

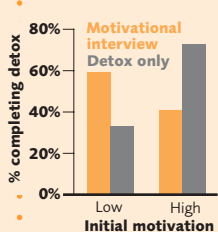
## 8.5 Motivational interviews as a standalone or treatment-entry response to stimulant use

**Findings** Short motivational interventions hold promise as a standalone response to stimulant use in settings such as needle exchanges and methadone programmes as well as reinforcing stimulant-specific treatment.

**LINKS** Nuggets 7.7  
5.11 3.6

In Australia (study ①) 64 regular amphetamine users who contacted researchers were randomly allocated to a control group or to either a two- or four-session intervention. A third were on methadone and needle exchanges were among the recruiting sites. After baseline measures all were given a self-help booklet. For the control group this was how the session ended. The other 32 went on to a motivational interview aimed at reducing amphetamine use. Scheduled next was either one or three sessions of cognitive-behavioural relapse prevention therapy. Six months later over twice as many (14 v 6) intervention as control subjects were no longer using amphetamines, including five of the eight who had not returned for therapy. Frequency of use had also fallen much more in the intervention group.

In study ② about half of a sample of 105 US patients undergoing cocaine detoxification were randomly allocated to two interviews to build



motivation and plan for abstinence. These significantly improved the completion rate among subjects low in motivation, but had the opposite effect in subjects highly motivated to reduce drug use. More of the motivational interviewing group started post-detoxification therapy with cocaine-free urines (88% v 62%) and they had more cocaine-free tests across the 12 weeks of therapy (82% v 64%).

**In context** Brief motivational interventions consistently moderate drinking in heavy drinkers but have rarely (as in study ①) been tried as a standalone response to illegal drug use. Further trials are needed, but the study suggests that a motivational interview can help curb amphetamine use. It also gives little support to multi-session cognitive-behavioural therapy in users not actively seeking treatment.

For illegal drug users, such interventions have been used instead to enhance addiction treatment. As in study ②, in this role they have been found most effective among less motivated patients. Findings include improved treatment uptake, retention and outcomes in drug users coerced into treatment or who score low on a motivation scale. The improved pre-therapy abstinence rate in study ② is important because 'starting clean' is consistently associated with good cocaine treatment outcomes. Reasons for the counterproductive impact on more motivated subjects are unclear. Possibly the extra time commitment led more to drop out.

Some features of the studies may limit everyday applicability. In neither did subjects enter treatment in the normal way and many would not have sought help outside a research context. In both the originator of the therapy manual supervised the therapists, expertise which cannot be expected everywhere.

**Practice implications** Assessment plus a brief motivational intervention offers a way to respond to stimulant use identified in settings such as methadone and needle exchange services. Especially for less motivated clients, similar interventions also form a valuable front-end to longer term treatment. For the follow-on treatment, stimulant users benefit particularly from cognitive-behavioural techniques. These elements provide a basis for a potentially attractive service for amphetamine and polydrug use problems, both undertreated relative to opiate addiction.

In Britain motivational and cognitive-behavioural approaches are widely deployed but rarely according to an explicit protocol, making it difficult to improve practice by identifying the active ingredients. [Manuals](#) developed for the featured studies (▶ [Contacts](#)) and others (▶ [Additional reading](#)) could help services develop their work with stimulant users. Implementation will require initial training and continued monitoring and supervision.

**Featured studies** ① Baker A. *et al.* "Randomized controlled trial of brief cognitive-behavioural interventions among regular users of amphetamine." *Addiction*: 2001, 96, p. 1279–1287 ② Stotts A.L. *et al.* "Motivational interviewing with cocaine-dependent patients: a pilot study." *Journal of Consulting and Clinical Psychology*: 2001, 69(5), p. 858–862. Copies: for both apply DrugScope.

**Additional reading** Carroll K.M. *A cognitive-behavioral approach: treating cocaine addiction*. US National Institute on Drug Abuse, 1998. Copies: download from [www.nida.nih.gov/DrugPages/Treatment.html](http://www.nida.nih.gov/DrugPages/Treatment.html).

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