

FYRST STOP Youth Cannabis Clinic: Evaluation using routinely collected data



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Background

Alcohol and other drug treatment agencies routinely collect a large range of client data upon intake, during treatment and upon treatment cessation. The usefulness of such data is often underestimated and generally under-utilised during treatment planning and while preparing funding applications. When relevant data is routinely collected in a standardised manner, it can not only serve as a rich source of evidence demonstrating quality and efficacy of a treatment service, but also as a way of identifying how and where a service can be improved. Using FYRST STOP Youth Cannabis Clinic as a case study, this bulletin provides an example of how substance use treatment agencies can utilise routinely collected data.

What is FYRST STOP?

FYRST STOP is a joint initiative between the Western Sydney Area Health Service and the Salvation Army Youthlink's FYRST Parramatta service that was established in 2003 to address the needs and concerns of dependent cannabis users aged between 16 and 25 years. FYRST STOP was designed to provide accessible, holistic treatment and support for young people in Western Sydney through the provision of a range of services including individual counselling, group support and access to medical services. The FYRST STOP service model was designed with the following core elements in mind:

- specialised support: providing treatment for young people whose main concern is cannabis
- a medical arm: operating in partnership with Westmead Hospital's Cannabis Clinic
- rapport building: taking the time to build rapport in a non-clinical environment
- long-term support: supporting each young person throughout various stages of change and providing on-going treatment specific to their needs and goals
- holistic and individualised treatment: treatment and services are catered to suit the needs and goals of each young person
- a collaborative service: linking in with other appropriate services to address a broad range of issues that each young person may face

FYRST STOP is one of the few youth-specific cannabis clinics currently operating in NSW.



NCPIC and FYRST STOP: A joint initiative

Aim

Independent evaluations have found NSW adult cannabis clinics to be successful in treating people for cannabis use, but no evaluation has been undertaken of FYRST STOP Youth Cannabis Clinic. The aim of the current study was to profile young people who attended FYRST STOP, and to explore the effectiveness of FYRST STOP in reducing their cannabis use and improving their personal and social circumstances.

Method

To enable a more meaningful and useful assessment of FYRST STOP data, a collaborative approach to data analysis was taken between Youthlink clinical/managerial and NCPIC research staff. An initial meeting was held to discuss the data and to identify and clarify variables of interest. Data was collated and de-identified by Youthlink staff prior to handing over to NCPIC for re-coding and analysis. The final dataset included variables from both the FYRST STOP outcome statistics data tool and the National Minimum Data Set for the years 2007-2009.

Results

Profile of clients attending FYRST STOP 2007-2009

Referrals to service

Referral data was available for 199 new clients of FYRST STOP during the years 2007-2009. Self referral (28.1%) was the primary way that clients first came into contact with the service, with a further 23.1 per cent of clients being referred from the Centre of Addiction Medicine (CAM), followed by referrals from other Youthlink/FYRST services (11.2%) and probation and parole (10.1%).

Following a referral to FYRST STOP, over half of the clients went on to receive either ongoing counselling (44.2%) or a brief intervention (14.6%). Less than one-third of the clients (29.6%) did not go on to receive any face-to-face contact with the service.

The overwhelming majority of clients referred to FYRST STOP were males (80.8%), with a median age of 21 years (range 16-25 years). Only 4 per cent of clients were Indigenous.

Demographic characteristics

Table 1 below describes the demographic characteristics of the counselling and brief intervention clients.

Table 1**Demographic characteristics**

	Counselling (n=80)	Brief intervention (n=22)	Total (n=102)
Male	80.0	89.7	84.9
Median age	22.0	21.0	21.5
ATSI	6.3	0.0	6.3
Main source of income			
Government allowance	47.6	49.9	48.1
Employment	41.3	31.8	39.3
Dependent on others	8.8	4.5	7.8
Living arrangements			
Parents	58.8	31.8	52.9
Spouse/partner with/without children	12.5	18.2	11.0
Friends	8.8	4.5	7.8
Accommodation			
Privately owned house/flat	48.8	31.8	45.1
Rented house/flat	37.5	27.3	35.3
Hostel/supported accommodation	7.5	9.1	7.8

Substance use

The primary drug of concern for all clients was cannabis. Upon presentation to FYRST STOP, a small number of clients also reported being concerned with their use of: alcohol (14.1%), ecstasy (2.0%), amphetamines (6.0%), cocaine (1.0%), heroin (2.0%) and methadone (2.0%). Only 2 per cent reported injecting drug use in the three months prior to assessment.

Treatment history

Although the vast majority of clients (68.8%) were new to alcohol and other drug (AOD) treatment, one-third of clients (35.5%) reported receiving concurrent outpatient withdrawal management, with a further 6.5 per cent receiving counselling in addition to FYRST STOP services. The most common form of prior AOD treatment was counselling (12.7%).

Outcome scores for counselling clients

FYRST STOP routinely collects a range of data to assist in monitoring the progress of the client to identify strengths and achievements and to outline areas that require attention. The remainder of this bulletin will focus only on counselling clients who received more than one treatment session during the years 2007-2009 to allow for comparisons to be made between initial and final treatment sessions. Complete data was available for a total of 50 clients who received a median number of three sessions over the two year period.

Client demographics

The majority of FYRST STOP counselling clients who received more than one treatment session were male (80%), with a median age of 21 years.

Just over half of the clients reported their primary source of income to be government allowances (46%), with a further 38 per cent of clients reporting their main source of income to be full-time employment. Over half of the counselling clients were living with their parents (68%), with a further 16 per cent reporting they lived with a spouse/partner and/or children. Clients reported living in privately owned houses/flats (58%) or in rented accommodation (30%).

Cannabis use

A statistically significant decrease in frequency of cannabis use was found between initial and final treatment sessions. There was a statistically significant difference in both the number of cones smoked per day and the number of days of use per week. Upon attending their first treatment session at FYRST STOP, clients reported using a median of 15 cones per day (range 3-70 cones). In contrast, at their final session clients reported a decrease in their cannabis use to a median of two cones, one day a week. At the final treatment session, clients reported a median of 43 days of abstinence from cannabis.

Figure 1

Cannabis use between initial and final sessions – number of cones

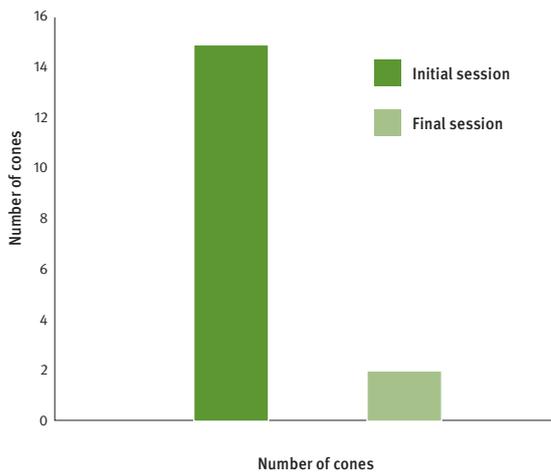
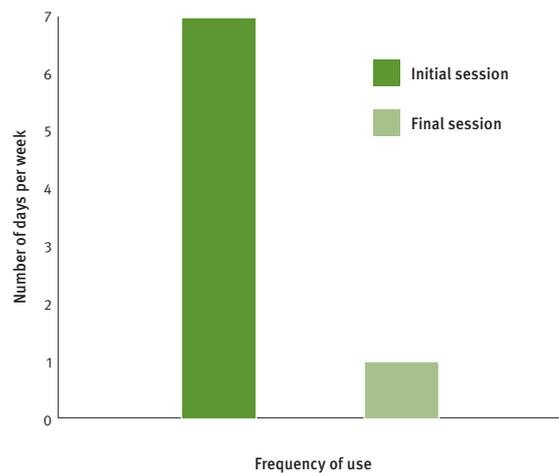


Figure 2

Cannabis use between initial and final sessions – frequency of use

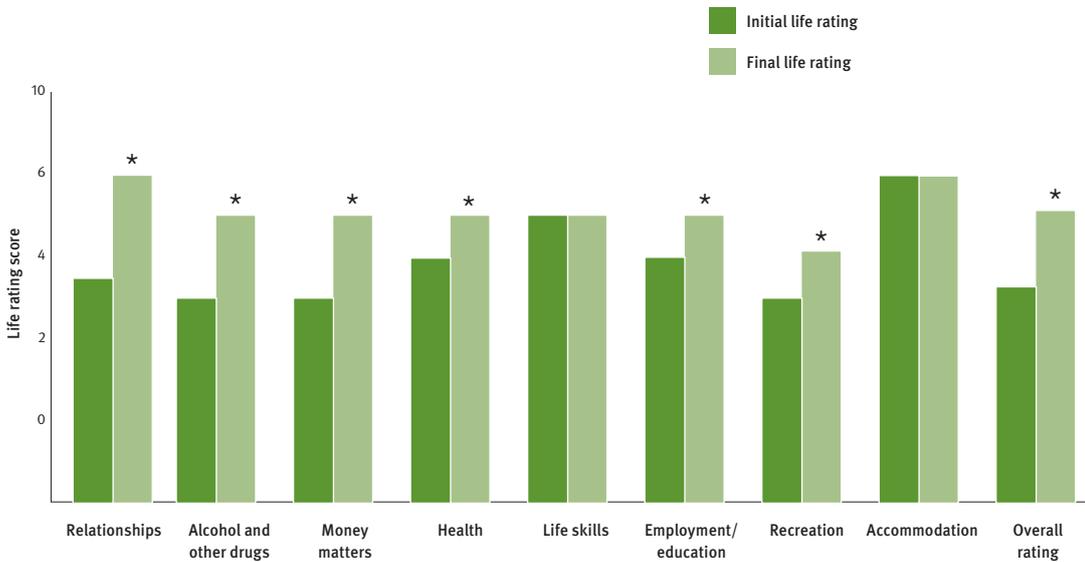


Client life area ratings

Counselling clients rated various areas of their life at the initial and final sessions, on a 0-10 scale where 0 = complete dissatisfaction and 10 = complete satisfaction. Between the initial and final sessions counselling clients reported a statistically significant increase in six of the eight life areas (See Figure 3). For example, satisfaction with relationships jumped from a median rating of five at the initial session to eight at the final session. Overall counselling clients reported an increase in their median life satisfaction rating from approximately 50 per cent at the initial session to almost 70 per cent at the final session.

Figure 3

Initial and final life satisfaction ratings



*Statistically significant increase

Client goals

At both the initial and final treatment sessions, the vast majority of clients (80%) stated their goal of treatment was to quit using cannabis. Clients’ satisfaction with this goal increased from a seven out of 10 at the initial session to an eight out of 10 at their final treatment session.

Conclusion

FIRST STOP received a total of 199 referrals during the years 2007-2009. Of those, over half went on to become either counselling (44.2%) or brief intervention (14.6%) clients. The majority of clients in both the brief intervention and counselling were primarily males (80%), who received a government allowance (28.1%) and lived with their parents (52.9%) in a privately owned house or flat (45.1%).

The primary drug of concern for all participants was cannabis, with a small number of clients also reporting the use of other substances such as ecstasy, alcohol, speed, cocaine, heroin and methadone. Attending FIRST STOP Cannabis Clinic was the first time the majority of clients (68.6%) had received any type of alcohol and other drug treatment.

A total of 50 counselling clients who had received more than one treatment session during the years 2007-2009 were selected to assist in determining the effect of treatment over time using outcome scores. The demographic characteristics of this group were similar to those in the whole counselling group. Clients received a median number of three treatment sessions over the course of a two year period.

Overall, a statistically significant decrease in cannabis use was observed between the first and final treatment session for this group. The median number of days of cannabis use reduced from seven days to one day a week, while the median number of cones used per day reduced from 15 to two cones per day. At the final treatment session, quitting cannabis remained the treatment goal for the majority of clients, who reported a median satisfaction rating of seven out of 10.



Counselling clients also reported a statistically significant increase in total life satisfaction. In particular, significant improvements were noted in the following areas: relationships, alcohol and other drugs, money matters, health, employment/education. At the initial treatment session, clients reported being most satisfied with their accommodation status, at the time of the final session, clients reported being most satisfied with their relationships.

Overall, the data suggests that FYRST STOP is effective in both assisting clients to reduce their cannabis use and address a number of related issues in their lives.

This bulletin has provided an example of how data collected on a routine basis primarily for administrative purposes can be analysed and used as a way of highlighting treatment effectiveness.

