

3.6 Sympathetic ear helps clients overcome dependence on amphetamine

Findings A British study has highlighted the role of counselling in treating dependence on amphetamine, the use and transition to non-use of which seem intimately bound up with social relationships.

58 new amphetamine using clients were identified by 16 drug agencies. They were daily or very frequent users averaging nearly 4gm a day and 59% injected. Researchers interviewed them within about a month of starting treatment and then monthly for the next two months, when 49 were left in the sample. Report ① established that treatment was among the factors associated with giving up illicit amphetamine; reports ② and ③ assessed its impact by comparing 43 clients against individually matched controls not in treatment.

Two months after treatment entry 43% of clients had stopped using illicit amphetamines, rare among controls. Clients had also cut average consumption by about twice as much, and used twice a week compared to 4–5 days a week. Over a third of injecting clients but only 4% of controls had stopped injecting. After treatment 17% of clients committed non-drug crimes in the previous month compared to 67% in the three months before treatment; figures for controls were 50% and 93%. Adjusting to life without amphetamine probably accounts for failure to report improved physical or psychological health in the first months of treatment, when thoughts of suicide were over twice as common (34% v. 16%) among treated subjects as controls.

Clients who stopped using amphetamine were more likely see their drug worker as helpful (55%) than those who continued using (19%), whose main source of support was more likely to be family and friends (41%). For many what the worker provided was time to talk and an understanding and sympathetic ear, seen as key supports in achieving abstinence.

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In context While policy and research have focused on amphetamine prescribing, in this and in other studies a sympathetic listener seemed more highly valued by most clients. Such support may be more reliably obtained from a professional than from friendship and family networks disrupted first by the client's dependence on amphetamine and then by mood changes whilst adjusting to life without the drug. For the same reasons clients and controls may have valued and benefited from monthly interviews with the same researcher.

Many clients were prompted into treatment by severe disruption to relationships and psychological health. Such 'bottoming out' may be an artifact of the barriers to accessing treatment for stimulant abuse, which only the more desperate would surmount. Given this, some degree of natural recovery is to be expected. However, because controls were not (as far as we know) also trying to stop using amphetamines, the study cannot assess how many clients might have overcome their drug problems, even without treatment. In one UK study a third of attempts to self-detoxify from amphetamine were successful for at least three months. Researchers could not have been 'blind' to whether the interviewee was a treatment or control subject, and clients may have wanted to present a good impression of their progress in treatment. However, the results do not suggest systematic bias towards a rosier picture of the treatment group.

Practice implications Social relationships are often central both to starting and to stopping amphetamine use. The initial treatment contact is a crucial time: users have overcome the stigma of approaching a drug service for help yet are unsure what to expect and easily deterred. After stopping amphetamine, accessible, regular support is important in working through a period when a prop to self-esteem and everyday living has been removed and former users are at a low ebb, straining personal relationships. Continued recovery will be aided by the boost to self-esteem derived from managing without amphetamines. Substitute prescribing should be considered for more dependent users, who are also more likely to inject.

Main sources ① Klee H., et al. "Amphetamine users in treatment: factors associated with sustained abstinence from street drugs." *Addiction Research*: 1999, 7(3), p. 239–265 ② Department of Health. *Amphetamine use and treatment*. 1998. Copies: for both apply DrugScope ③ Klee H., et al. *Amphetamine use and treatment. Part 2: treatment and its outcomes*. Centre for Social Research on Health and Substance Abuse, Manchester Metropolitan University, 1999. Copies: Manchester Metropolitan University, fax 0161 247 6884.

Contacts Hilary Klee, Manchester Metropolitan University, phone 0161 247 2585, fax 0161 247 6394, e-mail H.Klee@mmu.ac.uk.