

PREDICTING ABSTINENCE FROM METHAMPHETAMINE USE AFTER RESIDENTIAL REHABILITATION

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Introduction and Aims

Residential rehabilitation is a resource-intensive treatment that yields modest reductions in methamphetamine use (cf. no treatment) which are most apparent for continuous abstinence.

We examined for whom residential rehabilitation was most likely to produce this benefit.

Method

Participants (N = 176) were dependent on methamphetamine and entering residential rehabilitation for methamphetamine use. They were recruited from the Methamphetamine Treatment Evaluation Study.¹

Simultaneous logistic regression was used to identify independent predictors of continuous abstinence from methamphetamine use at one year follow-up.

Measures included demographics, drug use, psychiatric comorbidity (DSM-IV major depression, social phobia, panic disorder, schizophrenia, mania, and conduct disorder), symptoms of psychosis and hostility, readiness to change, motivations for treatment, and treatment characteristics (duration, rapport, group and individual counselling). Good rapport was defined as a score of ≥ 17 on a 5-item scale developed by Joe et al.²

Results

Most participants were seeking complete abstinence from methamphetamine use (91%); they stayed in treatment for a median of 8 weeks; and 23% remained abstinent at one year.

The only independent predictors of abstinence were more weeks in treatment (adjusted OR (AOR) 1.2, $p < .001$), good rapport with treatment providers (AOR 2.4, $p = .049$) and receipt of individual counselling (AOR 3.7, $p = .013$), whereas injecting methamphetamine predicted not achieving abstinence (AOR = 0.25, $p = .002$).

Individual counselling and good rapport increased abstinence to 45%; for injectors, longer stays in treatment (13+ weeks) were additionally needed to produce similar abstinence rates (43%, see Figure 1). There was a significant interaction between individual counselling and rapport, indicating that the effect of rapport was contingent on individual counselling being provided ($\chi^2_{df=1} = 3.97$, $p = 0.046$, see Figure 2).

Discussion and Implications for Practice

Abstinence from methamphetamine use following residential rehabilitation could be significantly increased by providing individual counselling, maintaining good rapport with clients and ensuring longer stays for people who inject the drug.

¹ McKetin R, Najman J, Baker A, Lubman D, Dawe S, Ali R, Lee N, Mattick RP, Mamun A. Evaluating the impact of community-based treatment options on methamphetamine use: findings from the Methamphetamine Treatment Evaluation Study (MATES). *Addiction*. 2012;107:1998-2008

² Joe GW, Simpson DD, Broome KM. Effects of readiness for drug abuse treatment on client retention and assessment of process. *Addiction*. 1998;93:1177-90.

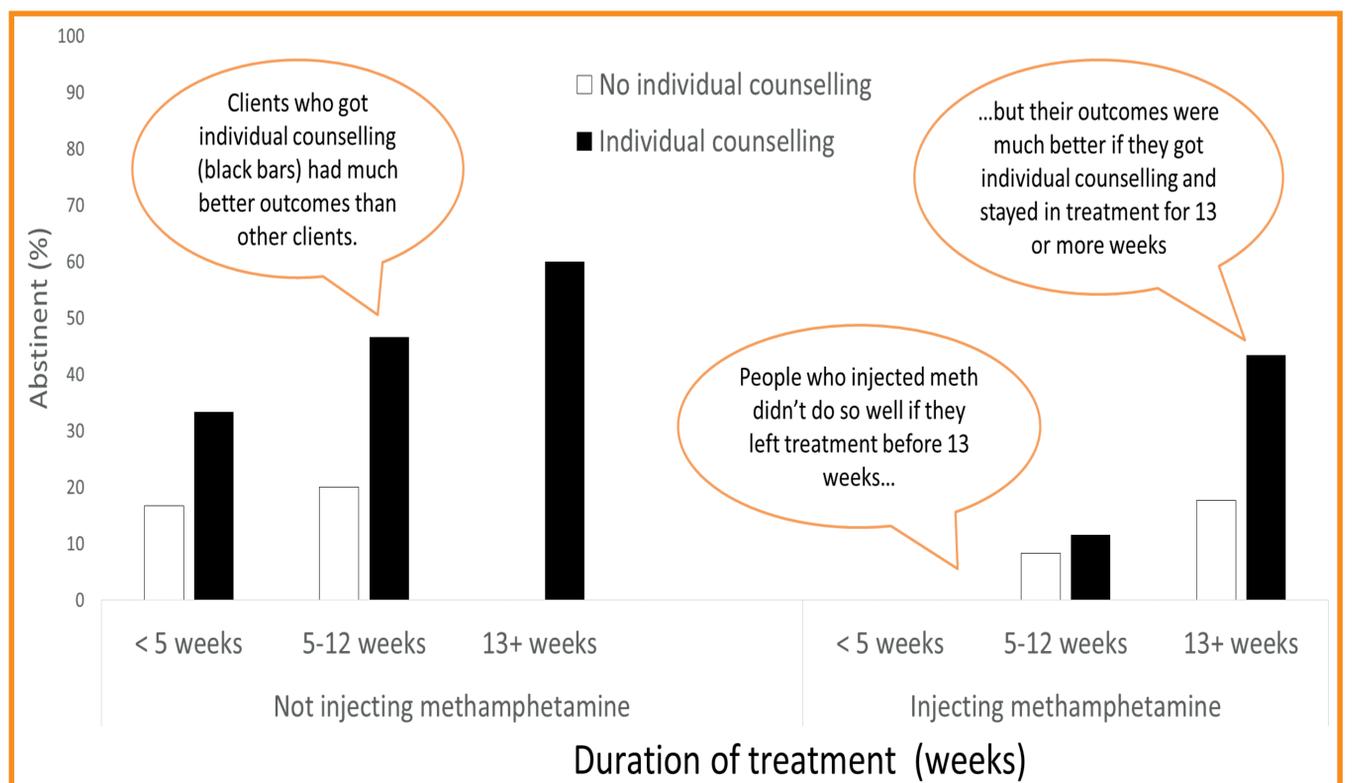


Figure 1

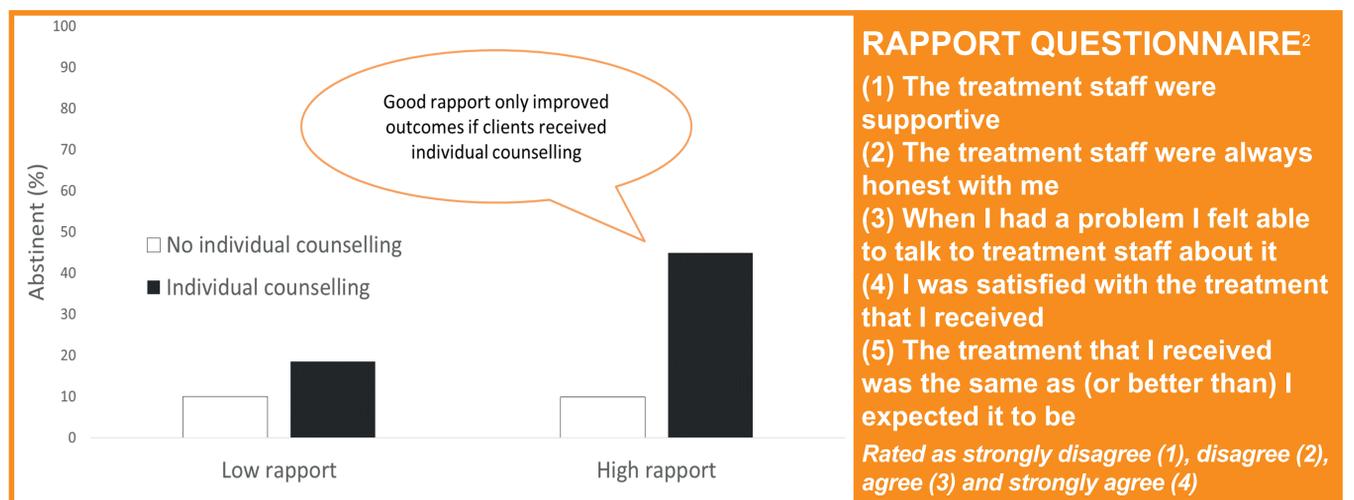


Figure 2

RAPPORT QUESTIONNAIRE²

- (1) The treatment staff were supportive
- (2) The treatment staff were always honest with me
- (3) When I had a problem I felt able to talk to treatment staff about it
- (4) I was satisfied with the treatment that I received
- (5) The treatment that I received was the same as (or better than) I expected it to be

Rated as strongly disagree (1), disagree (2), agree (3) and strongly agree (4)

