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## Script in a day (SCID) intervention for individuals who are injecting opiates: Results from a mixed methods feasibility randomised control trial

Beattie A<sup>1</sup>, Marques E<sup>1</sup>, Barber M<sup>2</sup>, Greenwood R<sup>3</sup>, Ingram, J<sup>1</sup>, Ayres R<sup>4</sup>, Neale J<sup>4</sup>, Rees A<sup>4</sup>, Coleman B<sup>5</sup> and Hickman M<sup>1,5</sup>

<sup>1</sup>University of Bristol, UK

<sup>2</sup>Lawrence Hill Health Centre, UK

<sup>3</sup>University Hospitals Bristol NHS Foundation Trust, UK

<sup>4</sup>Bristol Drugs Project, UK

<sup>5</sup>Bristol City Council, UK

**Background:** Opiate substitution treatment (OST) reduces the harm of injecting and opiate dependence: Reducing drug related mortality, the frequency of injecting, HCV and HIV, and drug related crime. Promoting OST and reducing the time out of treatment is a key goal in the prevention of drug related harm. The SCID trial aimed to test whether offering people who inject heroin attending a low-threshold agency immediate access to OST through referral to a specialist primary care centre (“Script in a Day”) increased the number in OST at 3 months, compared to individuals offered advice and case management on arranging an attendance in primary care for OST (“treatment as usual”).

**Methods:** An un-blinded parallel-group randomised control trial with a nested qualitative semi-structured interview study was conducted at the Bristol Drugs Project needle exchange programme. A total of 311/1371 individuals assessed were eligible (not in receipt of OST) and 100 consented. Twenty individuals (8 interventions and 12 control) agreed to be interviewed.

**Findings:** Follow-up was 86% (face-to-face), 90% (medical records). At 3 months 51% and 47% of the intervention group and control group were in OST. Days of self-reported opiate use reduced in the intervention and control by 79% and 72% respectively. There were improvements in physical and mental health but insufficient evidence of a difference between groups. Qualitative data indicated that motivation to join the trial included the need to secure treatment set against previous difficulties in trying to obtain OST. Positive impacts of securing OST included self-reported improvements in health and self-care; reduction in crime, stress and harm reduction.

**Conclusions:** The conduct of the trial was a success, but there was insufficient evidence of an effect compared to intensive case management. Findings from the qualitative study suggest that taking part in the trial enabled participants in the intervention arm to obtain treatment for their problematic drug use. For those in the control arm, it appears that completing baseline questionnaires may have served as a motivating factor to seek and secure OST from their own GP. Further development and evaluation of case management approaches in low-threshold agencies is warranted.

Angela.Beattie@bristol.ac.uk