

# Re-Frame: pilot randomised controlled trial of a diversion programme for adolescents in police custody who possess illicit substances

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<b>Registration date</b> 14/02/2022	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 04/03/2025	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

For young people having a criminal record is associated with a variety of negative life outcomes including poor physical and mental health, unemployment, and substance use. The Re-Frame study is a study of a diversion scheme implemented in four regions of England; Kent, Cornwall, Sefton, and Lancashire.

The actual study is quite small and is called an internal pilot study. This means the results of the study will help us design a larger study that will answer the key questions about how useful the intervention is for young people.

### Who can participate?

Young people aged between 10 and 17 years who are found by the police to be in possession of a class B or C illegal substance (cannabis or amphetamines for example)

### What does the study involve?

Participants can be referred to a young person substance misuse service for assessment and intervention rather than being arrested and charged, avoiding a criminal record. Once referred those considered eligible have their intervention chosen at random, either a two-step psycho-education and brief intervention or simple education only. After 6 months we assess how effective the intervention was in terms of offending behaviour, substance use, and other health and psychological factors.

### What are the possible benefits and risks of participating?

Those who participate in the intervention have the potential to reduce their substance use and any associated risk-taking behaviours. This in turn is likely to lead to a reduction in involvement in criminal activity and a reduction in involvement with the police which is known to lead to improvements in young people's wellbeing. The interventions are based on similar approaches in other areas and there is no evidence of any risks associated with engaging with the intervention.

Where is the study run from?  
University of Kent (UK)

When is the study starting and how long is it expected to run for?  
October 2021 to December 2022

Who is funding the study?  
Youth Endowment Fund - Another Chance Scheme (UK)

Who is the main contact?  
Prof Simon Coulton, s.coulton@kent.ac.uk

## Contact information

### Type(s)

Principal investigator

### Contact name

Prof Simon Coulton

### ORCID ID

<https://orcid.org/0000-0002-7704-3274>

### Contact details

Centre for Health Service Studies  
George Allen Wing  
University of Kent  
Canterbury  
United Kingdom  
CT2 7NZ  
+44 1227 824535  
s.coulton@kent.ac.uk

## Additional identifiers

## Study information

### Scientific Title

Re-Frame: A parallel prospective internal pilot randomised controlled trial of a brief intervention diversion programme compared with treatment as usual to reduce offending and substance use for adolescents, aged 10-17 years, identified as being in possession of illegal class B or C substances.

### Acronym

Re-Frame

### Study objectives

Objectives of the pilot trial

1. To pilot study outcomes and evaluation methods, assess the parameters for conducting an efficacy evaluation and to assess whether operational progression criteria have been met and if

so to develop a full protocol for an appropriately powered efficacy study.

2. To assess the acceptability of an ethically appropriate standardised business as usual control.
3. To qualitatively explore the feasibility and acceptability of referral pathways, intervention delivery and study assessments from the perspectives of the police, intervention provider and participants. A key aim is to identify how, when, why and for whom the interventions work.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Approved 10/12/2021, University of Kent Social Science Research Ethics Committee (Professor Karen Jones, Chair Social Research Ethics Committee, LSSJ, University of Kent, Canterbury, Kent, CT2 7NZ, UK; +44 1227 823406; lssjethics@kent.ac.uk), ref: SRC0498

### **Study design**

Multi-centre parallel prospective internal pilot randomized controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

### **Health condition(s) or problem(s) studied**

Reduction of offending among young people who use class B or C illicit substances

### **Interventions**

Intervention Group

Two sessions of Brief Intervention by skilled youth workers. In session one they will use a Drug Grid to reflect on how their actions have affected their lives, their family and wider community. The child will have the opportunity to recall their arrest experience and explain how this impacted them. The practitioner will assist the young person in critically reflecting on this event and offer support in relation to trauma or consequences felt as a result of it.

The Drug Grid is a drug education exercise that enables the child to demonstrate current understanding of substances (including medication, legal highs, and image and performance enhancing drugs). As they go through the exercise they will learn about these substances (eg depressant or hallucinogen), being led by their own experience and building on their knowledge base. The worker can dispel myths and provide information on the effects of each substance, including the risks of poly use and overdose.

Brief intervention session two is the Drug Triangle. We Are With You Young People's substance misuse services will aim to complete this session within two weeks of the original referral.

Ideally session one will take place in week one and session two in week two, depending on the child's availability and preferences.

Using the Drug Triangle, the child will focus on the substance, mindset and setting that led them to the session. This holistic harm reduction approach ties in with contextual safeguarding, framing the child's situation within a wider context. They will spend time thinking about how this has affected them, their family, school (if applicable), and community. The child will also be encouraged to reflect on the impact on those people and communities that produce drugs. At the end of the session the participant will be advised around their rights in relation to stop and search procedures should they require it in the future as well as assertion techniques and advice relating to the procedure itself.

At the end of the two sessions, the young person will have greater clarity about the risks they have taken, the links between substance use, risk-taking behaviour and violent offending, and the potential of criminal proceedings. The short-term aims are that the child will have a greater understanding of their personal needs, an increase in confidence to reduce substance use, and a positive shift from precontemplation to action and maintenance in the cycle of change.

#### Control Group

The child will receive one session of Advice, Information, and Signposting. The child will be offered information about the With You substance service in their local area and encouraged to access the service for support if required. Advice, Information, and Signposting is a tier 1, universal level of support. It is unstructured and is based on a conversation only.

#### Randomisation

Randomisation will employ random permuted blocks of variable size stratified by site; Kent, Cornwall, Sefton, Lancashire, and by age group; 10-14 versus 15-17 years. Random strings will be created for each stratification combination and deployed independent of the research team and each participant will have equal probability of being allocated to the intervention or business as usual.

Randomisation will be conducted after eligibility has been assessed, informed consent provided and baseline assessment conducted. The researcher will enter necessary details into an encrypted database and after necessary data has been checked an allocation code will be provided. This code will indicate the nature of allocated group. The researcher will not be able to access randomisation codes. The participant will not be blind to the intervention.

#### Participants

Participants will be referred by the police to existing We Are With You Young People's substance misuse services across four geographical areas of England; Kent, Sefton, Cornwall, Lancashire.

#### Intervention Type

Behavioural

#### Primary outcome(s)

All offences; including arrests, cautions and charges, in the 6-months post randomisation obtained directly from the Police National Computer.

#### Key secondary outcome(s)

1. Self-reported delinquency assessed at baseline and month 6 using the Self-Report Delinquency Scale (SRDS; (Smith and McVie, 2003)).
2. Quantity, frequency and type of substance use will be assessed at 6-months using the Time Line Follow Back Method (TLFB; (Levy et al., 2004; Sobell and Sobell, 1995)),
3. Mental health and wellbeing will be assessed using the Warwick-Edinburgh Mental Well-being scale at baseline and month 6 (WEMWBS; (Clarke et al., 2011)).
4. Health-related quality of life will be assessed at baseline and month 6 using the Child Health Utility Questionnaire (CHU-9D; (Stevens, 2012)).
5. Emotional regulation and behaviour will be assessed at baseline and month 6 using the self-completed Strength and Difficulties questionnaire (SDQ; (Goodman, 1997)).
6. Motivation to change will be assessed using the readiness to change ruler at baseline and month 6 (RR; (Maisto et al., 2011)).
7. Self-efficacy will be assessed using the short Situational Confidence Questionnaire at baseline and month 6 (SCQ-8; (Breslin et al., 1998)).

8. Positive and Negative Expectancy will be assessed using a four-item expectancy measure at baseline and month 6 (SUE; (Montes et al., 2019)).
9. Family environment will be assessed at baseline using the Brief Family relationship Scale (BFRS; (Fok et al., 2014)).
10. Anxiety assessed at baseline using the General Anxiety Disorder Questionnaire (GAD-7; (Mossman et al., 2017)).
11. Depression assessed at baseline using the Personal Health Questionnaire for adolescents (PHQ-A; (Mansour et al., 2020)).
12. Adverse child experiences assessed at baseline using the Adverse Child Experience Questionnaire (ACEQ; (Dong et al., 2004)).

**Completion date**

31/12/2022

## Eligibility

**Key inclusion criteria**

1. Aged 10-17 years inclusive
2. Considered appropriate for diversion by police
3. In possession of class B or C illicit substances

**Participant type(s)**

Other

**Healthy volunteers allowed**

No

**Age group**

Child

**Lower age limit**

10 years

**Upper age limit**

17 years

**Sex**

All

**Total final enrolment**

76

**Key exclusion criteria**

1. Arrested for a sexual or violent offence
2. History of four or more offences
3. Substance use severity that requires specialist clinical intervention such as detoxification or medication assisted maintenance
4. Inability to understand oral English sufficiently to engage in the intervention or the follow-up to the extent the participant requires an interpreter to engage with the intervention or research. Outcomes are validated for English language populations.

**Date of first enrolment**

01/02/2022

**Date of final enrolment**

28/02/2023

## **Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre****We Are With You - Kent**

Unit H

Jubilee Way

Faversham

United Kingdom

ME13 8GD

**Study participating centre****We Are With You - Sefton**

Landmark House, 43-45 Merton Road

Bootle

United Kingdom

L20 7AP

**Study participating centre****We Are With You - Cornwall**

Western House

Tabernacle Street

Truro

United Kingdom

Tr1 2EJ

**Study participating centre****We Are With You - Lancashire**

Ringway House

Percy Street

Preston

United Kingdom

Pr1 1HQ

# Sponsor information

## Organisation

University of Kent

## ROR

<https://ror.org/00xkeyj56>

# Funder(s)

## Funder type

Charity

## Funder Name

Youth Endowment Fund - Another Chance Scheme

# Results and Publications

## Individual participant data (IPD) sharing plan

The current data sharing plans for this study are unknown and will be available at a later date.

## IPD sharing plan summary

Data sharing statement to be made available at a later date

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		10/02/2024	04/03/2025	Yes	No
<a href="#">Funder report results</a>		01/07/2023	02/01/2024	No	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes