A systematic review of brief interventions for psychostimulant use in primary and acute care settings

BRIONY LARANCE1,2, ALANA GARTON1, EMMA HATTON1, CHLOE HAYNES1, CLARE RUSHTON1, LUISE LAGO4, SARAH ADAMS5, LAURA ROBINSON1,2, JULIA LAPPIN3, DAVID REID5, PETER KELLY1,2.

1 School of Psychology, Faculty of Social Science, University of Wollongong; 2 Illawarra Health and Medical Research Institute, University of Wollongong; 3 National Drug and Alcohol Research Centre, UNSW Sydney; 4 Centre for Health Research Illawarra Shoalhaven Population, Australian Health Services Research Institute, University of Wollongong; 5 Illawarra Drug and Alcohol Service, Illawarra Shoalhaven Local Health District

Introduction and Aims: Psychostimulant-related presentations to health services can be seen as a first step in engaging an individual in treatment. This systematic review (1) describes the characteristics of brief interventions for psychostimulant use in non-treatment-seeking populations delivered in primary and acute healthcare settings; and (2) examines the evidence on their effectiveness.

Design and Methods: We conducted a systematic review of randomized controlled trials (RCT) and non-RCT study designs. We included non-treatment-seeking populations presenting in primary and acute healthcare settings where participants received a brief intervention for psychostimulant use (amphetamine, methamphetamine, cocaine or ‘psychostimulants’). Primary outcomes: (1) psychostimulant use; (2) psychostimulant-related consequences; and/or (3) linkages to psychostimulant treatment. Where possible, meta-analysis was attempted.

Results: 17 publications were eligible for inclusion, including 13 distinct studies (11 RCTs, 1 quasi-experimental and 1 prospective cohort study), comprising a total of 194,018 participants. Comparing brief intervention vs. control, there was a reduction in % psychostimulant use and % reporting ‘at risk’ psychostimulant use in individual studies, but no differences in substance-specific involvement scores (SSIS) in meta-analyses or physiological measures. Three RCTs examined drug treatment utilisation and found no differences between intervention and control groups at baseline or any follow-up period. No studies examined psychostimulant-related consequences at follow-up. Computer-assisted interventions performed better than clinician-administered interventions for cocaine SSIS.

Discussion and Conclusions: Although there was some evidence that brief interventions reduce psychostimulant use, variability in outcome measures and lack of psychostimulant-specific outcome data limits the extent to which firm conclusions can be drawn. Future studies should consider whether brief interventions confer additional benefits over screening alone or specialist AOD liaison/linkage to treatment.

Declaration of Interests: This study was funded by the National Centre for Clinical Research on Emerging Drugs (NCCRED) funded by Commonwealth Department of Health.