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ORIGINAL ARTICLE

Motivational enhancement treatment in outpatient addiction centers: A multisite randomized trial

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Abstract Background/Objectives: Motivational Enhancement Treatment in Spanish (METS) is a brief intervention aimed at resolving patient ambivalence towards behavior change that has demonstrated efficacy in substance use disorder treatment to reduce use and increase treatment engagement in different populations. In order to have evidence for its implementation in Mexico, a multi-site, randomized, two-arm, controlled clinical trial was conducted at three outpatient addiction treatment centers in the country to compare the effect of METS with Counseling as Usual (CAU). Method: One hundred and twenty patients were randomized to receive three sessions of METS ($n = 54$) or CAU ($n = 66$) during the first four weeks of treatment and were assessed during the following 12 weeks. Primary outcome measures were self-reported days of substance use and of treatment services utilization, which were tested using Generalized Estimating Equations. Results: Results associated both conditions with significant changes in substance use over, whereas there were no differences between conditions in substance use or in service utilization. Conclusions: Findings do not support the hypothesis that METS is more effective than CAU, but suggest that brief interventions at treatment initiation may improve patient outcomes.

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PALABRAS CLAVE

Entrevista
motivacional;
Trastorno por
consumo de
sustancias;
Prácticas basadas en
evidencia;
México;
Experimento

Intervención de incremento motivacional en centros ambulatorios para las adicciones: un ensayo aleatorizado multi-céntrico

Resumen Antecedentes/Objetivos: La Intervención de Incremento Motivacional (METS) es una intervención breve para resolver la ambivalencia del paciente con respecto a su comportamiento y ha demostrado eficacia en distintas poblaciones para reducir el consumo de sustancias e incrementar la asistencia al tratamiento en adicciones. Con el objetivo de generar evidencia para su implementación en México, se desarrolló un ensayo clínico controlado, multi-sede, aleatorizado, de dos brazos en tres centros de tratamiento ambulatorio para adicciones, para comparar el efecto de METS con el del tratamiento usual (CAU). Método: Ciento veinte pacientes fueron aleatorizados a tres sesiones de METS ($n=54$) o CAU ($n=66$) durante las primeras cuatro semanas de tratamiento y evaluados durante las siguientes doce. Se midieron resultados mediante autoinforme de días con consumo de sustancias y días de utilización de servicios, los cuales fueron analizados mediante ecuaciones de estimación generalizadas. Resultados: Los resultados asociaron ambas condiciones a cambios significativos en uso de sustancias a lo largo del tiempo, pero no demostraron diferencias entre condiciones en el uso de sustancias o en la utilización de servicios. Conclusiones: Los hallazgos contradicen la hipótesis de superioridad de METS sobre CAU, pero sugieren que las intervenciones breves al inicio del tratamiento pudieran mejorar la respuesta del paciente.

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Early patient engagement in substance abuse treatment has been widely reported as a strong predictor of positive treatment outcomes (Simpson & Joe, 2004). In Mexico, achieving such engagement and retention has proven to be a challenge. Data from the National Addiction Survey reports that only 1.0% of alcohol and 9.4% of drug users seek specialized treatment of which only 17.5% and 35% finish treatment (Secretaría de Salud, 2012a, 2012b). In recent years, efforts have been made to make specialized treatment more available to the population (Marín-Navarrete et al., 2014) and while they have enhanced the capacity to reach patients in need of treatment (e.g. treatment utilization in alcohol users increased 13% between 2008 and 2011); reported dropout rates suggest there is still a need for interventions that improve patients' engagement in treatment (Secretaría de Salud, 2012a).

Motivational Interviewing (MI) is a client-centered therapeutic approach aimed at improving treatment engagement and outcomes (Lundahl & Burke, 2009). MI focuses on the enhancement of the patient's intrinsic motivation to change their substance use by exploring and resolving ambivalence towards behavior change (Miller & Rollnick, 2002; Miller & Rose, 2009). Various meta-analyses and reviews support the effectiveness of MI-based interventions for treating alcohol and drug use (Lundahl & Burke, 2009; Rubak, Sandbeak, Lauritzen, & Christensen, 2005; Smedslund et al., 2011; Vasilaki, Hosier, & Cox, 2006); highlighting its low cost and ease of implementation in primary and secondary health-care settings by non-specialized professionals as some of its strongest attributes (Rubak et al., 2005). Manual-based adaptations of MI have been developed for clinical trials to test its effect as a brief intervention delivered in the early phases of treatment in different populations (Ball et al., 2007; Carroll et al., 2006; Project MATCH Research Group, 1997). A three-session Spanish-language adaptation (Motivational Enhancement Treatment in Spanish; METS) was tested

with Hispanics in the U.S. and reported a significant effect in alcohol-users (Carroll et al., 2009).

In Mexico, behavioral interventions for substance use have been tested in controlled settings; but to date there have been no randomized controlled clinical trials (RCT) testing manual-based behavioral interventions in 'real world' settings (Rojas, Real, García, & Medina-Mora, 2011). Considering the evidence supporting MI-based interventions in other populations, and the fact that a trial testing METS showed good results with Hispanics in the U.S. (in which 49.4% of the sample were of Mexican origin) (Carroll et al., 2009), we conducted a study to test the effect of METS compared with Counseling as Usual (CAU) in three outpatient addiction care centers in Mexico. We hypothesized that METS would be more effective than CAU in reducing number of days of substance use and increasing engagement in treatment (i.e., utilization of treatment services offered within and outside the treatment centers and retention to counseling services). In light of findings from the METS trial (Carroll et al., 2009), we also hypothesized that METS would be more effective than CAU in patients reporting alcohol as their primary substance of use.

Method

This RCT was the first trial implemented in the Mexican Clinical Trials Network (Horigian et al., 2016; Horigian et al., 2015; Marín-Navarrete et al., 2014). Considering the need to improve mental health research in low and middle-income countries (Collins et al., 2011), the network was the result of a technology transfer process between the Mexican National Institute of Psychiatry Ramón de la Fuente Muñiz (INPRFM) in Mexico and the University of Miami in the United States to develop research infrastructure and capacity to conduct rigorous RCTs in community-based addiction

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