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 2**. In our last issue, we reviewed key findings from controlled clinical studies of the treatment of opioid, cocaine, and marijuana dependence. In this issue, we review outcomes by major modalities of treatment. The modalities reviewed by Gerstein (1999) include **methadone maintenance, long-term residential treatment, outpatient non-methadone treatment, and short-term inpatient treatment.**

Results of methadone maintenance (MM) programs vary widely, with retention rates from 15-76% over the first year. Program characteristics, rather than patient factors, have been implicated in poorer performance in these programs, and more frequent counseling, along with higher doses, have been found to produce consistently better outcomes. Gerstein asserts that the "largest group of patients performs at least moderately well in response to MM and would do poorly without it, even when other kinds of treatment are available" (p. 137).

Results of long-term residential treatment (LRT) programs also vary, but most programs have very high dropout rates (over 80% never "graduate"). These programs were defined as those based on the therapeutic community (TC) model developed to treat the "hard core" heroin or cocaine addict without maintenance medications. Most LRT programs simulate a family environment with hierarchical structures of responsibilities and privileges that are earned as the person progresses. Most last from 6-12 months for the full residential component with another 6-12 months of gradual community re-entry. In the TC and LRT literature, length of stay in treatment is a positive and robust predictor of post-treatment outcomes such as drug use, employment, and criminal behavior, with outcomes of patients who stayed less than 90 days similar to those who underwent detoxification only. "Graduates" in one study stayed an average of 21 months, compared with under 6 months for dropouts, and graduates had consistently better outcomes. Unfortunately, due to excessive attrition in these programs, no successful clinical trials have been completed that would allow firm conclusions about the efficacy of this approach for various groups of addicted individuals.

Outpatient non-methadone treatment is heterogeneous in length, intensity, and components and defies easy summarization. The national TOPS trial identified that 6 months' length of stay was related to better post-treatment outcomes, but only 17% of patients stayed that long. Gerstein asserts that program design and staff quality may ultimately prove to be crucial determinants of better outcome, but the literature is so diverse in scope and quality that no conclusions can yet be drawn.

Short term inpatient treatment is defined as chemical dependency/Hazelden style treatment that lasts for 3-6 weeks in an inpatient setting. Typically, it includes detox/stabilization followed by step-work and psychosocial interventions. Unfortunately, no random assignment trials of this modality were identified, and generally, interpretable results are unavailable.

Gerstein summarizes these findings as indicating that while no one treatment fits all, each treatment may have benefits for a subset of those engaged in it.

Source: Gerstein, D.R. (1999). Outcome research: drug abuse. In M. Galanter & H.D. Kleber, (Eds.), *Textbook of Substance Abuse Treatment, Second Edition*. Washington, D.C.: American Psychiatric Press, Inc. 135-147.

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