## 10.5 Student drug users respond well to one-toone motivational sessions

Findings Individual brief motivational sessions from non-teaching staff could fulfil a college's responsibilities to prevent drug-related

harm more effectively than media campaigns or health lectures.

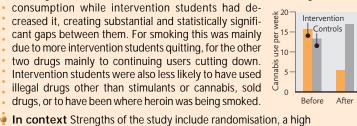
Student/staff volunteers from ten London further education colleges offered an opportunity to discuss drug use to students aged 16–20 who had used cannabis weekly or taken stimulants in the past three

months. After completing a baseline questionnaire, as a set each recruiter's contacts were allocated to the control group (95 students) or to a motivational interview lasting up to an hour (105 students).

Three months later researchers re-interviewed 90%. Across smoking, drinking and cannabis use, control students had increased average

consumption while intervention students had de-

creased it, creating substantial and statistically significant gaps between them. For smoking this was mainly



follow-up rate, and confirmation that the main results held up when it was assumed that drug use was unchanged among students who could not be re-contacted. Unusually, neither the intervention nor the outcomes focused on a single substance. Impacts were consistently positive across substances and measures, and at their greatest among students at greatest risk. One concern is that the interventionist also re-interviewed 152 of the students; they may have been unwilling to be seen as having 'rejected' his intervention. The study tried to

encourage honesty by having the students agree to hair testing. How many students declined the offer of the intervention is unknown, leaving open its potential to influence at-risk students as a whole. Similar US work on heavy drinking among college students suggests that individualised, harm-reduction approaches have a greater impact than prohibitions, media campaigns or lectures. With reinforcing follow-up contacts, the effects can last several years. The evidence is

greatest for brief, motivational or skills-based interventions targeting high-risk students. Typically these feature feedback on the student's current drug use. Motivational interviewing's non-directiveness may be particularly suited to defusing teenage resistance; in the featured

study, students were rarely led to commit to definite plans or changes. However, recruitment to these programmes can be poor and miss those in greatest need. Studies of adult cannabis or Nuggets 10.6 8.5 amphetamine users who have sought treatment also 6.8 5.11 3.10 2.7 support brief motivational approaches. **Practice implications** The featured study confirms the preventive

potential of brief one-to-one sessions with young adults identified as at risk, and demonstrates that students themselves can be used to screen and recruit their peers. There seems no reason why suitable students from among these recruits could not be used to recruit more high-risk students. For the intervention itself, a non-judgemental, motivational interviewing style focusing on harm reduction and providing feedback on how the student's drug use compares to the norm holds the greatest promise. Periodical repeat self-assessments fed back to the student and, when these indicate a need, offers of further contact, help maintain the impact. Though easier to implement, lectures or media campaigns are unlikely to be effective.

Motivational interviewing's non-oppositional stance, lack of preordained objectives, emphasis on the autonomy of the client, and the links it helps them form between drug use and their other aspirations, could have lessons for classroom teachers. In a depersonalised form

('How might daily cannabis use affect what you want to achieve in life?) similar tactics could be used in the classroom. Featured studies McCambridge J. et al. "The efficacy of single-session motivational interviewing in reducing drug consumption and perceptions of drug-related risk and harm among young people: results from a multi-site cluster randomized trial." *Addiction*: 2004, 99, p. 39–52. Copies: apply Drugscope.

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