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Effective treatments for addiction and comorbid psychiatric disorders

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Abstract

Respected investigators suggest that addiction is multiply determined and cannot be adequately treated using the narrow biomedical model of prescribing one medication or one psychosocial treatment. They recommend integrating evidence-based treatments because combining distinct but compatible treatments creates a synergistic effect that increases treatment effectiveness. Highly effective treatments are especially needed among patients with co-occurring psychiatric disorders because comorbidity impedes recovery.

One clinical trial by the National Institute on Drug Abuse Clinical Trials Network used a 12-Step facilitative intervention in a dual disorders addiction clinic. Entitled **St**imulant **A**buse **G**roups to **E**ngage in **12**-Step Programs (STAGE-12), the intervention was added to Intensive Outpatient Therapy (IOP) and compared to IOP alone (Treatment As Usual, TAU) (N=421). Compared to TAU, STAGE-12 participants had greater odds of being stimulant abstinent during the 8-week treatment phase. However, among STAGE-12 participants, those who had not achieved abstinence reported more drug use. STAGE-12 participants had lower drug-related consequences on the Addiction Severity Index (ASI) than TAU participants. No other differences were found.

Another study at the University of Pittsburgh Medical Center investigated the affect of a Contingency Management (CM) intervention during IOP (N=160). Participants were systematically exposed, or not exposed to a CM intervention for one year. Participants exposed to CM spent more time in IOP treatment. Importantly, time in treatment mediated the relationship between exposure to CM and drug free days.

Although the findings are not consistently positive, outcomes from these studies indicate that combining other treatments with IOP can be more effective than IOP alone.

Biography

Dr. Thomas M. Kelly earned his Ph.D. at the University of Pittsburgh in 1996 and is an Associate Professor of Psychiatry at the University of Pittsburgh School of Medicine. He is currently Director of the Adolescent Substance Abuse Treatment Service at the University of Pittsburgh Medical Center and is a Co-Investigator with the Appalachian Tri-States Node of the National Institute on Drug Abuse Clinical Trials Network. He has conducted research among adolescents with alcohol-related injuries and among adults with dual substance and psychiatric disorders. He has published over 20 first- authored papers in the fields of psychiatry and addiction.