

ADDICTION EXCHANGE

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News from the worlds of clinical practice and research

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Welcome to *Addiction Exchange*, a forum for the exchange of clinical practice and research information among clinicians, scientists, educators, and administrators in the area of addiction. Today's topic is **Effective Treatment for Drug Abuse: Part 1**. In contrast to the now-substantial literature on treatment for alcohol problems, the research base on the treatment of drug abuse is in its infancy, with well-developed areas and under-explored research questions that are not integrated into the main literature. In part, this diversity of quality and quantity of knowledge emanates from the diversity of drugs themselves. Each major drug class causes different patterns of intoxication, withdrawal, and toxicity, and other important variables that may cut across drug class include the possible routes of administration, psychosocial context of drug taking, and severity of consequences. Additionally, the relatively greater stigma attached to drug use problems related to their illegality may have discouraged clinicians and researchers from studying and treating drug use. Treatment programs combined their alcohol and drug treatment arms, recognizing greater similarity than differences, only recently. At the federal level, the NIH institutes remain separate, with the NIAAA (founded in 1970) and the NIDA (founded in 1974) funding distinct lines of research.

Carroll recently reviewed 5 "old truths" then described recent research findings for opioids, cocaine, and marijuana; she organized her review around controlled clinical findings for the 3 drugs. The "old truths" include:

- **Drug-abusing individuals are heterogeneous and must be treated as such**
- **Treatment outcomes should be multidimensional**
- **Drug dependence is a chronic disorder characterized by relapse**
- **No one form of treatment is universally effective**
- **Treatments with the greatest empirical support are not the most widely practiced**

In the treatment of opioid dependence, combining pharmacotherapy and psychotherapy is viewed as necessary. Either delivered alone has produced nearly universally poor outcomes. Methadone or other agonist maintenance provides powerful incentive to keep addicts in treatment and make them "available" for psychotherapeutic interventions. Effective interventions added to agonist maintenance include psychotherapy aimed at ameliorating Axis I and Axis II psychopathology and behavioral interventions aimed at rewarding desired behaviors such as consecutive periods of abstinence and treatment participation. These have been shown to enhance outcomes substantially over maintenance alone.

In the treatment of cocaine dependence, two types of psychosocial treatments have attained considerable success in research settings. In the community reinforcement approach, an individualized program including positive incentives for abstinence, reciprocal relationship counseling, and disulfiram is developed for each addicted individual. In the CRA approach, essential elements include: drug use and abstinence are swiftly and accurately detected, abstinence is positively reinforced, drug use results in loss of reinforcement, and competing reinforcers are developed. In Cognitive-behavioral treatment, skills training to initiate and maintain abstinence and promote a drug-free lifestyle is emphasized. NIDA has published clinical manuals on both of these approaches that are available FREE through the National Clearinghouse at 1-800-729-6686 or NIDA at <http://www.nida.nih.gov/TXManuals/>.

In the treatment of marijuana dependence, few controlled studies are available to provide guidance to clinicians. One study found that a 2 session motivational approach and a 14 session relapse prevention approach were superior to inactive treatment, but neither was clearly superior to the other.

In the next issue, we will discuss effectiveness of drug abuse treatment by modality.

Source: Carroll, K.M. (1998). Treating drug dependence: recent advances and old truths. In W.R. Miller & N. Heather (Eds.), *Treating Addictive Behaviors, Second Edition*. New York: Plenum. 217-229.

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