Addiction Medicine

**Addiction Medicine**

**Category**: Treatment

**Also known as**: Addiction treatment; medical treatment for addictions

**Definition**: Addiction medicine is a medical specialty certified through the American Board of Addiction Medicine. Addiction medicine is founded on the premise that successful treatment for substance and behavioral addictions is best handled through a combination of medical intervention and psychotherapy or twelve-step programs.

**Overview and History**

The concept of addiction medicine refers to newer treatment methods for substance and behavioral addictions that are based on the disease model rather than on the more prevalent behavioral model adopted by psychologists. Just as diabetes and other chronic diseases are treated with both pharmaceuticals and lifestyle changes, so too is addiction best treated as a brain disease; a growing number of medical experts are accepting this view.

The American Society of Addiction Medicine (ASAM) has officially represented the medical viewpoint for alcohol and drug addiction treatment in the United States since 1988, when ASAM was recognized as a national medical-specialty society by the American Medical Association. In 2007, ASAM founded the American Board of Addiction Medicine to certify specialists; in 2011 the first residencies offering clinical and research opportunities were established. ASAM now views most addictions as chronic diseases, including nicotine and prescription drug dependence, and behavioral addictions such as pathological gambling, sex addiction, and exercise addiction.

**Pharmacologic Interventions**

The basis for pharmacologic intervention is founded in research that has shown that addiction alters the chemistry of the brain. The ability of the addictive substance or behavior to stimulate dopamine secretions in the mesolimbic reward pathway is the source for the pleasure sensation that drives addiction.

In time, an addiction can severely damage the neurons and brain circuits, resulting in impaired cognitive ability and other serious health issues. The right medication can block or counteract the euphoria caused by dopamine release or can help to repair an injured brain. While the use of medicine to treat addictions has gained favor, such an approach remains controversial, as medications have their own side effects and can sometimes become addicting too.

A medical treatment plan for a substance addiction usually begins with a medication that will help curb the cravings and alleviate the pain and suffering of the detoxification (detox) stage. The most commonly used medicines for alcohol detox are the benzodiazepines (tranquilizers such as Serax, Valium, and Ativan). For withdrawal from heroin, patients are usually given the synthetic opioid methadone. Other medications used for withdrawal from opiates (oxycodone, codeine, morphine, and others) include buprenorphine (Subutex), an opioid partial agonist; and Suboxone, a combination of buprenorphine and the opioid antagonist naloxone.
In addition, patients might be given a benzodiazepine; an anti-inflammatory drug such as ibuprofen (Motrin); a drug for diarrhea, such as loperamide (Imodium, Maalox, and others); and other medications. Varenicline (Chantix) or bupropion (Zyban) is prescribed for nicotine withdrawal when over-the-counter nicotine replacement therapy is ineffective. Clonidine (Catapres), an opioid agonist, is also sometimes used for nicotine and opiate withdrawal.

To prevent patient relapse, physicians usually prescribe a maintenance drug that blocks the receptor sites responsible for the sense of euphoria and cravings. For alcohol avoidance, the US Food and Drug Administration (FDA) permits naltrexone (Vivitrol, ReVia, Depade), acamprosate calcium (Campral), and disulfiram (Antabuse). For opiate avoidance, methadone, naltrexone, and buprenorphine are prescribed most often. The FDA has been reviewing topiramate (Topamax), a drug used to prevent epileptic seizures, for use in alcohol addiction treatment, and the proprietary Prometa treatment program, also used for opiate addiction treatment.

Medications for stimulant (cocaine, methamphetamine) and cannabis (marijuana) addictions are being developed. Other medications also might be prescribed when depression, anxiety, or other mental disorders are present.

**Behavioral and Therapeutic Interventions**

As with the American Psychological Association's promotion of psychotherapy, twelve-step programs, family and couples therapy, and counseling for treating addictions, ASAM also believes that a multifaceted approach is usually best in treating addictions.

A central tenet of addiction medicine is that pharmacological intervention can set the stage for more successful therapeutic intervention. Once an addict is no longer physically addicted and once related mental disorders are under control, the brain becomes more receptive to treatment involving the modification of behavior and thoughts.

Addiction medicine recognizes the value of therapy to uncover the underlying thoughts that are often at the root of an addiction and to help patients recognize the triggers for their behavior. Therapeutic intervention also can improve self-esteem or help with the recovery from depression or anxiety. Health and wellness counseling, contingency management, and educational programs also are typical components of an addiction medicine plan.

*Sally Driscoll, MLS*

**Further Reading**


**Websites of Interest**

*American Board of Addiction Medicine*
http://abam.net

*American Society of Addiction Medicine*
http://www.asam.org

*National Institute on Drug Abuse*
http://www.drugabuse.gov/related-topics/treatment-research

**See Also**
Abstinence-based treatment; Detoxification; Halfway houses; Harm reduction; Rehabilitation programs