

1.7 Innovative brief intervention could help stop drug users starting to inject

Findings A brief intervention to prevent injectors initiating other drug users into the practice was delivered by 13 drug workers to 86 injectors, most of whom were in treatment. The workers were trained in the intervention and supplied a demonstration video and written guide. In under an hour workers and client explored initiation and its risks, how the client may inadvertently promote injecting, and responses to common initiation scenarios. The aim was to encourage and enable injectors to anticipate, avoid and deflect initiation requests. The intervention was practicable and acceptable to drug users and workers.

Researchers interviewed 73 of the injectors before and after the intervention and three months later. Comparing the three months before the intervention with the three following it, significant reductions were found in the frequency of injecting in front of non-injectors (97 to 49) and of non-injectors asking to be initiated (36 to 15). Over the same periods six had initiated someone before the intervention and two following it, a reduction approaching statistical significance despite the infrequency of initiation and the small sample.

LINKS Nuggets 1.8

These reductions were consistent with evidence of the sample becoming significantly more aware of the issue and of the risks, more disapproving of initiating others, and less willing to do so.

In context Sharing injecting equipment among exchange attenders and injectors generally remains worryingly common, as does the risk of HIV spread and the prevalence of hepatitis C. Attention is turning to ways to change the 'social etiquette' of injecting and to prevent injecting itself. This study exemplifies both trends and provides a potentially valuable intervention building on the prominent role of current injectors in initiating new injectors. Absence of a comparison group raises the issue of whether the changes were due to the intervention, the research questioning, or some other factor. However, the specificity of the changes suggests the intervention was largely responsible.

Practice implications Since most of the sample had never initiated anyone and would resist doing so, the authors suggest screening clients and targeting potential and actual initiators. The intervention seems suitable for widespread implementation (ideally in an action research context) in drug services seeing injectors and more broadly via publications, outreach and peer contacts. There is a clear opportunity here for specialist syringe exchange schemes to provide added value compared to pharmacy schemes, and without alienating clients.

Main sources Hunt N., Stillwell G., Taylor C., et al. "Evaluation of a brief intervention to prevent initiation into injecting." *Drugs: Education, Prevention and Policy*: 1998, 5(2), p. 185–194. Copies: apply ISDD. A summary is available at the Mental Health Foundation's web site, <http://www.mentalhealth.org.uk/brief020.htm>

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