

An evaluation of a brief intervention model for use with young non-injecting stimulant users

A two-group randomised controlled trial with outcomes at six months

(Marsden et al, 2003)

In brief

Background and aims

The study was a multi-site evaluation of the impact of a single-session, harm reduction intervention on users of cocaine powder, crack cocaine and ecstasy, aged between 16 and 22 years. In particular, it sets out to compare the impact of two different intervention approaches: a brief motivational intervention* versus an 'information only' intervention.

Design

This was the first UK randomised controlled trial of a brief motivational intervention strategy for younger non-injecting stimulant users.

* Motivational interventions are client-centred directive methods for enhancing intrinsic motivation to change by exploring and resolving ambivalence. They are more focused and goal-directed than non-directive approaches.

Findings and implications

- Considerable improvements were observed in both intervention groups on most outcome measures between baseline (entry to the study) and at follow-up six months later.
- The motivational intervention achieved greater success than 'information only' on frequency of overall cocaine use, crack and ecstasy use, awareness of local services, and applying for and taking up education/training or employment.
- On other measures, the positive outcomes produced by the motivational intervention were limited to either primary crack users or primary ecstasy users.
- Overall, while the motivational intervention achieved better outcomes on some measures, differences were not significant enough to provide a clear indication that motivational intervention should be delivered without further development.
- Given the considerable improvement that occurred following an 'information only' intervention, further studies are needed to determine whether a general lifestyle assessment and information alone is able to achieve positive changes in younger stimulant users.

Research summaries

This series provides brief reviews of studies conducted in the UK, and funded by the Department of Health's (DH) Policy Research Programme under its Drug Misuse Research Initiative (DMRI wave I). The series draws on the executive summaries of the peer-reviewed reports prepared for DH. They focus on issues that are relevant to practitioners and other key stakeholders. They aim to ensure that treatment service commissioners, providers, service users and carers have ongoing access to new evidence.

Research summaries do not constitute NTA or Department of Health (DH) guidance or recommendations. The views expressed by the studies are not necessarily those of the DH or the NTA.

An evaluation of a brief intervention model for use with young non-injecting stimulant users

Summary of the report prepared on behalf of the National Addiction Centre, Kings College London by: John Marsden, Garry Stillwell, Helen Barlow, Colin Taylor, Annabel Boys, (National Addiction Centre) and Neil Hunt (Kent Institute of Medical and Health Sciences [KIMHS])

Aims of the study

The study was an evaluation of a single session harm reduction intervention for younger people aged 16-22 years, using cocaine, crack or ecstasy. In particular, it set out to compare the impact of two different intervention approaches: a brief motivational intervention (experimental group) versus an 'information only' intervention (control group) against primary and secondary outcome measures. For the purposes of the study, these were defined as follows:

- **Primary outcome measures:** the frequency (defined as the average number of days) and the intensity (defined as the typical daily amount used) of stimulant use in the 90 days before recruitment and at follow-up.
- **Secondary outcome measures:** defined as including health status, employment and education, offending and knowledge and engagement with local services.

Study method

A total of 342 younger stimulant users were recruited through outreach, advertising and referral from peers. None were already in contact with treatment services at the point of being recruited.

The age range was 16 to 22 years and individuals were drawn from a number of different areas in Greater London and Kent. Of this sample:

- 59% were primary ecstasy users
- 21% were primary cocaine powder users
- 20% were primary crack users.

Delivery of the motivational intervention and 'information-only' sessions were conducted by:

- five trained drugs workers from the specialist young persons team at a non-statutory agency with offices across Kent.
- two members of the research team with drugs work training.
- seven 'peer drug workers' based at a Greater London service that specialises in training young people to work with other young people around substance use through outreach programmes.

All participants initially completed a self-administered drugs and lifestyle assessment questionnaire (DLAQ), then were randomly allocated to receive either:

1. A personal advice, information, motivation and support (AIMS) interview conducted by seven trained drugs workers and seven 'peer drug workers' using techniques adapted from the motivational interviewing approach to brief counselling. This constituted the experimental group.

Or:

2. Information about stimulant use and local support services only. This constituted the control group.

After six months, 299 participants (87% of participants) were followed up and interviewed to evaluate changes against primary and secondary outcome measures.

Findings

Drug use

- Improvements were seen in both the experimental and control groups in a number of outcome measures; reductions were seen in the typical intensity of stimulant use in both cases.
- There was a significantly greater overall reduction in the frequency of using cocaine, crack and ecstasy among those who received the motivational intervention (the experimental group), compared to those who received 'information only' (the control group). The difference between groups was only borderline significant when frequency of amphetamine use was included in the analysis.

Service uptake

- One in ten participants contacted a drug service in the six months after recruitment to the study.
- Twice as many participants contacted a drug service in the group who received the motivational intervention as amongst those who received 'information only'.
- There was a significantly greater increase in awareness of local services among participants who received the motivational intervention (the experimental group).

Employment

- Participants who were unemployed when they entered the study, and who were allocated to the experimental group, were more likely to have applied for a job or education course – and therefore more likely to be working or studying at follow-up six months later.

Health

- There was a significant improvement in the health status of crack users who had received the motivational intervention, but not in those who had received 'information only'.

Offending

- There were significant reductions in offending in both the experimental group who received the motivational intervention and the control group who received 'information only'.
- There was evidence of a relatively greater reduction in offending among primary ecstasy users in group who received the motivational intervention.

Practice implications

- Overall, the motivational intervention was better than 'information only' for some outcome measures. However, there was not a sufficiently large difference in their effectiveness to provide a clear recommendation that motivational interventions should be delivered for younger stimulant users without being further developed.
- Motivational interventions are acceptable to younger out-of-treatment stimulant users so this approach should be promoted if more effective models than the one evaluated here can be developed.
- Given the considerable improvement that occurred in those who received the 'information only' intervention there should be a further study to determine whether a general lifestyle assessment and information alone is able to achieve changes in substance use and health and social outcomes in this population. If effective, such an intervention would be very cost effective, with the potential for delivery in a range of formats including the internet.
- More evaluation of interventions with out-of-treatment client groups should be undertaken.
- It is recommended that accessibility and attractiveness of drug services to younger stimulant users should be increased.

Study limitations

It was not feasible to validate self-reported stimulant use at entry to the study with a biological test since a pilot study found that the request for a hair or oral-fluid sample discouraged recruitment - especially with regard to street outreach contacts. However, it was feasible to include oral fluid testing at follow-up, and a high level of correlation between the self-reports and test results was found.

Principal author and address for correspondence:

Dr. John Marsden
National Addiction Centre
4 Windsor Walk
London SE5 8AF

Research team:

Marsden, J.; Stillwell, G.; Barlow, H.; Taylor, C.;
Boys, A; The National Addiction Centre (NAC);
Division of Psychological Medicine; Institute of
Psychiatry; King's College London; Hunt, N.; Kent
Institute of Medical and Health Sciences (KIMHS),
University of Kent.

Executive summaries published by the DMRI can
be found on

<http://www.mdx.ac.uk/www/drugsmisuse/> and
provide more information on methodology and
research design. For the executive summary of
this report see
[http://www.mdx.ac.uk/www/drugsmisuse/Marsden
%20summary.doc](http://www.mdx.ac.uk/www/drugsmisuse/Marsden%20summary.doc)

More information on the study also see:

Hunt, N.; Griffiths, P.; Southwell, M.; Stillwell,
G. and Strang, J. (1999) 'Preventing and curtail-
ing injecting drug use: a review of opportunities for
developing and delivering 'route transition
interventions'. *Drug and Alcohol Review*, 18,
pp.441-451.

Further information:

NTA: 2002 *Models of care for the treatment of
substance misusers. Promoting quality, efficiency
and effectiveness in drug misuse treatment
services in England*, London: NTA.

DH: 1999 *Drug misuse and dependence:
guidelines on clinical management*, London:
Department of Health.

Series of research summaries for providers and commissioners.

National Treatment Agency, 5th Floor, Hannibal House, Elephant and Castle, London SE1 6TE.
nta.enquiries@nta-nhs.org.uk www.nta.nhs.uk tel 020 7972 2214 fax 020 7972 2248.

Series editor: Dr Dima Abdulrahim of the National Treatment Agency.

Gateway clearance number: 4019

Written orders: PO Box 777, London SE1 6XH

Fax orders: 01623 724524

Phone orders: Publication order line – 08701 555 455

E-mailed orders: NTA@prolog.uk.com