

Evaluation of the Pilot Cocaine Project in Castle Street Clinic

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1. Castle Street Clinic Pilot Cocaine Project

1.1 Introduction

Following a request from the Department of Community, Rural and Gaeltacht Affairs to put forward proposals in relation to tackling the growing problem of cocaine misuse in Ireland, the National Drug Strategy Team established a Cocaine Sub-Group to recommend pilot interventions aimed at particular types of cocaine users.

One of the treatment projects recommended by the sub-group involved evaluating three inter-disciplinary evidence-based interventions to working with cocaine users. The project was to be piloted by the South Western Area Health Board (SWAHB) at Castle Street Clinic. The three proposed interventions included:

- Group drug counselling with a contingency management component comprising 12 weekly sessions;
- Individual drug counselling combined with group drug counselling with a contingency management module; and
- Cognitive behavioural therapy and group drug counselling with a contingency management component.

The SWAHB project was based on research findings from the NIDA (National Institute on Drug Abuse) in the United States. The NIDA's research recommended an eclectic Group Drug Counselling (GDC) and also a Cognitive Behavioural Therapy (CBT) approach to working with cocaine drug users.

The project's target group comprised poly drug users attending the Castle Street Clinic who were using cocaine and who were also in receipt of methadone maintenance.

1.2 The Purpose of the Evaluation

The objectives of the evaluation were to analyse in a systematic manner what was achieved by the projects and report the findings and the lessons learned, both positive and negative, in order that they can be fully understood and integrated into long term service plans.

The evaluation was to examine the structures, effectiveness, efficiency and value for money components of the projects taking into account the use of the Maudsley Addiction Profiling System (MAPS) in the treatment projects.

1.3 Evaluation Process

Goodbody Economic Consultants were appointed external evaluators to the pilot cocaine projects. The evaluation of the Castle Street project commenced in early November 2005. Meetings were held with the project staff members towards the end of November 2005.

Over the period January to July 2006 a number of requests for additional information and clarification around certain areas were made to the project via email and telephony. The project did not respond to these requests for additional information. The lack of this information has restricted the extent to which GEC have been able to determine the effectiveness, efficiency and value for money components of the Castle Street project.

1.4 Project Objectives

The stated objectives of the Castle Street Pilot Cocaine Project as set out in the initial project specification approved by the cocaine sub-group were to provide real evidence regarding the three intervention approaches listed in Section 1.1.

Other project objectives as identified by the project staff, include:

- Facilitating the development of supportive relationships: To assist the project participants in developing supportive interrelationships with professionals and other peers in recovery;
- Establishing and maintaining abstinence: To support the project participants in reducing their intake or abstaining from cocaine usage while also giving the participants the skills necessary to address their problem drug use;
- Relapse prevention: To provide a relapse prevention component to assist participants in recognising the triggers of their drug usage;
- Promoting an understanding of the process of addiction and recovery: To educate the project participants about addiction and the processes involved in making lifestyle changes;
- Providing stability: To provide a form of stability to increase the participant's likelihood of remaining on methadone and working through their heroin addiction while also reducing the risk of medical problems associated with drug use such as cardiac problems and HIV; and

- Develop personal responsibility: To incorporate structure into the lives of the participants through the responsibility associated with participation in the project including attending project sessions, preparing homework and setting objectives.

1.5 Project Activity

While it was initially intended to measure the efficacy of the three interventions listed in Section 1.1, based on the resources available it was decided that the Castle Street Clinic project would concentrate uniquely on the eclectic group drug counselling approach to working with cocaine users.

It was planned that three groups of participants would undergo 12-week group counselling programmes. Motivational assessments were used to determine the appropriateness of persons referred to the programmes by staff within the clinic. Two 12-week group counselling programmes were implemented. Each group met for approximately 1.5 hours weekly over the 12-week period. The Maudsely Addiction Profiling system¹ was administered to the participants as part of the project.

The following topic areas were covered with the participants as part of the counselling sessions:

- Understanding Addiction;
- The Process of Recovery;
- Managing Cravings;
- Developing Healthy and Helpful Relationships;
- Self Help Groups;
- Support Systems;
- Managing Feelings;
- Coping with Guilt and Shame;

After-care was provided as part of the second group counselling programme. The after-care took the form of informal one-to-one sessions two afternoons weekly with the counsellor responsible for implementing the programme. The take-up rate of the after-care service was low among the participants.

¹ This self-report measure examines an individual's substance use, health risk behaviours as well as their physical and psychological health symptoms.

1.6 Project Inputs

The SWAHB Castle Street Clinic project was allocated €9,000 under the pilot cocaine initiative. This budget was never drawn down by the SWAHB. Instead the project was implemented using existing staffing resources within the Castle Street Clinic. Two staff members within the clinic, a senior clinical psychologist and a counsellor, were involved in implementing the project. Each staff member had responsibility for organising and delivering one of the 12-week group counselling programmes.

Over the course of each programme the groups met for approximately 1.5 hours weekly. In addition, there were approximately 2 hours preparation work and 0.5 hours after-work associated with each group counselling session. In total it is estimated that the project staff spent one half-day weekly organising and administering the programme during the 12-week period. In the lead up to the programme implementation, the project staff spent 1.5 - 2 days weekly liaising with other staff regarding potential referrals, making appointments to assess the appropriateness of referred participants (using motivational assessments) and carrying out participant assessments.

Guest speakers from various areas both within and outside the clinic, including the head of pharmacy and a representative from narcotics anonymous provided information sessions to the participants on areas relevant to their fields of work during the project weekly meetings.

1.7 Project Outputs

Two 12-week group drug counselling programmes were implemented as part of the Castle Street Clinic cocaine project.

Group Counselling Programme 1

Nineteen clients were referred to the first group counselling programme. Of these, 12 were considered appropriate for participation in the programme by the project staff. Seven clients participated in the programme.

Attendance levels were low among the participants. Two participants attended the project on just one occasion. One participant attended the project on two occasions and one further participant attended the project on six occasions. The remaining three participants completed the 12-week programme.

Table 1: Number of Participants by Attendance Group Drug Counselling Programme 1

No. of times attended project	No. of Participants
1	2
2	1
6	1
12	3
Total	7

Source: Castle Street Pilot Cocaine Project

The two participants (both male) who attended just one session both acknowledged that they had come into the project to please their prescribing GP and did not intend to stop using cocaine. The (male) participant who attended two sessions reported that he could not continue to participate as he was attending a Community Employment training scheme and could not take time off this scheme. All three were invited to take up services at any point in the future should they wish to address their cocaine use.

The Maudsley Addiction Profile was administered during the initial assessment to the four individuals (two male and two female) who attended six or more sessions and again at the end of the twelve-week programme for the three participants that completed the programme.

At initial assessment all four individuals reported engaging in poly drug use over the previous 30 days, involving prescribed and unprescribed and both legal and illegal drugs. All four participants had been prescribed methadone ranging in doses from 80 to 240 mls. All four participants reported using cannabis at least 21 out of the previous 30 days. Both men and one woman reported using alcohol in quantities exceeding the recommended weekly safe limits, with both men exceeding the recommended safe limits on a daily basis. Both men reported using cocaine at least nine out of the previous 30 days. One of the women reported using cocaine five out of the previous 30 days. The other female participant stated that while she had not used cocaine at all during the same period, she had used it regularly in the recent past and was frequently tempted to do so still. One participant acknowledged having injected drugs in the previous 30 days, but they had not shared a needle or equipment. No other health risk behaviours were reported by the other participants. The four participants achieved scores of between 8 and 20 on the physical health symptoms scale, which has a possible range of 0 – 40 with the higher scores representing poorer health. Scores on the

psychological health symptoms scale ranged between 19 and 30 out of a possible range of 0 – 40.

Post intervention assessment indicated no change in the cannabis usage by all three participants completing the course. Both male participants reported a reduction in the quantity and frequency of alcohol and cocaine used. The female participant had ceased using alcohol and cocaine totally; this was verified by urinalysis. Post intervention assessment indicated no change in the health risk behaviours of the three participants completing the programme. All three participants showed some improvement in terms of their physical health symptoms scale scores post intervention. Also, all three participants showed some degree of improvement on their psychological health symptoms scale score post intervention.

Group Counselling Programme 2

There were seven referrals made to the second group counselling programme. All seven were assessed by the project staff. In total eight persons participated in the programme². One participant attended one session. One participant attended five sessions. Three participants attended six sessions while the remaining three participants completed the twelve week programme.

Table 2: Number of Participants by Attendance Group Drug Counselling Programme 2

No. of times attended project	No. of Participants
1	1
5	1
6	3
12	3
Total	8

Source: Castle Street Pilot Cocaine Project

The participant who attended one session acknowledged that they had come into the project in order to please their prescribing GP and had not intended to stop using cocaine. Among the four individuals who attended five or six sessions the reasons for discontinuing the programme varied and included training and occupational commitments as well as pressing childcare commitments.

² One participant entered the programme without having being referred to and/or assessed by the project staff.

The Maudsley Addiction Profile was administered to seven participants at the programme outset, to seven participants at the 6-week stage and to two of the three individuals who completed the programme. At initial assessment, one participant was drug free³. Five of the seven individuals reported using alcohol in the previous thirty days. Among these, two reported drinking in quantities exceeding the recommended weekly safe limits. Among the seven participants, five reported using cocaine during the same period. The frequency of usage ranged from one to twenty days. Three participants had injected the cocaine intravenously while two had snorted it. Three participants were also taking unprescribed benzodiazepines. Among the seven participants assessed scores were achieved between 5 and 40 on the physical health symptom scale. Scores on the psychological health symptoms scale ranged between 2 and 29 out of a possible range of 0 – 40.

Assessment at week six showed that all five individuals that reported drinking alcohol at the initial assessment continued to do so, three of which had increased the frequency and quantity of their drinking. In terms of cocaine usage assessment at week six showed that one participant had increased the frequency and quantity of their cocaine use, two continued to use cocaine but less often and in smaller quantities while two participants reported ceasing cocaine use entirely. Five participants showed improvement in terms of their physical health symptoms scale at week six while two individuals remained somewhat unchanged. On the psychological health symptoms scale, five participants scored similar to how they did at initial assessment while one showed a marked improvement and one showed deterioration.

The two individuals assessed upon completion of the 12-week programme continued to drink the same quantity of alcohol and with the same frequency. However both reported ceasing cocaine use. Among the two participants assessed post intervention, one retained gains made at six weeks in terms of their physical health symptoms while the other lost these gains and actually showed a deterioration from initial assessment. Of the two individuals assessed upon completion one retained gains seen at six weeks on the psychological health symptoms scale and one remained unchanged throughout the three testing times.

Over the three different testing periods a number of individuals acknowledged injecting drugs in the previous 30 days. However all stated that they did not share a needle or equipment.

³ This participant had previously completed the group 1 programme.

1.8 Project Learning

A number of areas of learning were identified by the project staff from having implemented the Castle Street pilot cocaine project.

One area of learning related to the lack of project ownership. There was no one project manager with overall responsibility for the project. This is considered to have hampered the development of the project.

A second area of learning related to the lack of administrative support available to the clinical staff responsible for implementing the project. The clinical staff assumed responsibility for all areas of the project's implementation including pursuing and assessing referrals as well as organising, preparing and implementing all aspects of the counselling sessions. The availability of administrative support would have allowed the allocation of more time to the clinical element of the project among the clinical staff.

The lack of childcare services was identified as another area of learning. The attendance rates of a number of the projects' participants suffered as a result of the lack of childcare services and resulted in a number of participants dropping out of the programme.

A further area of learning related to the need for an improved participant referral process. Clients were referred to the project that were not suitable for participation in a group counselling programme. This resulted in time misspent pursuing and in some cases assessing these individuals. Because the project staff did not have prior knowledge of each client referred to the project they were forced to rely on the suitability of the referrals made to them.

The final area of learning related to the structure of the group counselling programme. It was considered a more intensive course run over a shorter period of time i.e. twice weekly meetings over a six-week period, would improve overall attendance rates. The need for separate group counselling programmes for participants abstaining and those continuing to use drugs during the course of the project was also identified. Working with both groups together caused friction among the participants on a number of occasions.

1.9 Recommendations

Based on the evaluation findings, the following recommendations were identified as elements that should be incorporated into the future delivery of group drug counselling cocaine projects:

- One staff member should be appointed with overall ownership of the project;
- Clinical staff should adopt a greater role in the client referral process to ensure the appropriateness of persons referred to the project;
- More preparatory sessions are necessary to ensure that the participants are ready for the change anticipated by the project;
- Shorter counselling programmes would be more appropriate given the nature of the target group;
- Separate counselling sessions should be provided for participants abstaining and those wishing to continue drug usage during the course of the programme;
- Childcare should be provided for participants who are unable to attend because of childcare commitments;
- Administrative support should be provided to assist with the implementation of similar projects;
- A more formalised/structured after care programme should be incorporated into the project;
- A motivational strategy should be adopted by the clinic to encourage participation among clients in similar projects. One element of the motivational strategy should include the holding of educational forums where staff members from the various elements of the clinic's services would give talks to prospective clients on areas of relevance to their work; and
- The project should continue to bring in external agencies to deliver educational and informative talks to the participants.

1.10 Summary and Conclusions

Structure

A number of conclusions were drawn with respect to the structure of the Castle Street project. These were as follows:

- The need for one overall project leader with sole responsibility for driving the project forward;
- The need for administrative support to allow the clinical staff dedicate more time to the implementation of the clinical element of the project;
- The need for clinic staff to adopt a greater role in the client referral process to the project to ensure the appropriateness of the referrals;
- The appropriateness of a shorter more intensive counselling programme given the nature of the target group and the relatively high attrition rate recorded among the participants of the project;
- The need for more preparatory sessions to ensure that the participants were ready for the change anticipated by the project;
- The need for childcare services to be provided for participants who are unable to attend because of childcare commitments;
- The need for separate group counselling programmes to be delivered to participants abstaining and those wishing to continue drug usage during the course of the programme in the future; and
- The need for a more formalised structured after care programme to be incorporated into the future delivery of similar projects.

Effectiveness

There was a relatively high attrition rate among the participants of the Castle Street project with just three participants completing each of the group drug counselling programmes. Based on the relatively high attrition rates it is difficult to determine with any degree of accurately the effectiveness of group drug counselling in working with cocaine users. However, the project results did reveal that among the five participants who completed the 12-week programme and who were assessed using MAPS the project was effective in reducing their levels of cocaine usage. However, based on the small numbers involved it is not possible to definitively determine the effectiveness of this approach to working with cocaine users.

Efficiency and Value for Money

The issue of value for money does not arise in relation to the Castle Street Pilot Cocaine Project because the budget allocated to the project as part of the pilot cocaine initiative was not drawn down.

However, based on the positive results recorded among the participants completing the 12-week programmes and assuming the recommendations (outlined in Section 1.9) relating to the structure of group counselling programmes are taken on board, it is concluded that value for money could be attained if similar group drug counselling projects were to be adopted within a mainstream approach.