

# Study examines effectiveness of brief intervention for problem drug use

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Peter Roy-Byrne, M.D., formerly of the University of Washington, Seattle, and colleagues write that few data exist on the effectiveness of brief (1-2 sessions) interventions for reducing problem drug use, a common issue in disadvantaged populations seeking care in safety-net medical settings (hospitals and community health clinics serving low-income patients with limited or no insurance). Based on the established efficacy of brief interventions for hazardous alcohol use among patients seen in medical settings, national dissemination programs of screening, brief intervention, and referral to treatment for "alcohol and drugs" have been implemented on a widespread scale, according to background information in the article.

The researchers randomly assigned 868 patients from 7 safety-net primary care clinics in Washington State who had reported problem [drug](#) use in the past 90 days to a single brief intervention (n = 435) or enhanced care as usual, which included a handout and list of substance abuse resources (n = 433). The single brief intervention included a handout and list of substance abuse resources along with giving participants feedback about their drug use screening results, exploring the pros and cons of drug use, increasing participant confidence in being able to change, and discussing options for change. In addition, attempts were made for a 10-minute follow-up session by telephone within 2 weeks of the initial intervention. The patients were assessed for drug use at the beginning of the study, and at 3, 6, 9, and 12 months.

Average days used of the most common problem drug at baseline were

14.40 (brief intervention) and 13.25 (enhanced care as usual); at 3 months postintervention, averages were 11.87 (brief intervention) and 9.84 (enhanced care as usual) and not significantly different. During the 12 months following intervention, no significant treatment differences were found between the two groups for drug use or for secondary outcomes, which included admission to [substance abuse treatment](#), [emergency department](#) and inpatient hospital admissions, arrests, death and behavior that increases risk of [human immunodeficiency virus](#) transmission.

The authors write that these "finding suggests a need for caution in promoting widespread adoption of this intervention for drug use in primary care."

"... further research to identify subgroups responsive to this intervention, as well as the role of more intensive interventions, appears to be warranted. For example, targeting [intervention](#) efforts toward individuals with severe drug abuse, many of whom use stimulants and opiates and may be at higher risk of overdose and other harmful consequences, might increase the uptake of specialty treatment and reduce emergency department utilization."

**More information:** Paper: [DOI: 10.1001/jama.2014.7860](https://doi.org/10.1001/jama.2014.7860)

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