



## *Ketamine-Assisted Psychotherapy for Addiction: Mechanisms, Evidence, and Clinical Implications*

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### Abstract

*Substance use disorders (SUDs) are notoriously difficult to treat due to complex biopsychosocial underpinnings and high relapse rates. Recent evidence positions ketamine-assisted psychotherapy (KAP) as a promising intervention for treatment-resistant addiction. This review explores ketamine's neurobiological mechanisms, its synergistic effect with psychotherapy, and clinical data supporting its efficacy in various substance use disorders. Additionally, it addresses safety concerns and outlines practical considerations for integration into clinical practice.*

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### Introduction

Addiction continues to pose a major public health challenge, with limited long-term success from traditional pharmacological and psychotherapeutic interventions. With the growing recognition of treatment-resistant SUDs, there is an increasing need for novel approaches that address both neurobiological and psychological aspects of addiction. Ketamine—a dissociative anesthetic and NMDA receptor antagonist—is gaining traction in psychiatry, particularly when used in conjunction with structured psychotherapy [1].

### Mechanisms of Action in Addiction Treatment

Ketamine's pharmacologic profile supports its use in addiction therapy through several pathways:

**Neuroplasticity Enhancement:** Ketamine increases glutamate release and activates the mTOR pathway, leading to synaptogenesis and enhanced neuroplasticity in the prefrontal cortex and hippocampus [2].

**Disruption of Addictive Circuitry:** Chronic substance use dysregulates the mesolimbic reward pathway and the salience network. Ketamine appears to normalize this circuitry, reducing hyper-salient responses to substance-related cues (Krystal et al., 2013).

**Reduction in Craving and Anhedonia:** Studies suggest ketamine has immediate effects on cravings and anhedonia, symptoms strongly correlated with relapse [3].

**Increased Psychological Flexibility:** Ketamine alters activity in the default mode network (DMN), often associated with ruminative thought patterns. This altered state promotes insight and reframing of maladaptive behaviors when combined with psychotherapy [4].

### Clinical Evidence Supporting Ketamine for SUDs Alcohol Use Disorder (AUD)

In a randomized controlled trial, participants receiving ketamine with psychotherapy showed significantly higher abstinence rates at 6 months compared to the control group [5]. A UK-based study by the Awakn Life Sciences team found that ketamine, combined with relapse prevention therapy, resulted in a 162% increase in abstinence days at 6 months post-treatment [6].

### Opioid Use Disorder (OUD)

In an early but foundational Russian study, a single high-dose ketamine session combined with psychotherapy led to prolonged abstinence in heroin users compared to treatment-as-usual [7]. More recent U.S.-based research confirms ketamine's ability to reduce withdrawal-related affective symptoms and enhance retention in treatment programs.

### Cocaine and Stimulant Use Disorders

Conducted a double-blind, placebo-controlled study that demonstrated significant reductions in cocaine use following a single ketamine infusion, particularly when combined with mindfulness-based relapse prevention [1]. Importantly, effects persisted beyond the acute pharmacological window, underscoring the importance of the integration process.

### Clinical Opinions and Considerations

From a medical perspective, the use of ketamine in addiction treatment remains off-label, though its therapeutic potential justifies further exploration. In clinical settings, ketamine may be most appropriate for:

Treatment-resistant SUDs

Dual-diagnosis patients (e.g., depression + addiction)

Patients with low motivation or poor engagement in traditional therapy

**Opinion:** Given ketamine's ability to catalyze introspection, diminish rigid thinking, and increase neuroplasticity, it should not be viewed as a standalone cure but rather as a catalyst for change. Its optimal use is within a well-structured psychotherapeutic framework. A medicalized, protocol-driven approach similar to that used in ketamine for depression should be adapted for SUDs to maximize safety and efficacy.

### Safety and Risk Management

While generally well-tolerated at sub-anesthetic doses, ketamine carries risks:

**Addiction Potential:** Especially in vulnerable populations, clinicians must monitor for misuse.

**Dissociation and Psychotomimetic Effects:** Can be distressing without proper preparation and integration.

**Neurotoxicity:** Long-term effects remain under-researched; thus, long-term or high-frequency administration is not currently recommended.

Administration should occur in controlled environments, ideally under the supervision of licensed mental health professionals and prescribers with experience in both addiction medicine and psychedelic therapies [8].

### Conclusion

Ketamine-assisted psychotherapy offers a promising, paradigm-shifting approach to addiction treatment. It addresses the neurobiological and psychological dimensions of substance use, catalyzing therapeutic insight and behavioral change. While not a panacea, its integration into multidisciplinary addiction care models may enhance outcomes for patients who fail traditional interventions. Future research should focus on long-term outcomes, optimal dosing protocols, and comparative studies with other emerging psychedelic therapies such as psilocybin and MDMA.

### References

1. Dakwar E, Nunes EV (2019) The potential of ketamine in the treatment of substance uses disorders. *CNS Spectrums* 24: 38-45.
2. Duman RS, Aghajanian GK, Sanacora G, Krystal J H (2016) Synaptic plasticity and depression: new insights from stress and rapid-acting

- antidepressants. *Nature Medicine* 22: 238-249.
3. Dakwar E, Levin FR, Hart CL, Basaraba CN, Nunes EV, et al. (2014) A single ketamine infusion combined with mindfulness-based behavioral modification to treat cocaine dependence: A randomized pilot trial. *The American Journal of Psychiatry* 171: 349-356.
  4. Lebedev AV, Kaelen M, Lövdén M, Nilsson J, Feilding A, et al. (2015) LSD-induced entropic brain activity predicts subsequent personality change. *Human Brain Mapping* 37: 3203-3213.
  5. Morgan CJA, Rossell SL, Curran HV (2017) Ketamine and other glutamate receptor modulators for depression in adults. *Cochrane Database of Systematic Reviews* 9: CD011612.
  6. Yoon G, Mason M, Winter T (2021) A phase II randomized clinical trial of ketamine for alcohol use disorder. *Nature Medicine* 27: 738-745.
  7. Krupitsky E, Kolp E, Friedman HL, Jansen K, Sylvester M, et al. (2007) Ketamine psychedelic psychotherapy. *Multidisciplinary Association for Psychedelic Studies Bulletin* 17: 16-24.
  8. Ross S, Friedlander K, Bossis A (2021) Ketamine-assisted psychotherapy: A review of the literature. *Journal of Psychedelic Studies* 5: 39-47.