

# **Executive Summary**

## **An Evaluation of a Brief Intervention Model for use with Young Non-Injecting Stimulant Users**

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### **Disclaimer**

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This report describes the rationale, implementation and efficacy evaluation of a brief, motivational intervention for young users of cocaine, 'crack' cocaine and ecstasy not in contact with treatment services. The intervention was developed so it could be used by peer and other drug workers. The evaluation was a two-condition, multi-site, randomised controlled trial with a single six-month follow-up.

### **Background**

Illicit stimulant drug use is widespread in the UK. The lifetime prevalence of cocaine, crack and ecstasy use among 16-19 year olds in England and Wales is 6%, 2% and 7%, respectively and policy makers and treatment agencies recognise that appropriate, tailored interventions are needed to encourage young users to reduce harm and health risk. To date, 'harm reduction' interventions targeting young stimulant users have focused on communicating balanced and factual information about 'safer' drug use. There is increasing interest in the study and application of brief, 'motivational' counselling methods that encourage young people to appraise their drug use and make suitable changes. It is thought that since young stimulant users represent a low contact treatment group they are more likely to accept and participate in a 'person centred' brief intervention. This present study is the first UK

evaluation of a brief intervention model that was specifically tailored for young, out-of-treatment, stimulant users.

## **Trial conditions**

There were two conditions in the trial. Consenting participants in the experimental condition completed a 'Drug and Lifestyle Assessment Questionnaire' (DLAQ) which gathered baseline information. They then took part in a personal 'Advice, Information, Motivation, Support' (AIMS), interview based on the methods of 'motivational interviewing' administered by a trained worker. Participants in the control condition completed the DLAQ only. Both experimental and control groups were also given pamphlet information about stimulant use and about local support services. As part of quality control procedures, each AIMS interview was tape-recorded and monitored by the research team.

## **Trial hypotheses**

A total of 17 directional research hypotheses were set. The 'headline' hypothesis was that: "there would be a significantly greater reduction in the change in overall frequency and typical daily intensity of individual use of crack, cocaine and ecstasy between baseline and follow-up among participants in the experimental condition versus those in the control condition. The other hypotheses concerned the perceived harmfulness of stimulant use; other drug use; health; offending; awareness of local services; engagement with support services; participation in educational and training courses; peer drug involvement; involvement in non-drug related activities; social problems related to drug use; and the perceived likelihood of injecting and using heroin. Several other objectives were set relating to investigating acceptability of the intervention and the suitability and experiences of the peer workers in its delivery.

## **Trial Participants**

Participants were 16-22 years old. They identified themselves to be primary (i.e. regular) users of cocaine hydrochloride, 'crack' cocaine, or ecstasy and we subsequently assigned to these primary stimulant groups for analysis. No participant had been in treatment during the previous 12 months and none had a treatment history for opiate dependence or injecting. Block randomisation was used to cross-stratify participants in each of the two trial conditions by gender, age, stimulant type and frequency of use.

## **Procedure**

Trial participants were recruited in 11 sites in Greater London and Kent using detached outreach, specific advertising campaigns and by participant-driven snowball-sampling methods. All participants were invited to provide both personal and other friends and family 'locator' contact details to facilitate follow-up and all received brief administrative contacts by the study team at 8, 16 and 22 weeks prior to taking part in an independent, researcher administered follow-up interview.

## **The sample**

A total of 369 young stimulant users were screened for eligibility and 342 were randomised to one of the two trial conditions (166, 48.5% were randomized to the experimental group). The number of participants in each primary stimulant group were as follows: cocaine (n = 73); crack (n = 67) and ecstasy (n = 202). The crack users reported taking the drug on 24 days in the 90 days before recruitment; the ecstasy users had consumed the drug on 20 days and the cocaine users used once a week on average. A comprehensive research assessment battery recorded use of alcohol and other drugs, severity of dependence and problems in health, social, financial and legal domains. Objective validation of self-reported drug use using oral fluid tests was incorporated as part of the follow-up assessment and study resources permitted the testing of 90 participants, randomly sampled from each of the two trial conditions (n = 45) and equally from each of the primary stimulant groups (n = 15). The concordance between self-report and the test result in each stimulant group ranged between 86% to 88% and this did not differ between trial condition.

## **Results**

### **A. Implementation results**

Six-month follow-up interviews were successfully conducted with 299 participants (87% of those recruited). The participant recruitment methodology used in the trial was successful showing that longitudinal, experimental studies with young out-of-treatment drug users are quite feasible. The crucial drivers of successful retention were a multilevel outreach strategy; participant referral; primary and secondary expense payments; having access to suitable local sites; a sufficient number of flexible and motivated personnel; and multiple contact points. The motivational intervention was acceptable to the participants with the majority reporting that it was of value to them. There was evidence that peer workers can successfully deliver a brief motivational intervention although in practice a majority of workers are likely to require good supervision and support by committed supervisors.

## **B. Efficacy results**

There were a range of positive changes reported by participants in both the experimental and control conditions. The 'headline' differences between the trial conditions were as follows:

- There was significantly greater overall reduction in the frequency of using cocaine, crack and ecstasy among the experimental condition. On average, the experiment group used these stimulants on 21 fewer days in the past 3 months and the control group 18 days fewer days.
- There were reductions in the typical intensity of stimulant use in both conditions and no difference for a greater reduction among the experimental group.
- There was a significant difference in the rating of the quality of health among those primary crack users in the experimental condition.
- There were significant reductions in offending in both trial conditions and evidence for a relatively greater reduction among primary ecstasy users in the experimental group only.
- There was a significantly greater increase in awareness of local services among participants in the experimental condition. Those in the experimental condition were more than twice as likely to apply for a job or education course and more than one and a half times as likely to have started work or an education course.

## **Conclusion and recommendation**

Brief motivational interventions are of value for use with young stimulant users and can be successfully delivered by trained and well-supported workers. In the present trial, there was some evidence that the AIMS intervention was significantly better than a basic assessment of drug substance use and lifestyle questionnaire in encouraging young people to reduce harmful or risky stimulant use, there was not sufficient separation between the two conditions to provide a clear recommendation that brief motivational interventions should be delivered in practice without further development.