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Treatment Motivation Differences between Minnesota and Methadone Program Patients with Substance Use Disorder in Latvia

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Abstract

Motivation is factor that induces patients to seek treatment options, accomplish treatment guidelines and perform constructive activities to achieve long-term result and positive changes. Aim of the study was to determine whether there is statistically significant differences in treatment motivation between substance use disorder patients participating in Minnesota program and Methadone program. There were 3 research tools: Demographic questionnaire, SOCRATES 8A/8D, and Treatment motivation questionnaire. It was found that mean values of substance use disorder patients in Minnesota program were statistically significantly higher than patients from Methadone program. Motivation aspects to treat are significant higher in respondents who participated in treatment with biopsychosocial intervention comparing to pharmacotherapeutic intervention.

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Keywords: Substance use disorder; Motivation; Minnesota program; Methadone program.

1. Introduction

For effective treatment of Substance use disorder (SUD) and achieving behavioural changes strong motivation from the patient is required.

Motivation of SUD patients has come into attention of researchers in the aspect of finding out how to improve motivation of addicted patients to cease the use of psychoactive substances (PAS) and start the treatment as well as to keep the positive dynamics after the treating process.

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As Miller (1999) pointed out, motivation is the key for changes, it is multidimensional, dynamical, fluctuating, has an impact on social interaction, which makes it important for the specialist to detect the characteristics of patient's motivation and gradually improve it.

On the way to achieving higher motivation and decision for participating in the treatment, PAS addict needs to find balance as well as take into account the advantages and disadvantages of stopping use of substances and/or participation in the treatment (Stevens et al., 2015). This heterogeneity of motivation can be explained by many internal and external factors, including demographic situation, ways of dealing with stress, severity of SUD,

consequences of substance misuse, psychiatric co-morbidities, the quality of environment and life and duration of positive results after previous therapies applied (DiClemente et al., 2009; Drieschner et al., 2004; Ryan, Plant & O'Malley, 1995).

Several studies show that individuals with advanced external motivation more frequently seek for ways of treating their condition, for instance, patients with more pronounced stress in life, problems with law or work (Weisner et al., 2002), under social pressure, with more severe disease and disease related problems (Tucker et al., 2004) or when difficulties occur which interfere with daily functioning (Simpson, Tucker, 2004; Ogborne, DeWit, 1999).

Often in cases where problem recognition or decision on quitting PAS use is required, the importance of internal motivation is emphasized (Plant & O'Malley, 1995; Le Berre et al., 2012; Cahill et al., 2003). Internal motivation is associated with greater patient involvement and retention in treatment (Ryan, Plant & O'Malley, 1995). The results of many studies show that subjects high in both internal and external motivation demonstrated the best attendance and treatment retention while those low in internal motivation showed the poorest treatment retention and the poorest treatment response, regardless of the level of external motivation (Ryan, Plant & O'Malley, 1995).

In Le Berre's study (Le Berre et al., 2012) it was concluded, that it is essential to improve cognitive abilities of patients eventually leading to better understanding of their addiction and solving their ambivalent thoughts and feelings towards their addiction, to activate the desire to alter their problematic behaviour. It can be achieved through motivational interviews, through patient centred and directive way of treating (Hettema et al, 2005; Miller, Rose, 2009).

Taking into account that substitution therapy does not require active participation in the psychosocial rehabilitation, apart from receiving the medicine, whereas in Minnesota program active participation is essential, which leads to assumption that Minnesota program participants ought to have higher motivation than participants of Methadone substitution program.

2. Material and methods

208 SUD patients took part in this study- 108 from Minnesota program and 100 from Methadone program. Participants were from 17 to 67 years old, all of them being diagnosed with Substance Use Disorder according to ICD-10 classification. All of participants gave an informed confirmation. For the purpose of this research, permission was received from Ethics Committee of Riga Stradins University.

Patients had to fill 3 questionnaires (Socio-demographic questionnaire, SOCRATES 8A/ SOCRATES 8D questionnaire and Treatment motivation questionnaire). The Socio-demographic questionnaire was developed by the authors of study. It consists of 19 questions, including basic information of the patient (gender, age, education, employment, and family status), the addictive substance used, consequences of addiction and patient's view on whether the addiction is present.

SOCRATES 8A/ SOCRATES 8D questionnaires (*The Stages of Change Readiness and Treatment Eagerness Scale,* Miller & Tonigan, 1996) consist of 19 questions and 3 subscales, five-point Likert scale (1=strongly disagree; 5=strongly agree) are used. The first subscale 'Recognition', possible score being from 7 to 35, showed whether the subject recognizes his problems and whether he is willing to embrace changes (for example, *I have serious problems with drugs*). The second subscale 'Ambivalence' (4-20 points) shows openness to reflection (for example, *Sometimes I wonder if my drug use is hurting other people*). The third subscale 'Taking Steps' (8-40 points) shows whether the subject is already doing something to make a positive change in his behavior (for example, *I am actively doing things now to cut down or stop my use of drugs*). The Socrates questionnaire data were processed in SPSS program and it was found that the Cronbach's alpha for the questionnaire is 0.71 thus meaning that the questionnaire is consistent.