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# Science-Based Views of Drug Addiction and Its Treatment

Alan I. Leshner, PhD

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More than two thirds of people with addiction see a primary care or urgent care physician every 6 months, and many others are regularly seen by other medical specialists.<sup>1,2</sup> These physicians are therefore in a prime position to help patients who may have drug abuse problems by recognizing and diagnosing the addiction, helping to direct patients to a program that can meet their treatment needs, and helping to monitor progress after specialty treatment and during recovery.<sup>3-6</sup> Many physicians, however, find the domain of drug abuse particularly daunting and often avoid the issue with their patients. This is understandable given the relatively short shrift drug abuse is given in formal medical education. There is a widespread misperception that drug abuse treatment is not effective, which may account for the reluctance of physicians to even broach the subject of drug abuse or treatment with their patients.

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# Science-Based Views of Drug Addiction and Its Treatment

Alan I. Leshner, PhD

**M**ORE THAN TWO THIRDS OF people with addiction see a primary care or urgent care physician every 6 months, and many others are regularly seen by other medical specialists.<sup>1,2</sup> These physicians are therefore in a prime position to help patients who may have drug abuse problems by recognizing and diagnosing the addiction, helping to direct patients to a program that can meet their treatment needs, and helping to monitor progress after specialty treatment and during recovery.<sup>3-6</sup> Many physicians, however, find the domain of drug abuse particularly daunting and often avoid the issue with their patients. This is understandable given the relatively short shrift drug abuse is given in formal medical education. There is a widespread misperception that drug abuse treatment is not effective, which may account for the reluctance of physicians to even broach the subject of drug abuse or treatment with their patients.

On the other hand, over the past 15 to 20 years, advances in science have revolutionized our fundamental understanding of the nature of drug abuse and addiction and what to do about it. In addition, there are now extensive data showing that addiction is eminently treatable if the treatment is well-delivered and tailored to the needs of the particular patient. There is an array of both behavioral and pharmacological treatments that can effectively reduce drug use, help manage drug cravings and prevent relapses, and restore people to productive functioning in society.<sup>7-9</sup>

Of course, not all drug abuse treatments are equally effective, and there is no single treatment appropriate for all patients. Fortunately, recent scien-

tific advances have provided insights both into the nature of drug abuse and addiction and into the principles that characterize the most effective treatment approaches and programs.<sup>10</sup> These treatment principles should make the primary care or nonaddiction specialty care physician's tasks of screening and referral much easier.

## Understanding Why People Use Drugs

Understanding the patient's motivation to use drugs is critical. Although individuals have many complex motives for drug use, at the broadest level, physicians will likely encounter 2 general categories of drug users. Each category of users needs to be approached and dealt with differently. One category is what might be called the "novelty" or "sensation seekers." These individuals, often adolescents, use drugs simply for the pleasant feelings or the euphoria that drugs can produce, or to feel accepted by their peers. Many of these individuals develop problems with their drug use because the drugs' psychoactive effects interfere with daily functions, such as school. Moreover, although individuals do differ in their vulnerability to becoming addicted, even occasional drug use can inadvertently lead to addiction.

The second category is often more challenging for the clinician. People in this group use drugs as a way to deal with life's problems or with dysphoric moods. Often these individuals are clinically depressed or have another mental disorder. In essence, instead of using drugs simply to feel good, they are using them in an attempt to counteract negative mood states; they are trying to "self-medicate" their moods.<sup>11,12</sup> Prolonged drug use can exacerbate rather than correct these kinds of prob-

lems and can potentially lead to other medical conditions.

Health care professionals need to approach each group differently. At a minimum, for the "self-medicators" attention must be devoted to the underlying mental health problems. Proper diagnosis and treatment for all comorbid disorders is crucial to successful recovery. The integration of concurrent treatment of both the mental and the addictive disorders appears to be the best approach.<sup>13</sup>

## The Nature of Addiction

While addiction traditionally has been thought of as simply using a lot of drugs or as just physical dependence on a drug, advances in both science and clinical practice have revealed that what matters most in addiction is often an uncontrollable compulsion to seek and use drugs. It is this compulsion that causes most of the problems surrounding addiction and what requires the most complete and multidimensional treatment regimens. Moreover, for many people addiction becomes a chronic recurring disorder, wherein repeated treatment episodes are required before the individual achieves long-term abstinence.<sup>9,14</sup>

Although the onset of addiction begins with the voluntary act of taking drugs, the continued repetition of voluntary drug taking begins to change into involuntary drug taking, ultimately to the point that the behavior is driven by a compulsive craving for the drug. This compulsion results from a combination of factors, including in-

**Author Affiliation:** National Institute on Drug Abuse, National Institutes of Health, Bethesda, Md.

**Corresponding Author and Reprints:** Alan I. Leshner, PhD, 6001 Executive Blvd, Room 5274, MSC9581, Bethesda, MD 20892-9591 (e-mail: leshner@nih.gov).

**Edited by** Thomas C. Jefferson, MD, Contributing Editor.

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