

Disorders due to substance use

mhGAP Training of Health-care Providers
Training manual
Supporting material



World Health
Organization

SUB supporting material

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

Activity 3: mhGAP SUB module (alcohol) assessment

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

Activity 3: mhGAP SUB module (cannabis) assessment

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

Activity 5: mhGAP SUB module (cannabis) management

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

SUB person stories

These are a collection of personal stories describing what it feels like to live with substance use disorder. Each story should last between three to five minutes. The stories can be adapted as required to fit the context and setting of the training.

You can choose to read out the stories in a creative and engaging manner. Or, where available, you can show videos of a person's story by downloading the videos.

If suitable, seek permission to use a person's story from the local area. If there are service users that you know well who have lived with disorders due to substance use and would like to share their experiences then ask them to share their story with you. Ask them to describe to you how it feels to live with a disorder due to substance use and how it has impacted on their life. You can write this down and use their story, with their consent, to teach other participants.

Person story 1: Street drugs

Nyaope, also known as whoonga, is a very addictive, dangerous and destructive street drug. It is a mixture of heroin and cannabis and has become increasingly popular since 2010.

I remember my first smoke on that Saturday with a friend over a few drinks. I remember how good it felt; better than alcohol, the feeling of being in control of the world. I was “hooked” from the first puff. The satisfaction only lasted a few minutes and already I wanted more in my body, having a small amount of money on me, I bought a fix and went on using it all night.

I am an experimental person and that is exactly what got me addicted, I had no challenges in my life which I can blame for the addiction. My life, after that one smoke, changed for ever because all I cared about was feeding the addiction and nothing else. The drug was easily available as I bought it from a dealer on my street, who was surprised by my frequent visits.

I wanted nothing but the feeling of being intoxicated by the drug. I lost interest in everything else, neglected my daughter, family and chores. I would just wake up in the morning to go look for money for a fix.

I started stealing as a result, at home, car break-ins, shops in town and even house robberies. I would steal money from tills, clothes or any item that could be sold fast for cash.

My family noticed my addiction due to the physical changes that addicts undergo: weight loss (I went from a size 38 to 28), sudden dark pigmentation of skin, not eating and taking less care of themselves.

My family were devastated, especially because I had a child, but they however continued to support me to stop using the drug.

Withdrawal symptoms are worse than labour pains. Trust me, I know.

I could not sleep for four days, sweating, having stomach cramps, throwing up, a runny stomach and paralysed by the lack of drugs in my body. I was admitted to hospital for two weeks which ended my misery and I got proper treatment under supervision which helped me a lot.

Adapted from: <http://mobserver.co.za/20119/sesys-story/>

Person story 2: Alcohol

When I was drinking at age 32 I didn't look too bad – at least on the outside. I had a lovely wife and two kids, we owned a house and I drove a nice car. But on the inside I was a complete mess. I could not hold down a job and even getting casual work was increasingly difficult.

The house and car I had were expensive and kept me in debt. My wife had to work two jobs for us to survive.

My biggest problems were inside my head: self-hatred, acute self-consciousness, fear, shame and continuous dread of impending calamity. I could not get rid of the feeling that everything was going to fall apart all the time.

The alcohol used to stop me worrying about these things. If I had any worries or negative thoughts about myself I would drink and magically all the thoughts and worries would disappear.

But after years of using this magic – it stopped. Alcohol no longer made everything better. Instead it brought no relief from the pain and fear I was feeling. The magic door had closed and I had to live with the pain.

When I first started drinking – in my teens and early twenties – it was all so wonderful.

Although I was a pretty ordinary person, not a lot of confidence but reasonably clever and friendly, when I found alcohol it gave me boundless confidence. I became loud, funny, and interesting and found everything and everyone enjoyable.

For several years this was my experience of drinking – I would drink feel confident and have fun – the only problems were the occasional hangovers the next morning.

However, in that time I had become dependent on alcohol this was evident when I started needing it to get me to sleep at night. If I didn't have a drink last thing at night it was difficult to sleep. I would toss and turn and feel terribly uncomfortable. A little drink always worked its magic.

The next problem to occur was the shakes. This started as just a slight tremor in the mornings. But then someone noticed it and said, "Wow you must have been drinking last night." I was terribly embarrassed by the remark and from then on tried hard to stop my hands shaking. The trouble is, the harder you try to stop them shaking, the worse they shake. If I had to sign something in front of people, my hands would go completely out of control and I couldn't even hold the pen. By age 26 this had become a serious impediment to normal life. It was really scary.

I remember one time I went to work and a colleague needed me to sign a receipt urgently. As soon as I walked in the door she shoved the receipt and a pen under my nose and asked me to sign it. I quickly made an excuse, "I have to make an urgent phone call first," and went upstairs to my office. Every now and then she'd call out, "Can you sign it now?" I made some fake phone calls and tried to sound busy. I paced up and down in a state of absolute panic.

(continued)

Person story 2: Alcohol (continued)

That was about five or six years before I finally allowed the thought that alcohol was the real problem come fully into my consciousness. During that time the fear of shaking became one of the main obsessions in my life. First thing on waking I would start thinking of who might ask me to sign my name or hand me a cup of tea. I had to plan every part of my day around when I could have a drink and mix with people safely. It wasn't long before I concluded that the only sensible thing to get drunk first thing in the morning and then it didn't matter when someone asked me to sign things. If I was drunk all day everyday my hands were always steady and I could complete any task.

So I entered that stage where there was no part of my life that wasn't affected by alcohol. I spiralled further and further into misery and fear to the point where alcohol dulled the panic but not the pain and shame. I remember the last party I went to as a drunk. I sat in a corner acutely self-conscious and uptight. I felt everyone was looking at me.

Eventually I let one of those friends help me. I visited my doctor and attended Alcoholics Anonymous and It took me well over a year to stop drinking. I have been sober for 20 years now and I now longer have any desire to drink.

I used to hate the idea of stopping drinking because it seemed all the fun in life would disappear. But it was the misery that disappeared. Laughter, fun and joy came back into my life. I enjoyed the thrill of doing scary things stone-cold sober. I experienced the contentment that I belong in the world. I'm a valued person who brings value to others.

Adapted from: Alcoholics Anonymous Australia (2017). *He had to learn the first step*. Retrieved from <http://www.aa.org.au/new-to-aa/personal-stories-first-step.php>

Person story 3: Alcohol – Samwell’s story

Back in high school, I always distanced myself from the other students. I was a hard worker, with my eyes firmly fixed on the prize. I wanted to be chief executive office of a big company in the city, and to achieve that, I knew I had to work hard.

But when I was about to complete high school, things took an unexpected turn. I started associating with some students who had lost focus in life and were indulging in alcohol. Ironically, they were the most popular group. Although I had never wanted to be like them before suddenly I felt like something was missing from my life, or I was missing out on something and I wanted to be more like them.

They received all the attention from the girls and appeared to shine when they went out in public. I wanted to feel important and be just like them – so I joined them. Their leader was a boy called Martin.

Martin effectively inducted me into the world of alcohol. My life took a turn that crushed my dreams, my life, my family and my friends.

I failed to get onto my dream university course, a bachelor of commerce, and accounting, because I did my last school exam paper, Accounts Paper II, while still extremely drunk.

Actually, I would have missed the exam, had it not been for the intervention of one close friend Festus, who ensured that I spent the night before the exam in school. Aware of my predisposition to drink, he had made a point of searching for me in all the bars and clubs near school and when he found me in one of these bars he insisted I stay with him and try and sober up.

Those days the Mututho laws had not been enacted, so bars were open all day. Festus was kind enough to hire a taxi to take us back to school, but it was 2am before I finally laid my head on my pillow.

Five hours of sleep did nothing to reduce my drunkenness, and neither did the 30-minute cold shower. I staggered into the exam room, sat at my desk and waited for the invigilator to distribute the exam paper. I was actually wavering between sleep and wakefulness. I did not even hear the invigilator giving instructions, and it was the student sitting behind me who woke me up and advised me to go and wash my face. On seeing my state, the kind invigilator further advised that I take a 30-minute power nap before taking the exam. This I did; in fact, I extended it to an hour. It was a fellow candidate who came to wake me up with an hour remaining, and my mind less foggy. I tackled only two 10-mark questions out of the required five. My accounts teacher was confident that I would score a straight A, going by my past records. However, I disappointed him, thanks to my love of alcohol. A love that made me miss out achieving the grades I needed to get onto my dream course.

Nevertheless, I got admitted to Egerton University in Njoro, Nakuru County. In Njoro, several factors, as if in a grand conspiracy, connived to create an ideal environment for my nascent alcoholism. I was taking a BSc in agricultural business management degree course, or Agribus, as we preferred to call it.

The campus’ remoteness from “civilization” ensured that I was far away from the prying eyes of my kith and kin, guaranteeing me “utmost freedom of alcoholic expression” and maximum staggering distance.

I got a loan from the Higher Education Loans Board without my parents’ knowledge, which I used to boost my drinking kitty.

I don’t remember attending morning lectures or going to the library during my brief stay at the university.

(continued)

Person story 3: Alcohol – Samwell's story (continued)

Meanwhile, my drinking increased to the point where I had more alcoholic hours than credit hours, which inevitably made me miss crucial assignments and term papers. As a rule in all universities, missing a certain number of classes and not doing assignments automatically lead to discontinuation. And that is how I bid my university education goodbye.

In 2001, a year after being kicked out of university, life started getting difficult. Luckily, my parents never lost hope in me and continued helping me.

Over time, I got numerous jobs but I could not hold down any for more than three months because of my drinking. In fact, I have never held down a job long enough to qualify for annual leave.

I once got a job interview with a leading airline for the position of cabin crew. I had all that was required for the job, and all I had to do was show up for the interview. However, a friend whom I had not seen in a while came to my place as I was preparing to go for the interview. He had a quarter bottle of gin, which he asked me to take to steel my nerves. And being the fool that I was, I swallowed his bait, thinking the gin would boost my confidence during the interview. However, I took one swig too many, which we ended up topping up with several quarters. That is how my journey to face the panel ended.

I had great luck getting jobs, which was evenly matched by the frequency of losing them. For some reason, I just couldn't wait to be sacked but took it upon myself to walk out.

One case, which I remember to date, happened when I was working in a casino in the city centre. I remember staggering to the manager's office and giving him a management 101 tutorial while on alcoholic auto pilot.

My mother, Edah, has always been a guiding light in my life. In psychology, she is what I have learnt here in rehab is known as an "enabler". With her love and care, she unwittingly makes me more of an alcoholic.

My being her only son only makes this relationship even worse with regard to my drinking. It's a Catch-22 situation in which showing love and concern only fanned the embers of alcoholism.

She has taken me to hospital numerous times, she has been given grim prognoses, ranging from pyloric ulcers to pneumonia. She has shouldered the emotional pain that accompanies alcoholics.

I would say it was largely for her sake that I decided to go into rehab. I went there after sleeping at a Mama Pima's (chang'aa den) for three days, of course without food or a bath. I was brought here by Pastor Patrick Kiema.

The bishop a man of matchless modesty and refinement, listened to my story with deep interest, then, without even seeking my consent, said a lengthy prayer after which he asked me whether I was willing to give my life to Christ.

Here in rehabilitation, I am living as a new creature, with the fruits of the Holy Spirit slowly blossoming in me.

Shortened from: Samwell Born Maina (2015). Kenya: Learn from my story and steer clear of the path of self-ruin. *Daily Nation*. Retrieved from <http://allafrica.com/stories/201507071618.html>

SUB person stories

Note: Role plays 3, 4, 5 and 6 are additional to those supplied for the activities – for those wanting to extend training.

Role play 1: Assessment

Purpose: To enable participants to practise using the mhGAP-IG algorithm to assess a person use of alcohol.

Duration: 30 minutes.

Situation: **PERSON SEEKING HELP**

- This is your second visit to the clinic. During the first you were diagnosed with hypertension after presenting with severe headaches, confusion, chest pain and a fast beating heart.
- You were asked to return and this is your second visit.
- You need to drink daily up to 10 to 12 drinks.
- If you stop drinking for six hours, you start shaking and craving alcohol.
- You are not working and take your spouse's money to buy alcohol.
- You admit that you drink alcohol but you minimize the amount and you do not think it is a problem.
- You have no other mhGAP priority condition.
- You used to drink after work, but you lost your job when the factory was closed and now you are drinking all day.
- You say you never get drunk.

Instructions:

Let the health-care provider start the conversation.

Role play 1: Assessment

Purpose: To enable participants to practise using the mhGAP-IG algorithm to assess a person use of alcohol.

Duration: 30 minutes.

Situation: **HEALTH-CARE PROVIDER**

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

Instructions:

Perform an assessment for a disorder of substance use starting on page 116 of your mhGAP-IG Version 2.0.

Role play 1: Assessment

Purpose: To enable participants to practise using the mhGAP-IG algorithm to assess a person use of alcohol.

Duration: 30 minutes.

Situation: **OBSERVER**

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

Instructions:

Please keep to time:

- 3 minutes reading
- 10–15 minutes' consultation
- 5–10 minutes for feedback and small-group discussion.

Please assess the following competencies:

4. Uses effective communication skills
5. Performs assessment

And grade the level of competency the health-care provider achieves.

Role play 2: Psychosocial intervention

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

Duration: 40 minutes.

Situation: PERSON SEEKING HELP

- You describe yourself as a social smoker as in the past you have gone a month without smoking anything. But, in reality, you normally smoke most weeks and every weekend.
- You occasionally have 50–70 cigarettes in one weekend and another 20 cigarettes during the week.
- You say you only smoke at social occasions as it relaxes you but in the past few years you have also started to smoke during the week on your own.
- You have found that tobacco is the only way you can relax at the moment.
- If you do not smoke you find that you are very tense and irritable.
- In the past year, your asthma has deteriorated and you are finding it harder and harder to breathe.
- You cannot walk 100 metres without stopping to catch your breath.
- You have developed a cough which is very painful and leaves you feeling weak and debilitated.
- You are missing more and more days off work because of this cough and you are worried that you will lose your job.

Instructions:

Let the health-care provider start the conversation.

As the health-care provider assesses your levels of motivation to change you have these pointers:

- **Taking responsibility:**
 - You are worried about your smoking and you would like to stop all together.
 - You are worried because you have noticed that your breathing and asthma are getting worse all the time and that scares you. You are also worried because your cough is getting worse and causes you a lot of pain.
- **Reasons why you use tobacco:**
 - You started when you were an adolescent partly because of peer pressure and partly because you are an anxious person and you found it a lot easier to be in social situations if you had a cigarette in your hand.
- **Consequences of your tobacco use**
 - The negatives:**
 - Your asthma has deteriorated.
 - You have developed a painful cough.
 - You have lost your overall fitness and find it difficult to walk 100 metres without becoming out of breath.
 - You are losing money because cigarettes are becoming more expensive.
 - You are in trouble with work as you are having to take time off work to seek help over your asthma and cough.
 - The positives:**
 - You are an active person and the cigarettes seem to calm you down this is especially true in social situations.
 - You find it easier to talk to people and socialise when you smoke this important for you as you have a job that requires that you do a lot of socializing.
- **Personal goals:**
 - You want to start doing more exercise and get fitter as you are worried about your overall health. Your own father died of lung disease when he was young and you do want the same thing.
 - You want to learn how to manage your anxiety in different ways.
 - You want to give up smoking but you have a couple of stressful life events coming up which you think you need cigarettes to cope with them.

Role play 2: Psychosocial intervention

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

Duration: 40 minutes.

Situation: **HEALTH-CARE PROVIDER**

- A person describes himself as a social smoker (tobacco), but actually smokes more often than just social situations.
- He occasionally has 50–70 cigarettes in one weekend and another 20 cigarettes during the week.
- He has terrible asthma and struggles to breathe the next day. He also has a painful and persistent cough that often means he has to take time off work.

Instructions:

You do not need to repeat an assessment.

Explore with Mr Sana his motivation to change his smoking following the steps on page 123 of the mhGAP-IG Version 2.0, using the eight steps of motivational interviewing:

1. Start by giving him feedback from the initial assessment (that his smoking is causing the deterioration in his health and will continue to do so).
2. Encourage him to take responsibility by asking if he is worried about his smoking.
3. Discuss the reasons why he smokes.
4. Discuss the consequences of his smoking (positive and negative).
5. Discuss his personal goals.
6. Have a discussion to summarize what he has told you.
7. Discuss options.
8. Support the changes he chooses to enact.

Role play 2: Psychosocial intervention

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

Duration: 40 minutes.

Situation: OBSERVER

- A person describes himself as a social smoker (tobacco), but actually smokes more often than just social situations.
- He occasionally has 50–70 cigarettes in one weekend and another 20 cigarettes during the week.
- He has terrible asthma and struggles to breathe the next day. He also has a painful and persistent cough that often means he has to take time off work.
- The health-care provider will perform motivational interviewing following the steps on page 123 of mhGAP-IG Version 2.0.

Instructions:

Please keep to time:

- 3 minutes reading
- 20–25 minutes' consultation
- 5–10 minutes for feedback and small-group discussion.

Please use the following competency assessment forms:

- 4. Uses effective communication skills
- 8. Provides psychosocial intervention

And grade the level of competency the health-care provider achieves.

Role play 3: Psychosocial intervention

Purpose: To enable the participants to observe, reflect and then practise using the principles of motivational interviewing.

Duration: 50 minutes.

Situation: **PERSON SEEKING HELP**

- You are Mr Sana.
- You describe yourself as a social drinker, as you often go two to three weeks without drinking anything. You usually only drink at weekend parties.
- You occasionally have seven to nine drinks in one night.
- You are worried about your alcohol use as you are having more and more nights when you cannot remember how you got home and that scares you. Explain that on those nights you do not have any memory of what happened from the early evening until the next morning.
- Your wife has told you that you often come home and fight with her. You have woken up with cuts and bruises on your body and you are worried about what you have done.
- You use alcohol because you are socially quite anxious and alcohol helps you to relax. When you drink you are able to talk to people more easily and you feel more confident.
- The positive aspect of your alcohol use is that you feel more confident, you find it easier to talk to people, you feel happier in the short term.
- The negative effects are that you are often told that when you drink you are quite argumentative and often fight with people that you do talk to. The hangover you have the next day and over the weekend is awful. In fact, it takes you until mid-week to feel well again.

Instructions:

Let the health-care provider start the conversation.

Role play 3: Psychosocial intervention

Purpose: To enable the participants to observe, reflect and then practise using the principles of motivational interviewing.

Duration: 50 minutes.

Situation: HEALTH-CARE PROVIDER

- Mr Sana describes himself as a social drinker.
- He often goes for two to three weeks without drinking anything.
- He only usually drinks at weekend parties.
- He occasionally has seven to nine drinks in one night.
- Sometimes he cannot remember how he got home.
- Talk to him about this situation and provide advice.

Instructions:

- You do not need to repeat an assessment.
- Explore with Mr Sana his motivation to change his drinking following the steps on page 123 of the mhGAP-IG Version 2.0.
- Use these questions as a basis for your motivational interview:
 - Have you ever thought about why you use the substance?
 - What are the consequences of your alcohol use: What does alcohol do for you? How does it help you? Does it cause you any problems?
 - Has alcohol ever caused you harm? Can you see it causing you harm in the future?
 - How do you see yourself in the future? What would you like to be doing?
 - Does your alcohol use stop you from achieving those goals? If so how?
 - What is most important to you in your life at the moment?

Role play 3: Psychosocial intervention

Purpose: To enable the participants to observe, reflect and then practise using the principles of motivational interviewing.

Duration: 50 minutes.

Situation: **OBSERVER**

- Mr Sana describes himself as a social drinker.
- He often goes for two to three weeks without drinking anything.
- He only usually drinks at weekend parties.
- He occasionally has seven to nine drinks in one night.
- Sometimes he cannot remember how he got home.

Instructions:

The health-care provider will perform motivational interviewing with Mr Sana following the steps on page 123 of mhGAP-IG Version 2.0.

Initially, the facilitator will play the role of the health-care provider and then ask the participants to reflect on what they have seen:

- What went well?
- What did they like about the intervention?

Afterwards, please keep to time:

- 3 minutes reading
- 10–15 minutes' consultation
- 5–10 minutes for feedback and small group discussion.

Please use the following competency assessment forms:

- 4. Uses effective communication skills
- 7. Provides psychosocial intervention

And grade the level of competency the health-care provider achieves.

Role play 4: Follow-up and psychosocial intervention

Purpose: To practise working with a person to develop strategies to reduce and stop alcohol use.

Duration: 20 minutes.

Situation: **PERSON SEEKING HELP**

- You are Mr Sana.
- You describe yourself as a social drinker, as you often go two to three weeks without drinking anything. You usually only drink at weekend parties.
- You occasionally have seven to nine drinks in one night.
- During your last meeting, the health-care provider performed motivational interviewing.
- After your last meeting with the health-care provider you are very motivated to stop using alcohol as you are worried that if you continue as you are you are going to develop a dependency.
- You do not know how you are going to stop as you are currently living through a very stressful situation and at the moment you are using alcohol to cope with that stress.
- You are really unsure how you would cope in social situations without alcohol as you quite often find that the only way you can talk to people is if you have some alcohol.
- Your wife is very supportive and she really wants you to stop so she would act as protective factor.
- Your job and work has been suffering because of your drinking and so you are worried that you might lose your job. If you did lose your job that would be a stress and would be a risk factor.

Instructions:

Let the health-care provider start the conversation.

Role play 4: Follow-up and psychosocial intervention

Purpose: To practise working with a person to develop strategies to reduce and stop alcohol use.

Duration: 20 minutes.

Situation: **HEALTH-CARE PROVIDER**

- Mr Sana describes himself as a social drinker.
- He often goes for two to three weeks without drinking anything. He only usually drinks at weekend parties.
- He occasionally has seven to nine drinks in one night.
- Sometimes he cannot remember how he got home.
- On your last meeting, you provided motivational interviewing.
- Today, Mr Sana has returned for a follow-up visit.
- He explained that after thinking about his alcohol use he has decided that it is best if he stops using alcohol.

Instructions:

- Mr Sana is very motivated to change his use of alcohol.
- Perform a follow-up appointment.
- Discuss with Mr Sana how he plans to stop using alcohol.
- Support Mr Sana to identify risk factors that might stop him from stopping his alcohol use.
- Support Mr Sana to identify any protective factors that may help him stop using alcohol.
- Create a list with Mr Sana of strategies he can use to stop using alcohol.

Role play 4: Follow-up and psychosocial intervention

Purpose: To practise working with a person to develop strategies to reduce and stop alcohol use.

Duration: 20 minutes.

Situation: **OBSERVER**

- Mr Sana describes himself as a social drinker.
- He often goes for two to three weeks without drinking anything.
- He only usually drinks at weekend parties.
- He occasionally has seven to nine drinks in one night.
- Sometimes he cannot remember how he got home.
- On the last meeting, the health-care provider provided motivational interviewing.
- Today, Mr Sana has returned for a follow-up visit.
- He explained that after thinking about his alcohol use he has decided that it is best if he stops using alcohol.
- The health-care provider will perform follow-up and work with him to develop strategies to reduce and stop his use.

Instructions:

Please keep to time:

- 3 minutes reading
- 10–15 minutes' consultation
- 5–10 minutes for feedback and small group discussion.

Please use the following competency assessment forms:

- 4. Uses effective communication skills
- 9. Provides psychosocial intervention
- 10. Plans and performs follow-up

And grade the level of competency the health-care provider achieves.

Role play 5: Assessment and psychosocial intervention

Purpose: To enable the participants to practise assessing and managing a person with problematic khat use.

Duration: 45 minutes.

Situation: **PERSON SEEKING HELP**

- You are Yasser, a 37-year-old male who works in the marketplace.
- You chew a lot of khat, generally two bundles each day. It is easy to get in the marketplace, and you will always have one after lunch and then often go to a khat session in the evening. Sometimes if you are tired you may even have one in the morning.
- You love chewing khat. It makes you as if all your problems have gone away. It gives you energy to get through the day. You love the social aspect as well.
- Unfortunately, though you are starting to experience some troubles with khat.
- You are being seen at this clinic for trouble with your liver and gut. You are often constipated, have little appetite and do not eat much. Your mouth is very dry.
- You also find that you feel quite depleted after chewing, but often cannot sleep due to insomnia. You will often be irritable after chewing, and if you go more than a day without it you become quite depressed.
- Last year, after you chewed more khat than usual, you experienced psychosis, where you could hear people mention your name and you felt worried for your safety. You had to stay in hospital for six days. You try to avoid more than two bundles a day now. Your wife is very angry with your khat use. She says that you never do anything around the house after you have been chewing, and is angry that you are always going off to khat sessions with your friends. You are worried she might leave you.

Instructions:

- Let the health-care provider start the conversation.
- After they have performed assessment they will provide a psychosocial intervention.

Role play 5: Assessment and psychosocial intervention

Purpose: To enable the participants to practise assessing and managing a person with problematic khat use.

Duration: 45 minutes.

Situation: HEALTH-CARE PROVIDER

- Yasser is a 37-year-old man who has come for treatment at your clinic for weight loss, constipation and no appetite. He has poor liver function tests.
- When assessing his physical health, he told you that he chews a lot of khat.
- Your notes show that he was treated for psychosis last year which was suspected to be khat-induced.

Instructions:

- Perform an assessment for a disorder of substance use starting on page 116 of your mhGAP-IG Version 2.0, and explain to Yasser what you think is going on.
- After the assessment, explore with Yasser his motivation to change his chewing following the steps on page 123 of the mhGAP-IG, using the eight steps of motivational interviewing:
 - Start by giving him feedback from the initial assessment (that his chewing is causing the deterioration in his health and will continue to do so).
 - Encourage him to take responsibility by asking if he is worried about his chewing.
 - Discuss the reasons why he chews.
 - Discuss the consequences of his chewing (positive and negative).
 - Discuss his personal goals.
 - Have a discussion to summarize what he has told you.
 - Discuss options.
 - Support the changes he chooses to enact.

Role play 5: Assessment and psychosocial intervention

Purpose: To enable the participants to practise assessing and managing a person with problematic khat use.

Duration: 45 minutes.

Situation: **OBSERVER**

- Yasser is a 37-year-old man who has come for treatment at the clinic for weight loss, constipation and no appetite. He has poor liver function tests.
- When assessing his physical health, he told the health-care provider that he chews a lot of khat.
- He was also treated for psychosis last year which was suspected to be khat-induced.
- The health-care provider will perform an assessment for a disorder of substance use, then provide a psychosocial intervention.

Instructions:

Please keep to time:

- 3 minutes reading
- 30–35 minutes' consultation
- 5–10 minutes for feedback and small group discussion.

Please use the following competency assessment forms:

4. Uses effective communication skills
5. Performs assessment
8. Provide psychosocial intervention

And grade the level of competency the health-care provider achieves.

Role play 6: Assessment

Purpose: To enable the participants to practise assessing a person with problematic cannabis use.

Duration: 30 minutes.

Situation: PERSON SEEKING HELP

- You are Alejandro, a 28-year-old man.
- You have attended the clinic on your mother's insistence. She thinks that you have a problem with smoking too much cannabis.
- You smoke every day, about 15–20 cones each day.
- You like the feeling of being "stoned". Sometimes your friends will come by and smoke with you. You all have a laugh and sit around smoking cigarettes, of which you will often smoke 20–30 a day. You do not take any other drugs or alcohol.
- You have a job in the mornings driving a truck for about five hours. You have no interest in working more.
- Your mother is threatening to have you leave the home if you do not stop smoking.
- You do not want to stop, but you are worried about this because currently most of your income goes on cannabis.
- You also have a cough which you dislike.
- You have noticed that sometimes if you smoke too much you get quite paranoid, worry that your friends do not like you and are plotting against you, but mostly you just feel relaxed.

Instructions:

- You have just smoked and are currently "stoned". Slouch in your chair and give slow responses.
- Otherwise, let the health-care provider lead the interview.

Role play 6: Assessment

Purpose: To enable the participants to practise assessing a person with problematic cannabis use.

Duration: 30 minutes.

Situation: HEALTH-CARE PROVIDER

- You are a health-care provider at a local clinic.
- You are about to meet Alejandro, a 28-year-old still living with his mother.
- His mother has made the appointment as she is concerned that he is smoking too much cannabis.

Instructions:

- You are to start the conversation.
- Perform an assessment for disorders due to substance use, starting on page 116 of your mhGAP-IG Version 2.0.

Role play 6: Assessment

Purpose: To enable the participants to practise assessing a person with problematic cannabis use.

Duration: 30 minutes.

Situation: **OBSERVER**

- The health-care provider is about to meet Alejandro, a 28-year-old attending the clinic.
- His mother has made the appointment as she is worried that he is smoking too much cannabis.
- Alejandro smokes about 15–20 cones each day. He also smokes about 20–30 cigarettes but takes no other drugs or alcohol.
- He enjoys smoking and finds it quite social.
- His mother is threatening to throw him out of the house if he does not stop.
- He spends most of his money on cannabis.
- He also has a cough and occasionally experiences marijuana.

Instructions:

Please keep to time:

- 3 minutes reading
- 15–20 minutes' consultation
- 5–10 minutes for feedback and small group discussion.

Please use the following competency assessment forms:

4. Uses effective communication skills
5. Performs assessment

And grade the level of competency the health-care provider achieves.

SUB emergency presentations role plays

Emergency presentations role play 1: Assessment and management

Purpose: To assess and manage an emergency presentation of a disorder of substance use.

Duration: 15 minutes or less.

Situation: **PERSON SEEKING HELP**

- You are Koya, a 28-year-old mother of three children.
- You became addicted to heroin after you started dealing it for your boyfriend to bring in some extra money.
- Now you inject it daily otherwise you start to feel terrible, with anxiety and stomach cramps.
- You tried to do a sudden cessation last week in the hospital, which costs you a month's pay that you had been saving. Unfortunately, you felt so bad when you stopped that yesterday, when you were back at home, you gave in and decided to start using again.
- You used an amount larger than you normally would.
- You became drowsy and your breathing slowed down.
- Your boyfriend became worried and has taken you to the hospital, but he has left as he was worried he would get in trouble with the police if they know that you use.
- You are suffering an opioid overdose.
- You are slumped in the chair, very drowsy. You are barely able to respond.

Instructions:

- You will say very little in this role play, maybe mumble a few words. Your eyes are closed and your breathing is slow.
- If you get injected with naloxone you will wake-up quite quickly and start asking where you are and what happened.

Emergency presentations role play 1: Assessment and management

Purpose: To assess and manage an emergency presentation of a disorder of substance use.

Duration: 15 minutes or less.

Situation: **HEALTH-CARE PROVIDER**

- You are working in a community clinic.
- You do not normally treat emergencies, but as the nearest hospital is over an hour away you have some supplies on hand just in case.
- Today, you have been called into the waiting room by a nurse.
- There is a lady slumped in the chair, eyes closed and barely breathing. She is heavily sedated.

Instructions:

- Perform emergency assessment and management of this lady for a disorder of substance use.
- You will get extra information on physical assessment as you proceed through the role play.
- At the end, you should tell the person seeking help what has happened and what your ongoing emergency management will be.

Emergency presentations role play 1: Assessment and management

Purpose: To assess and manage an emergency presentation of a disorder of substance use.

Duration: 15 minutes or less.

Situation: **OBSERVER**

- The health-care provider works in a community clinic where they have some supplies to treat emergencies just in case.
- They have been asked to see a lady slumped in the chair, eyes closed and barely breathing. She is heavily sedated.
- She has taken an opioid overdose
- The health-care provider will perform emergency assessment and management of this lady for a disorder of substance use.

Instructions:

- You will need to provide the following extra information to the health-care provider as they proceed through the examination:
- If they check vital signs, tell them the following:
 - Pulse 50
 - Blood pressure 90/63
 - Respiratory rate 8 breaths/minute
 - O₂ saturation 92%.
- If they check pupils, tell them the following:
 - Pinpoint pupils.
- At the end, the health-care provider needs to tell the person seeking help what has happened and what the ongoing emergency management will be.

Please keep to time:

- 3 minutes reading
- 5 minutes' consultation
- 5–10 minutes for feedback and small-group discussion.

Please use the following competency assessment forms:

7. Assesses and manages emergency presentations of priority MNS conditions

And grade the level of competency the health-care provider achieves.

Emergency presentations role play 2: Assessment and management

Purpose: To assess and manage an emergency presentation of a disorder of substance use.

Duration: 15 minutes or less.

Situation: **PERSON SEEKING HELP**

- You are Kofi, a 53-year-old living in a small town.
- You have been a heavy drinker for some time – you enjoy the local “home brew”, which you buy from your neighbour, a mother of five who makes it to bring in extra income for the family.
- You have been drinking every day since you were a teenager. You normally drink two to three bottles each day.
- Two months ago, you started experiencing a terrible pain in your stomach. You have not been to see a doctor yet, but you think the pain is worse when you drink. You have decided to try to stop drinking to see if the pain goes away.
- Your last drink was yesterday morning.
- You have been feeling quite unwell since then.
- You are anxious and sweating. You cannot keep still.
- Your hands have started to shake.
- You think you can see things crawling on the ground in the corner of your eyes.
- You have attended the local clinic for assistance as you are quite frightened.

Instructions:

- You do not say much, but move around constantly, looking at different things in the room, and you have a tremor in your arms.
- Allow the health-care provider to start the conversation.

Extended version (only read this if instructed by facilitator)

Your presentation is as above, but you have a more pronounced delirium. In particular, you are disorientated to date and time, and appear more confused or unsure about any questions. The hallucinations are more pronounced, distracting and distressing, and you are more agitated.

Emergency presentations role play 2: Assessment and management

Purpose: To assess and manage an emergency presentation of a disorder of substance use.

Duration: 15 minutes or less.

Situation: **HEALTH-CARE PROVIDER**

- You are a health-care provider working in a small town.
- Kofi is a 53-year-old who has come to see you.
- He appears very anxious.

Instructions:

- Perform emergency assessment and management of this man for a disorder of substance use.
- You will get extra information on physical assessment as you proceed through the role play.
- At the end, you should tell the person seeking help what has happened and what your ongoing emergency management will be.

Extended version (only read this if instructed by facilitator)

An extended version option is available for this role play. Even if instructed to complete this, continue to perform assessment for a disorder of substance use.

Emergency presentations role play 2: Assessment and management

Purpose: To assess and manage an emergency presentation of a disorder of substance use.

Duration: 15 minutes or less.

Situation: **OBSERVER**

- Kofi is a 53-year-old who has come to see the health-care provider of a small town.
- He is a heavy drinker who has stopped suddenly due to health concerns.
- He appears very anxious.
- The health-care provider will perform emergency assessment of this man for a disorder of substance use.

Instructions:

- You will need to provide the following extra information to the health-care provider as they proceed through the examination:
- If they check vital signs, tell them the following:
 - Skin is clammy and they are observed to be shaking. Pupils are normal.
 - Pulse is 110
 - Blood pressure is 184/123.
- At the end, the health-care provider needs to tell the person seeking help what has happened and what the ongoing emergency management will be.

Please keep to time:

- 3 minutes reading
- 5 minutes' consultation
- 5–10 minutes for feedback and small group discussion.

Please use the following competency assessment forms:

6. Assesses and manages physical condition of priority MNS conditions
7. Assesses and manages emergency presentations of priority MNS conditions

And grade the level of competency the health-care provider achieves.

Extended version (only read this if instructed by facilitator)

The presentation is as above, but Kofi has a more pronounced delirium. In particular, he is disorientated to date and time, and appears more confused and unsure about any questions. The hallucinations are more pronounced, distracting and distressing, and he is more agitated.

Emergency presentations role play 3: Assessment and management

Purpose: To assess and manage an emergency presentation of a disorder of substance use.

Duration: 15 minutes or less.

Situation: **PERSON SEEKING HELP**

- You are Prasert, a 31-year-old man.
- You started using methamphetamines about six months ago with your friends.
- You initially started by smoking, but now you have started injecting.
- You find that you need more and more to get the same “hit”.
- Over the last week you have not been feeling well.
- You have had some more methamphetamine two hours ago to try and feel better.
- You are quite paranoid and think that your drug dealer is after you because you owe him money.
- You have gone to the local clinic because you think it will be a “safe place”.
- You feel agitated and anxious and you cannot sit still. You have lots of jerky movements.
- You pick at your skin a lot.
- You talk very fast.

Instructions:

- You talk a lot, move and look around, pick at your skin. You are very anxious.
- You start talking before the health-care provider, telling them everything that has been happening.

Extended version (only read this if instructed by facilitator)

After a few minutes of talking with the health-care provider you become very agitated that they are not listening to your worries about your drug dealer. You start yelling at them, stand up and gesture wildly. You ask the health-care provider if you they can hear the drug dealer in the room next door, and you go and check. You become more and more agitated to the point that you might hit someone.

Emergency presentations role play 3: Assessment and management

Purpose: To assess and manage an emergency presentation of a disorder of substance use.

Duration: 15 minutes or less.

Situation: **HEALTH-CARE PROVIDER**

- Prasert has been brought into your clinic.
- He is a 31-year-old who is very agitated.

Instructions:

- Perform emergency assessment and management of this man for a disorder of substance use.
- You will get extra information on physical assessment as you proceed through the role play.
- At the end, you should tell the person seeking help what has happened and what your ongoing emergency management will be.

Extended version (only read this if instructed by facilitator)

If there is an extended version, you will get new information from the person seeking help towards the end of the interview.

You may need to revise your assessment and use a different module based on this new information.

Emergency presentations role play 3: Assessment and management

Purpose: To assess and manage an emergency presentation of a disorder of substance use.

Duration: 15 minutes or less.

Situation: **OBSERVER**

- Prasert has been brought into the clinic.
- He is a 31-year-old who is very agitated.
- He has been using methamphetamine for six months, both smoking and intravenously.
- He has signs of methamphetamine and is very agitated.
- The health-care provider will perform emergency assessment for a disorder of substance use.

Instructions:

- You will need to provide the following extra information to the health-care provider as they proceed through the examination:
- If they check vital signs, tell them the following:
 - Dilated pupils
 - Pulse 124
 - Blood pressure 148/105.
- At the end, the health-care provider needs to tell the person seeking help what has happened and what the ongoing emergency management will be.

Please keep to time:

- 3 minutes reading
- 5 minutes' consultation
- 5–10 minutes for feedback and small-group discussion.

Please use the following competency assessment forms:

7. Assesses and manages emergency presentations of priority MNS conditions

And grade the level of competency the health-care provider achieves.

Extended version (only read this if instructed by facilitator)

After a few minutes, it will become clear that Prasert is suffering from agitation and aggression as part of a methamphetamine-induced psychosis. The health-care provider will need to use the Table from Management of Persons with Agitated and/or Aggressive Behaviour to continue assessment [mhGAP-IG page 45].

SUB multiple choice questions

1. Which of the following is considered an emergency presentation of a disorder due to substance use? Choose the best answer:

- ☐ A Mania.
- ☐ B Depression.
- ☐ C Anaemia.
- ☐ D Overdose.

2. Which of the following is considered an emergency presentation of a disorder due to substance use? Choose the best answer:

- ☐ A Tremor in hands, sweating, increasing pulse and other symptoms of alcohol withdrawal.
- ☐ B Macrocytic anaemia, low platelet count, chronic liver disease and other symptoms of prolonged use of alcohol.
- ☐ C Low energy, persistent sadness, suicidal thoughts and other symptoms of depression.
- ☐ D Elevated mood, increased activity, unrealistically inflated self-esteem.

3. Which of the following is considered an emergency presentation of a disorder due to substance use? Choose the best answer:

- ☐ A Sexual activity whilst intoxicated that was later regretted.
- ☐ B Intravenous drug use of stimulants or opioids.
- ☐ C Aggressive or violent behaviour whilst intoxicated with stimulants.
- ☐ D Relationship problems as a result of substance use.

4. Which of the following is considered a psychoactive substance? Choose the best answer:

- ☐ A Magnesium sulphate.
- ☐ B Normal saline.
- ☐ C Cannabis.
- ☐ D Pesticides.

5. Which of the following statements best describes withdrawal? Choose only one answer:

- ☐ A A transient condition following the intake of psychoactive substances.
- ☐ B A set of unpleasant symptoms following the abrupt cessation or reduction in dose of a psychoactive substance.
- ☐ C A set of unpleasant symptoms including fixed false beliefs, aggressive behaviour and deterioration in functioning.
- ☐ D A chronic and progressive syndrome due to changes in the brain.

-
6. Which of the following best describes symptoms of substance dependence? Choose only one answer:
- ☐ A Sedation, unresponsiveness, pinpoint pupils following use.
 - ☐ B Current thoughts of suicide, bleeding from self-inflicted wound and extreme lethargy.
 - ☐ C Strong cravings, loss of control over substance use, withdrawal state upon cessation of use.
 - ☐ D Intravenous drug use once per month, but violent towards others when does use.
-
7. Which of the following illnesses should you screen for in people who inject opioids? Choose the best answer:
- ☐ A HIV and hepatitis.
 - ☐ B Wernicke's encephalopathy.
 - ☐ C Epilepsy.
 - ☐ D Thyroid disease.
-
8. Which of the following is a good approach to take when talking with someone who has a disorder of substance use? Choose the best one:
- ☐ A Express surprise when they tell you how much they use, as it may shock them into stopping.
 - ☐ B Explain to them that they are bringing great shame to their family, so they should try and stop.
 - ☐ C Communicate to them that it is possible to stop, and be non-judgemental in your approach.
 - ☐ D Encourage them to go frequently to places or situations where they use, so they can learn to stop the cravings.
-
9. Which of the following is part of a psychosocial intervention for disorders due to substance use? Choose the best answer:
- ☐ A Maintain adequate hydration.
 - ☐ B Give naloxone if signs of overdose.
 - ☐ C Referral to a specialist.
 - ☐ D Mutual help groups.
-
10. Which of the following is a strategy to prevent harm from drug use and related conditions? Choose the best answer:
- ☐ A Advise not to drive if intoxicated.
 - ☐ B Do not ensure condom availability, as it may encourage risky sexual activity.
 - ☐ C Advise to reuse needles so they have more money for food.
 - ☐ D Do not screen for tuberculosis.

11. Which of the following is an element of motivational interviewing? Choose the best answer:

- ☐ A Causing shame and embarrassment for the person.
- ☐ B Asking the person the reasons for their substance use.
- ☐ C Blaming by other people in their lives as a cause of their substance use.
- ☐ D Ensuring hepatitis A vaccination.

12. For which of the following psychoactive substances might you or a specialist consider substitution therapy? Choose the best answer:

- ☐ A Alcohol.
- ☐ B Opioids.
- ☐ C Cannabis.
- ☐ D 3,4-methylenedioxymethamphetamine (MDMA).

SUB multiple choice answers

1. = D	2. = A	3. = C	4. = C
5. = B	6. = C	7. = A	8. = C
9. = D	10. = A	11. = B	12. = B