

13.6 Not just for drinkers: screening and motivational interviews help heroin and cocaine users

Findings Substantial minorities of heroin and cocaine users identified while visiting a hospital for medical care cut back after assessment and brief motivational counselling, extending the potential of this approach beyond heavy drinkers.

The [study](#) took place at walk-in clinics offering a 'safety net' service to a diverse inner-city Boston population. Research and screening/intervention were conducted by former drug users with outreach experience drawn from the same populations. Questions embedded in a general health needs assessment were used to screen nearly 24,000 patients for past-month heroin or cocaine use plus at least moderate substance use problems. 1232 screened positive, 1175 joined the study. Nearly half had been treated for substance misuse, just under half were homeless, and over 80% were not working.

After a baseline research assessment including a hair test for drug use, patients were randomly allocated either to a comparison group simply given a handout advising them to seek help plus a list of services, or to an intervention group. This group additionally participated in a motivational interview incorporating (if agreed) referral to treatment, ended by scheduling a check-up phone call for a week's time (though in the event, only a third could be recontacted).

About 80% of both groups were reassessed six months later. The analysis was confined to the 778 who tested positive for heroin or cocaine at baseline and for whom there were follow-up hair tests. The comparison group had cut their drug use substantially, but the intervention group had done so to a significantly greater degree: 17% versus 22% of former cocaine users and 31% versus 40% of heroin users now tested negative, and cocaine hair levels had fallen by 4% versus 29%. There was no difference in treatment uptake.

In context Even without a motivational interview, the 40-minute research assessments and simple advice had prompted many patients to reflect on the extent and costs of their drug use and to reduce both. An extra 20 minutes of motivational interviewing further improved outcomes, most notably cocaine use levels. Whether a simple clinical consultation and recommendation to cut back might have done as well is unclear. Failure to improve treatment uptake may have been due to health insurance rules which obstructed access.

The study is the only controlled study to have screened for illicit drug problems in a medical setting and followed this with a brief motivational intervention. Among heavy drinkers this approach has been found to encourage drinking reductions more effectively than usual clinical advice. A few other studies have identified alcohol/drug misusers from hospital records or by referral from staff, and others during street outreach, but none has found motivational interviewing improves treatment uptake more than simple advice. However, motivational interviewing does have a positive record with drug users seeking help rather than those identified through screening.

Practice implications In settings and areas where drug problems are common, it makes sense to screen for these along with heavy drinking. Psychiatric facilities, emergency departments, homeless centres, and clinics treating complaints linked to drug use, are among the candidate settings. The featured study's model of using former drug users from the same backgrounds as the patients is intended to avoid defensive denial. In conversation with these peers/role models, the assessment process itself appeared to motivate change which was augmented by further counselling. To avoid offending other patients and to make the most of the encounter, drug screening could be conducted as part of a wider health screen. Patients who screen positive can be assessed further and offered an immediate brief motivational interview aimed at reducing drug use and, if appropriate, facilitating treatment entry. Even if few do seek treatment, this intervention is itself likely to lead many to cut back or stop using.

Featured study Bernstein J. *et al.* "Brief motivational intervention at a clinic visit reduces cocaine and heroin use." *Drug and Alcohol Dependence*: 2005, 77(1), p. 49–59 [DS](#)

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