Substance Misuse Module Handbook

MRCPsych Course

2018 – 2020

A Psychiatry Medical Education Collaborative between Mental Health Trusts and Health Education North West

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## Session 1: Diagnosis and Treatment for People with Alcohol Problems

### Learning Objectives

- Assessment, diagnosis and treatment of people with alcohol problems
- To develop awareness of complications associated with alcohol use
- To understand some of the practical aspects of managing people with alcohol problems
- To gain awareness of local provisions and guidelines

### Curriculum Links

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### Expert Led Session

- Concepts of harmful use/dependence
- Management of alcohol withdrawals with reference to local guidelines

### Case Presentation

- Exploration of alternatives to admission for person with alcohol withdrawals – why admission would be needed
- Highlight assessment and management of comorbid physical symptoms in person with alcohol problems
- Liaison with local alcohol services for follow up


### ‘555’ Topics (5 slides on each topic with no more than 5 bullet points)

- Alcohol Related Brain Damage
- Screening for alcohol use
- Foetal alcohol syndrome
- Long term physical complications from alcohol use

### MCQs

1. Which of the following statements about Disulfiram is false:
   A. Previous history of CVA is a contraindication
   B. Disulfiram use will result in a decrease in accumulation of acetaldehyde in the blood stream
   C. A loading dose can be used for initiation
   D. Disulfiram may have a role in the treatment of cocaine dependence
   E. Hepatic cell damage is a recognised adverse effect of Disulfiram

2. The following are true of Wernicke Encephalopathy except:
   A. Classic triad is ocular motor abnormalities, cerebellar dysfunction, and altered mental state
   B. Only 20% of patients present with the full triad
   C. Altered mental state occurs in 40%
   D. Altered mental state symptoms include: mental sluggishness, apathy, impaired awareness of an immediate situation, an inability to concentrate, confusion or agitation
3. Which of the following is not a reason to consider inpatient setting for alcohol detoxification based on NICE guidelines:
A. Previous detoxification was inpatient setting
B. Have a score of more than 30 on the Severity of Alcohol Dependence Questionnaire
C. Have a history of epilepsy, or experience of withdrawal-related seizures or delirium tremens during previous assisted withdrawal programmes
D. Need concurrent withdrawal from alcohol and benzodiazepines
E. Consider a lower threshold for inpatient or residential assisted withdrawal in vulnerable groups, for example, homeless and older people

4. Features required for a diagnosis of dependence within ICD 10 include the following except:
A. A strong desire or sense of compulsion to take the substance
B. Difficulties in controlling substance-taking behaviour in terms of its onset, termination, or levels of use
C. A physiological withdrawal state when substance use has ceased or have been reduced, as evidenced by: the characteristic withdrawal syndrome for the substance; or use of the same (or closely related) substance with the intention of relieving or avoiding withdrawal symptoms;
D. Evidence of tolerance, such that increased doses of the psychoactive substance are required in order to achieve effects originally produced by lower doses
E. Returning to substance use after a period of abstinence leads to more rapid reappearance of features of dependence than with non-dependent individuals

5. The following are correct calculation of units of alcohol (percentages are in vol/vol) corrected to nearest whole number:
A. 750 mls of 11% wine is 8 units
B. 6 Litres of 4.5% cider is 18 units
C. 5 cans of 330 mls of 4.8% lager is 8 units
D. 3 cans of 440 mls of 7.5% strong lager is 10 units
E. 2 bottles of 700 mls of 17% fortified wine is 24 units

EMI Questions
**Drugs used in Alcohol Dependence:**

A. Disulfiram  
B. Acamprosate  
C. Naltrexone  
D. Nalmefene  
E. Diazepam  
F. Oxazepam  
G. Lorazepam  
H. Vitamin B compound strong  
I. Thiamine  
J. Baclofen

1a. Which medication should not be given if serum creatinine >120 micromol/L)?

1b. Which medication used for detoxification should be avoided in patients with impaired liver function?

1c. Which medication acts as a partial agonist on Kappa opioid receptors?

**Investigations for people with alcohol use:**

A. Gamma-glutamyl transferase (GGT)  
B. Mean corpuscular volume  
C. Carbohydrate-deficient transferrin (CDT)  
D. Total bilirubin  
E. Albumin  
F. INR  
G. Magnesium  
H. Globulin  
I. Alkaline phosphatase  
J. Platelet Count

2a. This marker has Sensitivity of 50 to 70% in the detection of high levels of alcohol consumption in the last 1 to 2 months but false positive with hepatitis, cirrhosis, cholestatic jaundice, metastatic carcinoma, treatment with simvastatin and obesity.

2b. This is used in the calculation of the Maddrey's Discriminant Function for Alcoholic Hepatitis.

2c. A reduction in this can lead to increased risk of seizures and can be related to use of proton pump inhibitors.
### Additional Resources / Reading Materials

**Books**
- McGrath, P. Back from the Brink: The Autobiography
- Sigman, A. Alcohol Nation: How to protect our children from today's drinking culture

**E-Learning**
**Blue Light Project: A manual for 'Working with Change Resistant Drinkers**
- [https://www.alcoholconcern.org.uk/Handlers/Download.ashx?IDMF=8ec66a11-104f-4f02-aed8-892e23522c14](https://www.alcoholconcern.org.uk/Handlers/Download.ashx?IDMF=8ec66a11-104f-4f02-aed8-892e23522c14)

**E-learning for Healthcare (e-LfH)**
- [http://portal.e-lfh.org.uk/Registration](http://portal.e-lfh.org.uk/Registration)
  - Alcohol Identification and Brief Advice

**Epidemiological data on Drug and Alcohol Treatment in England**
- [https://www.ndtms.net/default.aspx](https://www.ndtms.net/default.aspx)

**Epidemiological Public Health Data England (Alcohol given as example)**
- [https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132984/pat/6/par/E12000002/ati/101/are/E08000003](https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132984/pat/6/par/E12000002/ati/101/are/E08000003)

**GP learning resource centre**
- [http://www.smmgp.org.uk/](http://www.smmgp.org.uk/)

**Royal College of General Practitioners learning resource**
  - Alcohol: Identification and Brief Advice
  - Alcohol: Management in Primary Care

**Royal College of Psychiatrists CPD Online**
- Alcohol and the brain
- Alcohol-related brain damage
- Driving and mental disorders

**Royal College of Psychiatrists Faculty of Addictions Psychiatry**
- [http://www.rcpsych.ac.uk/workinginpsychiatry/faculties/addictions.aspx](http://www.rcpsych.ac.uk/workinginpsychiatry/faculties/addictions.aspx)
Journal Articles


  
### Session 2: Diagnosis and Treatment of People with Drug Misuse

#### Learning Objectives

- Assessment, diagnosis and treatment of people with Drug Misuse
- To develop working knowledge of principles of opioid substitution treatment
- To increase awareness of other substances commonly misused
- To develop awareness of complications associated with Drug Misuse

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<td>11.2</td>
<td>Considerations for prescribing and treatment modalities; Legal restrictions on prescribing</td>
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<td>11.4</td>
<td>Biological, psychological and socio-cultural explanations of drug and alcohol dependence; Cultural factors in the use and abuse of drugs</td>
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<td>11.5</td>
<td>Impact of drug and alcohol use on Public Health</td>
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<td>11.6</td>
<td>The assessment and management of drug misusers</td>
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#### Expert Led Session

- Diagnosis and treatment of people with problems with opioid dependence
- Rationale for using opioid substitution
- Changing patterns of opioid use in recent years
- Principle of initiation with methadone and buprenorphine

#### Case Presentation

- A case of someone with polysubstance misuse
- Highlight physical complications of injecting substances
Journal Club Presentation


‘555’ Topics (5 slides on each topic with no more than 5 bullet points)

- Novel psychoactive substances
- Pain management in people with opioid dependence
- Substance misuse problems in young people
- Ethics of opiate substitution treatment

MCQs

1. Common term for illicit diazepam:
   A. Plant food
   B. Blues
   C. Spice
   D. Horse
   E. Whizz

2. The following are true of Novel psychoactive substances except for:
   A. GHB (gammahydroxybutrate) and GBL (gammabutyrolactone) act similarly to hallucinogens such as LSD
   B. Mephedrone is part of the cathinone family of drugs
   C. Piperazines substances have stimulant effects
   D. Paramethoxyamphetamine (PMA) is an methylenedioxymetamphetamine (MDMA) like substance but associated with higher risks of death than MDMA
   E. Ketamine use can results in haemorrhagic cystitis

3. The following are true of methadone except for:
A. Cases of QT interval prolongation and torsade de pointes have been reported during treatment with methadone, particularly at high doses (>100mg).
B. Typical starting doses are in the range of 10 to 30 mgs
C. Methadone tablets are the preferred formulation for commencing treatment in opioid dependence
D. Use of Cimetidine may lead to potentiation of opioid activity due to displacement of methadone from protein binding sites
E. Peak plasma levels occur 1-5 hours after a single dose of Methadone Mixture 1mg/1ml

4. The following are true about opioid substitution treatment except for:
A. Reduces the risk of death among heroin users
B. Suppresses illicit use of heroin
C. Reduces involvement in crime among heroin users participating in treatment
D. Reduces the risk of Blood Bourne Virus transmission, including in prisons
E. Promotes abstinence from all drugs

5. For long term treatment of pain using opioids, the following dose of oral morphine or equivalent should not be exceeded:
A. 10 mg
B. 40 mg
C. 80 mg
D. 120 mg
E. 240 mg

EMI Questions

Medication used in treatment of opioid dependence:
A. Hyoscine butylbromide
B. Naloxone
C. Codeine phosphate
D. Clonidine
E. Lofexidine
F. Suboxone
G. Loperamide
H. Oxycodone
I. Fentanyl
J. MXL morphine capsules

1a. This medication is a selective adrenergic alpha-2-receptor agonist
1b. This medication can be used to reduce risk of injecting behaviour
1c. This medication is frequently used for symptomatic relief of abdominal cramps during opioid detoxification

*Analgesics of misuse:*

A. Fentanyl
B. Diacetlymorphine
C. Dihydrocodeine
D. MXL
E. Diconal
F. Buprenorphine
G. MST Continus
H. Tramadol
I. Methadone
J. MXL morphine capsules

2a. This compound is a combination of an antiemetic and a opioid
2b. This compound has effects on serotonin reuptake as well as effects on opioid receptors
2c. This compound is approximately 80 times more potent than morphine and is available as lozenges and transdermal formulation

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**Additional Resources / Reading Materials**

**Books**

- Burroughs, W. Naked Lunch.
- Chapter 17 in Cowen, P., Harrison, P. J., Burns, T., & Gelder, M. G. (2012). Shorter Oxford textbook

- Welsh, I. Trainspotting.

**E-Learning**

**Drug Alerts**

- [https://findings.org.uk/](https://findings.org.uk/)
- [http://michaellinnell.org.uk/drugwatch.html](http://michaellinnell.org.uk/drugwatch.html)
- [https://wearetheloop.org/drug-alerts/](https://wearetheloop.org/drug-alerts/)

**E-learning for Healthcare (e-LfH)**

- [http://portal.e-lfh.org.uk/Registration](http://portal.e-lfh.org.uk/Registration)
  - Sexual Health & HIV
  - Pain

**European reports on substance misuse**


**Epidemiological data on Drug and Alcohol Treatment in England**

- [https://www.ndtms.net/default.aspx](https://www.ndtms.net/default.aspx)

**Government information - Guidance for healthcare professionals on drug driving**


**GP learning resource centre**

- [http://www.smmgp.org.uk/](http://www.smmgp.org.uk/)

**Neptune (Novel Psychoactive Treatment: UK Network) E-learning modules**

- [http://neptune-clinical-guidance.co.uk/e-learning/](http://neptune-clinical-guidance.co.uk/e-learning/)

**Pain resources**

- **Action on Addiction**

- **Opioid Aware:**
  - [https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware](https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware)

- **Living well with pain:**
  - [http://livewellwithpain.co.uk/](http://livewellwithpain.co.uk/)
Public Health England Information


Resource for drug advice

- [http://www.talktofrank.com/](http://www.talktofrank.com/)

Royal College of General Practitioners learning resource

  - Drugs: Identification and Harm Reduction
  - Drugs: Management of Drug Misuse (Level 1)
  - Hepatitis B & C

Royal College of Psychiatrists CPD Online

- Buprenorphine in opiate dependence
- GHB: what psychiatrists need to know
- Helping the addicted doctor
- Hepatitis C and mental illness
- Safe and effective opiate replacement therapy
- Stimulants: epidemiology and impact on mental health
- Stimulants: treatment approaches and organising services
- Substance misuse in older people

Royal College of Psychiatrists information

- Drugs and alcohol: information for young people
  - [https://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/youngpeople/drugsandalcohol.aspx](https://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/youngpeople/drugsandalcohol.aspx)
- Substance misuse in older people: an information guide
  - [https://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr211.aspx](https://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr211.aspx)

Society for the Study of Addiction


US National institute on Drug Misuse

- [https://www.drugabuse.gov/drugs-abuse](https://www.drugabuse.gov/drugs-abuse)

Journal Articles


• Office of National Statistics. (2014). Number of deaths related to drug poisoning where buprenorphine and/or methadone was mentioned on the death certificate by underlying cause, England and Wales, deaths registered between 2007-2012.


• Royal College of Psychiatrists (2012). Practice standards for young people with substance misuse problems.


Suppl), S133-153.

## Session 3: Diagnosis and management of people with co-occurring mental health and alcohol/drug use conditions

### Learning Objectives

- To develop understanding of key aspects in the diagnosis and treatment of patients with co-occurring mental health and alcohol/drug use conditions
- To increase awareness of complications with pharmacological treatment in patients with co-occurring mental health and alcohol/drug use conditions
- To develop knowledge of risk issues in people with co-occurring mental health and alcohol/drug use conditions
- To understand how local services are implemented to manage people with co-occurring mental health and alcohol/drug use conditions

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<td>11.5</td>
<td>Effect of drug and alcohol use on psychiatric illness</td>
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### Expert Led Session

- Diagnosis and treatment of people with psychosis and substance misuse
- ICD 10/ICD 11 concepts relating to people with co-occurring mental health and alcohol/drug use conditions
- Biological explanations of substances affecting psychosis

### Case Presentation

- Examine risk aspects of people with co-occurring mental health and alcohol/drug use conditions
- Relationship of the substance use to development of the symptoms

### Journal Club Presentation


### ‘555’ Topics (5 slides on each topic with no more than 5 bullet points)

- Personality disorder and substance misuse
- Depression and alcohol
- Psychotropic drug interactions with opioid substitution medications
- Public health concerns of Chemsex

### MCQs

1. Comparing antidepressants to placebo in people with alcohol and depression, improvements in the following measures have recently been identified in a Cochrane Systematic Review except:
   - A. Reduced interview based depression score
   - B. Response to antidepressive medication
   - C. Full remission of depression
   - D. Increased number of abstinent patients
   - E. Fewer drinks per drinking day

2. Approximate percentage of people with psychosis who misuse substances at some point in their lifetime:
   - A. 5
   - B. 20
   - C. 40
   - D. 60
   - E. 80

3. Using NICE guidance for people with alcohol-use disorders the following abstinence length is suggested before treating the anxiety or depression condition:
   - A. 1-2 weeks
   - B. 3-4 weeks
C. 6-8 weeks  
D. 10-12 weeks  
E. No time period specified – length of time based on clinical judgement.

4. Percentage of patients attending Community Mental Health Teams reporting past-year problem drug use and/or harmful alcohol use has been found to be approximately:  
A. 25  
B. 35  
C. 45  
D. 55  
E. 65

5. The following are true statements about Cannabis and psychosis except:  
A. The onset of psychosis is about 3 years younger in cannabis users than in non-users  
B. The relative risk of developing schizophrenia after any cannabis exposure is about 2.5  
C. The specificity of the association between cannabis and psychotic disorders is low.  
D. Certain genes such as COMT gene have been shown to moderate the risk of psychotic disorder with adolescent cannabis exposure  
E. Synthetic forms of cannabis such as spice do not contain cannabidiol

EMI Questions

Drugs that may induce psychiatric symptoms:  
A. Gamma-Hydroxybutyric acid (GHB)  
B. Lysergic acid diethylamide (LSD)  
C. Ketamine  
D. Phencyclidine (PCP)  
E. Diazepam  
F. Amphetamine  
G. Cocaine  
H. Alcohol  
I. Cannabis  
J. Butane

1a. This psychoactive component of this drug acts through the type 1 form of the receptors which
are found in high concentrations throughout the cerebellum, hippocampus, basal ganglia, cortex, brainstem, thalamus and hypothalamus

1b. This compound acts as an agonist at SHT2A receptor

1c. One of the main mechanisms of action of this drug is by reverse transfer of the neurotransmitter dopamine

*Psychotropic medications used in people with co-occurring mental health and alcohol/drug use conditions:*

A. Diazepam  
B. Quetiapine  
C. Risperidone  
D. Citalopram  
E. Amisulpride  
F. Sertraline  
G. Baclofen  
H. Olanzapine  
I. Aripipazole  
J. Fluoxetine

2a. Disulfiram can inhibit the metabolism of this compound  
2b. This antipsychotic should be considered in patients with impaired liver function  
2c. This agent may have a role in promoting maintenance of alcohol abstinence and can be safely used in patients with impaired liver function

**Additional Resources / Reading Materials**

**E-Learning**  
Royal College of Psychiatrists CPD Online  
- Dual diagnosis: the diagnosis and treatment of depression with co-existing substance misuse.

**Journal Articles**  


## Session 4: Recovery Concepts, Psycho-social Treatments and Service Development

### Learning Objectives

- To understand principle of recovery and how this is implemented with drug and alcohol services
- To gain knowledge of some of the basic concepts of motivation interviewing
- To gain knowledge about how services for drug and alcohol are developed
- To understand what ancillary services are frequently used with alcohol and drug services

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<td>11.10</td>
<td>Motivational Interviewing</td>
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### Expert Led Session

- Psychosocial treatments for people with substance misuse problems
- Overview of various interventions that are offered in substance misuse: brief interventions, mapping techniques (e.g. ITEP), motivational interviewing overview
- Useful to use youtube clips below for teaching session

### Case Presentation

- Presentation of a person who had significant substance misuse problem +/- comorbid mental illness who has recovered and resources employed to effect and maintain this recovery

### Journal Club Presentation


‘555’ Topics (5 slides on each topic with no more than 5 bullet points)

- Overview of non-statutory services (e.g. AA, NA, SMART)
- Risks associated with substance misuse in prisoners
- Harm minimisation approaches in substance misuse services
- Gambling disorder – diagnosis and treatment

**MCQs**

1. Which of the following is not an example of change talk:
   A. Desire: I would like to stop using alcohol
   B. Ability: I could stop alcohol use
   C. Reason: Alcohol worsens my psoriasis
   D. Accomplishment: I finally stopped alcohol
   E. Need: I have got to stop alcohol

2. Prochaska and DiClemente’s stages of change include the following except:
   A. Contemplation
   B. Preparation
   C. Maintenance
   D. Relapse
   E. Persistence

3. Who of the following is most closely linked with Motivational Interviewing:
   A. Carl Jung
   B. Carl Rogers
   C. David Winnicott
   D. Aaron Beck
   E. Melanie Klein
4. All of the following are key principles of Motivational Interviewing except:
A. Roll with resistance
B. Express empathy
C. Develop discrepancy
D. Support self efficacy
E. Strengthen safety behaviour

5. Which of the following is true of needle exchange programmes in the UK
A. Pharmacies are unable to provide this service
B. It is only available to people prescribed opioid substitute medications
C. It is only available in urban centres with populations greater than 50000
D. Only qualified nursing staff can dispense equipment
E. It reduces injection risk behaviours among people who inject drugs, in particular self-reported sharing of needles and syringes, and frequency of injection

**EMI Questions**

*Potential mechanisms to manage resistance:*
A. Simple reflection
B. Amplified reflection
C. Double sided reflection
D. Shifting focus
E. Reframing
F. Agreement with a twist
G. Emphasising personal control
H. Coming alongside
I. Reaction
J. Summarizing

1a. This approach enables the validity of the client’s raw observation to be regarded but tries to interpret the observation in a new way.
1b. This may be considered when someone says “I am my own man, I do not need you to tell me what to do”
1c. The following exchange highlights this approach:

Client: “I have been able to use more heroin than other people in my town”
Therapist: “Perhaps you are simply immune to the effects of heroin”.

Mutual aid groups:
A. Alcoholics Anonymous (AA)
B. SMART Recovery
C. GamCare
D. TalkToFrank
E. Teen Challenge UK
F. British Doctors’ and Dentists’ Group
G. Narcotics Anonymous (NA)
H. Breaking free
I. Kaleidoscope
J. Discover

2a. This is a global, community-based organization with a multi-lingual and multicultural membership. It was founded in 1953.
2b. This is a science-based programme to help people manage their recovery from any type of addictive behaviour. It began in 1994.
2c. This is a free drug advice service that is aimed at parents and children in particular. It is available 24 hours a day and online and by text message.

Additional Resources / Reading Materials

Books
- Rodgers, N. Le Freak: An Upside Down Story of Family, Disco, and Destiny

E-Learning
Drink and Drug News- local update on substance misuse with recovery focus
- https://drinkanddrugsnews.com/

Harm minimisation
- http://www.prenoxadinjection.com/
- https://www.harmreduction.co.uk/resources
Motivation interviewing

- [http://www.youtube.com/watch?v=80XyNE89eCs](http://www.youtube.com/watch?v=80XyNE89eCs)
- [http://www.youtube.com/watch?v=URiKA7CKtfc](http://www.youtube.com/watch?v=URiKA7CKtfc)
- [http://www.youtube.com/watch?v=s3MCJZ7OGRk](http://www.youtube.com/watch?v=s3MCJZ7OGRk)
- [http://www.youtube.com/watch?v=_KNIPGV7Xyg](http://www.youtube.com/watch?v=_KNIPGV7Xyg)

Journal Articles