



Registered Nurses' Association of Ontario  
L'Association des infirmières et infirmiers  
autorisés de l'Ontario



# ENGAGING CLIENTS WHO USE SUBSTANCES

**A  
Pocket Guide**  
The complete guideline  
is available at  
**[RNAO.ca/  
substanceuse](http://RNAO.ca/substanceuse)**

## INTRODUCTION TO THE POCKET GUIDE

**THE ISSUE:** In certain situations and depending on the type of substances consumed, substance use may lead to physical and psychological health problems in individuals, regardless of their socio-economic status or their geographical location.

**PURPOSE:** This resource provides nurses and the interprofessional team across all care settings with a high-level, close-at-hand overview of the *RNAO clinical best practice guideline Engaging Clients Who Use Substances*, available for free download at [www.rnao.ca/substanceuse](http://www.rnao.ca/substanceuse).

### FIND IT ONLINE

Users of the pocket guide are encouraged to refer to the guideline *Engaging Clients Who Use Substances* and RNAO's eLearning courses for more comprehensive information on these best practices.

## SUBSTANCE USE DEFINITION AND CLASSIFICATION CRITERIA

- ▶ *Substance use* refers to the ingestion or administration of psychoactive substances (e.g., alcohol, tobacco, caffeine, illegal drugs, medications, solvents, and glues) that can be beneficial or harmful depending on the substance used, quantity, frequency, method, and context of use.<sup>1,2</sup>
- ▶ *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013), defines a *Substance Use Disorder* as “a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems”.<sup>3</sup>

In this guide, the term “substance use disorder” will be used to indicate those at risk for problems associated with substance use, as well as those who meet the *DSM-5* criteria for a substance use disorder.

## CLASSIFICATION CRITERIA FOR SUBSTANCE USE DISORDERS

This table provides a summary of the criterion that contribute to the development of a substance use disorder, as found in DSM-5. Substance use disorders are measured on a continuum from mild, moderate to severe, dependent on the number of criterion present.

### Impaired Control

- ▶ Increase in substance use or over longer period of time than originally intended.
- ▶ Unsuccessful desire stated to regulate or reduce substance use. Great deal of time obtaining, using or recovering from effects of substance.
- ▶ Craving: urge for drug at any time of day, especially in environments where drug was previously obtained or used.

### Social Impairment

- ▶ Failure to fulfill major role obligations due to substance use (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household).

- ▶ Problems (social and interpersonal in nature) occur (persistent or recurrent) and are caused or aggravated by effects of substance use.
- ▶ Social, occupational or recreational activities once considered important to the individual are reduced or discontinued due to substance use.

### Risky Use

- ▶ Recurrent use of substances in situations where it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use).
- ▶ Repeated substance use, even though physical and or psychological problems (caused or exacerbated by substance use) persist.

### Pharmacological Effects

- ▶ Increased amount of substance consumed to achieve desired effects and/or diminished effect with use of the same amount of substance (tolerance).
- ▶ Occurrence of withdrawal marked by reduced blood and tissue concentrations of substances used; individual increases amount of substance used to relieve symptoms.

## SUBSTANCE USE AND STIGMA

- Stigma is “a social process, experienced or anticipated, characterized by exclusion, rejection, blame or devaluation that results from experience or reasonable anticipation of an adverse social judgment about a person or group”.<sup>4</sup>
- Prejudices are fostered by negative stereotypes, which are associated with stigmatization and create the conditions for discrimination.<sup>5</sup>
- Ontario Human Rights Code<sup>6</sup> prohibits discrimination against employment, accommodation, goods, services, and facilities. Among the protected grounds are physical disabilities, mental health issues, and severe substance abuse and dependence.

### PUT IT INTO PRACTICE!

#### Health-care providers need to:

1. Be cognizant of their attitudes and behaviour when working with clients who use substances;
2. Understand the ethical, professional, and legal implications of discrimination in their practice; and
3. Engage in reflective practice in order to enhance awareness of current and evolving attitudes, perceptions, biases, values and beliefs.

## GUIDING FRAMEWORKS

The following frameworks provide fundamental prerequisite knowledge and form the basis of each of the recommendations included in the guideline *Engaging Clients Who Use Substances*.

- Social Determinants of Health
- Population Health Promotion Model
- Transtheoretical Model of Change
- Harm Reduction
- Trauma-informed Approaches to Care
- Cultural Competence and Safety
- Recovery Perspective

### FIND IT ONLINE

It is recommended that nurses and other health-care providers receive adequate education and training with respect to these frameworks and apply them in their daily practice. For more information, please refer to *Engaging Clients Who Use Substances Best Practice Guideline*, page 20-28.

## ENGAGING CLIENTS WHO USE SUBSTANCES BEST PRACTICE GUIDELINE RECOMMENDATIONS

### Practice Recommendations

#### 1.0 ASSESSMENT

**Recommendation 1.1:** Screen all clients to determine whether they use substances.

**Recommendation 1.2:**  
For clients who use substances, use universal screening questions and/or an appropriate screening tool to determine the level of support required.

**Recommendation 1.3:** Conduct a comprehensive assessment with all clients who screen positive for substance use, as appropriate based on the nurses' knowledge, skill, time, setting and resources.

#### 2.0 PLANNING

**Recommendation 2.1:** Build collaborative relationships with clients through the use of motivational interviewing techniques to develop the plan of care.

### Practice Recommendations

#### 3.0 IMPLEMENTATION

**Recommendation 3.1:** Use brief intervention to collaborate with clients identified as at risk for or experiencing a substance use disorder.

**Recommendation 3.2:** Advocate for and support access to combined pharmacological and psychosocial interventions, as appropriate, and promote the appropriate use of combined interventions to improve well-being and health outcomes.

**Recommendation 3.3:** Engage youth and adolescents at risk for or experiencing a substance use disorder using family-based therapies until recovery, as appropriate.

#### 4.0 EVALUATION

**Recommendation 4.1:** Reassess the effectiveness of the plan of care until the client's goals are met.

## ALGORITHM FOR ENGAGING CLIENTS WHO USE SUBSTANCES—PATHWAY 1

All of the practice and education recommendations in *Engaging Clients Who Use Substances* guideline are depicted in an algorithm (featured on page 11, 13 and 21 in this pocket guide), which should be implemented across all practice settings.

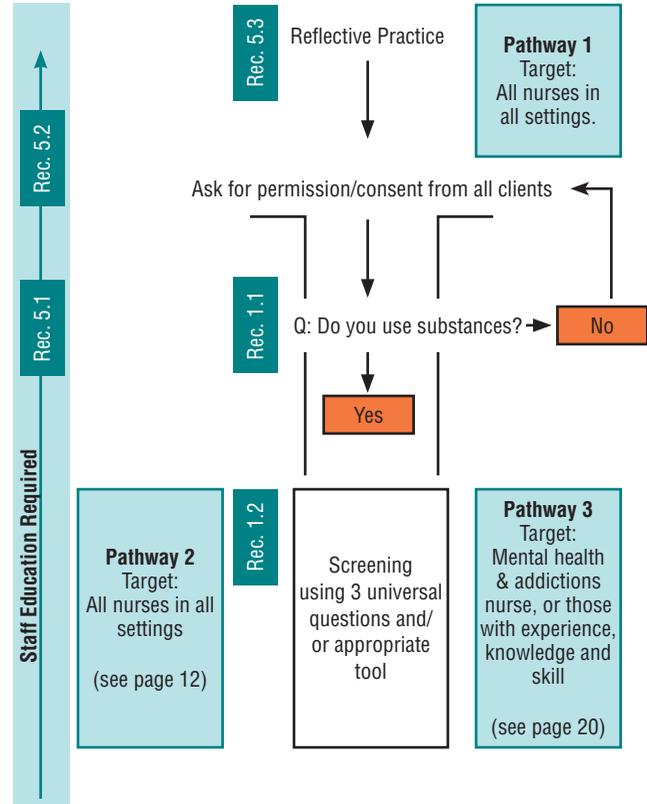
### PATHWAY 1: Initial Screening

Pathway 1 encompasses screening of all clients to determine whether they use substances. Regardless of practice setting, all nurses and health-care providers should initiate discussions with clients about substance use.

- **IF NO** If a client does not use substances, provide health education teaching and positive validation for healthy behaviours, and continue to re-screen for substance use. Discuss the timeframe for re-screening with the client and use clinical judgment or repeat screening during all new episodes of care or as the client's situation changes.
- **IF YES** If a client uses substances, move to pathway 2 (page 13) or pathway 3 (page 21).

**Remember to ask for permission and consent from all clients to engage in a conversation about their substance use.**

Explore each recommendation in detail in the guideline!



## ALGORITHM FOR ENGAGING CLIENTS WHO USE SUBSTANCES—PATHWAY 2

### PATHWAY 2: Brief Intervention, Plan of Care, Goals and Referral for Support

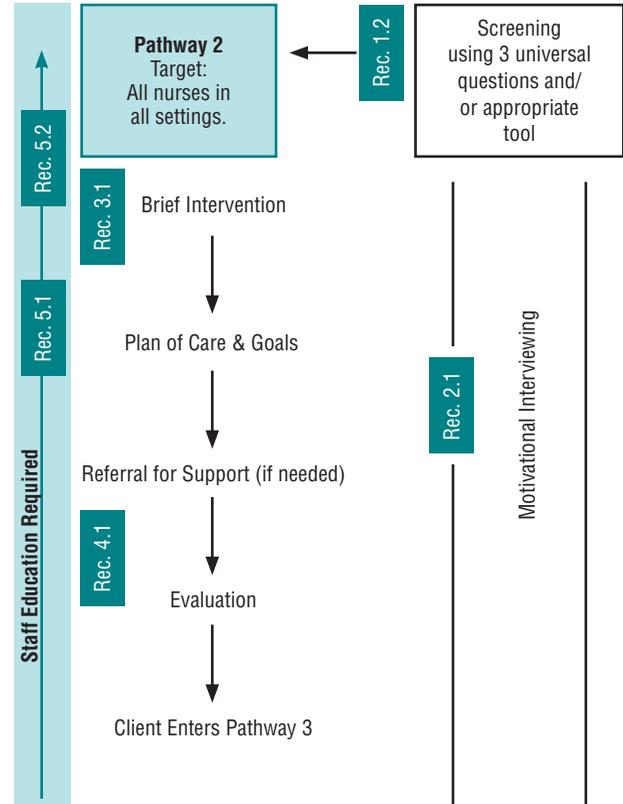
Pathway 2 encompasses brief intervention, plan of care and goals, and referrals for support.

- All nurses and other health-care providers, across all practice settings, should engage clients in further screening, brief intervention, plan of care and goals and referral for supports.
- Pathway 2 is applicable for those who have may limited time, knowledge and resources related to substance use.

#### FIND IT ONLINE

Alcohol Screening, Brief Intervention & Referral: A Clinical Guide is a handy resource. Find it in *Engaging Clients Who Use Substances Best Practice Guideline*, page 97-99.

Explore each recommendation in detail in the guideline!



## FURTHER SCREENING: UNIVERSAL SCREENING QUESTIONS

The purpose of universal screening is to identify whether the client's substance use is placing them at risk for various problems and may warrant further screening with an appropriate focused tool.<sup>7,8</sup> It is recommended that nurses ask the following three universal questions to screen all clients for substance use on initial contact across all settings.

1. Have you ever had any problems related to your use of alcohol or other drugs?	Yes/ No
2. Has a relative, friend, doctor or other health-care provider been concerned about your drinking or other drug use or suggested cutting down?	Yes/ No
3. Have you ever said to another person "No, I don't have [an alcohol or drug] problem," when around the same time, you questioned yourself and felt, "Maybe I do have a problem"?	Yes/ No

Source: Health Canada, 2002, p.32

**IF YES** A positive response indicates the need for further investigation.

**IF NO** Provide health education teaching using brief intervention and positive validation for healthy behaviours. Continue to screen for substance use periodically, using the screening and assessment algorithm.

### FIND IT ONLINE

For more information on specific screening tools available to nurses, see *Engaging Clients Who Use Substances* Best Practice Guideline, page 86-90.

## MOTIVATIONAL INTERVIEWING FOR SUBSTANCE USE

- Motivational interviewing (MI) is an evidence-based counselling approach that is client-centered, non-directive, and non-judgmental.
- The main goal of MI is to help the client examine and resolve ambivalence in order to elicit and strengthen motivation for change.<sup>9</sup>
- Through using the MI approach, health-care providers work collaboratively with clients as they gain a deeper understanding of the client's needs, capabilities, and goals.<sup>10</sup>
- Nurses and other health-care providers can use MI principles and techniques to develop collaborative and empathic relationships with clients across all practice settings.

### Principles of Motivational Interviewing<sup>11, 12</sup>

#### The nurse or health-care provider should:

- Engage with clients;
- Focus on the client's concerns and goals;
- Evoke change talk; and
- Plan together with the client.

#### When using MI the integrity of the spirit of this approach must be maintained. The spirit is comprised of the following:

- Collaboration/partnership;
- Acceptance;
- Compassion; and
- Evocation of the need and reasons for change.

#### When using MI, there are five general skills that should be used.

1. **Open ended questions:** encourages open dialogue. E.g., "What concerns you the most about your drinking?"
2. **Affirmations:** statements of appreciation and understanding that create a supportive environment and build rapport. E.g., "It's hard to talk about your substance use, I really appreciate you keeping on with this."
3. **Reflective Listening:** reflecting back the underlying meaning and feelings garnered from the conversation with the client. E.g., "You are feeling uncomfortable talking about this."
4. **Summarize:** Gather what has already been said and prepare for the client to move forward.
5. **Elicit Change Talk:** assist client to resolve ambivalence and engage in 'argument for change'. E.g., "How would you like your life to be in five years time?"

## BRIEF INTERVENTION FOR SUBSTANCE USE<sup>11, 13</sup>

- ▶ Brief Intervention (BI) is an evidence-based practice designed for use by health-care providers across practice settings. It can be used to identify current or potential problems and motivate clients to change their behaviour (i.e., reduce or abstain from substance use).
- ▶ It is a time-limited intervention that seeks to identify individuals at risk for, or experiencing, a substance use disorder through screening and uses motivational feedback to help clients examine the benefits and drawbacks of behaviour change.<sup>14</sup>
- ▶ BI as a client-centered approach respects the client's choice and autonomy in the formation of the care plan.
- ▶ The frequency, number, and length of BI sessions that individual clients receive varies, but the literature most commonly reports one to four sessions of 5- to 30-minutes in duration with a trained nurse or health-care provider.<sup>15</sup>

### How do nurses engage in Brief Intervention?

Research demonstrates that there are a number of consistent features with Brief Intervention that can be summarized with the acronym FRAMES.

When conducting Brief Intervention it is important to remember the spirit and skills of MI Principles.

**Feedback:** Give feedback on the risks and negative consequences of substance use. Seek the client's reaction and listen.

**Responsibility for change and use:** Emphasize that the individual is responsible for making his or her own decision about his or her drug use.

**Advice to cut down or stop:** Give straightforward advice on modifying drug use.

**Menu of change options/strategies:** Give menus of options to choose from, fostering the client's involvement in decision-making.

**Empathy:** Empathy is the “glue” of the intervention. Be empathic, respectful, and non-judgmental.

**Self-efficacy:** Express optimism that the individual can modify their substance use if they choose.

**FIND IT  
ONLINE**

For more information on Motivational Interviewing or Brief Intervention, please visit [www.rnao.ca/mentalhealth](http://www.rnao.ca/mentalhealth), and explore the informative eLearning modules and videos.

## ALGORITHM FOR ENGAGING CLIENTS WHO USE SUBSTANCES—PATHWAY 3

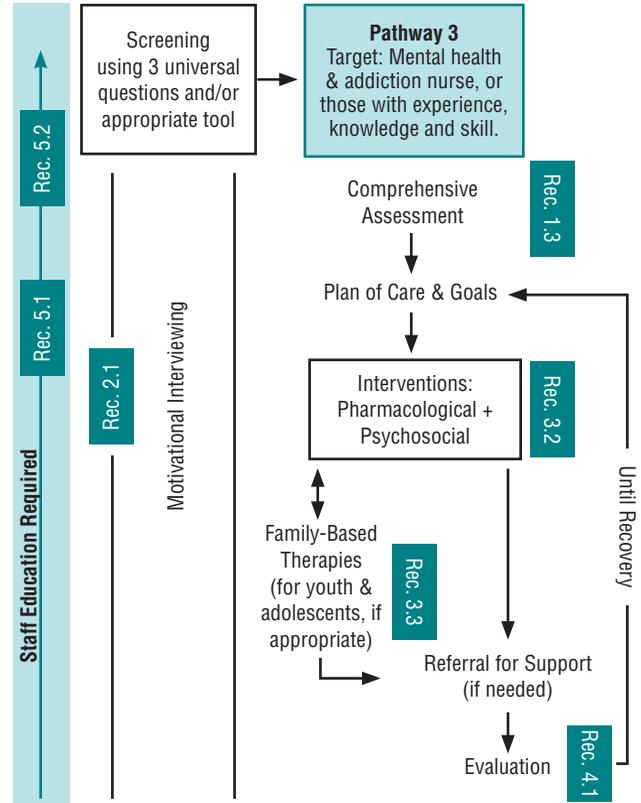
### PATHWAY 3: Comprehensive Assessment for Clients Who Use Substances

- Pathway 3 encompasses comprehensive assessment, plan of care and goals, interventions, and evaluation.
- Pathway 3 is applicable to those nurses and other health-care providers who have specific knowledge, skill, time, and resources to work more closely to screen, assess and intervene with clients who use substances.

#### PUT IT INTO PRACTICE!

##### Nurses and other health-care providers need to:

1. Conduct a comprehensive assessment that examines areas such as client goals, substance use history etc. (see next page);
2. Support pharmacological and psychosocial interventions (see page 26);
3. Establish a plan of care which includes goals (see page 27) encouraging client involvement; and
4. Evaluate care to assess motivation and progress (see page 28)



## KEY AREAS FOR COMPREHENSIVE ASSESSMENT

The following are key areas that should be included when conducting a comprehensive assessment with clients at risk for or experiencing a substance use disorder.

### ☑ Client's Goals

Areas for considerations include a client's reason for seeking care, perceived obstacles and supports to achieving goals as well as readiness and state of change.

### ☑ Demographic & Socio-economic Information

Assess for key information such as age, gender, education, employment/income, housing, legal issues, relationships and supports, cultural and diversity needs and spirituality.

### ☑ Substance Use History

Ascertain the client's substances use, patterns of use, withdrawal symptoms, tolerance and access and use of harm reduction strategies.

### ☑ Physical Health History and Medical Conditions

Areas to assess include past and present diagnosed health conditions, medications and experiences with interventions and services.

### ☑ Potential Infections

Determine if there are any potential infections resulting from IV drug use and/or high-risk behaviour such as localized and

systemic infections or abscesses, cellulitis, HIV, Hepatitis B and/or C, infective endocarditis and osteomyelitis.

### ☑ Mental Health History

Assess for current and past mental health problems and interventions used (pharmacological and non-pharmacological), trauma, any history of self-harm or suicide attempts/thoughts and for resilience and hopefulness.

### ☑ Family History of Substance Use and Mental Health Concerns

Find out information about relatives who have or had issues due to substance use or a substance use disorder, and/or mental health concerns and how they managed (e.g., medications and therapies, current health status, etc.).

### ☑ Resilience and Strengths

Ascertain client-identified personal strengths and sources of resilience, as well as needs and supports for enhancing resilience and strengths.

SOURCE: APA, 2006; SAMHSA, 2005

**FIND IT  
ONLINE**

For more information on key areas for comprehensive assessment, see *Engaging Clients Who Use Substances* Best Practice Guideline, pages 35-36.

## COMBINED PHARMACOLOGICAL AND PSYCHOSOCIAL INTERVENTIONS

Nurses should advocate and support access to combined pharmacological and psychosocial interventions to improve well-being and health outcomes of clients. When administering a dose of medication to a client, every nurse should assess the appropriateness of the medication following the eight rights of medication administration:<sup>16</sup>

1. The right client;
2. The right medication;
3. The right reason;
4. The right dose;
5. The right frequency;
6. The right route;
7. The right site; and
8. The right time.

The following psychosocial interventions can be useful in the management of substance use disorders. These include:

1. 12-Step and Self-Help Groups;
2. Alternative therapies (e.g., acupuncture, mindfulness meditation);
3. Case Management;
4. Cognitive Behavioural Therapy (CBT);
5. Community Reinforcement Approach;
6. Contingency Management (CM);
7. Couples and Family Therapy;
8. Group Therapy;
9. Multi-Family Dimensional Therapy (MDFT); and
10. Telemedicine.

### FIND IT ONLINE

For more information on psychosocial interventions, please refer to the *Engaging Clients Who Use Substances Best Practice Guideline* pages 100-104.

## ESTABLISH A PLAN OF CARE/GOAL SETTING

- Build collaborative relationships with clients through the use of motivational interviewing techniques to develop the plan of care. Work collaboratively with clients as they gain a deeper understanding of their needs, capabilities and goals.<sup>17</sup>
- Create a plan of care that includes goals that clients can work towards. Remember that evaluation is a critical component when working with clients who use substances.

## Components of Evaluation of Care

- Assessment and evaluation of the plan of care should be done with clients at every clinical visit as an ongoing process of seeking current information regarding the management of their care.<sup>8, 15</sup>
- Ongoing evaluation of the plan of care allows the health-care provider to assess client engagement and motivation in treatment, as well as the client's progress toward achieving the treatment goals.<sup>8</sup>

### Ongoing evaluation of the plan of care with clients who use substances should include the following factors.

- A) Client Goals
- B) Ensuring Client Safety
- C) Physical Health

- D) Psychological Health
- E) Treatment
- F) Substance Use
- G) Criminal Activity
- H) Quality of Life

### FIND IT ONLINE

For more information see *Engaging Clients Who Use Substances* Best Practice Guideline, page 105.

## PUT IT INTO PRACTICE!

### Nurses and other health-care providers need to:

1. Assess improvements with respect to the underlying factors that affect the client's substance use (e.g., behavioural and social factors);
2. Assess client's perspectives on his or her progress in treatment;
3. Re-examine client's goals, adherence to treatment plan, retention and safety;<sup>8, 15</sup> and
4. Use findings from the evaluation to adjust the existing plan of care.

## CONSIDERATIONS FOR VULNERABLE POPULATIONS

Certain vulnerable populations may be at increased risk for a substance use disorder due to a variety of factors (see the list below).

- Concurrent disorders
- First Nations, Inuit, and Métis
- Homeless, under-housed, and transient populations
- Immigrant and newcomers to Canada
- Incarcerated women
- Lesbian, Gay, Bisexual, Transgendered, Two-Spirited, Intersex, Queer, Questioning, or Asexual (LGBTTIQQA+)
- Older adults
- Pregnant and postpartum women
- Sex trade workers

### FIND IT ONLINE

A detailed table that contains information that nurses and other health-care providers should keep in mind when working with individuals from certain populations is available on page 91 - 96 in the Best Practice Guideline.

## REFERENCES

1. Ministry of Health Promotion. (2010). Prevention of substance misuse guidance document. Toronto, ON: Queen's Printer for Ontario.
2. Rassoool, G. H. (2010). Addiction for nurses. West Sussex, UK: Wiley-Blackwell.
3. American Psychiatric Association (APA). (2013, p. 483). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: Author.
4. Martin, N., & Johnston, V. (2007, p. 8). A time for action: Tackling stigma and discrimination. Retrieved from [http://www.multiculturalmentalhealth.ca/wp-content/uploads/2013/10/Stigma\\_TimeforAction\\_MHCommission.pdf](http://www.multiculturalmentalhealth.ca/wp-content/uploads/2013/10/Stigma_TimeforAction_MHCommission.pdf)
5. Livingstone, J. D., Milne, T., Fang, M. L., & Amari, E. (2012). The effectiveness of interventions for reducing stigma related to substance use disorders: A systematic review. *Addiction*, 107(1), 39-50.
6. Government of Ontario. (2012). Human Rights Code. Retrieved from <https://www.ontario.ca/laws/statute/90h19>
7. Health Canada. (2002). Best practices: Concurrent mental health and substance use disorders. Ottawa, Ontario: Minister of Health.

8. Substance Abuse and Mental Health Services Administration (SAMHSA). (2005). Substance abuse treatment for persons with co-occurring disorders. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK64197/pdf/TOC.pdf>

9. Lundahl, B. W., Kunz, C., Brownell, C., Tollefson, D., & Burke, B. L. (2010). A meta-analysis of motivational interviewing: Twenty-five years of empirical studies. *Research on Social Work Practice, 20*(2), 137-160.

10. Rubak, S., Sandbaek, A., Lauritzen, T., & Christensen, B. (2005). Motivational interviewing: A systematic review and meta-analysis. *British Journal of General Practice, 55*(513), 305-312.

11. World Health Organization. (2005). Brief Intervention for Substance Use: A Manual for use in Primary Care. Retrieved from: [http://www.who.int/substance\\_abuse/activities/en/Draft\\_Brief\\_Intervention\\_for\\_Substance\\_Use.pdf](http://www.who.int/substance_abuse/activities/en/Draft_Brief_Intervention_for_Substance_Use.pdf)

12. Miller, W.R. & Rollnick, S. (2013). *Motivational Interviewing: Helping people change*, Third Edition. New York: NY. The Guilford Press.

13. University of Arizona . (ND). Illicit drug screening, brief interventions, and treatment placement: Frames model. Metamphetamine and other Illicit Drug Education (METHOIDE), University of Arizona. Retrieved from: <http://methoide.fcm.arizona.edu/infocenter/index.cfm?stid=242>

14. American Psychiatric Association (APA). (2006). Practice guideline for the treatment of patients with substance use disorders (2nd ed.). Retrieved from [http://psychiatryonline.org/pb/assets/raw/sitewide/practice\\_guidelines/guidelines/substanceuse.pdf](http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/substanceuse.pdf)

15. McQueen, J., Howe, T. E., Allan, L., Mains, D., & Hardy, V. (2011). Brief interventions for heavy alcohol users admitted to general hospital wards. *Cochrane Database of Systematic Reviews, 2011*(8), 1-57. doi: 10.1002/14651858.CD005191.pub3

16. College of Nurses of Ontario. (2014, p. 6). Practice standard: Medication. Toronto, ON: College of Nurses of Ontario.

17. Smedslund, G., Berg, R. C., Hammerstrøm, K. T., Steiro, A., Leiknes, K. A., Dahl, H. M., & Karlsen, K. (2011). Motivational interviewing for substance abuse. *Cochrane Database of Systematic Reviews, 2011*(5), 1-130. doi: 10.1002/14651858.CD008063.pub2

## LEARN MORE!

The complete Engaging Clients Who Use Substances best practice guideline is available at [RNAO.ca/substanceuse](https://rnao.ca/substanceuse). Access more information and an array of additional free helpful tools – including eLearning courses, videos and webinar recordings.

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