



Efficacy of Group Motivational Interviewing in the Degree of Drug Craving in the Addicts Under the Methadone Maintenance Treatment (MMT) in South East of Iran

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A B S T R A C T

Background: Craving is one of the important factors having an effective role in the addiction relapse. As an important factor in the therapy failure, this clinical phenomenon has to be diagnosed and treated.

Objective: The present research aimed at determining the efficacy of group motivational interviewing in the degree of drug craving in the addicts under the Methadone Maintenance Treatment (MMT).

Method: This is a quasi-experimental study carried out on 100 addicted men (aged 18–50 years), who were under the MMT in a drug abstinence clinic affiliated with University of Medical Sciences (Iran) in the second half of 2014. The research sample was selected by the availability criteria based on the inclusion and exclusion criteria, and upon matching, it was divided randomly into two groups of 50 (control and treatment). The treatment group first received 5 sessions of group motivational counseling; then it entered the therapy process. The control group received the usual treatment of the drug abstinence clinic. To assess the drug craving degree (in the pretest, 2, 6 and 12 months after the abstinence), the Visual Cue-induced Craving Task, scored 0 to 100, was used. The data were analyzed by the descriptive statistics through independent t-test, and repeated measures analysis of variance.

Results: The means of craving degrees in the control group, 2, 6 and 12 months after the abstinence (73.28 ± 7.52 , 65.83 ± 6.69 and 61.25 ± 5.17 , respectively) were significantly ($p = 0.0001$) higher than those in the treatment group (68.94 ± 10.53 , 40.48 ± 11.78 and 32.51 ± 9.00). Moreover, the mean of retention in the treatment was 9.24 ± 2.45 months in the treatment group that was significantly ($p = 0.001$) higher than the 4.88 ± 3.65 months of retention in the control group.

Conclusion: The research results support the fact that motivational interviewing decreases the degree of drug craving, and increases the probability of the addicts' retention in long-term therapeutic abstinence programs. Therefore, the use of such an approach as a pretreatment and a complementary therapy in changing health behaviors is recommended.

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Addiction has always attracted attention, and different societies have tried various methods to solve it (Oraki, Mokri, & KiaeiZiabari, 2013). Based on the global estimates, around 150 to 250 million people (around 3.5 to 5.7% of the world population) in 2008 had abused illicit drugs at least once. Moreover, 16 to 38 million people of those addicted to hashish, opium derived compounds, cocaine and amphetamine-like stimuli were problem drug users and in need of therapy (United Nations Office on Drugs and Crime, 2010). Studies on addiction prevalence in Iran over the last years all indicate a rather high degree of addiction prevalence in this country (Saberizafarghandi, 2011). Opiates are among the main health problems in Iran, and have resulted in the prevalence of a number of infectious diseases. Namely, around 66% of the

HIV positive test results in 2010 are reported to be due to injection addiction (Vazirian, 2003).

To treat addiction to opiates, by using methadone as a drug for long term maintenance, the Methadone Maintenance Treatment (MMT) has been one of the valid and well known approaches to maintaining the abstinence state and prevention from relapse after drug abstinence (Grusser, Thalemann, Platz, Golz, & Partecke, 2006). Methadone is a full agonist substance corroborated to be used in the treatment of substance abuse (Kelly, O'Grady, Mitchell, Brown, & Schwartz, 2011; Villafranca, McKellar, Trafton, & Humphreys, 2006) because it helps patients to decrease their illicit substance abuse, and improves their health and social relationships with others (Joseph, Stancliff, & Langrod, 2000). Therefore, it is advised that drug abusers use methadone to return to their previous lives (Gruber et al., 2006). However, new research shows controversial results on the deceased enthusiasm in patients under the MMT (Badger et al., 2007). Now, one of the major challenges in the MMT is the degree of retention in the treatment and prevention from the addiction relapse (Fareed et al., 2011). Studies have

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shown that 20 to 90% of the addicts under treatment would relapse (Wallace, 2003).

Mutasa (2001) and Elgeili and Bashir (2005) reported a relapse rate of over 50% within a year, and Gossop, Stewart, Brown, and Marsden (2002) and Pringle et al. (2002) reported that rate to be over 60 to 70% within a year. A research carried out in Iran showed that the relapse rate in patients under the MMT is 48.2% (Afsar et al., 2014). Another study conducted in Iran indicated that 53% of the addicts relapsed to substance abuse in less than 3 months, and only 12% had been able to continue abstinence for over a year (Mirzaei et al., 2010).

Craving is one of the important factors being highly influential in the addiction relapse (Ekhtiari, 2008a, 2008b). It is a strong and resistant desire of drug abuse. If this desire is not fulfilled, there will be psychological and physical sufferings such as weakness, lack of appetite, anxiety, insomnia, aggression, and depression (Mokri, Ekhtiari, Edalati, Ganjgahy, & Naderi, 2008). Many of the clients define drug craving as a desire of drug abuse. Therefore, the component of “objective experience” constitutes the main core of this phenomenon. Some other clients consider drug craving as a psychological drug-acquisitive state that generates the motivation for substance abuse (Ekhtiari, 2008a, 2008b).

Various methods have been investigated for reducing the degree of drug craving so far including: group cognitive behavioral therapy (Momeni, Moshtaghi, & Pourshahbaz, 2009), mindfulness-based relapse prevention program (Witkiewitz, Bowen, Douglas, & Hsu, 2013), cognitive behavioral therapy based on impulse control (Haddadi, Rostami, Rahiminegad, & Akbari, 2009), a model for the recognition and control of addiction craving (Stalcup et al., 2006), methadone treatment (Curran, Kleckham, Bearn, Strang, & Wanigaratne, 2001), repeated transcranial magnetic stimulation (Rostami, HamidiKenari, Mirzaieyan, & Rezaei, 2013), acceptance, commitment and mindfulness group psychotherapy (Kiani, Ghasemi, & Alipour, 2012), and neuro-feedback (Dehghani-Arani, Rostami, & Nadali, 2013), each of which has been effective to some degree.

Today, the third wave therapies in psychotherapy emphasize awareness and acceptance of feelings, emotions, cognitions and beliefs instead of challenging with cognitions (Hayes, Luoma, & Bond, 2006). Motivation is one of the most important points in the treatment of different kinds of psychological and physical disorders (Navidian & Poursharifi, 2010). Craving is the primary motivation for substance abuse and an important factor in the addiction relapse. As a result, craving can be considered a predictive indicator of addiction relapse even 6 months after abstinence (Galloway et al., 2010). Motivation is a concept in the self-regulation theory, and is defined as the reason why people decide to participate in a program, the amount of effort they devote to participation, and the degree of their resistance and perseverance at the time of participation in an activity (Hunter, 2008).

Motivational interviewing is a new therapeutic approach that has attracted much attention in recent years, and there has been an increasing amount of research on its positive influence (Navidian & Poursharifi, 2010). Motivational interviewing is a client-centered and directed method for the reinforcement and enhancement of the internal motivation for changing behavior through discovering, recognizing and resolving doubts and ambivalences (Britt, Hudson, & Blampie, 2004). Motivational interviewing was first designed by Miller and then by Miller and Rollnick in 1938 as a treatment and kind of a short-term therapy for the treatment of alcohol addiction in which the patients' lack of motivation was considered a great obstacle. Due to its positive therapeutic outcomes, motivational interviewing quickly extended to some other areas of the health promotion systems in which the behavior change was an important factor, and the patient's motivation was a usual challenge (Rollnick, Miller, & Butler, 2008).

The main purpose of motivational interviewing is enhancing the internal motivation for change. Internal motivation primarily originated from personal goals and values rather than external resources such as persuasion or coercion for change. External pressure results in individuals' resistance and decreased desire to change or continuous change

(Navidian, Abedi, Baghban, Fatehizadeh, & Poursharifi, 2010a, 2010b). This motivational approach facilitates behavioral changes through the interaction process and by the two stages of “making internal motivation” and “reinforcing commitment to change” instead of presenting information and reasoning, advice, encouragement and coercion.

Various studies show that motivational interviewing is superior to the traditional therapeutic training and recommendations in a vast range of psychological problems including addiction (Walpole, Dettmer, Morrongiello, McCrindle, & Hamilton, 2011). Motivational interviewing has been used for entering in difficult and worrisome therapies, motivational enhancement, retention in therapeutic programs, and promotion of the efficacy of usual behavioral and psychological therapies (Rollnick et al., 2008).

The retention and cooperation on the part of the clients in the MMT or other specialized therapies for substance abuse are among the important therapeutic challenges.

Drug craving is an important reason of therapy withdrawal in the addicts. It plays an important part in the phenomenon of relapse after treatment too. As Abrams (2000) argues, in the process of addiction treatment, a great desire of a new experience of the effects of psychotropic substances is observed after reaching the abstinence state. Therefore, as an important factor in the therapy failure, this clinical phenomenon has to be diagnosed and treated. Given the increasing and extensive use of the MMT in drug abstinence in Iran, the necessity of introduction of therapies to decrease addiction relapse through reducing the degree of drug craving and increasing the duration of retention in the therapy is highly felt. Therefore, the present study aimed at determining the efficacy of group motivational interviewing in the degree of drug craving and the addicts' retention in the MMT in South East of Iran.

METHOD

Research Design and Sample

This research is a semi-experimental study. The research plan consists of two control and treatment groups. The statistical society included addicted men (aged 18–50 years), who referred to an addiction abstinence clinic of University of Medical Sciences in the second half of 2014 and who were under the MMT. Based on the inclusion and exclusion criteria, 100 qualified individuals were selected through the availability sampling method, and were then randomly divided into two groups of 50 (control and experimental) after being matched in terms of variables such as age, marital status, education degree, addiction duration, type of the abused substance, and the number of abstinences.

The inclusion criteria included having the diagnostic criteria of addiction based on the DSM, being confirmed by a psychologist of the clinic of substance dependence diagnosis, the minimum literacy level of reading and writing, being the male gender, an abuser of opiate compounds, not suffering from any serious physical or psychiatric illnesses other than drug dependence and its comorbid disorders such as depression and anxiety, and a minimal age of 18, methamphetamine abusers, multiple-substance abusers, those in their first abstinence, and the addicted condemned to be prisoned because of committing murder, banditry and organized crimes were excluded from the study.

The subjects in the introduction meeting held by the center, signed the informed consent form. The control group received the common treatment offered by the drug abstinence clinic including outpatient methadone treatment, random addiction control tests, medical counseling, detoxification process administered by the trained general physician of the center, and psychological counseling by an MA clinical psychologist. Psychological counseling is done routinely for all clients at the beginning of the treatment. The issues of coping with anger, decision making, effective communication, control negative mood, stress management, slip and relapse will be discussed in these groups. The treatment group received 5 sessions of group motivational counseling

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