

Cessation of injection drug use following brief assessment interventions for young adults

Steven P. Kurtz, PhD and Mance E. Buttram, PhD

Center for Applied Research on
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“Every night is like New Year’s Eve on South Beach,
and drugs and sex are all part of it.”

Background – Club Drugs

Illicit “club drugs” include:

- Ecstasy
- Cocaine
- Methamphetamine
- LSD
- GHB
- “Designer” stimulants and Hallucinogens
- Prescription opioids
- Prescription benzodiazepines



The South Beach Study

Randomized clinical trial of behavioral interventions to reduce drug use and HIV transmission risk among young adults



The South Beach Study

Study arms:

1. Peer interviewer-administered (peer arm) comprehensive health and social risk assessment.
2. Self-administered (self arm) comprehensive health and social risk assessment.
3. Waitlist control

The South Beach Study

Eligibility criteria:

1. Ages 18-29
2. Past 90 day behaviors
 - Heterosexual sex
 - Used “club drugs” at least 3 times
 - Misused a scheduled prescription drug
 - Attended a large EDM club

Measures

- **Demographics**
- **Past 90 day substance use:** Frequencies of substances used and injected.
- **Substance dependence:** 3 or more of 7 DSM-IV items, including withdrawal symptoms and tolerance.
- **Severe mental distress:** 7 or more of 24 DSM-IV items assessing past year anxiety, depression, and somaticism.
- **Low social support:** Lowest quartile on a scale (range 0-36) of 9 items from the MOS Social Support Survey.
- **Coping behaviors:** Endorsements of 5 positive (e.g., taking action) and 5 negative (e.g., self-criticism) coping behaviors from the Brief Cope Scale.
- **Resilience Research Center Adult Resilience Measure:** 28 item screening tool designed to measure the resources available (individual, relational, communal, and cultural) to bolster resilience. Dichotomized at the natural cut-point nearest the median for analysis

Study Aim

Subgroup analysis:

- Examine the cessation of injection (baseline to 12-month follow-up) among participants in the South Beach intervention.
- A total of 69 participants reported drug injection at baseline and completed the 12-month follow-up assessment.
- Cessation of injection was reported by 54% (N=37) at 12-month follow-up.

Demographics and background

Demographics and background characteristics (N=69)		
	N	%
Age (mean; SD)	25.93	(5.969)
Female	23	33.3%
Hispanic	48	69.6%
Black	4	5.8%
White	16	23.2%
Other race/ethnicity	1	1.4%
≥ Secondary education	59	85.5%
HIV infection	2	2.9%
Hepatitis C infection	11	15.9%

Substance use - baseline

Substance use at baseline (N=69)		
	N	%
Alcohol	67	97.1%
Marijuana	65	94.2%
Cocaine	68	98.6%
Crack cocaine	55	79.7%
Ecstasy / MDMA	67	97.1%
LSD	40	58.0%
Ketamine & other hallucinogens	49	71.0%
Methamphetamine	42	60.9%
Heroin	62	90.0%
Prescription opioids	66	95.7%
Prescription benzodiazepines	65	94.2%

Associations with cessation of injection

Injected drug, risk, and protective factors associated with cessation of injection (N=69)			
	OR	<i>P</i>	95% CI
Stimulant/opioid injection	.227	.005	.081, .640
Risk factors			
Substance dependence (past year)	.411	.101	.142, 1.191
Severe mental distress (past year)	.661	.394	.255, 1.712
Childhood victimization	.213	.004	.074, .616
Negative coping skills	.647	.018	.452, .927
Social support – low	.109	.007	.022, .541
Protective factors			
High Resilience	4.590	.001	1.450, 14.535
Positive coping skills	1.457	.020	1.062, 2.001

Cessation of injection was unrelated to demographics or baseline substance use frequencies.

Associations with cessation of injection

Intervention arm associated with cessation of injection (N=69)			
	OR	<i>P</i>	95% CI
Peer-delivered intervention	3.383	.024	1.175, 9.750

Results

- Cessation of injection is less likely among those who injected both stimulants (e.g., cocaine, methamphetamine) and opioids (e.g., heroin, prescription opioids).
- Those reporting more negative coping behaviors and low social support were less likely to report cessation of injection.
- Measures of resilience and positive coping behaviors were higher among those reporting cessation of injection.
- Participants exposed to the peer-administered intervention were more likely to report cessation of injection than participants in the other conditions.

Limitations

- Data are self-reported.
- Eligibility criteria limit generalizability.
- Diagnostics were not clinician-administered.
- Small sample size.

Conclusions

- The efficacy of the peer-delivered intervention in reducing injection drug use was high; similar to findings of reduction of overall drug use among the entire sample.

[Kurtz, et al. (2017) J Subst Abuse Treat. 78:64-73.]

- People who inject stimulant and opioid drugs, have histories of victimization, and report low social support and negative coping behaviors may require more intensive intervention.
- Existing interventions and harm reduction approaches targeting injection drug users (e.g., syringe exchange programs) may be augmented with components that:
 - Bolster positive coping behaviors
 - Enhance resilience
 - Facilitate social support

Mance E. Buttram, PhD

mance.buttram@nova.edu

arsh.nova.edu

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