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TREATMENT OF COCAINE DEPENDENCE: NO STANDARD, BUT PROMISING INNOVATIONS

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Treatment of cocaine dependence focuses on achieving abstinence and reducing problems associated to cocaine use. Despite extensive research and clinical experience, no “gold standard” has emerged from the different treatment options that have been researched. In general, research has shown that the evidence level for the efficacy of psychosocial interventions is higher than for pharmacologic interventions. With respect to psychosocial interventions, the evidence shows that all those interventions studied show efficacy to some extent, without greater differences in efficacy.

With respect to the pharmacologic options, none of the tested drugs have shown sufficient evidence to clearly be indicated in the treatment of cocaine dependence. Several substances have so far only been tested in smaller descriptive studies or pilot trials and will have to be studied in larger controlled trials. The substance presently with the highest level of evidence is disulfiram, and its effect has been shown to be independent of concomitant alcohol use. Of the substances that find themselves in the pilot stage and need to be confirmed by larger trials, the antidepressant reboxetine and the antiepileptic topiramate can be considered as two very promising ones. Of great interest has been the development of a cocaine vaccine. This vaccine leads to the production of cocaine antibodies, which in turn make cocaine metabolites inactive. A randomised controlled study showed the vaccine to produce cocaine antibodies in humans. A recent open-label study resulted in a significantly higher likelihood for cocaine free urines among vaccinated subjects, so that results are encouraging.