Aim
The initiative aimed to:

- Develop a robust and sustainable mobile phone-based support service for opiate users before, during and after detoxification;
- Conduct a qualitative and quantitative evaluation of the service from a technological, service use and human perspective.

Setting up the project
The project team met with three opiate users selected by a senior drug problems key worker to explore their attitudes towards the concept of using text messages.

Drug users need encouragement and support at each stage of detoxification. We thus designed our initial service around positive reinforcement messages and the inclusion of a loved one or key supporter.

Once drug users have successfully completed a programme, they need long-term support to stay drug free. We designed the prototype service based on each phase of detoxification, including long-term support.

Technical infrastructure
A prototype text message support service was developed, based on comments from the client focus group. We built in flexibility so participants could choose the times in the day they wished to receive messages.

We made all messages emanate from Toxi, an imaginary, gender-neutral ‘virtual friend’ residing within their mobile phone. An extensive bank of messages was developed to fit each stage of detoxification. It included a series of weekly questions asking clients to grade where they were on their journey towards detoxification. Their responses determined the following week’s messages.

To ensure participants did not incur extra phone costs we obtained £10 mobile phone shop gift vouchers to give to clients.

Craving toolkit and diary function
We built a rapid response text service that clients could use when they felt a craving coming on. This toolkit included a self-rating scale and useful tips to help them cope.

We also constructed a mechanism to extract and capture text comments sent by clients to Toxi and build this into a diary facility to allow them to tell Toxi how they felt at various stages of the project. This also provided a safety net for vulnerable clients, as we were concerned that a client might send a message indicating possible suicidal intent. We checked this diary daily so we could alert key workers and the project director about worrying messages.

The project was approved by the Tayside medical ethics committee. Enrolment was by witnessed, written consent.

Evaluation
Client recruitment was difficult due to staff and policy changes in the local drug problems service. Eight were recruited by project staff sitting in on client/key worker meetings – three men and five women, all in their 20s.

The service had no major technical problems. The craving toolkit was used on several occasions by clients and analysis of user logs showed it functioned well. We have no objective means of knowing if the toolkit actually prevented any drug use.

Messages were sent mid-morning and early evening. Participants seemed to accept these times and made no requests to alter them.

Four participants replied to messages using the diary function. Their dialogue with Toxi gave interesting insights into how they

Text messaging (or SMS) has become the preferred means for drug suppliers and their clients to communicate, and heroin users employ it for social networking. Addiction services are beginning to explore electronic communication to support client interaction (Collins et al, 2007). There was therefore an opportunity to examine whether this tool could be deployed to support withdrawal.

Keywords
Patient involvement, mobile phones, detoxification, communication to support client interaction, electronic tools, electronic text messaging (or SMS), drug detoxification.

This is a summary: the full paper can be accessed at nursingtimes.net

Authors
Neville, R.G. et al

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There is untapped potential for the use of a 24-hour text service to help people with diet control, or a wide range of long-term health conditions (Neville et al, 2002).

Although the verdict on the initiative’s effectiveness must be deemed ‘not proven’, it gives new insight into how and where future supports for opiate users might be deployed.

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BACKGROUND

- Heroin addiction blights individuals, families and society (Sheldon, 2008). There is no single panacea for preventing young people becoming addicted to heroin or for persuading them to become drug free.
- Recently, drug problems services have been offering suitable clients the chance to detoxify and completely withdraw from heroin. This is in contrast to the former policy of harm reduction, which mainly focused on methadone prescribing.
- This shift in policy, partly due to the introduction of the drug lofexidine, has prompted an appraisal of educational and social support services before, during and after detoxification from opiates.

were coping, such as: ‘thanx – I needed a morale boost’. There were no adverse safety incidents throughout the project.

Qualitative feedback from clients

Clients were invited to participate in feedback interviews with a researcher. They were contacted via their mobile phones once it was clear that interaction with Toxi had ceased. Of the eight clients, four (three men, one woman) provided verbal feedback. Two were on a detoxification programme, one described himself as ‘stable’ and one said he was not yet on a programme.

Comments indicated that enrolling in Toxi was straightforward, while the phone voucher motivated two clients to sign up. Clients were mainly positive about the content of the text messages, which they described as ‘OK’, ‘helpful’ and ‘quite clear’.

The timing and number of messages received each day was highlighted as good, with no sense of them being overpowering. The value of receiving positive messages was mentioned. However, one client found some irrelevant because he had not begun his detoxification programme.

Although clients did not have any strong concerns about the service’s security or safety, two stressed it was important that its confidentiality was made clear. They had been unsure if their replies were being forwarded to or seen by their key worker.

One client currently on a detoxification programme felt that Toxi had provided an additional coping resource. The other on a programme felt that Toxi had helped in some ways but was not as good as one-to-one support from a key worker.

All clients interviewed said they would recommend it to others about to participate in a detoxification programme.

Although clients were informed on enrolling in the project that Toxi was ‘virtual’, their understanding of this varied and they experienced various issues regarding sending messages back to the service.

Qualitative feedback from local drug problems service

The key worker team leader and a team member were interviewed to find out if recruitment problems were related to staff views of the service. Among the views expressed were that the initiative motivated clients and that it acted as a ‘really good’ reminder to them about what they were doing. It was also seen as having a particularly useful role when clients were starting on methadone and may experience severe cravings.

Both staff members emphasised the importance of the service’s confidentiality in order that clients felt sufficiently confident to interact with it honestly and accurately. The team leader stressed the importance of ensuring appropriateness of messages for each client.

Regarding perceptions of the project by other key workers, the team leader indicated others had not expressed any doubts about Toxi. He suggested that lack of engagement with the service was perhaps due to their feeling burdened by the implementation of another initiative during a time of internal change.

REFERENCES


BENEFITS OF THE SERVICE

The first project aim was achieved. Despite the challenge of working with a hard-to-reach client group, it was possible to produce a sophisticated text message support package available to clients 24 hours a day.

The technical evaluation showed the package was stable, robust and capable of national roll-out. Difficulties encountered in client recruitment and retention reflected statutory service configuration and human factors rather than technical shortcomings.

On a more positive note, our experiences will be helpful in planning a randomised controlled trial on the use of text messaging to support opiate users to reduce or stop their consumption.

The eight participants all displayed enthusiasm and positive reactions. Difficulties with recruitment precludes us from stating which users might benefit and when. One can speculate that the nature of the text message support package makes it more suited to a flexible client-centred approach with less emphasis on institutions and formal research. Perhaps it could be best delivered via the voluntary sector, workplace, internet, NHS Direct or NHS 24.

The service was technically feasible to construct, apparently safe and positively rated by clients. Unfortunately, the inherent instability in opiate users’ lives and the changing structure and staff of statutory drug problems services impaired our ability to make valid conclusions about clinical outcomes or a firm recommendation for its widespread roll-out.

We hope our experiences may be of value to others who seek to offer people novel ways of thinking about their communication habits, lifestyle choices and health.