

California WIC Program Presents



Substance Use: Alcohol & Drug Abuse Trainee Workbook

June 2013

Notes

Agenda

- 1. Welcome, Introductions, Agenda and Objectives**
- 2. Warm-Up Activity**
- 3. Stages of Addiction**
- 4. Addiction – A Brain Disease**
- 5. Impacts**
- 6. Recovery Happens, Treatment Works**
- 7. Common Substances and Trends**

Break

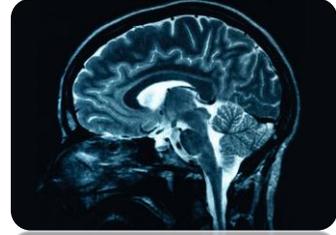
- 8. Exploring our Ideas about Substance Use**
- 9. Screening**
- 10. Providing Substance Use Education and Referrals**
- 11. Closing Remarks and Evaluation**

Objectives

At the end of this training, trainees will have:

- Explored the science of addiction
- Explored personal attitudes related to substance use
- Explored WIC's process for substance use screening
- Explored and practiced how to discuss the dangers of substance use
- Explored WIC's process for providing substance use referrals

Substances and the Brain



1. How do substances work in the brain?

- Substances target the brain's pleasure center by flooding the circuits with Dopamine, the neurotransmitter present in regions of the brain that regulate movement, cognition, motivation, and feelings of pleasure. This affects the way neurons normally send, receive, and process information.
- The overstimulation of these neurons produces the pleasurable effects sought by the individual and teaches them to repeat the use.
- The difference in effect can be compared to the difference between whispering and shouting into a microphone.

2. How does stimulation of the brain's pleasure center teach us to keep taking substances?

- Our brains are wired to ensure that we will repeat life-sustaining activities by associating those activities with pleasure or reward such as eating food for survival.
- Whenever these pleasure circuits are activated, the brain notes that something important is happening that needs to be remembered and teaches us to do it repeatedly without even thinking about it.
- Because substances of abuse stimulate the same circuits, we learn to abuse substances in the same way.

3. Why are substances more addictive than natural rewards?

- When substances are taken, they can release 2 to 10 times the amount of dopamine that natural rewards do.
- This can happen almost immediately and the effects can last much longer than those produced by natural rewards.
- The resulting effects on the brain's pleasure circuit are much stronger than those produced by naturally rewarding behaviors such as eating.
- The effect of such a powerful reward strongly motivates people to take substances again and again.

4. What happens to your brain if you keep taking substances?

- Just as we turn down the volume on a loud radio, the brain adjusts to the overwhelming increases in dopamine (and other neurotransmitters) by producing less dopamine or by reducing the number of receptors that can receive and transmit signals.
- As a result, dopamine's impact on the reward circuit of a substance abuser's brain can become abnormally low and the ability to experience any pleasure is reduced.
- This is why the abuser eventually feels flat, lifeless, and depressed, and is unable to enjoy things that previously brought them pleasure.
- Now they need to take substances just to bring their dopamine function back up to normal.
- They must take larger amounts of the substance than they first did to create the dopamine high - an effect known as tolerance.

5. How does long-term substance taking affect brain circuits?

- The brain systems involved in the development of tolerance can eventually lead to big changes in long-term brain function.
- Long-term abuse can trigger the brain to adapt to habit or unconscious memory of things related to use.
- Conditioning is an example of this type of learning. Even without the substance itself being available, environmental cues become associated with the substance experience and trigger uncontrollable cravings.
- This learned "reflex" is extremely strong and can happen even after many years of abstinence.

6. What other brain changes occur with abuse?

- Repeated exposure to substances disrupts the brain structures that control behavior specifically related to substance abuse.
- Just as continued abuse may lead to tolerance or the need for higher substance dosages to produce an effect, it may also lead to addiction which can drive an abuser to seek out and take substances again and again.
- Addiction erodes a person's self-control and ability to make sound decisions while sending strong urges to continue taking substances.

Addiction Myths and Facts

1. Myth: Addicted people are bad, crazy, or stupid.

Fact: Evolving research is demonstrating that addicts are not bad people who need to get good, crazy people who need to gain sanity, or stupid people who need education. Addicts have a brain disease that goes beyond their use of substances.

2. Myth: Addiction is a willpower problem.

Fact: This is an old belief. It is easy to blame addicts for using substances to excess. This myth is reinforced by the observation that most treatments are behavioral (talk) therapies which are perceived to build self-control. But addiction occurs in the dopamine system of the brain that is not under conscious control.

3. Myth: Addicts should be punished, not treated, for using substances.

Fact: Science is demonstrating that addicts have a brain disease that causes them to have impaired control over their use of substances. Addicts need treatment for their chemically-driven brain or nervous systems.

4. Myth: People addicted to one substance are addicted to all substances.

Fact: While this occurs sometimes, most people may be dependent on a substance or number of substances that "matches up" with the person's brain chemistry.

5. Myth: You have to want to be treated in order to get better.

Fact: Research shows that people who are forced into treatment do recover. Employers may threaten to fire, a spouse may threaten to leave, and family members may threaten to withdraw support if an individual does not choose to enter treatment. The court may offer treatment in lieu of prison. Outcomes for individuals legally required to enter treatment have shown to be as good as the outcomes for those who went voluntarily.

6. Myth: Addiction is treated behaviorally so it must be a behavioral problem.

Fact: New brain scan studies show that behavioral treatments (i.e. psychotherapy) and medications work similarly in changing brain function. Addiction is a brain disease that can be treated by changing brain function through several types of treatments.

7. **Myth: Alcoholics can stop drinking simply by attending AA meetings, so addiction must not be a brain disease.**

Fact: For most people, AA is a tough, lifelong working of the Twelve Steps. Research shows that this support system of people with a common experience is one of the active ingredients of recovery in AA. AA doesn't work for everyone though, even for many people who truly want to stop drinking.

8. **Myth: An individual needs to reach rock bottom before they can get any help.**

Fact: Although this can be true for some people, the evidence shows that the earlier in the addiction process that someone receives help, the more they have to live for and get better for.

9. **Myth: Addicts cannot be treated with medications.**

Fact: Addicts/alcoholics are medically detoxified in hospitals all the time. New medicines are being developed to help patients who have already become abstinent to further curb their cravings for substances. These medications reduce the chances of relapse and improve the effectiveness of behavioral (talk) therapies.

Tips for Substance Use Screening

1. Ask the questions in a relaxed fashion with a neutral tone of voice. Be aware of your body posture so the participant feels open and at ease to answer honestly.
2. To create a safe atmosphere for the participant, you may want to begin by saying: *One of the things we do at WIC is screen for substance use and provide referrals. I am going to ask you some sensitive questions related to alcohol and drug use. The questions are for data collection purposes and your answers will be kept confidential.*
3. Read the questions *exactly* as they are written in ISIS.
4. Affirm the participant for their willingness to answer the questions: *Thank you for answering those questions. It isn't always comfortable for everyone.*
5. Whether a participant acknowledges they have used a substance or not, remember:
 - Addiction is an illness
 - Participants may be afraid you will judge them
 - Participants may fear they will lose their children if they are honest
 - They may be ashamed and feel they should stop, but find they cannot

Script 1

Instructions:

Choose a partner. One person will be WIC staff and the other person will be the participant. Read the scenario and role-play the script with your partner.

Scenario: You are screening a pregnant 23-year old participant with a 2-year old toddler. You are asking the Additional Health Questions, Prenatal Screen.

Staff	<i>Are you married?</i>
Participant	<i>No.</i>
Staff	<i>Hmmm- Does anybody in your house smoke?</i>
Participant	<i>Yes, my boyfriend.</i>
Staff	<i>Did you smoke in the last week?</i>
Participant	<i>No, I quit when I got pregnant.</i>
Staff	<i>Does anyone in your family or your boyfriend drink or do drugs?</i>
Participant	<i>Why do you have to know that?</i>
Staff	<i><u>You</u> don't drink or do drugs do you?</i>
Participant	<i>No, I quit everything when I found out I was pregnant.</i>
Staff	<i>So it's been a while?</i>
Participant	<i>Yep</i>
Staff	<i>(Staff marks "never" on questions 16 and 17, the alcohol and drugs questions). So you've never had a problem with alcohol or drugs?</i>
Participant	<i>I don't think so???</i>

Circle what is wrong with this script.

How many mistakes did you find?

Stop! Do not turn to the next page.

Script 2

Instructions:

Switch roles. Read the scenario and role-play the script with your partner.

Scenario: Sonya is a 21-year old pregnant mom with a 2-year old toddler. You are asking the Additional Health Questions, Prenatal Screen.

Staff	<i>Sonya, part of our job here at WIC is to screen for substance use and provide community referrals that may be helpful to you and your family. I'm going to ask you some questions that may be a little sensitive. I have to read them exactly as they are written. Is that okay?</i>
Participant	<i>Sure. I'm okay with that.</i>
Staff	<i>Are you married?</i>
Participant	<i>No.</i>
Staff	<i>Does anyone living in your household smoke inside the home?</i>
Participant	<i>No.</i>
Staff	<i>During the past 7 days, have you had a puff of a cigarette?</i>
Participant	<i>No, I quit when I got pregnant.</i>
Staff	<i>Good for you, Sonya! I bet you are proud of that! How many cigarettes do you smoke daily?</i>
Participant	<i>None.</i>
Staff	<i>Has anyone in your family or your current partner ever had a problem with alcohol or drugs?</i>
Participant	<i>My brother drinks.</i>
Staff	<i>When did <u>you</u> last drink alcohol?</i>
Participant	<i>The day I found out I was pregnant. March 23, 2013.</i>
Staff	<i>Congratulations! Good for you! (staff enters date)</i>
Participant	<i>Thank you.</i>
Staff	<i>When did you last use drugs?</i>
Participant	<i>March 23, 2013.</i>
Staff	<i>Wow, you have made some major changes! Have you ever had a problem with alcohol or drugs?</i>
Participant	<i>Yeah, before I became pregnant.</i>
Staff	<i>Well let's talk about that a little further. I have a few more questions. What drugs do (or did) you usually use?</i>
Participant	<i>I used to use meth, but now I just smoke marijuana. But I don't consider that a drug. I have a prescription and it's for my back pain.</i>
Staff	<i>How often do (or did) you usually use?</i>
Participant	<i>I used to smoke meth every day. But I'm done with that. I just stay away from those people for the most part.</i>
Staff	<i>That is amazing!</i>

Participant	<i>Yeah, it was really hard, but I did it.</i>
Staff	<i>You should be very proud of yourself, Sonya! How often to do you smoke marijuana now?</i>
Participant	<i>Maybe once a day. I have to have it or my back kills me, especially with this pregnancy.</i>
Staff	<i>Do you want to stop?</i>
Participant	<i>Not really. I don't think it's that big of a deal.</i>
Staff	<i>Thank you for answering those questions. They aren't always comfortable for everyone.</i>

What would you do next?

Stop! Do not turn to the next page.

Tips for Providing Substance Use Education

1. Tell the participant you would like to share some information about a particular substance. Ask for their permission.
 - a. If you sense some resistance, normalize the conversation by letting her know that WIC routinely provides substance use education to all participants.
 - b. If they say “yes”, ask if you can share some possible health risks associated with that substance.
 - Ask them what they thought about the information you provided
 - Ask how you can help them and help them if they ask.

Instructions:

Switch roles. Continue from the last scenario by sharing the health risks of using marijuana.

Staff	<i>Please know there is no judgment only support for you, your baby, and your family. I'm curious. What other things have you heard about marijuana?</i>
Participant	<i>All I know is it doesn't hurt people like meth. It's legal if you have a good enough reason to get a prescription. Everyone does it. I've never seen anyone go to the hospital for a marijuana overdose.</i>
Staff	<i>Sonya, part of my job here at WIC is to share any possible health risks associated with different substances. Having more information may be helpful. Would it be okay to share that information with you?</i>
Participant	<i>I guess.</i>
Staff	<i>Marijuana can be addictive. There is a risk of impaired learning and memory as well as an increased risk of respiratory infections. There are some risks for your baby as well. Smoking marijuana while you are pregnant may cause you to give birth early or cause your baby to be smaller than normal. Sonya, how do you feel about the information I just shared?</i>
Participant	<i>I know it makes me forget stuff but I didn't know all of the other information.</i>
Staff	<i>What concerns you the most?</i>
Participant	<i>I never considered it to be addictive and I don't want to hurt my baby.</i>
Staff	<i>Absolutely! And lots of people get addicted to marijuana. You are not alone.</i>

Tips for Providing Substance Use Referrals

1. Smoking cigarettes is often an indication of current or past substance use. It is recommended that WIC staff provide substance use referrals along with quit smoking referrals to all people who use tobacco.
2. Normalizing the giving of referrals and resources can be a helpful tool, especially if the participant does not reveal their substance use. Let the participant know you routinely give referrals, not just for the participant's health, but the health of the whole family. You might say: *We routinely give out referral information in case you or a family member wants more information or support with substance use.*
3. Familiarize yourself with your agency's resources and referrals.
4. Circle the telephone numbers they can call or websites they can access to get help with substances. They may not let you know they want help but they may call in the privacy of their own home.

Instructions:

Switch roles. Continue from the last scenario by providing referrals.

Staff	<i>Often it is difficult to quit on your own. I'm going to circle some numbers to call and websites you can access if you want to reach out for some support. (Circle AA/NA hotline numbers on agency referral list, circle local treatment information). They will be helpful if you decide to stop now and especially if you are tempted to use meth after the baby is born. These numbers are for you, your family, or anyone you know that would like some support.</i>
Participant	<i>Okay.</i>
Staff	<i>Sonya, I want to thank you for discussing such a sensitive subject with me today. It just shows how dedicated you are to being a great mom.</i>
Participant	<i>Thank you. I'm really trying.</i>
Staff	<i>I'm going to make an appointment for you to meet with the dietitian. (Finish ISIS screens and make an appointment to see the dietitian)</i>
Participant	<i>Okay.</i>
Staff	<i>It was nice talking with you. I know you will make the best choices for you and your family. You have <u>already</u> made some healthy changes, which is great.</i>
Participant	<i>Thank you!</i>

What Would You Say?

Instructions: Following are scenarios related to substance use that might occur at your WIC site. Discuss and write down how you might handle each situation with your table group. Using your Quick Reference Guide, what would you say to the participant?

Keep the following in mind:

- Your comfort level or expertise – you are not expected to be an expert
- How receptive the participant might be
- Your role as a WIC employee
- When and how you might ask a question or provide information
- How you might use your PCE skills – open questions, affirmations, asking permission, etc.

1. A pregnant participant sits down in your office with two small children. She says she is a party girl and likes to drink alcohol.
2. A participant asks what the dangers of cocaine use might be on her unborn child.
3. A participant disclosed she smokes a pack of cigarettes a day.
4. A pregnant participant's boyfriend says he has a prescription for marijuana and it must be nutritious because it is an herb.
5. A pregnant mom informed you that her doctor said it would be okay to have a glass of wine or two at night.
6. Write down a real life situation that happened in your office. How was it handled?

Notes

California WIC Program Substance Use Training Evaluation

Date: _____ **Agency:** _____

The Training and Career Development Section strives to improve the quality of our trainings. Please take a few moments to give us feedback by completing the following evaluation.

Instructions: Using the following scale, circle the number that best describes your rating for each statement.

<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
1	2	3	4

COURSE DESIGN & MATERIALS

The purpose of the training was clear.	1	2	3	4
The training was related to my job.	1	2	3	4
The training materials were useful.	1	2	3	4
The training held my interest.	1	2	3	4
I can apply the skills I learned to my job.	1	2	3	4
I would recommend this training to others.	1	2	3	4

TRAINER

The trainer was knowledgeable.	1	2	3	4
The trainer demonstrated professional training skills.	1	2	3	4
The trainer encouraged interaction.	1	2	3	4
The trainer used time effectively.	1	2	3	4

(Over)

