He is in the pre-contemplation stage of change with his use of methamphetamine.

#### Samir

Samir's use of heroin is very likely to be dependent after 3 years of daily use. He is in the pre-contemplation stage with his use of heroin.  
A year ago his pattern of alcohol use was harmful. Today his use is hazardous. He is usually in the maintenance stage of change, with bouts of drinking as relapses.

### WRAP UP

To conclude, show slide K4-5.

## Talking points

This slide shows a matching of the patterns of use with the possible stages of change for the young person. This is important information for the health worker because it indicates the young person's readiness for change. Once they begin the process of change, they may be able to move through other stages of change.

- During hazardous use (or potentially hazardous use), young persons may consider that they are “experimenting” with substance use and see no problem with this and no need to change their use. After the first one or two occasions, their use is no longer “experimenting”. The young person is probably in the pre-contemplation stage. However, a situation may frighten or alarm the young person, which can move them towards considering or working towards change. The young person may be in the pre-contemplation stage, but could be in contemplation, preparation or even the action stage.
- With harmful use, there is usually some motivation to consider their level of substance use because they are experiencing more problems with the substance. Once again, it may be a particular incident that motivates them to change. The young person is probably in the contemplation, preparation or action stage.
- Dependence is more complex. On the one hand, there may be motivation to change because the young person is experiencing problems; on the other hand, physical dependence may make the prospect of change difficult to face. There is usually little or no motivation to stop the dependence. There is also fear and doubt that they can succeed in stopping their substance use. However, as we have said, the majority of young people are not dependent on substances.

### Patterns of substance use matched with possible stages of change

- **Hazardous use:** May not see substance use as a problem (pre-contemplation stage) or may see a need to change (pre-contemplation, contemplation, preparation, action stage)
- **Harmful use:** Some motivation to consider the level of substance use (contemplation, preparation, action stage)
- **Dependence:** Little or no motivation to stop (pre-contemplation, contemplation)

SLIDE K4-5

### TIP FOR YOU

- **Pre-contemplation:** not yet acknowledging that there is a problem behaviour that needs to be changed
- **Contemplation:** acknowledging that there is a problem, but not yet ready or sure of wanting to make a change
- **Preparation:** getting ready to change
- **Action:** changing the behaviour
- **Maintenance:** maintaining the behaviour change
- **Relapse:** returning to previous behaviours.

Tell the participants that we have seen how important it is to link the stages of change with the patterns of substance use.

Young people need to feel ready for change and willing to take responsibility to make the change happen. This readiness for change is more usual when the young person is in the hazardous pattern of substance use.

Health workers need to match the young person's pattern of use and stage of change with an appropriate response and action.

In the next session we will discuss actions by the health worker.



# Session 5

## Health worker action with young substance users

### Aim of the session

- To identify the actions the health worker can take in the clinic and in the community with young substance users.

### ACTIVITY 5-1

#### MINI LECTURE: THE AIMS OF HEALTH WORKER ACTION

Remind the participants that the health worker has now completed an assessment on the young person and is now aware of his/her pattern of substance use and stage of change. We shall now look at what the health worker is able to do in the clinic and in the community for and with young substance users.

Show Slide K5-1.

SLIDE K5-1

#### Aims of health worker action with young substance users

- Prevent young people who are not substance users from beginning to use them.
- Advise and assist young people who are using substances to stop or reduce their use.
- Advise and assist on ways to reduce the harmful effects for young people who do not stop using substances.

#### Talking Points

- If the young person is not a substance user, the health worker can provide information to support and encourage them in their behaviour and to prevent them from starting to use substances.
- The health worker aims to advise and assist young substance users and support them to stop or reduce their use.
- With young people who do not stop using substances, the health worker can advise and assist on ways to reduce the harmful effects of their substance use.

### ACTIVITY 5-2

#### MINI LECTURE: THE (GA)THER APPROACH

SLIDE K5-2

#### The GATHER steps

- G** Greet
- A** Assess
- T** Tell
- H** Help
- E** Explain
- R** Return visit/Refer

Now we will look at the rest of the GATHER approach during the interview.

Show slides K5-2 to K5-6 and go through the talking points.

This slide reminds us of the letters of GATHER.

Remind the participants that earlier we examined the G and A components in the assessment. Now we will look at the rest (THER).

## Talking points

The health worker has determined in the assessment whether the young person is using substances or not. The following actions are valuable both for the young person who tells the health worker that they are using substances and for the young person who says that they are not using substances. The specifics of the information provided will be different.

- The health worker asks the young person for permission to give him/her information on substance use.
- It is important to discuss the dangers and problems with substance use in general and the dangers and problems with the specific substance that the young person is using.
- The health worker gives the young person information on preventing, reducing or stopping substance use and responds to the young person's concerns and questions. The information needs to be given in a factual and non-judgemental manner.

### T - Tell

- Ask permission to give information
- Discuss dangers/problems with substance use
- Give information on preventing/reducing/stopping substance use
- Respond to concerns/questions.

SLIDE K5-3

## Talking points

- The health worker helps the young person find out what he/she wants to do about their substance use. If the young person is not using substances, the health worker can reinforce and encourage behaviour that will prevent substance use.
- Encourage him/her to identify what options are available.
- Discuss the possible positive and negative outcomes of each option.
- It is for the young person to make a decision on what action he/she will undertake. Young people need to feel ready for change and willing to take responsibility to make the change happen. Reinforce that whatever action they decide to take, they will have the health worker's support. Young people will not respond well to being lectured or told what to do.

### H - Help

- Help the young person to decide what to do about substance use.
- Encourage the young person to identify possible options.
- Discuss the possible outcomes of the options.
- The young person makes a decision on action.

SLIDE K5-4

## Talking points

- The health worker can identify other options that have not come up.
- It is important to explain that it is the young person's responsibility to make the action happen. The health worker can encourage them to feel confident that they are able to make the change happen.
- Together they can identify other people who can support the young person to make the action happen.
- The health worker can provide other supplies (e.g. needles and syringes, condoms) or services (e.g. STI management, contraception).

### E - Explain

- Identify other possible options.
- Explain the young person's responsibility to make the action happen.
- Identify other sources of support.
- Provide supplies or services.

SLIDE K5-5

SLIDE K5-6

### R - Return Visit/Refer

- Schedule a return visit.
- Refer for other services.
- End the session with a positive message.

### Talking points

- It is important to schedule a return visit and write it down for the young person.
- If required, refer the young person for other services.
- End the session by thanking the young person for coming, acknowledge the progress made during the session, and review the plan.

Ask if there are any questions on this. Remind them that GATHER is described further in the Handout in section 3.4.

## ACTIVITY 5-3

### MINI LECTURE: ACTION MATCHED TO EACH STAGE OF CHANGE

Explain to the participants that you are going to discuss how health worker actions can be matched to each stage of change of the young substance user.

These actions can be carried out through a range of services that may be offered to the young person. Acknowledge that obviously not all of these services can be offered by any one service provider; however the health worker can make an important contribution at each stage.

Remind them that the key to understanding the Stages of Change model is that there needs to be a match between the stage of change and the intervention offered. The following slides offer some actions that match with each stage.

SLIDE K5-7

### Action with young substance user at the pre-contemplation stage

- Raise awareness of the risks
- Provide information
- Discuss ways of reducing the risk and harm of substance use.

### Talking points

Remember that at the pre-contemplation stage the young person has not yet acknowledged that there is a problem behaviour that needs to be changed, so they are not ready to hear about reducing or stopping their substance use. At this stage the health worker can:

- Raise awareness of the risks. Routine assessment provides an important opportunity to identify substance use in the early stages.
- Provide information. Use plain language; be factual, professional and non-judgmental.
- Discuss ways of reducing the risk and the potential harm of their substance use (e.g. eating before drinking alcohol, smoking only half of a cigarette, not injecting drugs).

## Talking points

Remember that at the contemplation stage the young person may acknowledge that there is a problem but may not yet be ready or sure of wanting to make a change.

At this stage the health worker can:

- Continue to raise awareness of the risks of substance use.
- Assist the young person in making informed choices.
- Listen to what the young persons are saying about why they like using the substance and what they see as problems with reducing or stopping their use. This will give you important information on how to assist them towards change.
- Avoid too much focus on “action”. Do not tell or suggest what they can do too early. If they come to the decision to act by themselves, they will be more likely to succeed.
- Aim to tip the balance in favour of change by pointing out the positive points they have made in support of change.

### Action with young substance user at contemplation stage

- Continue to raise awareness of the risks
- Assist in making informed choices
- Acknowledge the perceived positives of use and the perceived negatives of change
- Avoid too much focus on “action”
- Aim to tip the balance in favour of change.

SLIDE K5-8

## Talking points

Remember that at the preparation and action stage the young person is preparing to act or is already acting on making a change. At this stage the health worker can:

- Decide that an assessment may be appropriate at this time. An assessment tool for substance use may be available nationally. There is an example of an assessment tool on the CD-ROM.
- Advise the young person on the options that have been identified during the GATHER assessment.
- Assist the young person in making a plan, and help him/her in skill development and strategies to support the plan.
- Assist the young person in maintaining motivation.
- Prepare the young person for the possibility of relapse. If they are not prepared for this, then they may feel very disappointed and discouraged if they return to substance use. Their disappointment may cause them to feel all is lost and to return to their previous level of use. If they are prepared for relapse, they can see this as a single event and maintain the progress they have made towards behaviour change. This is why the health worker should prepare the young person for the possibility of relapse before relapse occurs.

### Action with young substance user at preparation and action stage

- Assessment
- Advise on options
- Assist in making a plan
- Assist in maintaining motivation
- Relapse prevention.

SLIDE K5-9

SLIDE K5-10

### Action with young substance user at at maintenance stage

- Provide support in difficult times
- Teach self-reinforcement skills
- Monitor relapse prevention skills
- Teach self-monitoring skills
- Self-help groups and peer support.

### Talking points

Remember that at the maintenance stage the young person is maintaining the behaviour change.

At this stage the health worker can:

- Provide support in difficult times and assist the young person to maintain their status
  - Teach the young person to recognize their own strengths and draw on positive experiences that they have in maintaining their behaviour change.
  - Monitor relapse prevention by reminding them that relapse may happen and by not making them feel bad when or if a relapse occurs
- Teach self-monitoring skills by helping them to take responsibility for their behaviour and raising their awareness of early detection of their feelings and of situations they are entering (e.g. asking them: What makes you feel you want a drink and how can you help avoid the situation or plan for this situation in advance?)
  - Self-help groups and peer support may be useful because the experience and situations of peers may reflect their own situation.

SLIDE K5-11

### Action with young substance user at at the relapse stage

- Prepare for possible relapse
- Support to renew decision for change
- Support to identify and try different strategies.

### Talking points

Remember that at relapse the young person has returned to the previous behaviour.

- It is important with relapse that the young person is prepared in advance; explain that relapse may occur and it does not mean that all they have gained in behaviour change is worthless. The health worker can help the young person identify the “lessons learnt” from relapse and to help minimize the harm from relapse.
- The health worker can support the young person to renew their decision for change.
  - Support them to identify and try different strategies (e.g. strategies to reduce the risk of getting into situations where substances are commonly used, or to assist them with peer pressure to use substances, or to find peer support for their changed behaviour).

## ACTIVITY 5-4

### ROLE PLAY: ACTION IN THE CLINIC USING GATHER

Tell the participants that we will now do a role play. Get them into groups of three persons each, assuming the roles of young person, health worker and observer. You can select by asking them, e.g. “Who was born in January ... February ... etc.?” and make up the groups of three persons based on this criterion – or some other – until you have the right number of people in the groups.

Ask the participants to sit in their groups of three around the room and to decide who will be the young person, the health worker and the observer. See that a participant who has not played the role of health worker has the opportunity now.



Tell them to turn to Annex 5 of the Handout (scenarios of Yasmine, Hoang and Samir), which was used for the Stages of Change (Activity 4.3, see above). Go round the groups and allocate each group a scenario.

Ask them to go through the interview in their role play using the GATHER approach, but focusing less on the G and A and more on the THER components, in identifying actions for this young person.

Ask them to read the instructions in the Handout, Annex 5, for Session 5: Activity 5.4.

Tell them they have 2 minutes to prepare, 5 minutes for the interview and 3 minutes to report back in their group.

Remind them to come out of their roles.

When they have finished, ask for any general comments.

## ACTIVITY 5-5

### MINI LECTURE: ACTION IN THE COMMUNITY

If there is time, ask the participants: *What action can the health worker take in their community to address the issues of young substance users?*

You can write the responses on a flipchart or just listen to the suggested community actions.

If there is not enough time for a plenary discussion, show the following slide (K5-13), go through the talking points, and then ask the participants to add their comments and additional activities that can happen in the community.

### Talking points

- Raise family and community awareness of substance use and young people by discussing the local situation. Raising awareness of substance use in the community can enhance the protective factors and minimize the risk factors for young people. The involvement of parents is vital.
- Involve the community in planning and implementing the community prevention programmes so that the target community will have ownership of the programme, which is a key ingredient to the success of any initiative. Programmes should make use of existing networks and links between community organizations, both governmental and nongovernmental.
- Contribute to prevention programmes that aim to reduce supply and demand. For example, working with the community to examine and promote change in the supply of illegal and legal drugs in the community and to ban tobacco and alcohol advertising.

#### Action by the health worker in the community with young substance users

- Raise family and community awareness.
- Involve the community in planning and implementing a community prevention programme.
- Contribute to prevention programmes.
- Provide community links.
- Support harm-reduction strategies.

SLIDE K5-12

- Provide community links. Link young people with support services within the community. Provide them with connections and encourage them to seek support, especially from peer counsellors and peer support groups. If appropriate, encourage them to ask their family, relations and friends for help.
- Health workers have a role to raise public awareness on the importance and benefits of harm reduction for individuals and communities. Harm reduction strategies are often opposed by community members who think they will encourage substance use. Harm reduction strategies aim to reduce the negative consequences of drug use rather than reducing or stopping drug use itself.

#### TIP FOR YOU

If the IDU module is going to follow this module, tell the participants that harm reduction will be discussed further at that time.

## ACTIVITY 5-6

### MINI LECTURE BY GUEST PRESENTER (OPTIONAL) - 10 MINUTES

#### LOCAL SUBSTANCE USE PROGRAMMES FOR YOUNG PEOPLE

A 5-10 minute presentation can be included here from a person working in substance use, to inform the participants about the local services available to young substance users.

#### WRAP UP

To wrap up, show Slide K5-1 again. Remind the participants that these are the aims of all activities for young people and substance use.

Actions that contribute to these aims can help to prevent, reduce and stop substance use.

# Session 6

## Approaches to acute problems for young substance users (optional session)



### Aims of the session

- To discuss the acute problems young people may experience as a result of their substance use.
- To identify the ways health workers can respond to acute problems.

### ACTIVITY 6-1

#### BRAINSTORMING: ACUTE PROBLEMS

Tell the participants that you would now like them to think about what acute problems young substance users might experience. Help them to brainstorm on the following question (Flipchart K3).

Have a volunteer note down the answers on flipcharts.

Allow time for discussion and then conclude with the following slide.

*What acute problems do young substance users experience?*

FLIPCHART K3

### Talking points

Acute substance use problems include:

- Episodes of intoxication and related problems (agitation, aggression and violence, confusion, delusions, hallucinations).
- Overdose occurs when a substance is used in an amount that brings about a physical or mental crisis. Accidental overdose can occur with inexperienced substance users. Deliberate overdose is a common means of suicide or attempted suicide, especially for young people.
- Withdrawal occurs when the administration or use of a drug is discontinued (whether by choice or not). The syndrome includes strong urges and craving for the substance. When an individual is dependent on a substance, discontinuation is extremely painful with many physical and psychological symptoms.

**Acute substance use problems include:**

- Episodes of intoxication and related problems:
  - Agitation
  - Aggression and violence
  - Confusion, delusions, hallucinations.
- Overdose
- Withdrawal.

SLIDE K6-1

Direct the participants to section 6 of the Handout for further information on the particular signs and symptoms of substance-specific intoxication, withdrawal and overdose.

Direct the participants to section 6, Table 2 in the Handout and go through the immediate responses to acute problems.

Tell the participants that we shall now look at scenarios dealing with acute problems.

## ACTIVITY 6-2

### INDIVIDUAL AND GROUP WORK: ADDRESSING THE IMMEDIATE NEEDS OF YOUNG PEOPLE WITH ACUTE PROBLEMS

Ask the participants to turn to the case studies in the Handout, Annex 6. Allow them 10 minutes to read each case study and individually note their immediate responses to the situations.

Next, divide the participants into groups of about four and tell them they have 10 minutes to discuss their answers. Ask them to pay particular attention to the different responses they had noted for each scenario and the reasons for these.

#### SCENARIO 1

##### Tung

Tung, a 19-year old client whom you know well, staggers into your health centre. He smells very strongly of alcohol and is bleeding from a cut above his eye. You know him to be a pleasant young man who has been diagnosed with depression; however, he can become aggressive when intoxicated.

**What would your immediate responses be?**

**Examples:**

- Say something like “Tung, I am worried about your eye, let’s have a look at it.”
- Attend to the cut above his eye if possible (while doing this, try and gauge the level of intoxication, any other substances used, etc.); if this is not possible, tell him you think he needs to go to hospital. Offer him the option of either you or a friend going there with him.
- If Tung becomes highly aggressive, call the police/security as a last resort in order to maintain safety – yours, other clients and his own.
- If you are concerned that Tung may be suicidal, assess the lethality of this and encourage contact with his regular health worker or other support people; and as a last resort, if he does not cooperate, disregard his wishes and contact security or the crisis team for his own safety.

#### SCENARIO 2

##### Nhat

Nhat, a 15-year old boy, comes running into your health centre. He starts screaming in the waiting room, “You are all out to kill me”, “I know that the cameras are in my head taking pictures”. He seems to be breathing fast and is very jittery, wide-eyed and staring. Because of this behaviour you believe you believe that he is possibly under the influence of methamphetamines. You have seen him in the centre once or two times before. There is currently no one else in the room. As you approach him he picks up a chair and holds it above his head threatening you.

**How would you respond?**

**Examples:**

- Say something like “Nhat, I can see that you are very upset and angry. Please put the chair down, so we can talk about whatever is worrying you and sort things out.”
- Remind him of your previous good relationship and that you are here to help.
- If Nhat becomes more aggressive (e.g. swinging the chair), call the police/security as a last resort (to maintain safety – yours, other clients and his own).
- Do NOT attempt to take the chair from him as this could result in serious injury and he may perceive this as a threat and respond by becoming more violent.

**SCENARIO 3****Ravi**

The young people from your health centre are participating in a festival at a local park where there are ball games, activities and food. You notice that four of the young people have gone missing. You walk down to the river where you find them inhaling from a plastic bag. Three of the young people seem a little bit intoxicated but manageable; however, the fourth young person, Ravi, is quite unsteady on his feet and yells something about you spying on them and that he is going for a swim.

***What would your immediate responses be?***

**Examples:**

- Seek assistance of colleagues.
- Direct a colleague to take the other young people away; if there is no colleague, encourage the three other young people to move away so that you could talk more privately with Ravi.
- Reassure Ravi that you simply want to see that he is all right. Tell him that swimming right now is not a good option, and suggest an alternate activity (e.g. going for a walk).
- If he was hallucinating, explain this as being a part of the substance effect. Try to be as supportive as possible, asking him what he would like you to do. If he orders you away, ask a colleague to take over the situation as he may see you as a threat.
- If he becomes threatening and abusive, try to remind him of your past good relationship.
- If matters get worse, call for assistance.
- For Ravi's own safety, do NOT leave him alone.
- When he is stabilized, refer him for appropriate medical and other investigations.

**SCENARIO 4****Young woman**

You come across a young woman who is lying unconscious in the street near your health centre. There is a syringe beside her.

***What would your immediate responses be?***

**Examples:**

- Assume that the woman has had an overdose of some form of opioid.
- Call for medical assistance while reporting an overdose.
- Apply basic first aid.
- Get the support of co-workers.
- While doing this, ask the people around if they know what she had taken, and ask them to assist the medical team.

When 10 minutes is over, bring the participants together and have a general discussion on the responses in the groups.

**WRAP UP**

Conclude with the following comments:

- The signs and symptoms of intoxication and withdrawal from various psychoactive substances may overlap.
- It is necessary to focus on the presenting syndrome in order to plan immediate action.
- Once the life-threatening situations are dealt with, the health worker can assess the substance use patterns and problems and identify the main substance which caused the problem.
- Later, it will be possible to make a long-term plan with the patient and his/her family and try to address the underlying causes of the substance use.
- The patient should be referred to other services if needed.

Refer the participants for more information to the Handout in section 6 (*Approaches to acute problems for young substance users*). Here they will find information on intoxication with specific substances.

# Session 7

## Module review



### Aims of the session

- Review module objectives
- Complete Orientation Programme Personal Diaries
- Review Matters Arising Board and Mood Meter
- Summarize key messages from the module.

### ACTIVITY 7-1

#### REVIEW OF OBJECTIVES

Display the module objectives once again. Go through each objective and remind the participants of what was covered. Ask for any final questions or comments and address them.

Module objectives	Module objectives
<ul style="list-style-type: none"> <li>■ Discuss the use of psychoactive substances by young people, how and why substances are used, the patterns of use and their consequences</li> <li>■ Discuss the risk factors and protective factors that influence substance use by young people</li> <li>■ Consider how health workers can assess young people for substance use</li> </ul>	<ul style="list-style-type: none"> <li>■ Introduce tools that can assist the health worker in assessing young people for substance use and in planning appropriate interventions</li> <li>■ Discuss what health workers could do in the clinic and in the community to prevent and reduce substance use and to lessen the harmful consequences of substance use among young people</li> <li>■ Identify the approaches to acute problems for young people and substance use</li> </ul>
SLIDE K1-1	SLIDE K1-2

### ACTIVITY 7-2

#### REVIEW OF SPOT CHECKS AND MATTERS ARISING BOARD

Ask the participants to turn to their Spot Checks which they completed in Session 1.

Go through the Spot Checks and address each one of them in turn.

The answers to the Spot Checks are given below:

1. Protective and risk factors for young substance users can occur in 5 areas (the individual, family, peer group, school, and community).

The most common *protective factors* are:

- A positive relationship with parents
- Parents who provide structure and boundaries
- A positive school environment
- A spiritual belief.

The most common *risk factors* are:

- Individual feelings of hopelessness and distress
- Conflict in the family
- Friends who are substance users
- Local advertising and promotion of substances.

The full list of risk and protective factors is given in section 1.4 of the Handout.

2. The *three patterns* of substance use for young people are:
  - Hazardous
  - Harmful
  - Dependence.
3. The stages of change are:
  - Pre-contemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance
  - Relapse - which can be considered a “state” that may occur at any stage of the change process.
4. The aims of the health worker in relation to young people and substance use are to:
  - **Prevent** young people who are not using substances **from beginning** to use them
  - Advise and assist young people who are using substances to **stop or reduce their use**
  - Advise and assist on ways to **reduce the harmful effects** for young people who do not stop using substances
5. Tell the participants that there is no right or wrong answer to these statements. Ask them to look at their responses at the beginning of the module and reflect on any changes they would make now. Ask if anyone is willing to share their changes.

Allow a few participants to share different answers that reflect gains in their knowledge and/or changes in their attitudes as a result of participating in this module.

Address any questions and comments on the Matters Arising Board that have not been covered.



**ACTIVITY 7-3****ORIENTATION PROGRAMME PERSONAL DIARY (OPPD)**

Ask the participants to bring out their Orientation Programme Personal Diaries (OPPD). This can be a notebook which they have designated as the OPPD.

Put up and read Flipchart K4. Ask the participants to write down three key lessons they learnt from this module and three things that they plan to do in their work for/with young people, putting into practice the new knowledge acquired as a result of their participation in this module.

*List three important lessons that you learned through participation in this module*

*List three things that you plan to do in your work for/with young people*

FLIPCHART K4

**ACTIVITY 7-4****KEY MESSAGES FROM THE MODULE AND CLOSURE**

Summarize the key messages of this module by going over Slides K7-1 and K7-2 and the talking points.

**Talking points**

- Most substance use begins during adolescence.
- Substance use by young people is common.
- Family relationships and peer associations are both important risk factors and protective factors which can determine substance use for young people.
- Early detection and brief intervention can prevent harmful use and dependence.

**Young people and substance use module**

- Most substance use begins during adolescence
- Substance use by young people is common
- Family relationships and peer associations are important
- Early detection and intervention are important.

SLIDE K7-1

**Talking points**

- There are three patterns of substance use with young people (hazardous, harmful and dependence), which indicate how the young person uses a substance. Understanding an individual's pattern of use is a critical part of the initial assessment and appropriate action.
- Understanding the stages of change can assist the health worker to assess a young person's readiness for change.
- Action by the health worker aims to prevent young people from starting to use substances, to stop or reduce their use of substances, and to reduce the harmful effects of substance use by young people who do not stop.
- Health workers have an important role with young people and substance use, both in the clinic and in the community.

**Young people and substance use module**

- Four patterns of substance use
- Stages of change assist in assessment
- Aims of health worker action (prevent, stop, reduce the use, and reduce the harmful effects)
- Important role for health workers with young substance users.

SLIDE K7-2

Remind the participants to complete the Mood Meter before they leave.

Remind the participants that the Handout provides more detail on the subject areas covered in this module and that it lists additional resources for their interest.

Thank the participants warmly for their hard work and participation in this module.



Orientation Programme on Adolescent Health for Health-care Providers

*Annex 1*

# Spot checks

Sessions 1 and 7



### SPOT CHECK 1

**Name three protective and three risk factors for young people and substance use**

Protective factors

- 
- 
- 

Risk factors

- 
- 
- 

### SPOT CHECK 2

**What are the three patterns of substance use for young people?**

- 
- 
-

### SPOT CHECK 3

What are the stages of change?

- 
- 
- 
- 
- 
- 

### SPOT CHECK 4

What are the aims of health workers' actions with young substance users?

- 
- 
-

## SPOT CHECK 5

Read each statement and tick the box that reflects your point of view

I agree I disagree

There is no way of stopping young people from getting drunk - it is part of their growing up



As a health worker, I should ask all young people about the substances they use



Scaring young people is a good way to stop them from using substances



It is acceptable for boys to smoke cigarettes



It is acceptable for girls to smoke cigarettes



A drug addict is anyone who has ever injected drugs



Our health services should not waste money on treating young people who inject drugs



Girls and boys need to have information on substances so that they can make sensible choices



If I spend 5 minutes talking with a young person about substance use, I may make a difference



If a boy of 15 years came to me with an alcohol problem, I would need to tell his parents



Talking about substance use makes me uncomfortable



If I thought I had a problem with substance use, I would never discuss this with anyone

