Section 4. Suggested alternative brief interventions for those not suitable for the current intervention
Section 4. **Suggested alternative brief interventions for those not suitable for the current intervention**

Some psychostimulant users might be unsuitable for the current CBT intervention. These clients might include regular users who are not contemplating change and experimental or irregular users who might not see a need for formalised intervention. The flow-chart on page 7 of this guide provides a context for various alternative interventions, which may include the following strategies.

Harm reduction strategies are appropriate for this group, and clinical recommendations might include:

- cut down the amount of speed used at any one time;
- use in the presence of other people;
- continue to practise alternatives to injecting (e.g. ‘snort’, swallow, etc).

In addition, education about the range of possible adverse consequences of use such as mood disturbances, paranoid ideation, irritability and health consequences have been recommended to encourage early intervention by users if adverse consequences do arise (Hando, Topp, & Hall, 1997).

A recommendation that the person receive vaccination for hepatitis B might be appropriate as are brief interventions to reduce the risk of transition to regular use or injecting.

The essential elements of a brief intervention are included in the FRAMES model first developed by Miller and Sanchez (Hulse, G. 2003).

- **Feedback**: involves feedback to clients of findings from your assessment
- **Responsibility**: patient is responsible for acting on the feedback given
- **Advice**: advice from a health professional to change behaviour may be effective
- **Menu**: offer the patient a menu of options for change
- **Empathy**: showing empathy has been shown to enhance motivation for change
- **Self-efficacy**: reinforce the patient’s optimism by identifying their skills and ability to change.
Regular users and dependent users who are not considering change

Regular psychostimulant users may experience a range of adverse psychological, physical and social problems. Individual management plans will be informed by the patient’s treatment goals, but might include the harm reduction strategies described above in addition to:

- a recommendation to use sterile injecting equipment when continuing to inject;
- education regarding signs and symptoms of severe adverse consequences including toxicity;
- recommend ‘rest’ periods from the psychostimulant to enable the body to recover;
- encourage adequate nutrition and fluid intake;
- offer ongoing reviews of the person’s physical and mental health to ensure early intervention if problems should occur, which may also provide an opportunity for engagement into a formal intervention such as the CBT sessions described in this guide; and
- the client might benefit from information to take home, for example A user’s guide to speed (NDARC) is an excellent resource.