

# Motivational Interviewing for Substance Use

**Amy Werremeyer, PharmD, BCPP**

**Brody Maack, PharmD, BCACP, CTTS**

**Mary Larson, PhD, MPH, CHES**

**North Dakota Cancer Coalition Annual Meeting**

# Panel: Motivational Interviewing for Substance Use

## Agenda

3:10 pm Dr. Amy Werremeyer

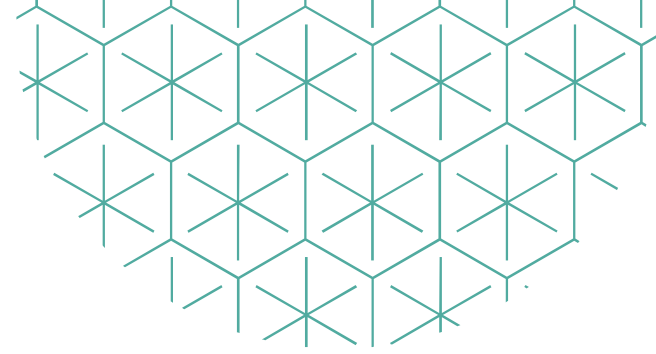
3:25 pm Dr. Brody Maack

3:40 pm Dr. Mary Larson

4:15 pm Q & A

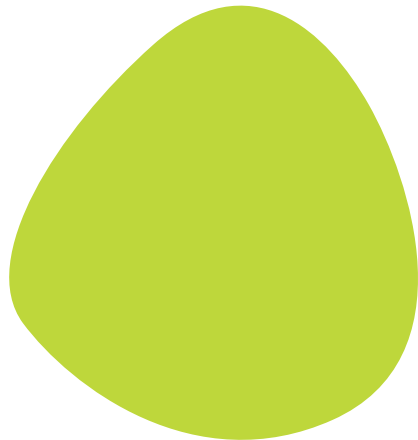
# MI in Alcohol Use Disorder

**Amy Werremeyer, PharmD, BCPP**



# the Disease of Addiction

**A treatable brain disorder**

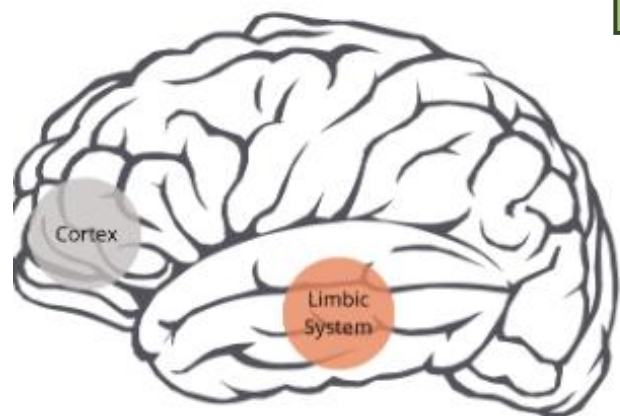


# How Addiction Hijacks the Brain



## Addiction and the Brain

There are two main parts of the brain affected by drug use: the limbic system and the cortex. The limbic system, located deep within the brain, is responsible for our basic survival instincts. The cortex is where decision making and impulse control live.



## Our Survival Hardwiring

The limbic system controls our survival instincts.



When you do essential things to stay alive, like eat, drink, find shelter, have sex, or care for your young, your brain reinforces behaviors that cause the release of dopamine from this region.

**Dopamine** is the the feel-good neurotransmitter responsible for feelings of pleasure and satisfaction.

## Hardwiring Hijacked

When drugs or alcohol use is repeated, that substance can hijack the survival hardwiring in the brain. This hijacker changes the brain and weakens this system to make it believe that the primary need for survival is the drug.

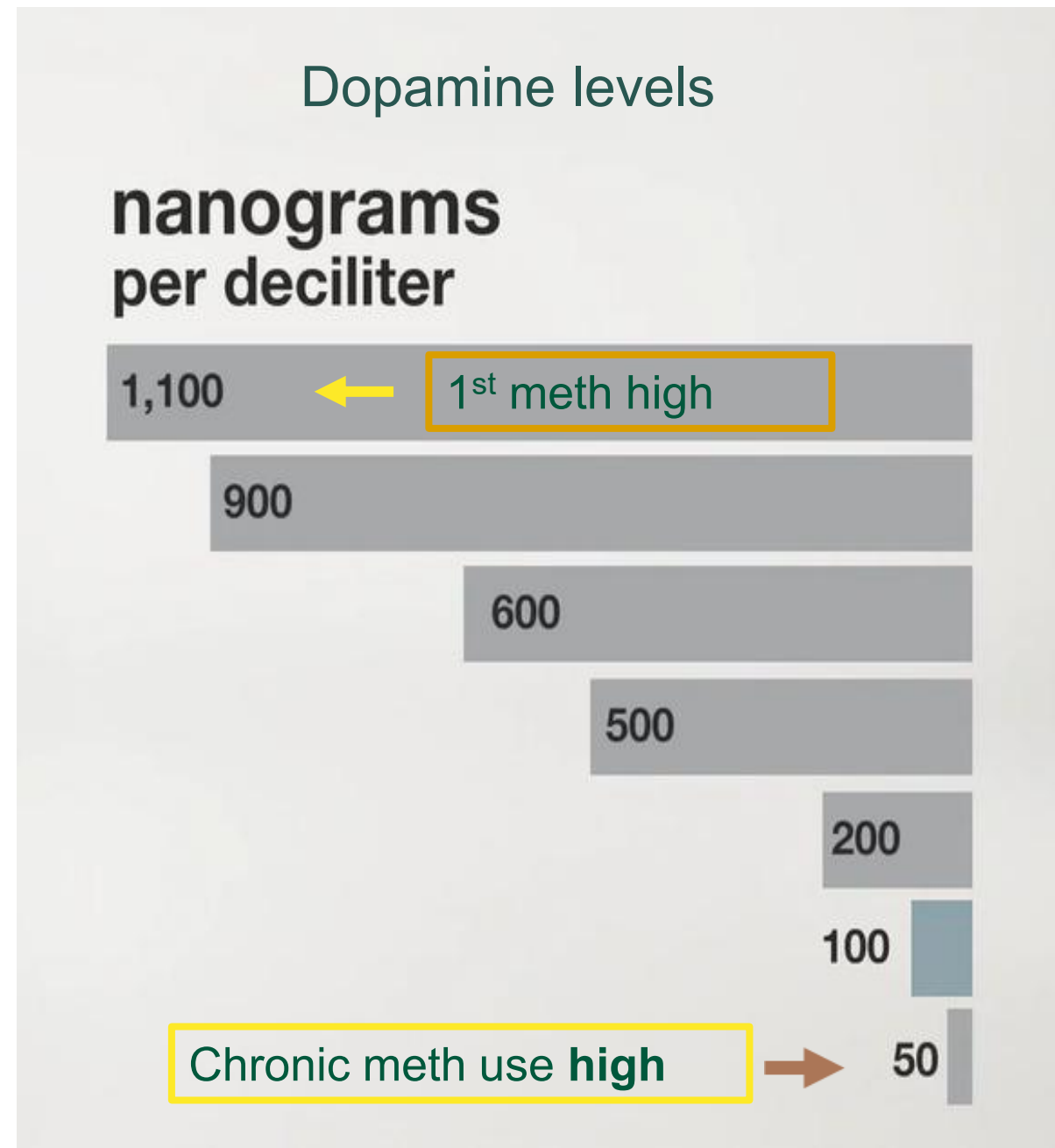
In hijacking the brain, it can usurp those primary motivations: food, water, shelter, sex and protecting our young.



And the hijacker needs more and more of the substance to activate the same level of reward or feeling of pleasure, causing the brain tissue to become increasingly damaged with continued drug use.

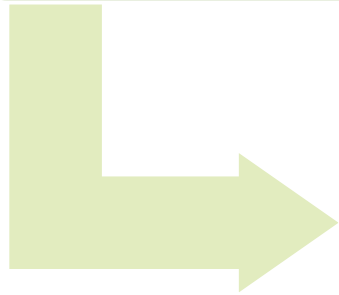


EVENT	DOPAMINE LEVEL
Normal day	~50ng/dL
Worst day	~40ng/dL
Best day	~100ng/dL
Favorite food	~94ng/dL
Sex	~92ng/dL
Cigarette use	~150-180ng/dL
Alcohol, Cannabis, or Cocaine high	~150-180 ng/dL
Substance withdrawal after chronic use	~10-20ng/dL

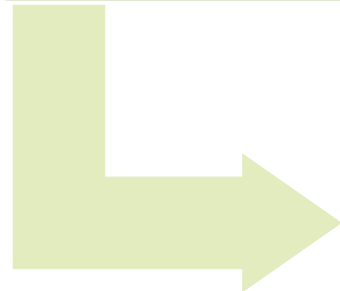


# Disease of addiction

Brain changes



Behavior changes



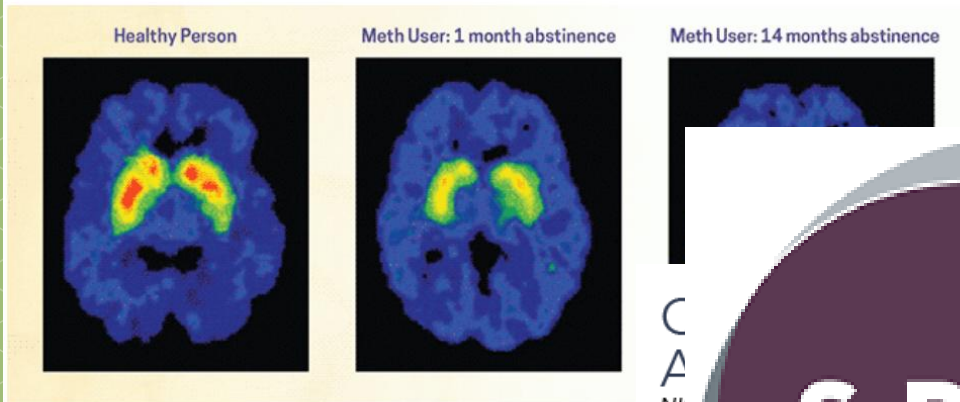
BEHAVIORS ARE THE DISEASE



Explanatory video:

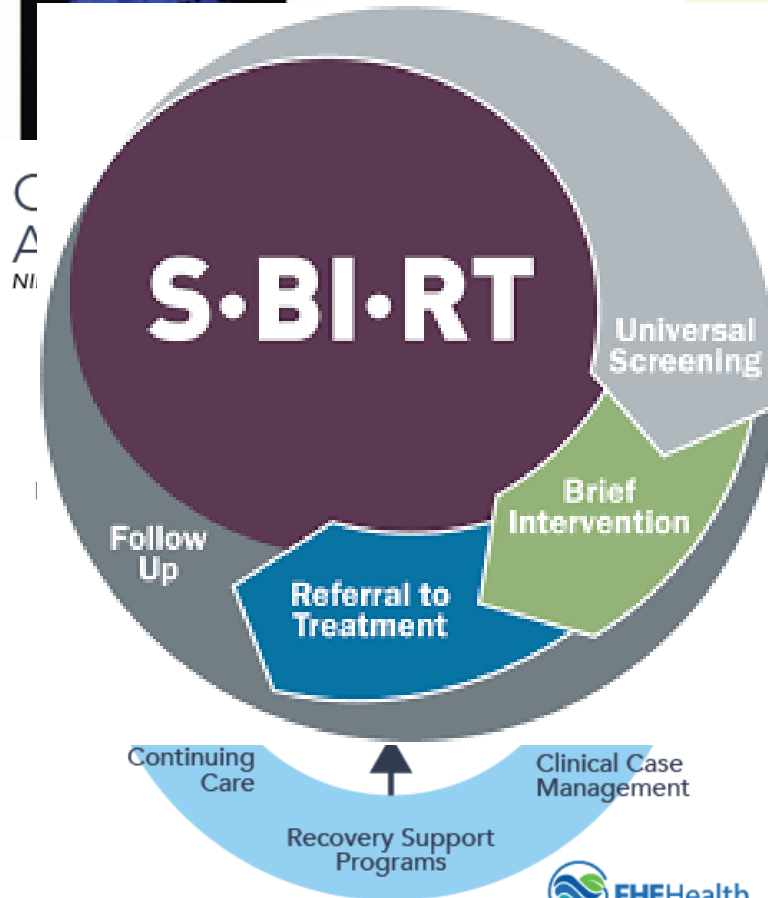
<https://vimeo.com/421261226/a2c9a21d7b>

# The disease of addiction needs treatment



*The Journal of*

These images showing the density of dopamine transporters in remarkable ability to recover, at least in part, after a long abstinence from methamphetamine.<sup>51</sup>



## Common medications used to treat drug addiction and withdrawal

### ■ Opioid

- Methadone
- Buprenorphine
- Extended-release naltrexone
- Lofexidine

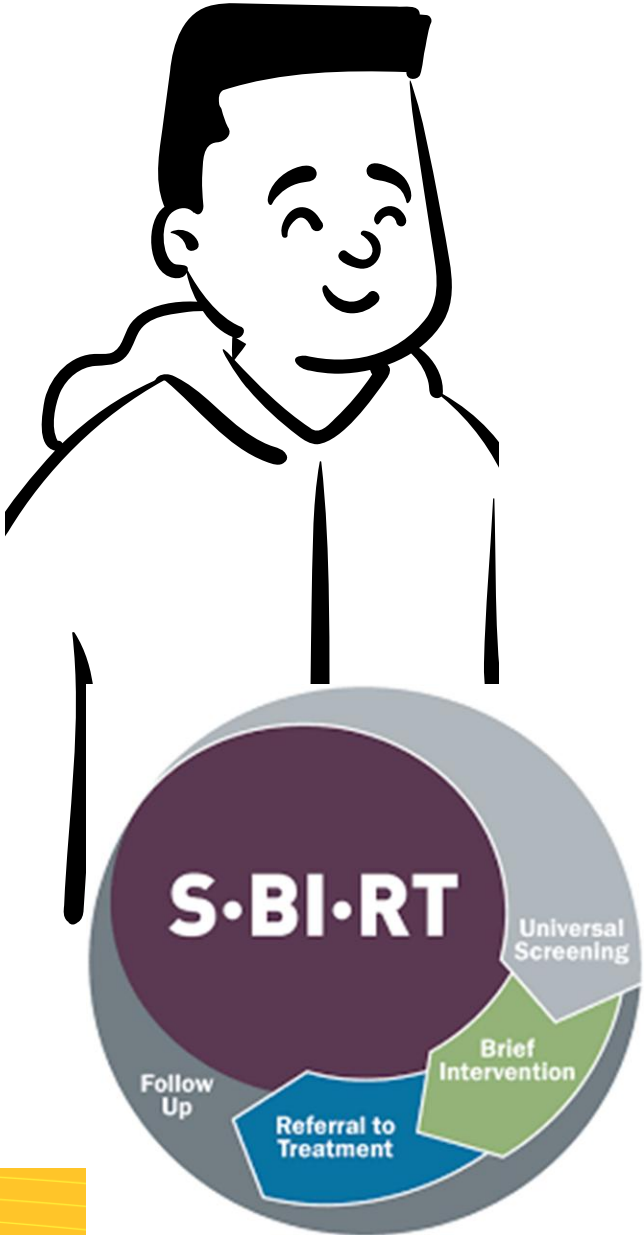
### ■ Nicotine

- Nicotine replacement therapies (available as a patch, inhaler, or gum)
- Bupropion
- Varenicline

### ■ Alcohol

- Naltrexone
- Disulfiram
- Acamprosate

# Patient ZR



Data about ZR: 41-year-old male

- Diagnosed with schizophrenia 18 years ago
- Smokes 1.5 packs per day x 22 years
- Frequent mild coughing during clinic visits
  - Diagnosed with COPD 2 years ago
- Drinks “a little bit of alcohol” 3 or 4 days per week

My Communication Approach with ZR:

- Tell me a little more about your alcohol use.
- Have you thought about if alcohol might be causing you any harm?
- Do you mind if I tell you a little bit about my concerns for you with that amount of alcohol use?
- My recommendation would be to cut down and eventually stop.
  - We have things to help—I can refer you.
- Before our next visit, would you be willing to...

# MI in Tobacco & Nicotine Use Treatment

**Brody Maack, PharmD, BCACP, CTTS**

# Tobacco Industry History

## Advertising in 1936...

Sept. 23, 1936

“...sound as a bell”

Wise doctor.  
Wise mother.  
Fortunate youngster.

Regular physical examinations plus all the methods developed to prevent or inhibit even the once-casual diseases are now routine in American life.

The magnificent advance made in guarding health by fighting illness before it strikes is still another proud chapter in the history of the medical profession.



According to a recent Nationwide survey: **More Doctors Smoke Camels** than any other Cigarette

The “T-Zone”...T for Taste and Throat

Your “T-Zone” is a critical “laboratory” when it comes to cigarettes. Try Camel’s flavor on your taste. See how your throat reacts to Camel’s cool mildness. Like millions of other smokers, you too may say, “Camels suit my ‘T-Zone’ to a ‘T!’”

• The makers of Camels take an understandable pride in the results of a nationwide survey among 113,597 doctors by three leading independent research organizations.

When queried about the cigarette they themselves smoked, the cigarette named most by the doctors was... Camel. Every branch of medicine was represented—physicians, surgeons, diagnosticians, specialists.

Like you, doctors smoke for pleasure. The rich, full flavor and cool mildness of Camel’s costlier tobaccos are just as appealing to them as to you. Compare Camels—in your own “T-Zone.”



**CAMELS** Costlier Tobaccos

B. J. Reynolds Tobacco Co., Winston-Salem, N. C.

## Tobacco Industry History (2)

1. First U.S. Surgeon General (Luther L. Terry, MD) Report on “Smoking and Health” released in **1964**, based on > 7,000 articles already at that time regarding smoking and disease.
2. “Cigarette smoking is the chief, single, avoidable cause of death in our society and the most important public health issue of our time.” --C. Everett Koop, MD, Former U.S. Surgeon General
3. Historically, public health efforts to reduce tobacco-related morbidity and mortality have faced **strong opposition**. The biggest opposition to tobacco control efforts is the **tobacco industry itself**.

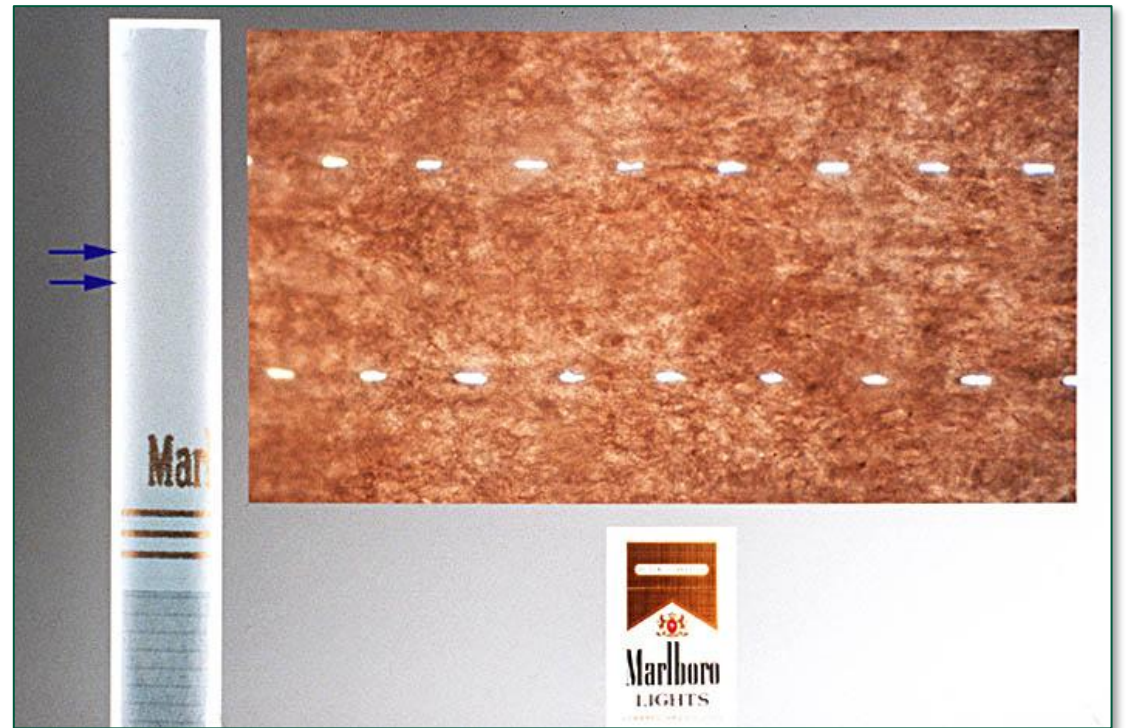
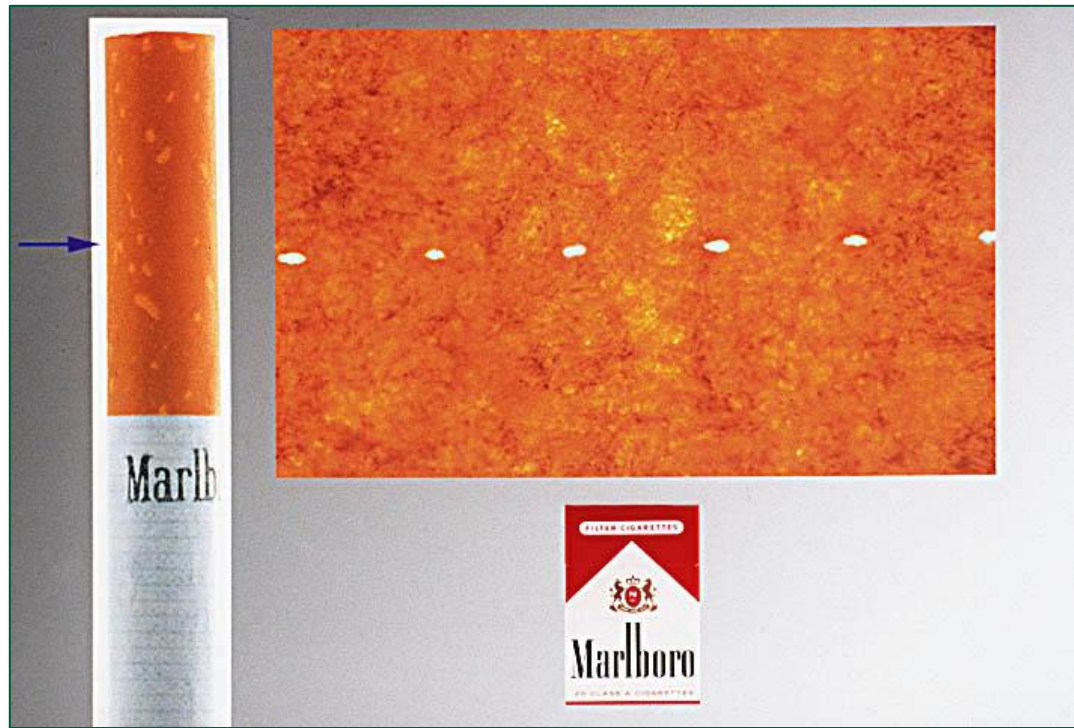


# Tobacco Industry History (3)



# Tobacco Industry History (4)

The difference between Marlboro and Marlboro Lights...



**an extra row of ventilation holes**

*Image courtesy of Mayo Clinic Nicotine Dependence Center - Research Program / Dr. Richard D. Hurt*

# Tobacco Industry History (5)



# Tobacco Industry History (6)



**TAKE BACK YOUR FREEDOM**

with blu™ electronic cigarettes

- No Odor, No Ash
- No Tobacco Smoke, Only Vapor
- On-the-Go Rechargeable Pack

**NEW PACK**

**AVAILABLE NATIONWIDE!**  
Visit us at [blucigs.com/store-locator](http://blucigs.com/store-locator)

NOT FOR SALE TO MINORS: blu eCigs® electronic cigarettes are not a smoking cessation product and have not been evaluated by the Food and Drug Administration, nor are they intended to treat, prevent or cure any disease or condition. ©2013 iDEC, Inc. blu™, and blu eCigs® are trademarks of Lorillard Technologies, Inc. (Photography by Francesco Carrazzini)



**DEAR SMOKING BAN,**

**blu ELECTRONIC CIGARETTE**

Take back your freedom to smoke anywhere with blu electronic cigarettes. blu produces no smoke and no ash, only vapor, making it the smarter alternative to regular cigarettes. It's the most satisfying way to tell the smoking bans to kiss off. Okay, maybe the second-most satisfying way.

New blu Smart Pack

[blucigs.com](http://blucigs.com)

**18+ only.** CALIFORNIA PROPOSITION 65 Warning: This product contains nicotine, a chemical known to the state of California to cause birth defects or other reproductive harm.

# Tobacco Industry History (7)



Vapor Shark E-Cigarette Billboard, Florida, 2013



# Tobacco Industry History (8)



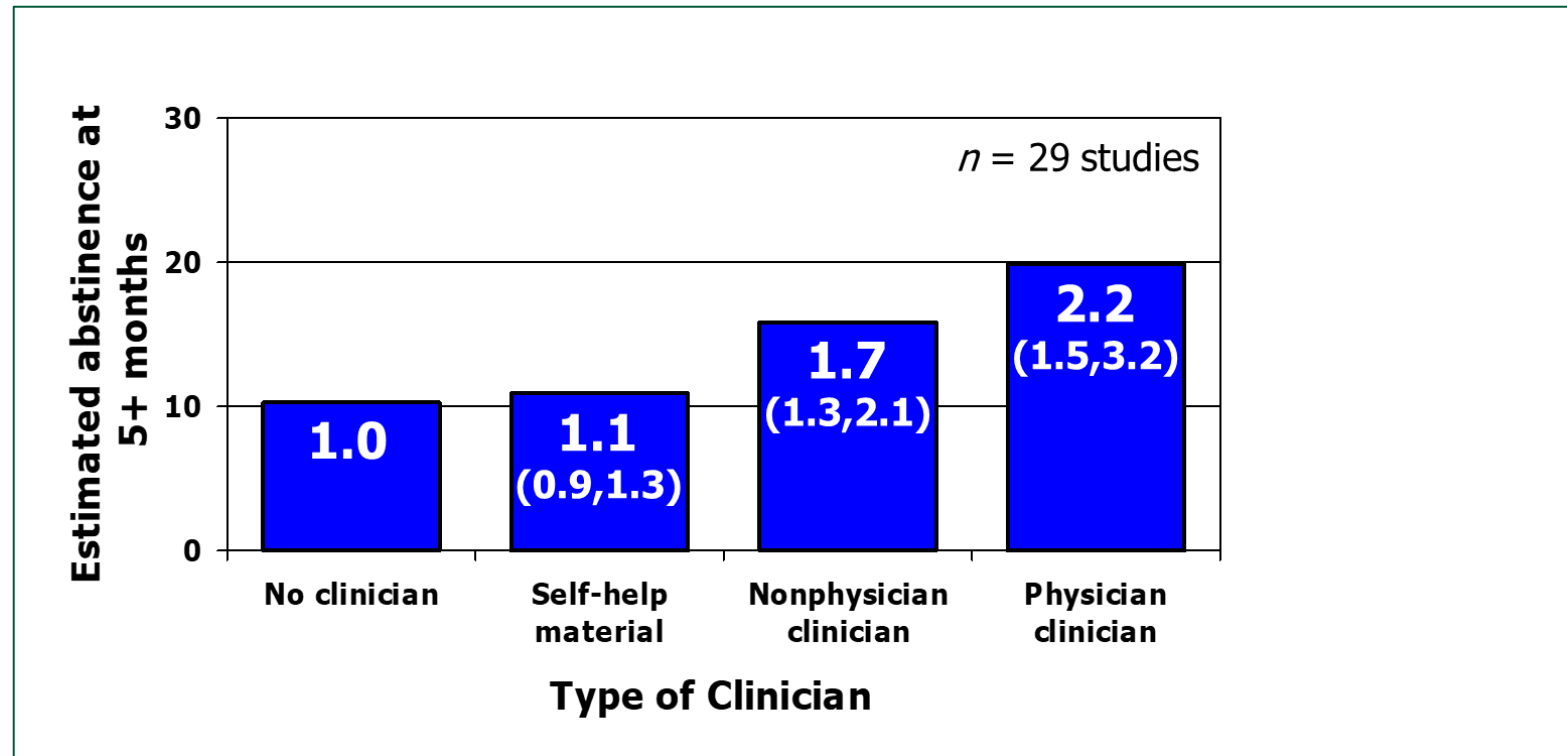
# Tobacco Use in the US and North Dakota

	North Dakota (2023)	National Average (2024)
High School Students who currently smoke cigarettes	5.4% (↓)	1.7%
Male HS students who currently use smokeless tobacco	5.5% (↓)	1.5%
Adults who smoke	13.3% (↓)	11.6% (2022)
High School Students who currently use ENDS	18.2 (↓)	7.8%

ND Behavioral Risk Factor Surveillance System

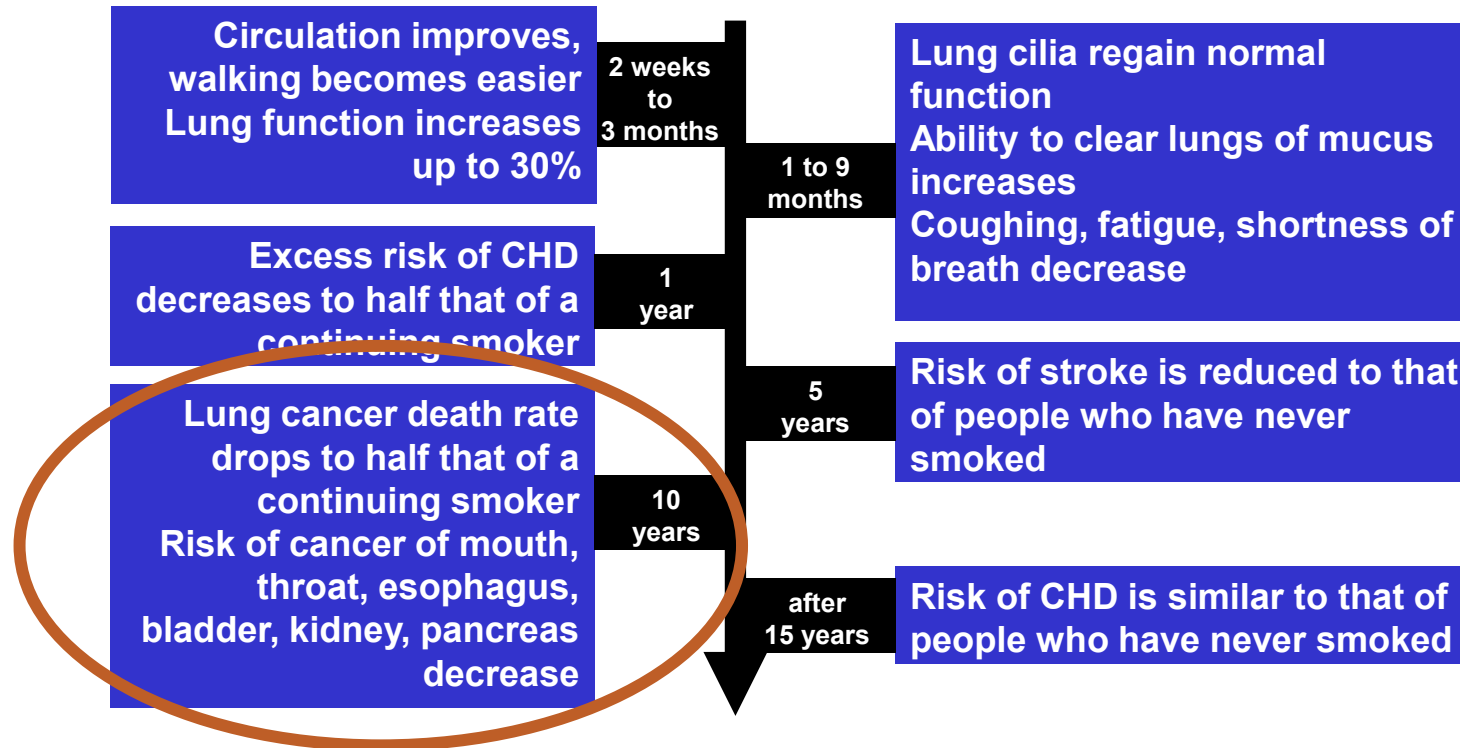


# Tobacco & Nicotine Use Treatment

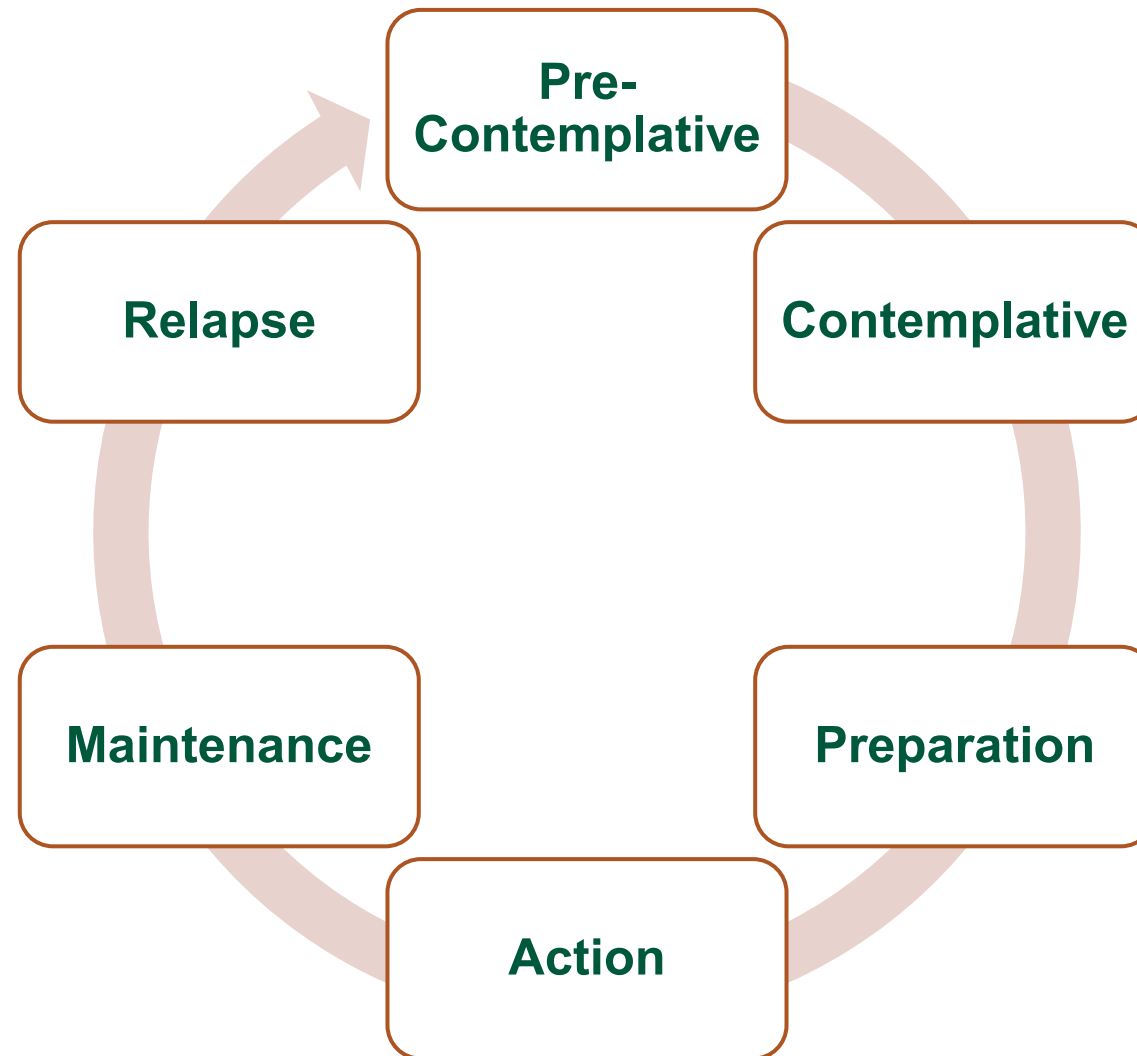


Fiore et al. *Treating Tobacco Use and Dependence. Clinical Practice Guideline*. Rockville, MD: USDHHS, PHS, 2000.

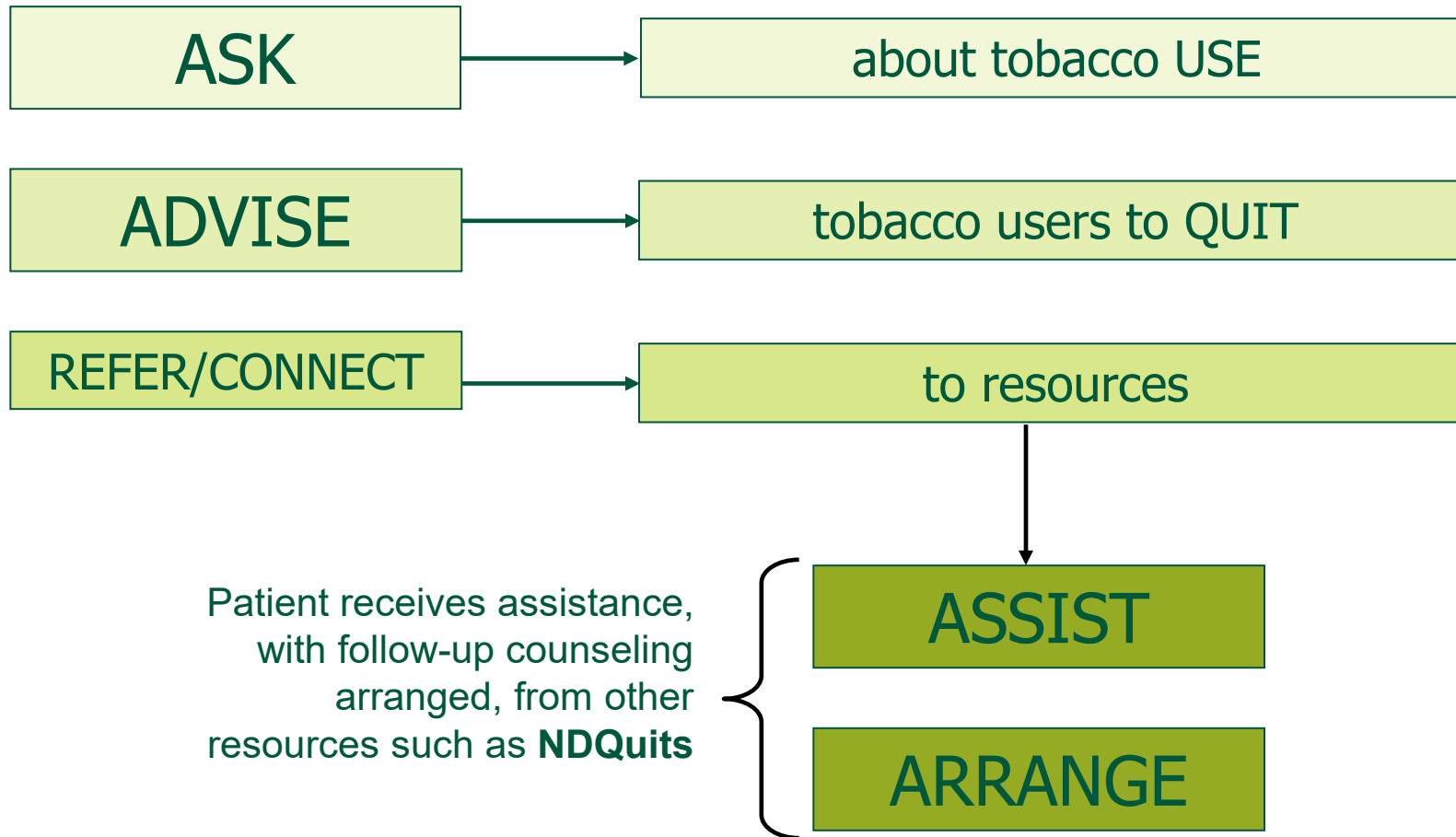
# Tobacco & Nicotine Use Treatment Benefits



# Transtheoretical Model and “Stages of Change”



# Brief Counseling: Ask, Advise, Refer



# Brief Counseling: *Ask*

1. Verify or ask about tobacco/nicotine use
2. Always use a tone that is nonjudgemental and conveys sensitivity and concern:

**“Do you, or does someone you know, ever smoke or use any types of tobacco or nicotine, such as e-cigarettes?”**

**“If you don’t mind my asking, do you or others in your household use any tobacco or nicotine?”**

# Brief Counseling: *Advise*

1. Start a conversation around advising the person to quit.
2. Ask permission to provide a clear, strong, and personalized message:

**“May I tell you what concerns me [about your smoking/vaping]?”**

**“Have you ever tried quitting before?”**

**“What are your thoughts about talking with an expert about quitting?”**



# Brief Counseling: *Refer/Connect*

1. Offer information and assistance with referral to our state quitline program, or other treatment resources:

**“I can tell you about some great resources to help you quit.”**

**“The best chance for success is to combine counseling with medication.”**

**NDQuits**  
1-800-QUIT-NOW (1-800-784-8669)  
[ndhealth.gov/ndquits](http://ndhealth.gov/ndquits)

# Applying Brief Motivational Interviewing

**Mary Larson, PhD, MPH, CHES**

# What does MI have to do with it?

- How many of you currently use Ask, Advise, Refer?

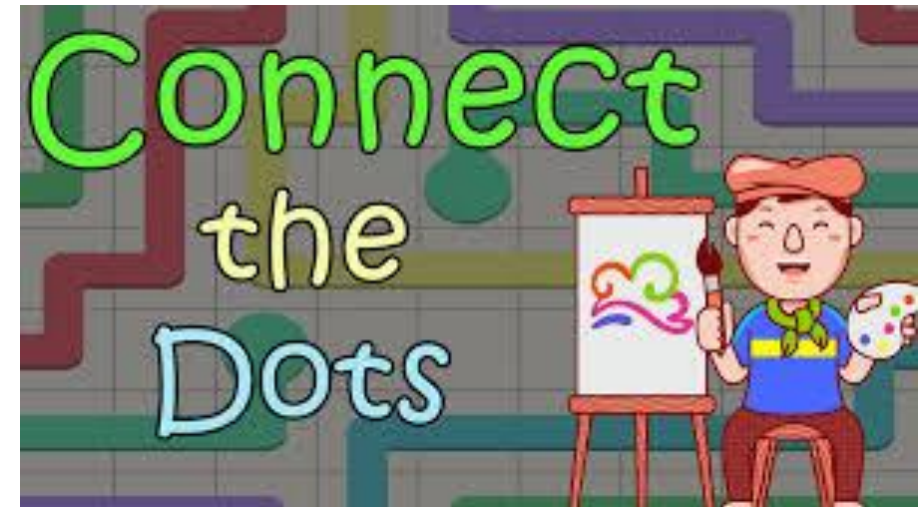
Ex: Do you smoke? You should quit—it increases your risk for cancer. I'll refer you to the Quitline."

- How many of you currently use SBIRT (Screening, Brief Intervention, Referral to Treatment)?

Ex: Screen—tobacco use is identified; Brief intervention (MI)—explore ambivalence, connect to values; Referral—In partnership, offer Quitline

- How many of you currently use MI?

Ex: What have you noticed about your smoking lately? Would it be ok if I share how it affects long-term health, including cancer? What do you make of that?



See page 6 on your handout to compare and contrast processes used in clinical settings.

# Motivational Interviewing: What makes it **effective and important to integrate *with*** other methods?



Affirmation



Absolute Worth

Accurate

Empathy



Autonomy  
Support



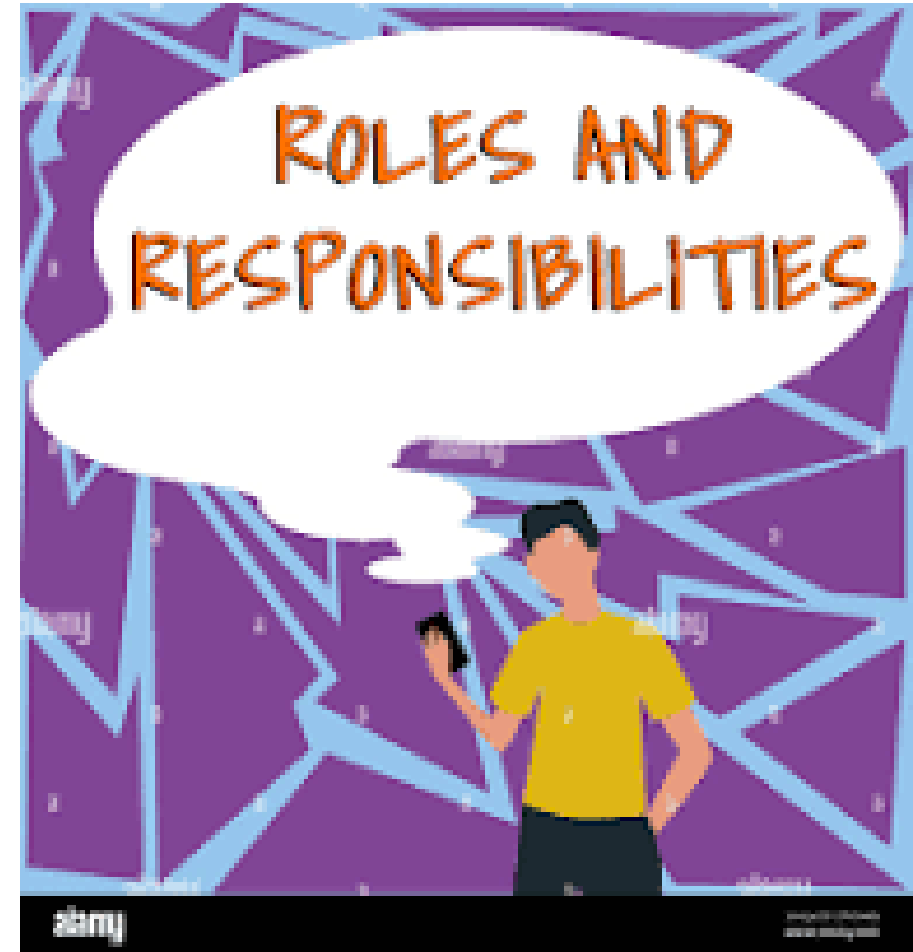
# Embracing the Foundational SPIRIT



# When we are fully embracing the MI SPIRT...

When working with your patients, remind yourself of the answers to these **very important** questions.

- Whose health is it?
- Whose life is it?
- Whose work is it to make a lifestyle/health/behavior change?
- What is your role in their health and life and potential change?



# Live Demonstration of Ask-Offer-Ask

- Version 1

- Version 2

What felt different?

Which one would you want to be on the receiving end of?

# “Micro-skill” for Your Toolbox

## Ask—Offer—Ask

- **Purpose**—to provide **information** and/or **advice** while remaining in the SPIRIT of MI—*supporting autonomy, partnering* by seeking the person’s perspective, what they *already* know, and what ideas they *already* have.
- **Lead** with *curiosity*.

**Ask**—What does the person already know? What matters to them?

**Offer**—*With permission*, share brief (one breath), tailored information.

**Ask**—What do they make of it? Where does this leave them?

# Live Demo Ask-Offer-Ask

- Ask (focus on their world)
- Offer (permission + info/advice)
- Ask (their meaning)

**Ask:** “What do you enjoy about drinking in the evenings? Any downsides?”

## **Offer (permission + Info/Advice)**

“Would it be okay if I shared something? [*pause for patient to give permission*] Even moderate drinking can affect sleep, and over time it’s linked to increased cancer risk.”

After the offer. Always return to them.



**Ask:** “What do you make of that?”

# Round 1

## Preparation AND Practice

### Preparation

- Four scenarios are on pages 2 and 3 of your handout.
- Select a Scenario on the handout and write down how you want to Ask-Offer-Ask. (60-90 seconds)
- First page of handout has examples of how to start if you get stuck.

### Practice

- At your table find one to two people to work with. (10 seconds)

### Partner Practice Round 1 (5 minutes)

**Person *who is tallest* = clinician, Person who is shortest = patient**

**When you are the clinician, tell your partners which scenario you selected.**

**Use your 1<sup>st</sup> script once (1–2 minutes)**

**Switch roles—each person in the group should practice.**

# Offer *in One Breath*

## ✗ Too long / lecture

- “Would it be okay if I share something?”

[pause—wait for patient  
to grant permission]

Alcohol affects sleep cycles, increases risk for breast, liver, and colorectal cancers, contributes to weight gain, and can impact liver function, so you should cut back...”

## ✓ One-breath Offer

- “Would it be okay if I shared something?”

[pause—wait for patient to  
grant permission]

Even moderate drinking can affect sleep, and over time it’s linked to increased cancer risk.”

# Practice “One Breath” Offers

**On page 4 of your handout--**

Rewrite this into a one-breath Offer.

“Smoking causes multiple cancers including lung, throat, and bladder cancer and leads to serious long-term health problems, so it’s really important that you quit.”

Offer (Permission + One breath)

**“Would it be okay if I shared something? Quitting smoking is the most effective ways to lower cancer risk.”**

# Round 2

## Preparation AND Practice

- Preparation
  - Select a *different* Scenario on pages 2-3 of the handout and write down how you want to Ask-Offer-Ask. (60-90 seconds)
  - Use a ***one-breath*** Offer
  - **“Say less than you want to—so they can say more than they planned.”**
  - Practice
  - At your table find one to two people to work with. (10 seconds)
- Partner Practice Round 2 (5 minutes)**
- **Person with the *longest hair* = clinician, Person with the shortest hair = patient**
  - **Use your 2<sup>nd</sup> script once (1–2 minutes)**
  - **Switch roles—each person in the group should practice.**

# What does it take to become an expert?



Becoming  
An Expert



HOW TO BE FLUENT IN  
ANOTHER LANGUAGE  
7 Expert Tips To Get Started!



Are you an expert in  
motivational interviewing?  
 Yes  No



- Training in Motivational Interviewing
- Level of training
  - Introduction to MI
  - 2-day (14 hours) Beginner
  - 2-3 day (14-20 hour) Intermediate
  - 2-3 day (14-20 hour) Advanced
  - Feedback and coaching of recorded sessions
  - Coaching and supervision



**Thank you for your kind attention!**