Background: Although the epidemic proportion of cocaine use seen in the 1980's and early 1990's has decreased, cocaine still presents a major problem of illicit drug use. Without any proven pharmacotherapies for cocaine use, psychosocial interventions are the main approach to treatment. Many of these treatments are based on psychosocial learning principles such as contingency management programs that offer rewards or incentives for positive behavior changes. In addition, there are cognitive behavior programs for promoting conceptual restructuring and training in cognitive coping techniques in high risk situations, as well as adaptations of supportive expressive psychodynamic therapy that are available for treatment of cocaine. Despite the existence of manualized therapeutic treatments using various specific approaches, most treatment settings rely on very eclectic approaches that combine individual and group counseling with the involvement of 12-step and other self-help programs. Therefore, it is necessary to study programs in the community and determine whether treatments as currently being delivered are efficacious.

Objective: To evaluate post treatment outcomes of community treatments of cocaine dependence.

Type of Article: Study
Design     Naturalistic nonexperimental evaluation design

Patients: 1605 cocaine dependent patients from 11 cities located in the United States who were admitted from November 1991 to December 1993 to 95 community based treatment programs in the National Drug Abuse Treatment Outcomes Study. 542 patients were admitted to 19 long term residential programs, 258 patients were admitted to 24 outpatient drug free programs and 605 patients were admitted to short term inpatient programs.

Outcome Measured: Time to relapse to weekly and more frequent cocaine in the first year after discharge was examined in relation to patient problem severity at admission to the treatment program and length of stay.

Main Results:
1) Of 1605 patients, 377 (23.5%) reported weekly cocaine use in the year following treatment.
2) This is a significant reduction from baseline where 73.1% reported weekly cocaine use in the year before admission.
3) 18% have returned to another treatment program.
4) Higher severity of patient problems of program intake and shorter stays in treatment are in less than 90 days are related to higher cocaine relapse rates.

Conclusions: Patients with the most severe problems were more likely to enter long term residential programs and better outcomes were reported for those who have treatment stays of 90 days or longer. Cocaine relapse for patients with few problems of program intake were most favorable across all treatment condition, but better outcomes for patients with medium to high level problems were dependent on longer treatment stays.
Commentary: This large naturalistic treatment study demonstrates that patients who enter treatment for cocaine dependence can have significant reductions in the use of cocaine in the year following treatment. It is also important to recognize that patients with psychiatric comorbidity should have longer treatment stays in residential treatment is more beneficial for these patients. Internists should recognize that referring cocaine dependent patients to treatment can improve their functioning and significantly reduce their cocaine use. Continued support of these patients through their treatment and post treatment will help in maintaining positive outcome for the treatment.

Category: Cocaine

Title: Psychosocial Treatments for Cocaine Dependence
National Institute on Drug Abuse collaborative Cocaine Treatment Study

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Background: Opioid dependence is the only area in which pharmacotherapy has been determined to be efficacious. Since there are no efficacious pharmacotherapies for the treatment of cocaine dependence, the primary mode of treatment is based on psychosocial therapies.
Psychotherapy has been proven to be a useful addition to the standard drug treatment approaches, especially for patients with high levels of concurrent psychiatric problems. Some studies have demonstrated the need to match patients with the appropriate treatment based on the presence of psychiatric pathology. In an attempt to determine the efficacy of various psychosocial approaches to treatment of cocaine dependence for manualized approaches to treatment were studied. All of these have demonstrated some efficacy in previous studies.

**Objective:** To study the efficacy of 4 psychosocial treatments for cocaine dependent patients.

**Type of Article:** Study

**Design** Randomized controlled clinical trial

**Setting:** Outpatient treatment programs of cocaine dependence patients, 287 patients from the DSM-IV criteria for cocaine dependence were randomized for study treatments.

**Interventions:** All interventions were manually guided treatments. Included: 1) individual drug counseling plus group drug counseling 2) cognitive therapy plus group drug counseling 3) supportive expressive therapy plus group drug counseling 4) drug counseling alone. Treatment included up to 36 possible individual sessions and 24 group sessions over 6 months. Subjects were assessed monthly during active treatment and at 9 and 12 months after baseline.

**Outcome Measured:** Primary outcome measures were the Addiction Severity Index -Drug Use Composites score and the number of days of cocaine use in the past month prior to assessment.
Major Findings:
1) Individual group drug counseling plus group drug counseling showed the greatest improvement on the addiction severity index drug use composite score. It was also superior to the other therapies and the number of days of cocaine use in the past month.
2) Cognitive therapy plus group drug counseling and supportive expressive therapy plus group drug counseling were not superior on patients with antisocial personality traits.
3) All the treatments showed significant improvements from baseline in cocaine use in the past 30 days.
4) There was no evidence that therapists or counselors in recovery from addiction had better outcomes for their patients.

Conclusions: Compared with professional psychotherapy a manual guided combination of intensive individual drug counseling and group drug counseling has promise for the treatment of cocaine dependence.

Commentary and Impact on Internal Medicine and Limitations: This study demonstrates that there is efficacy in the use of intensive psychosocial treatments in the treatment of cocaine dependence. All of the therapies described had improvement in cocaine use when compared to baseline. However, limitations to this study are based on the fact that these are all manually guided treatments that require significant training for the treatments to be appropriately delivered by the therapist. It would be very difficult for internists to provide this type of treatment in the office setting. However, it should encourage internists to refer patients with cocaine dependence to programs offering intensive psychosocial treatments.