

Management of Drug Abusers by Family Doctors



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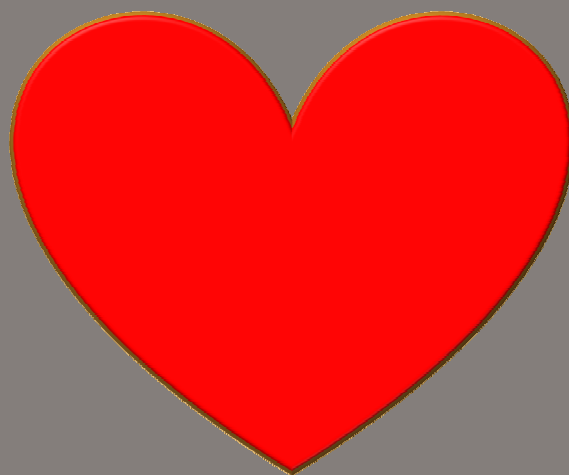
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YOU are at an advantageous position to manage young drug abusers because:

- YOU might know the patient well
- YOU are a family doctor and YOU are trained in behavioural modification
- YOU can always cooperate with other team members or refer the patient
- YOU have the full support of HKMA !

About Drug Abusers

- There is no single easy treatment method
- A considerable number of young abusers are not managed by anyone
- Among those receiving treatment, a considerable number of them fail
- Among those who succeed in the first phase, a considerable number of them relapse



C醫PA

"C" CPSAs "醫" Partnership Arrangement

香港醫學會 濫用精神藥物者輔導中心
更緊密醫社關係安排

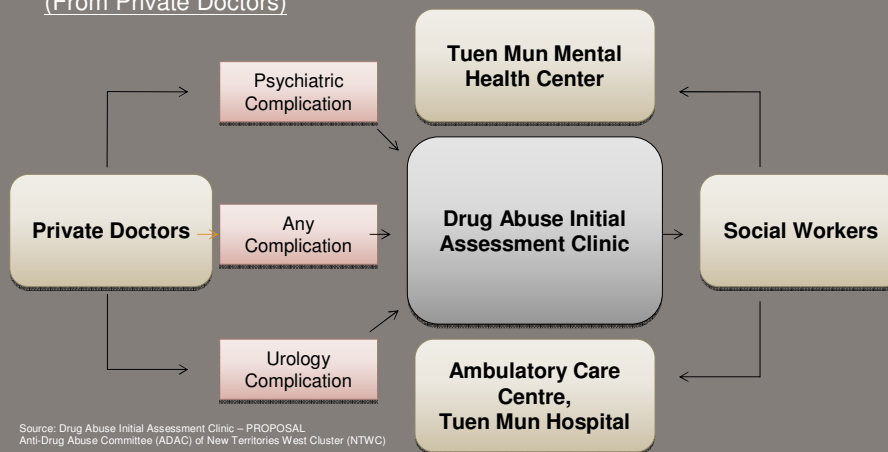


**香港醫學會社區網絡及濫用精神藥物者輔導中心
HKMA Community Networks & CCPSAs**

HK East Community Network	Tung Wah Group of Hospitals CROSS Centre 東華三院越峰成長中心
Central, Western & Southern Community Network	
Yau Tsim Mong Community Network	Hong Kong Christian Services PS33 香港基督教服務處 PS33
Kowloon East Community Network	Lutheran Social Service Evergreen Lutheran Centre 香港路德會社會服務處路德會青怡中心
Sai Kung Community Network	
Tin Shui Wai South / North Community Network	Evangelical Lutheran Church Hong Kong Enlighten Centre 基督教香港信義會天朗中心
Yuen Long Community Network	
Tai Po Community Network	Lutheran Social Service Cheer Lutheran Centre 香港路德會社會服務處路德會青欣中心
Tuen Mun Community Network	Caritas HUGS Centre 明愛容圃中心
Tsuen Wan Community Network	
Shatin Doctors Network	Hong Kong Sheng Kung Hui Welfare Council Neo-Horizon 香港聖公會福利協會新念坊

Tuen Mun Network

- Referral pathway for drug abuse cases
(From Private Doctors)



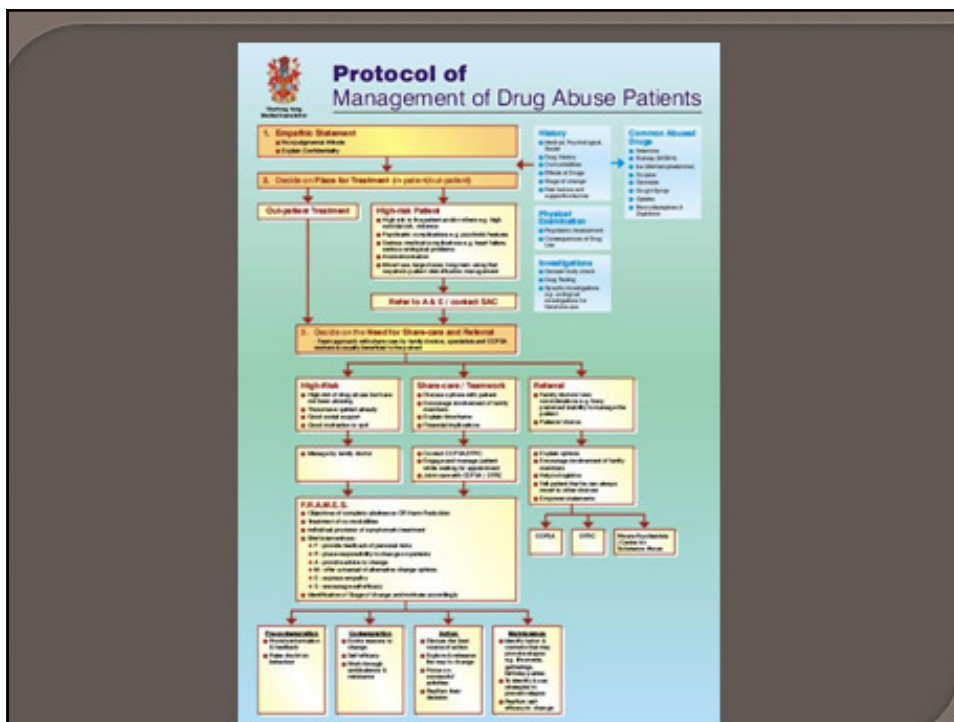
Where to Get Help and Where to Refer

- HKMA secretariat and duty council members
- CCPSA of your district would usually be most helpful
- SAC of your district when there is urgent detoxification need or psychiatric problems needing specialist care
- DTRC if the patient needs and agrees to hostel treatment
- It is advisable to involve a family member if possible

Treatment and Rehabilitation

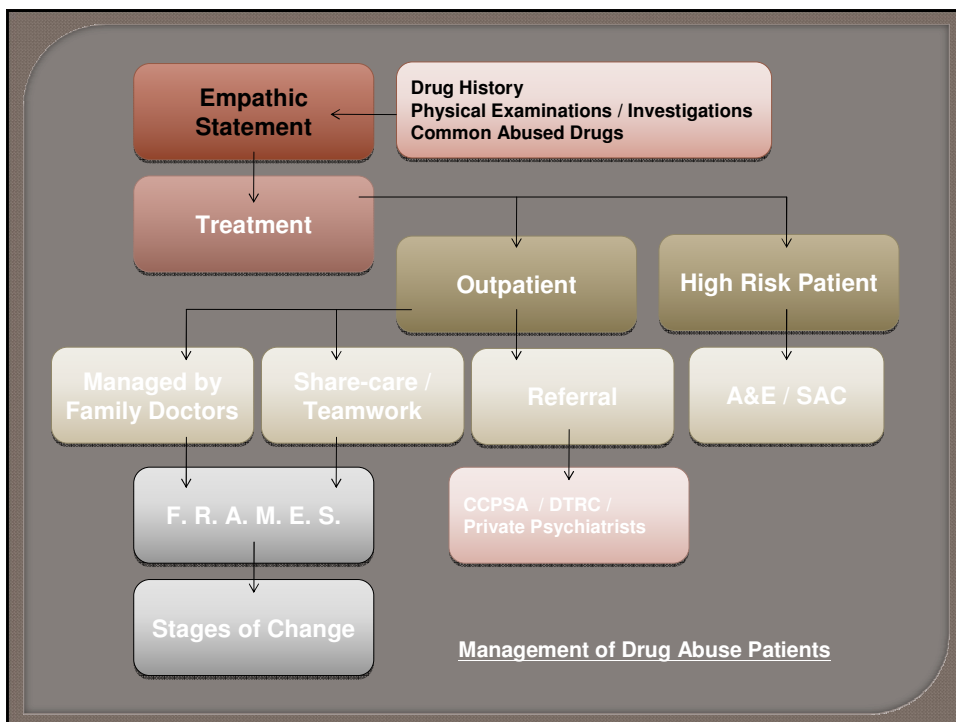
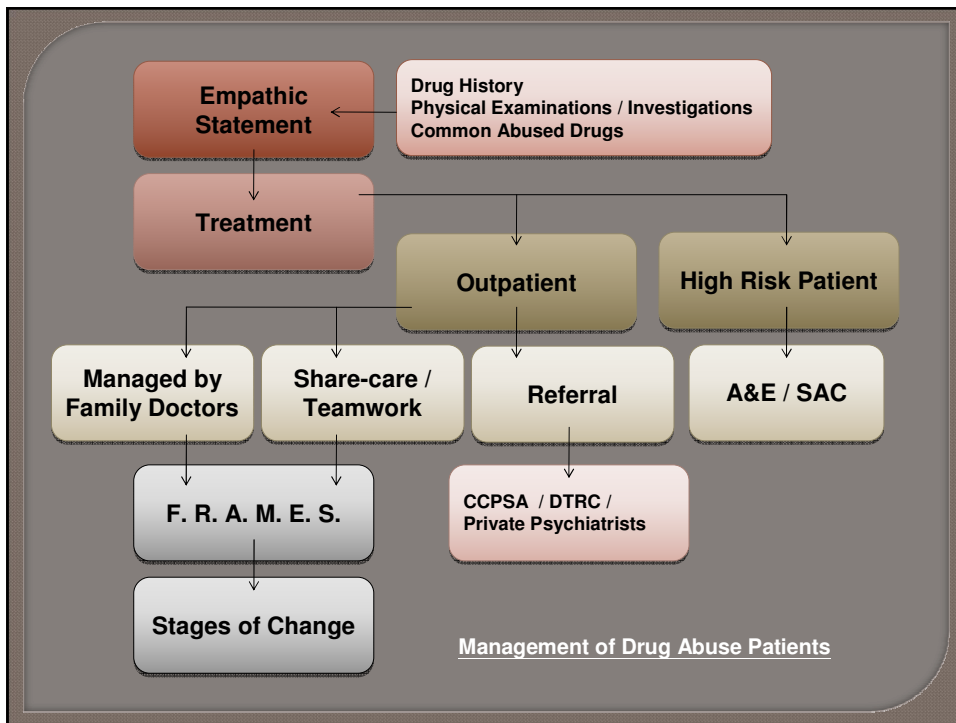
- **SAC**
 - Substance Abuse Clinics (run by HA)
 - 物質誤用診所
- **CCPSA**
 - 7 Counseling Centers for Psychotropic Substance Abusers (subvented by SWD)
 - 濫藥者輔導中心
- **DTRC**
 - 39 residential Drug Treatment and Rehabilitation Centers and halfway houses (run by 17 NGOs) (20 subvented by DH or SWD, 19 non-subvented)
 - 戒毒治療及康復中心

- **DATC**
 - Drug Addiction Treatment Centers (compulsory drug treatment programme run by CSD)
 - 戒毒所
- **MTP**
 - Methadone Treatment Programme (run by DH)
 - 美沙酮治療計劃



Important Questions to Answer

- Is there imminent danger to the patient or to other people?
- Does the patient need in-patient management?
- Can I manage the patient?
- Involvement of family members?
- Referral?



Empathic Statement

- Non-judgmental attitude
- Explain confidentiality

History

- Medical, Psychological, Social
- Drug History
- Co-morbidities
- Effects of Drugs
- Stage of change
- Risk factors and supportive factors

Physical Examination

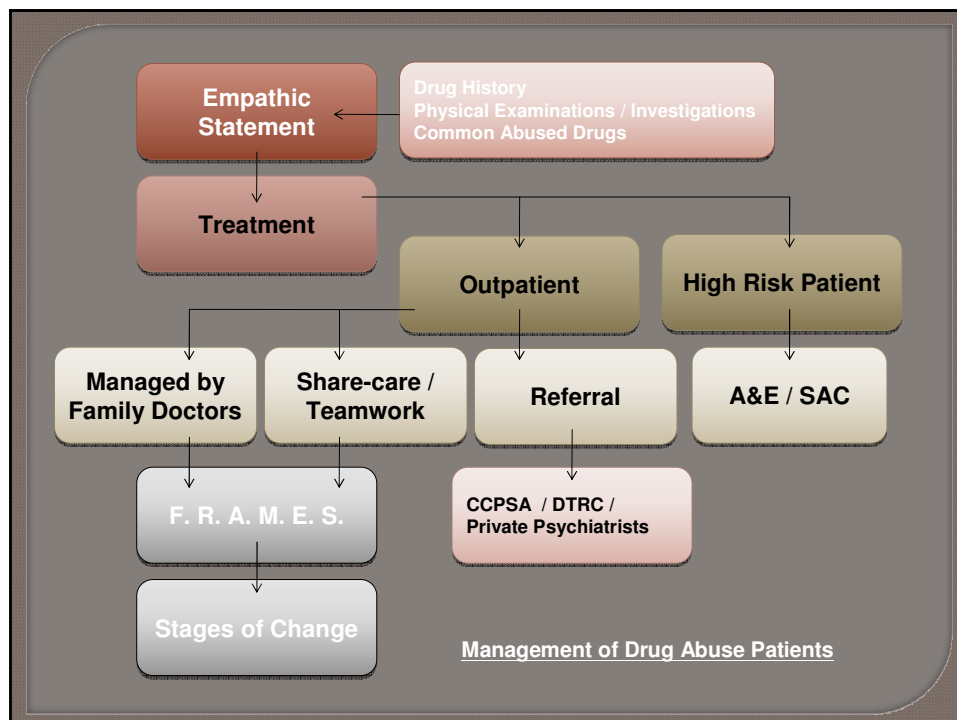
- Psychiatric assessment
- Consequences of drug use

Investigations

- General body check
- Drug testing
- Specific investigations
e.g. urological investigations for Ketamine use

Common Abused Drugs

- Ketamine
- Ecstasy (MDMA)
- Ice (Methamphetamine)
- Cocaine
- Cannabis
- Cough Syrup
- Opiates
- Benzodiazepines & Zopiclone



Treatment

- Decide on place for treatment
Inpatient / outpatient?

Outpatient

1. Family doctor
2. Share-care / teamwork
3. Referral

High risk patients

1. A & E
2. SAC

Treatment for Outpatient

- Decide on the need for share-care and referral

- Team approach with share-care by family doctors, specialists and CCPSA workers is usually beneficial to the patient

-
- High-risk of drug abuse but have not been abusing
 - Those have quitted already
 - Good social support
 - Good motivation to quit

>>>Manage by Family Doctors

Share-care / teamwork

- Discuss options with patient
- Encourage involvement of family members
- Explain time frame
- Financial implications
- **Contact CCPSA/DTRC**
- **Engage and manage patient while waiting for appointment**
- **Joint care with CCPSA/DTRC**

Referral

- Family doctors' own considerations e.g. busy, perceived inability to manage the patient
- Patients' choice
- Explain options
- Encourage involvement of family members
- Help in logistics
- Tell patient that he can always revert to other choices
- Empower statements

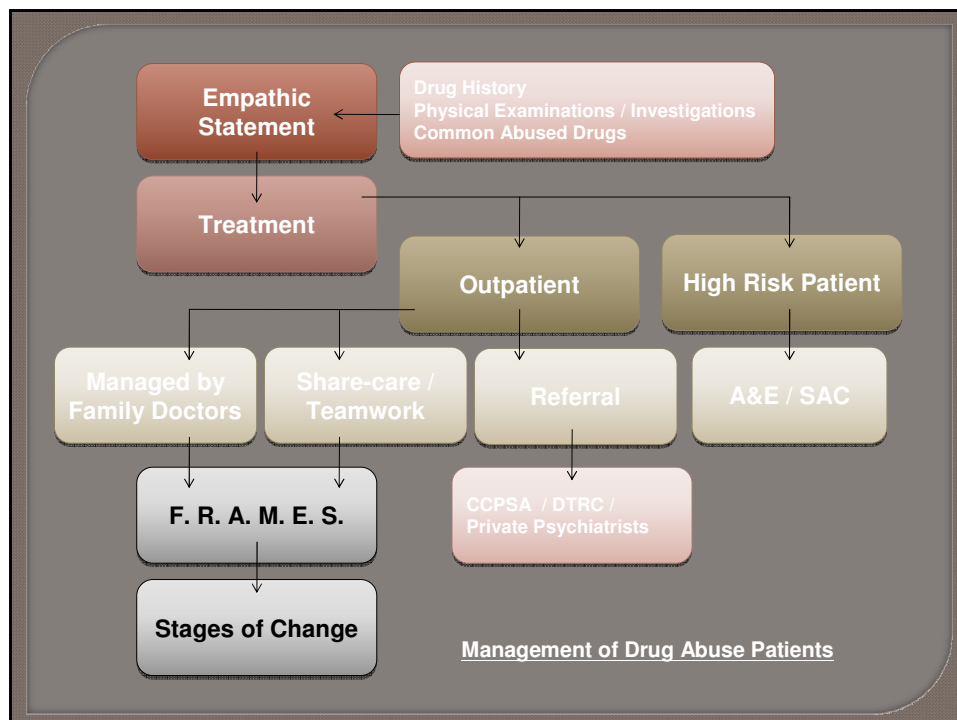
Referral

- >>> CCPSA
- >>> DTRC
- >>> Private psychiatrists
- >>> Center for substance abuse

Treatment for High Risk Patients

- High-risk to the patient and/or others e.g. high suicidal risk, violence
- Psychiatric complications e.g. psychotic features
- Serious medical complications e.g. heart failure, serious urological problems
- Acute intoxication
- Mixed use, large doses, long-term using that require in-patient detoxification management

>>> **A&E / SAC**



Family Doctors & Share-care

- Objectives of Complete Abstinence OR Harm Reduction
- Treatment of Co-morbidities
- Individual provision of Symptomatic Treatment

Brief Interventions

- Brief interventions in primary care can range from 5 minutes of brief advice to 15-30 minutes of brief counselling.
- Brief interventions are not intended to treat people with serious substance dependence;
- They are a valuable tool for treatment for problematic or risky substance use.

Source:
WHO Brief Intervention Study Group. A randomized cross-national clinical trial of brief interventions with heavy drinkers.
American Journal of Public Health 1996; 86 (7): 948-955.

- The WHO Brief Intervention Study Group found that **5 minutes of simple advice were as effective as 20 minutes of counselling.**
- Empirical studies have suggested that brief interventions are effective in primary care settings for cannabis, benzodiazepines, amphetamines, opiates and cocaine.

Source:
 WHO Brief Intervention Study Group. A randomized cross-national clinical trial of brief interventions with heavy drinkers. *American Journal of Public Health* 1996;86(7):948-955.
 Copeland, J., Swift, W., Roffman, R. & Stephens, R. (2001) A randomized controlled trial of brief cognitive-behavioural interventions for cannabis use disorder. *Journal of Substance Abuse Treatment*, 21, 55-64.
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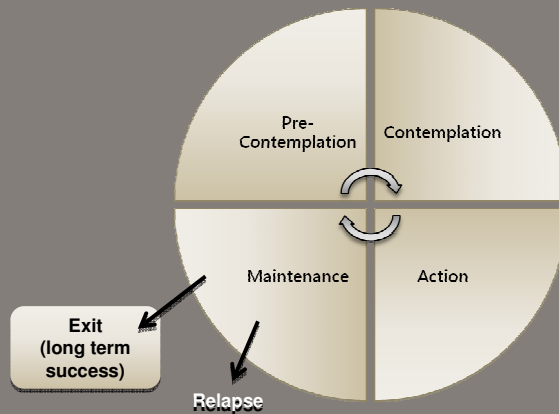
Components of Brief Intervention

F	• Provides FEEDBACK of personal risk
R	• Places the RESPONSIBILITY to change on patients
A	• Provides ADVICE to change
M	• Offer a MENU OF ALTERNATIVE CHANGE OPTIONS
E	• Express EMPATHY
S	• Encourage SELF EFFICACY

Source:
 Miller, W. & Sanchez, V. (1993) Motivating young adults for treatment and lifestyle change. In Howard G. (Ed) *Issues in alcohol use and misuse by young adults*. Notre Dame IN. University of Notre Dame Press

Stages of Change

- Identify the stage of change and motivate accordingly



Pre-Contemplation

- Provide information & feedback
- Raise doubt on behaviour

Contemplation

- ◉ Evoke reasons to change
- ◉ Self-efficacy
- ◉ Work through ambivalence & resistance

Action

- Discuss the best course of action
- Explore & rehearse the way to change
- Focus on successful activities
- Reaffirm their decision

Maintenance

- Identify factor & contexts that may provoke elapse e.g. life events, gatherings, birthday parties
- To identify & use strategies to prevent relapse
- Reaffirm self-efficacy in change

The End

Thank You