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

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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.

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