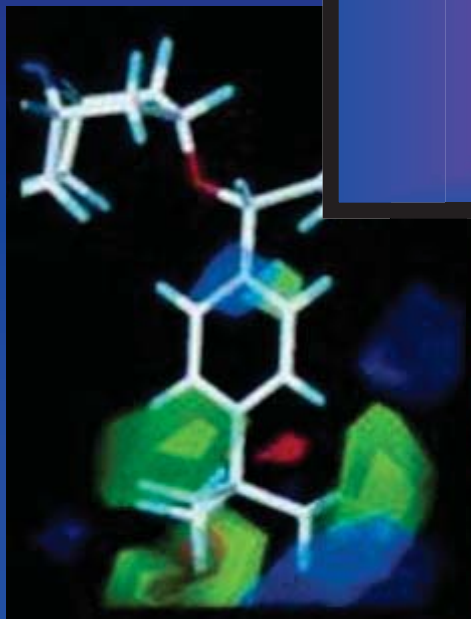


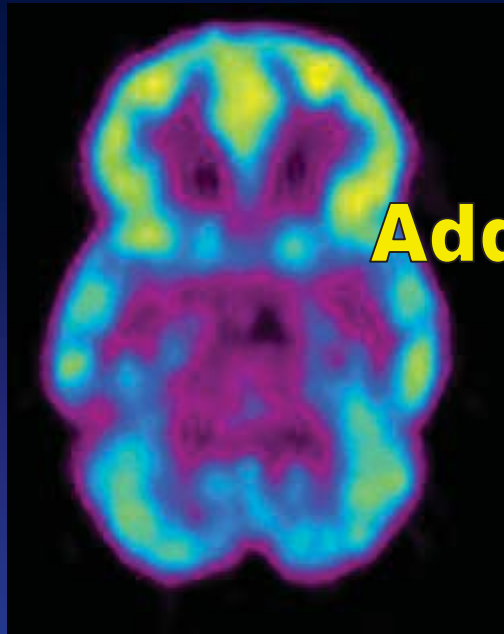
# NIDA

NATIONAL INSTITUTE  
ON DRUG ABUSE

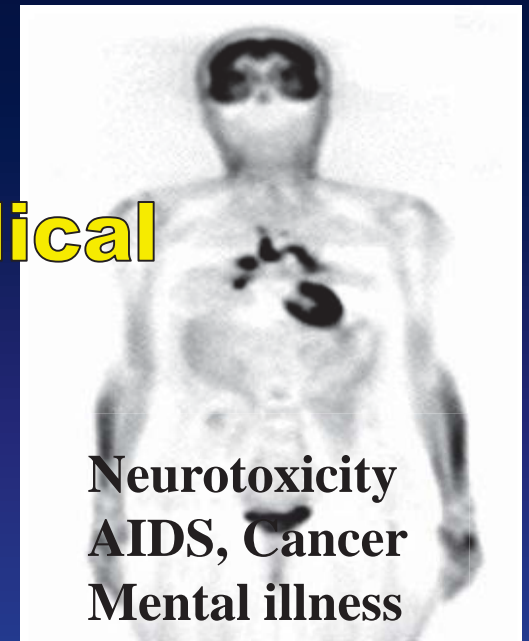
*Bringing the  
Full Power of Science  
to Bear on*

## Drug Abuse & Addiction





**Addiction**



**Medical**

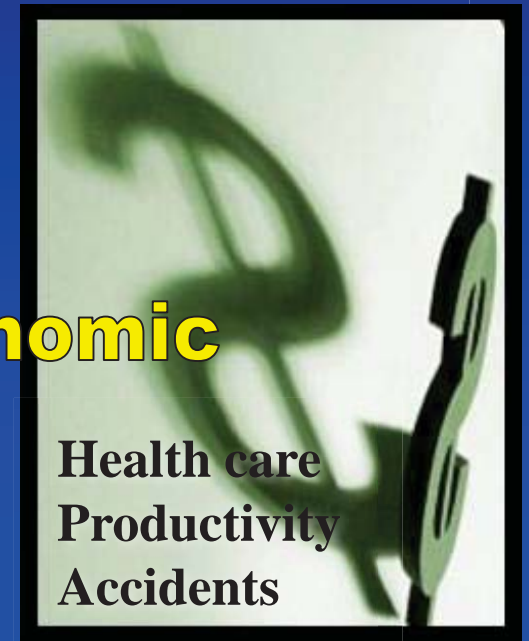
Neurotoxicity  
AIDS, Cancer  
Mental illness

**DRUGS**



**Social**

Homelessness  
Crime  
Violence



**Economic**

Health care  
Productivity  
Accidents

*4 Out of 10 U.S. AIDS Deaths Are  
Related to Drug Abuse*



# *Estimated Economic Cost to Society Due to Substance Abuse and Addiction:*

**Illegal drugs:      \$181 billion/year**

**Alcohol:             \$185 billion/year**

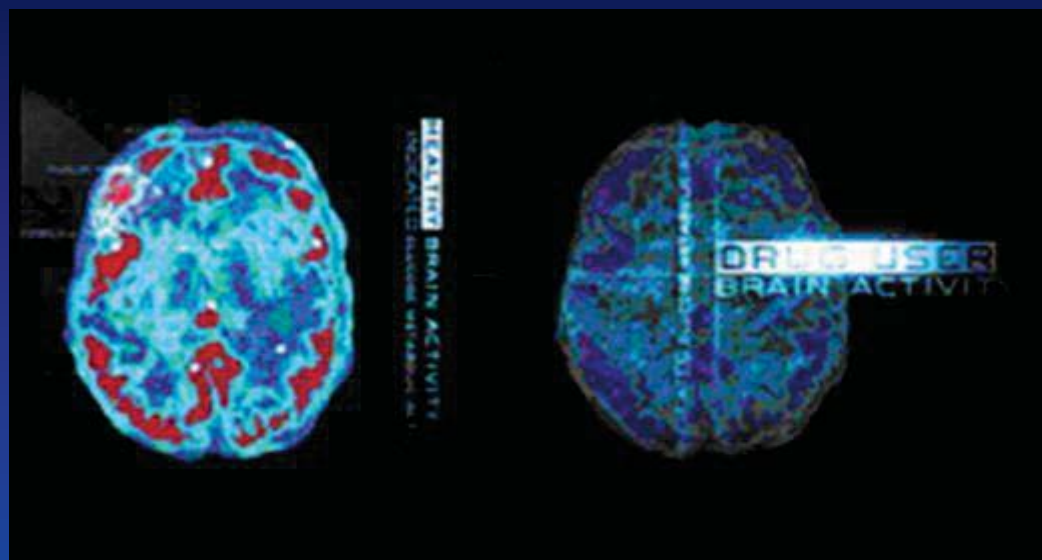
**Tobacco:            \$158 billion/year**

---

**Total:                \$524 billion/year**

# *What is Addiction?*

## *Addiction is A Brain Disease*

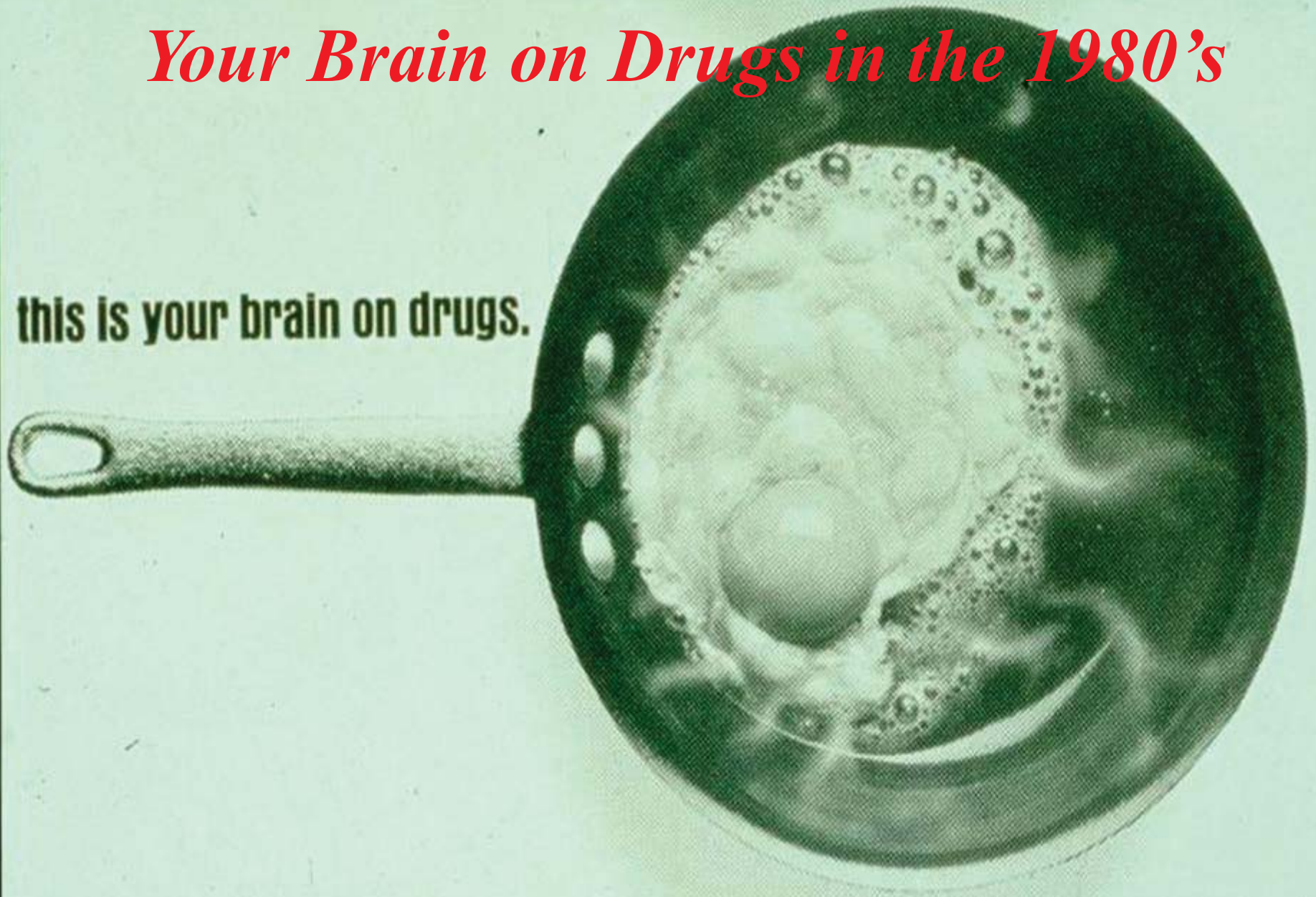


- Characterized by:
  - Compulsive Behavior
  - Continued abuse of drugs despite negative consequences
  - Persistent changes in the brain's structure and function

**Advances in science have  
revolutionized our fundamental  
views of drug abuse and addiction.**

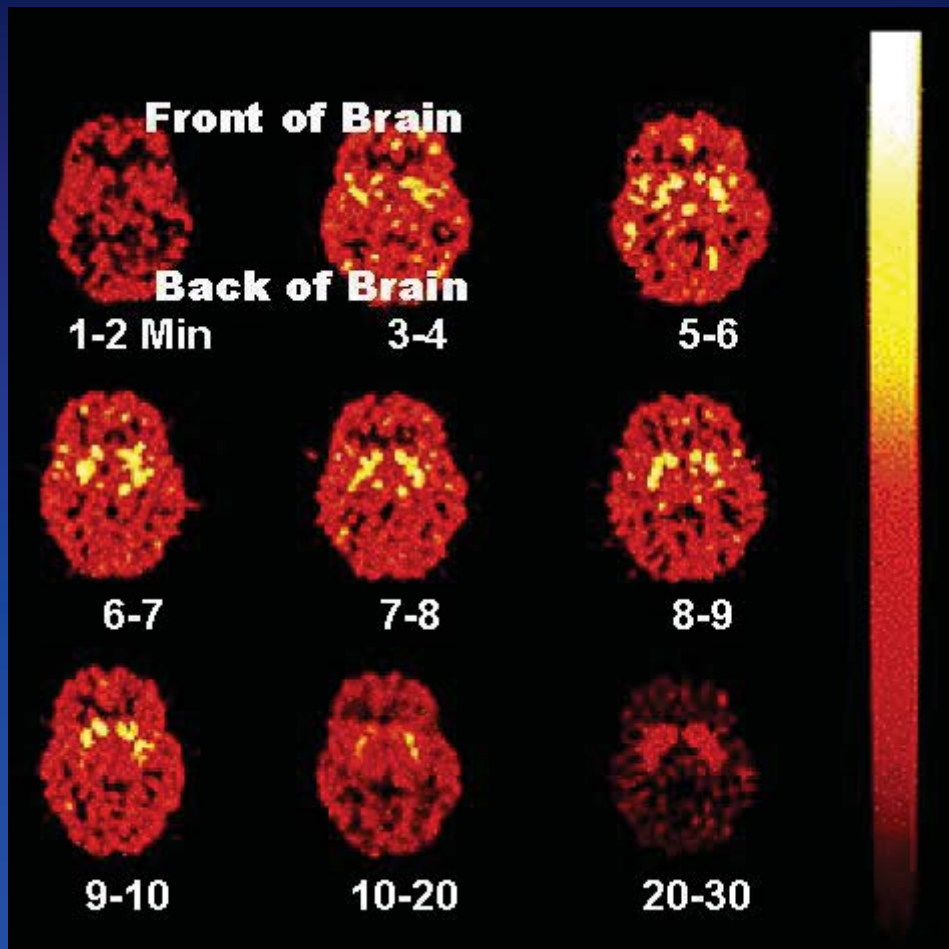
# *Your Brain on Drugs in the 1980's*

**this is your brain on drugs.**



NIDA

# *Your Brain on Drugs Today*



**YELLOW**  
shows places in  
brain where  
cocaine binds  
(e.g., striatum)

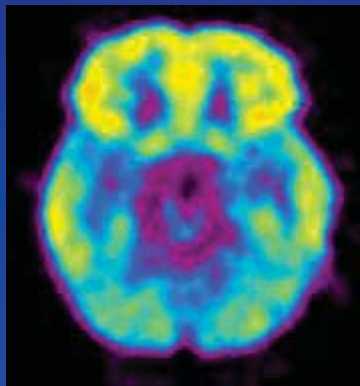


# *Addiction is Like Other Diseases...*

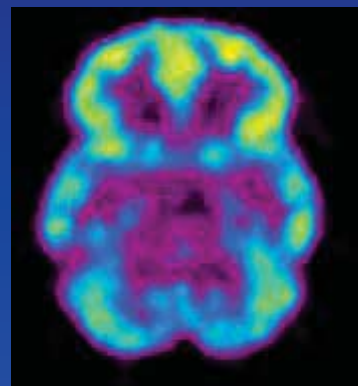
- It is preventable
- It is treatable
- It changes biology
- If untreated, it can last a lifetime

Decreased Brain Metabolism  
in *Drug Abuser*

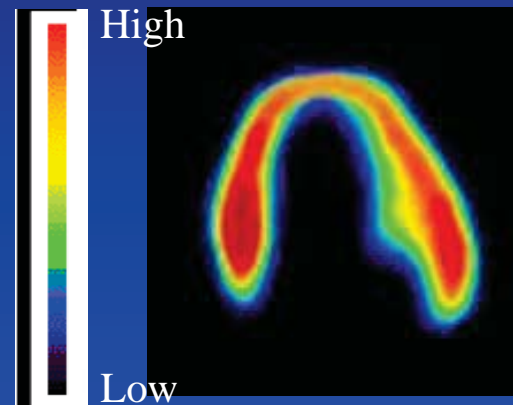
Decreased Heart Metabolism  
in *Heart Disease Patient*



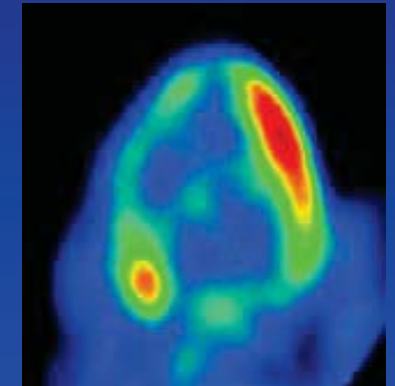
Healthy Brain



Diseased Brain/  
Cocaine Abuser



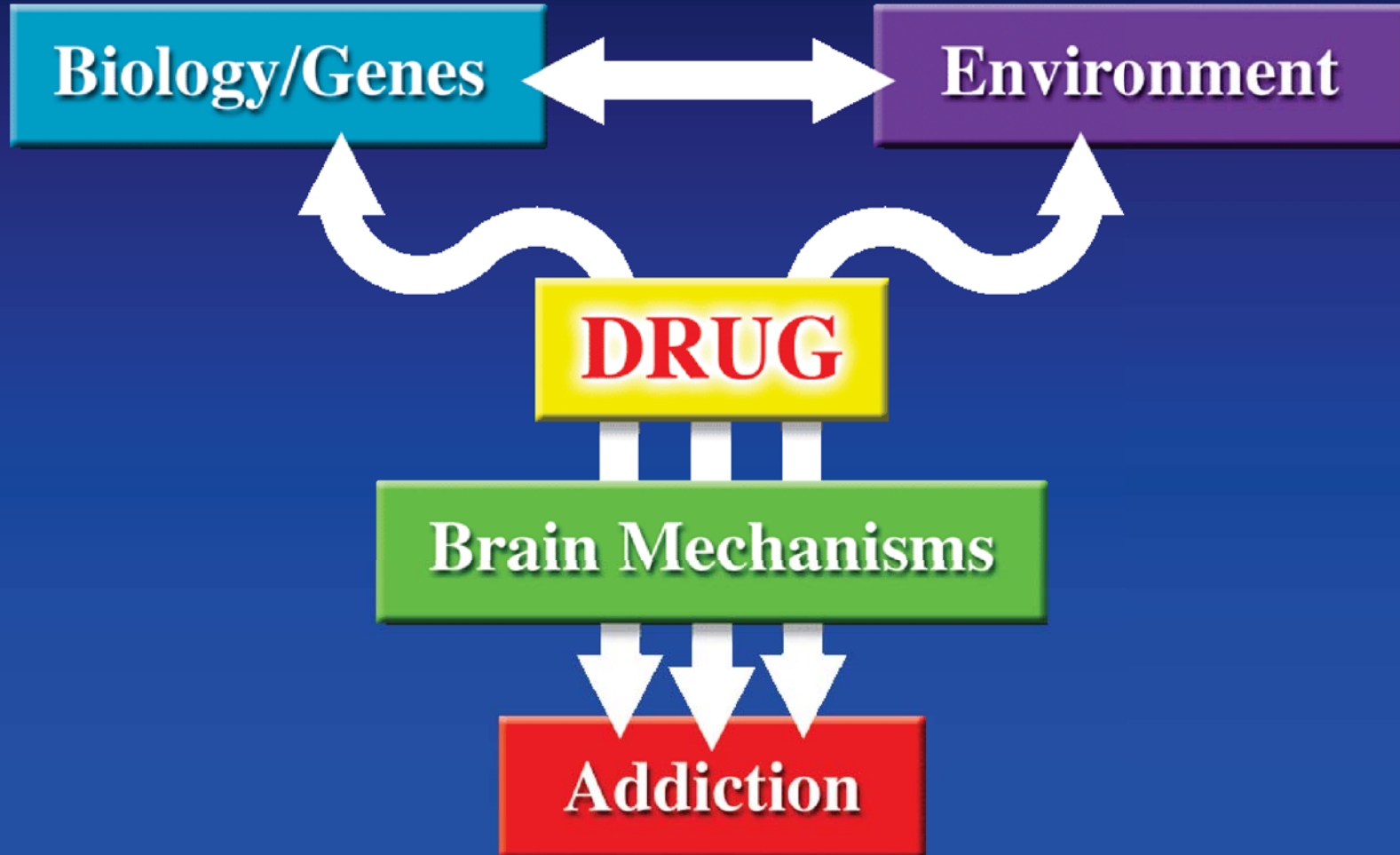
Healthy  
Heart



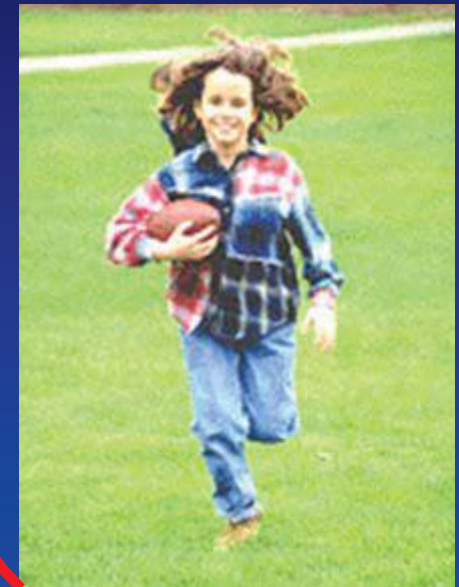
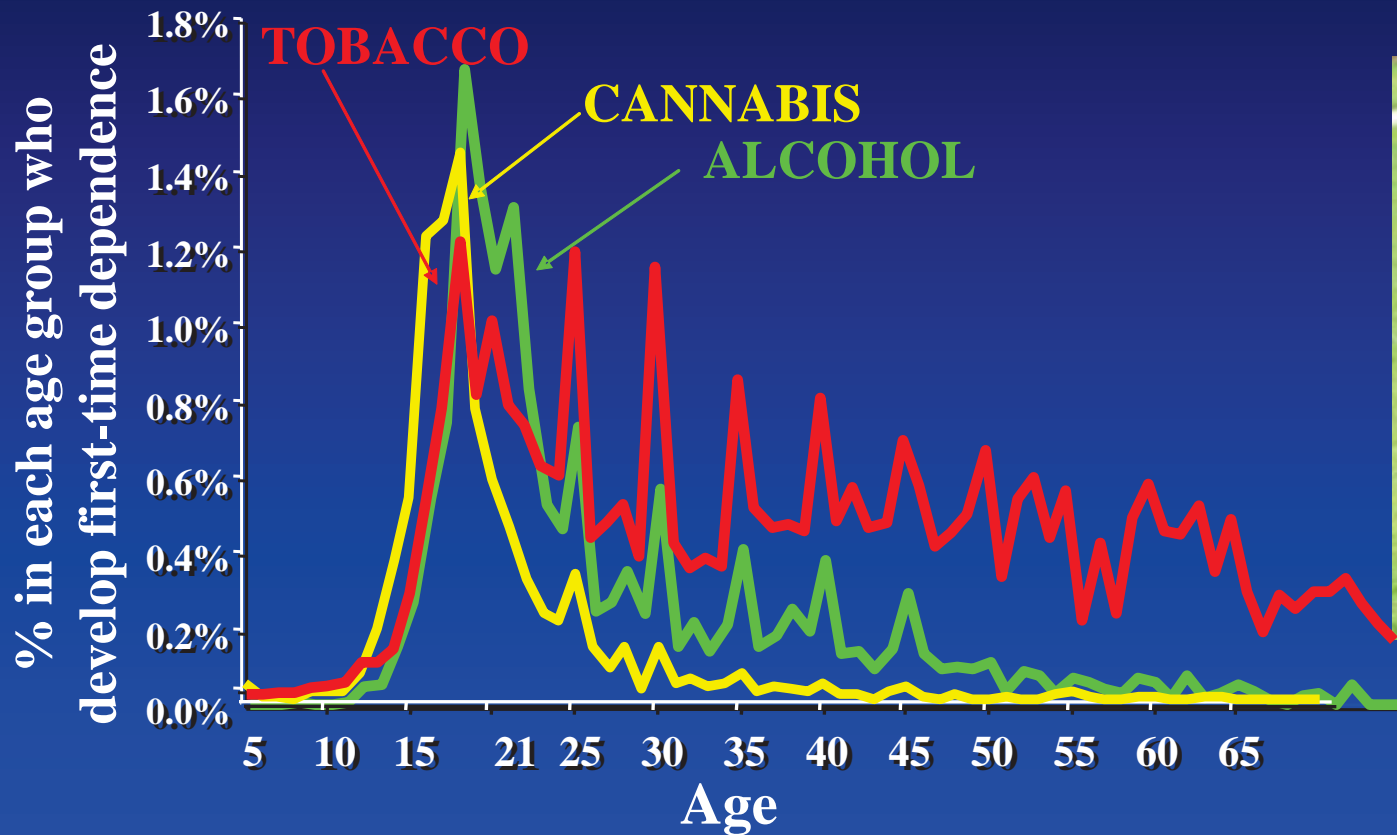
Diseased Heart

*Research supported by NIDA addresses all of these  
components of addiction.*

# *Addiction Involves Multiple Factors*



# *Addiction Is A Developmental Disease that starts in adolescence and childhood*



Age at **tobacco**, **alcohol**, and **cannabis** dependence per DSM IV

# *Why Do People Take Drugs in The First Place?*

## To Feel Good

### To have novel:

feelings  
sensations  
experiences

**AND**

to share them



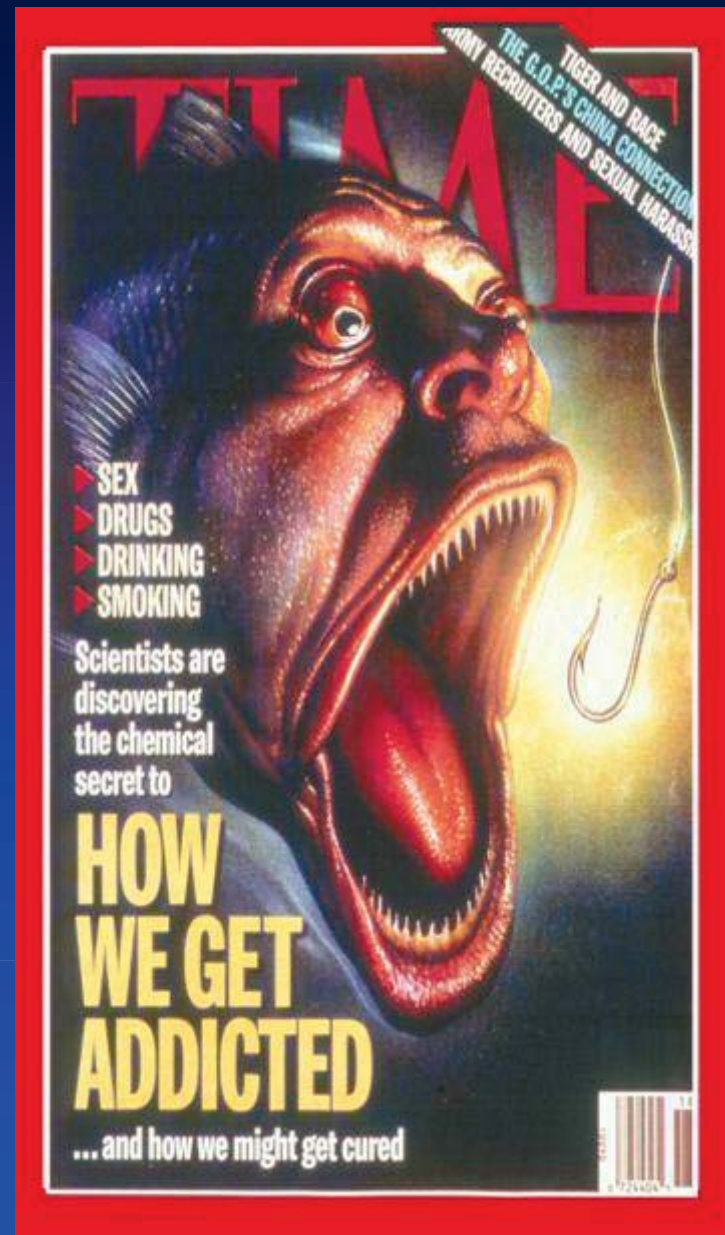
## To Feel Better

### To lessen:

anxiety  
worries  
fears  
depression  
hopelessness

# *Why Do People Abuse Drugs?*

Drugs of Abuse Engage *Motivation* and *Pleasure Pathways of the Brain*



# *Drugs can be “Imposters” of Brain Messages*

**Brain's Chemical**



**Anandamide**

**Drug**



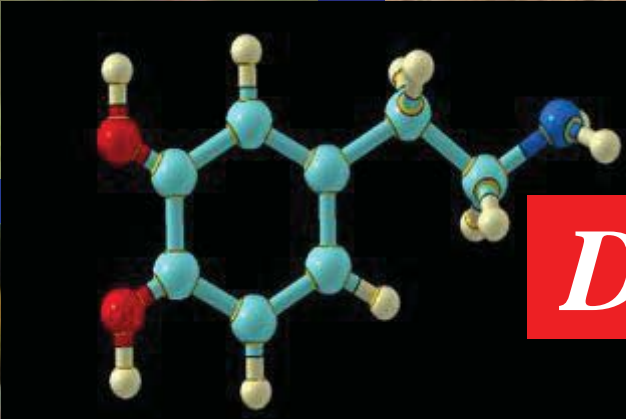
**THC**



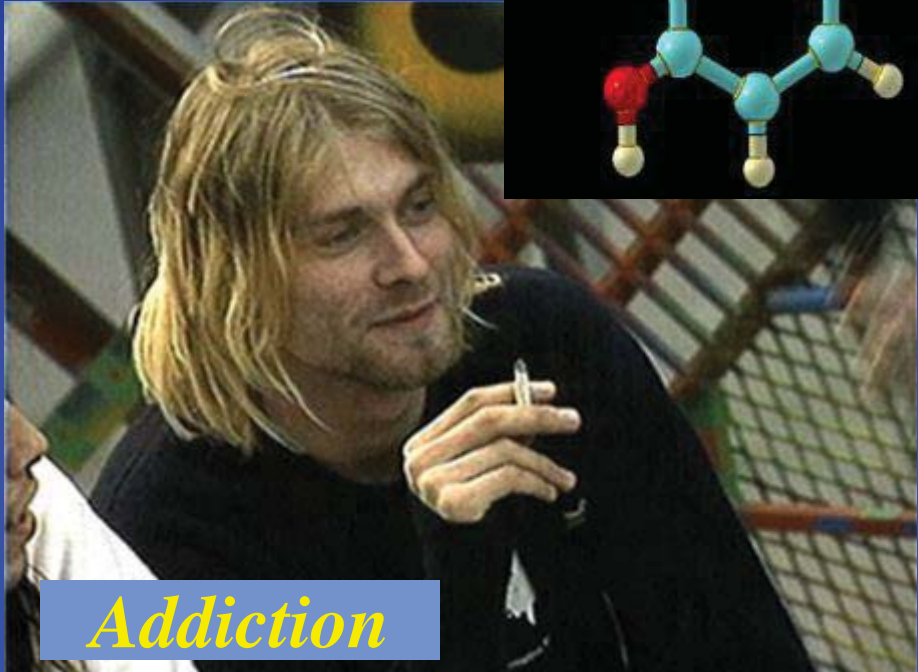
*Movement*



*Motivation*



*Dopamine*

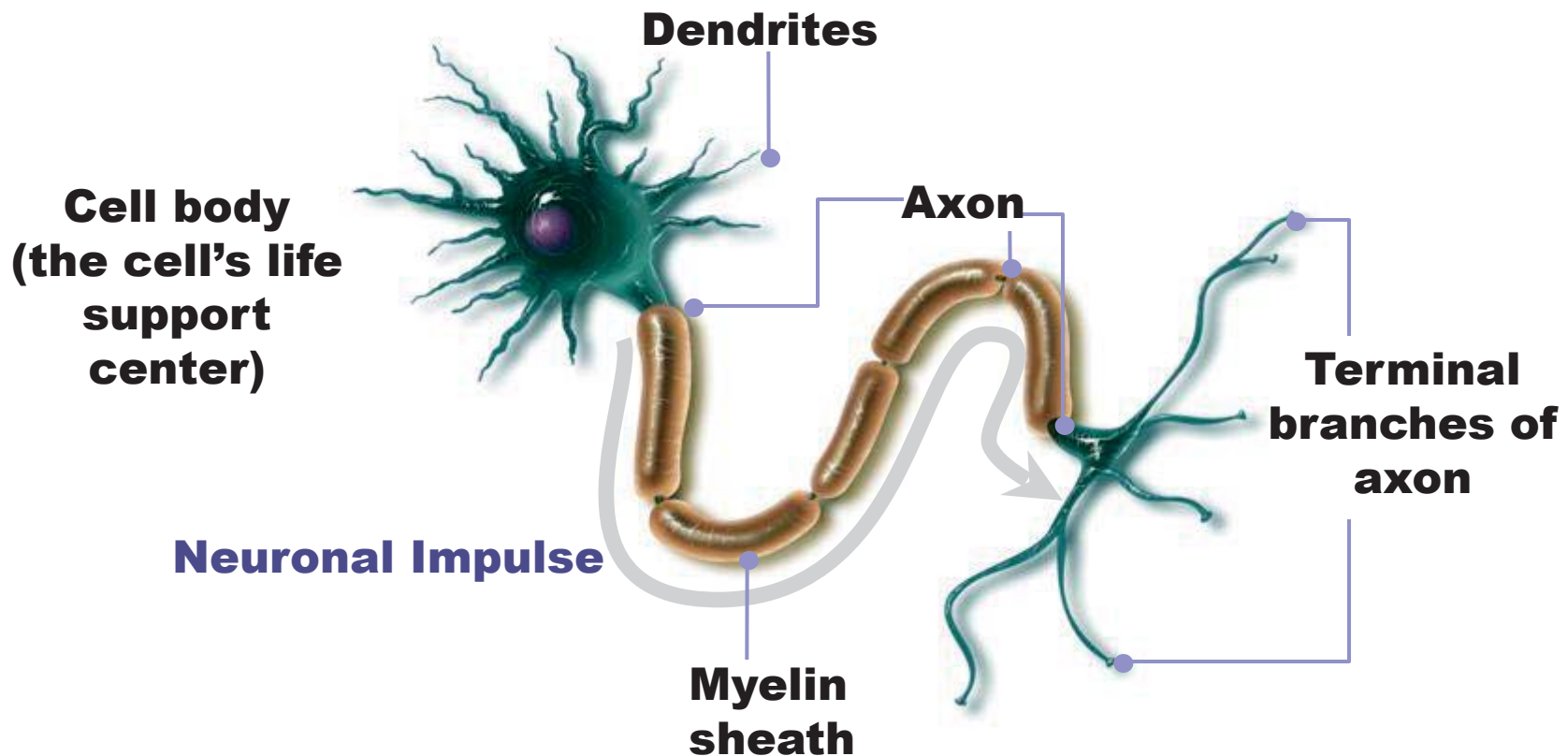


*Addiction*

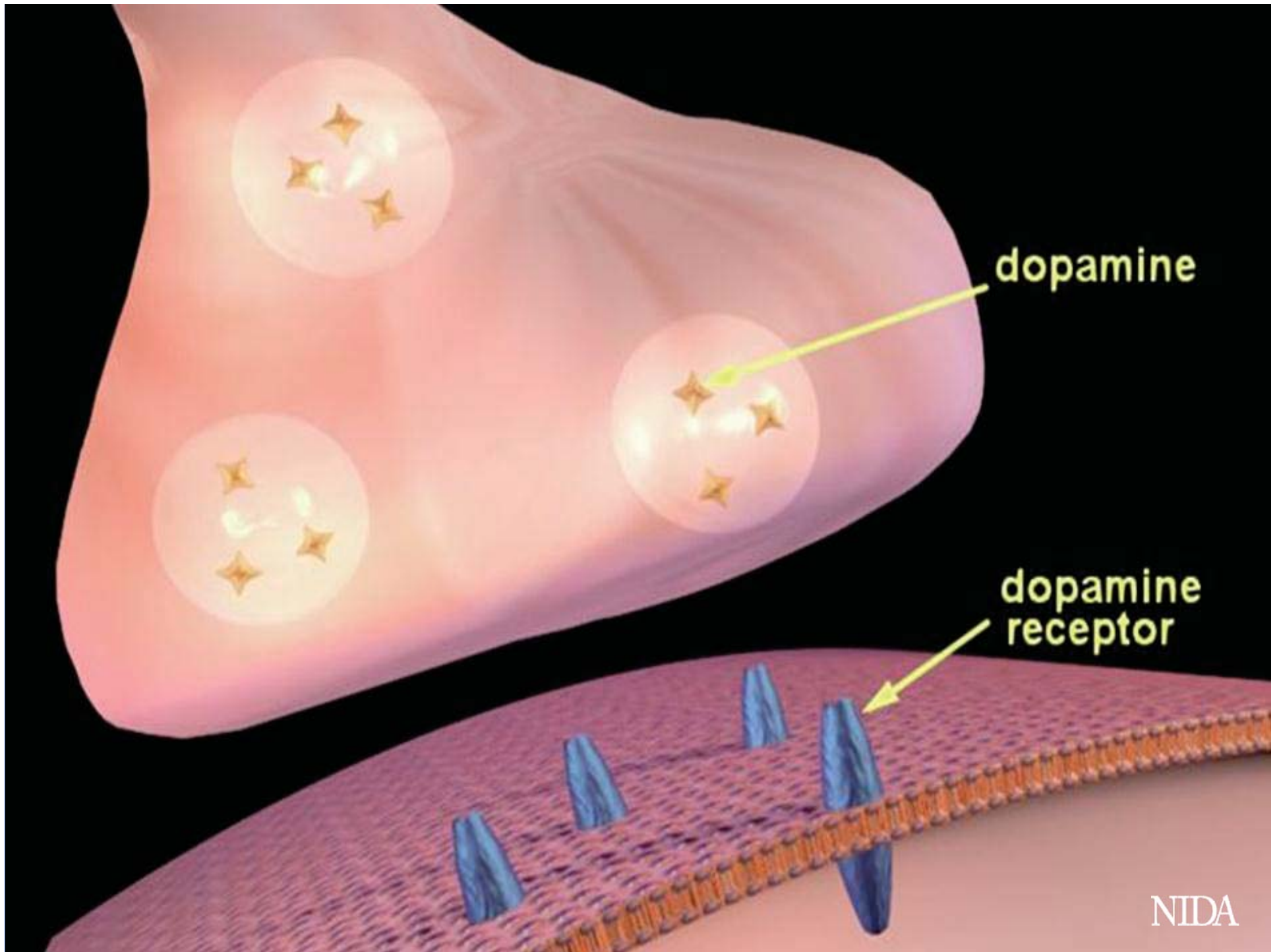


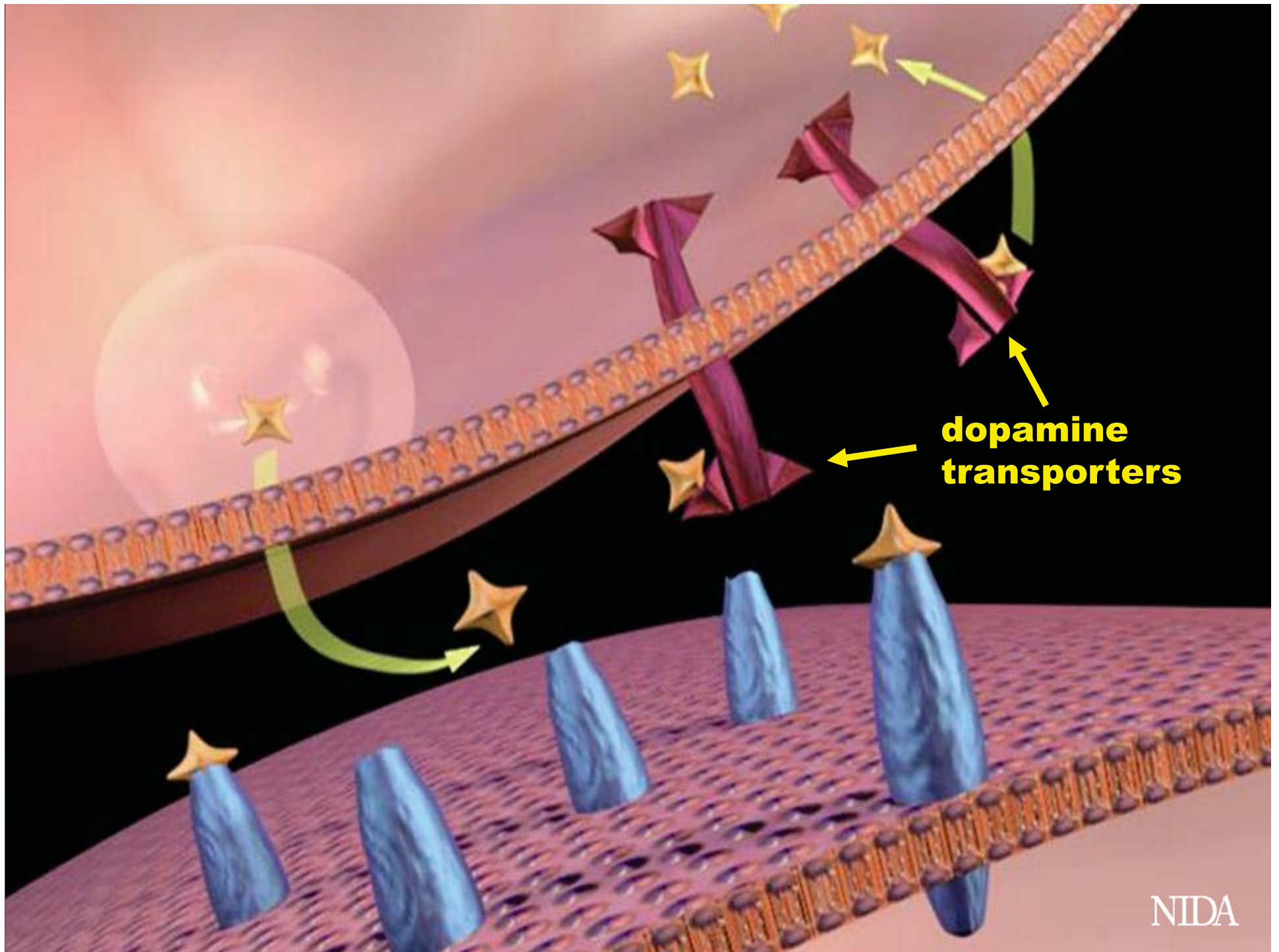
*Reward & well-being*

# *The Neuron: How the Brain's Messaging System Works*



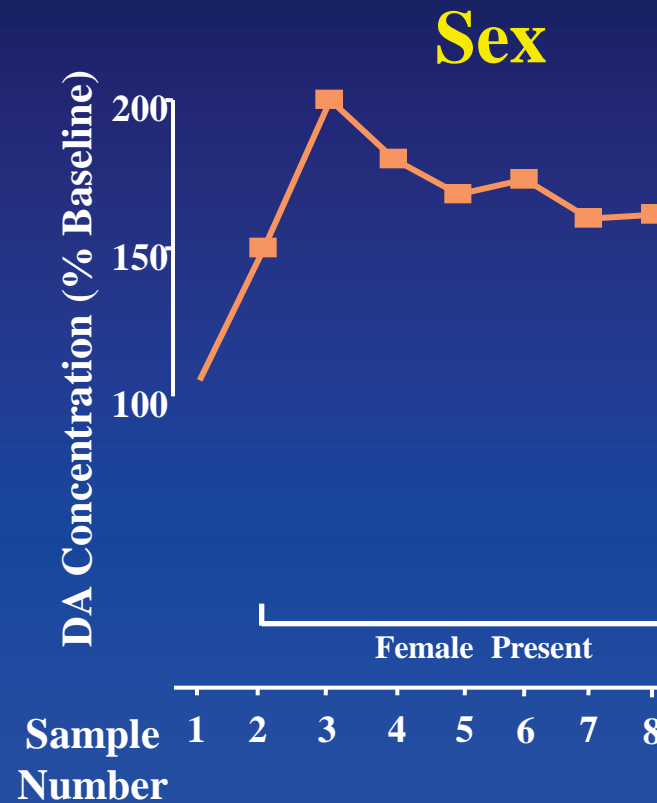
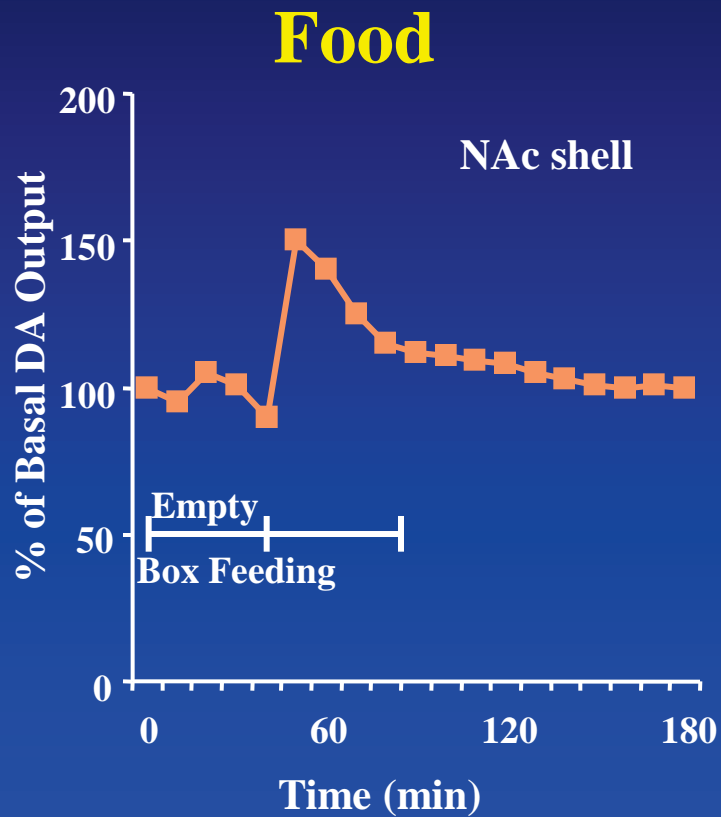


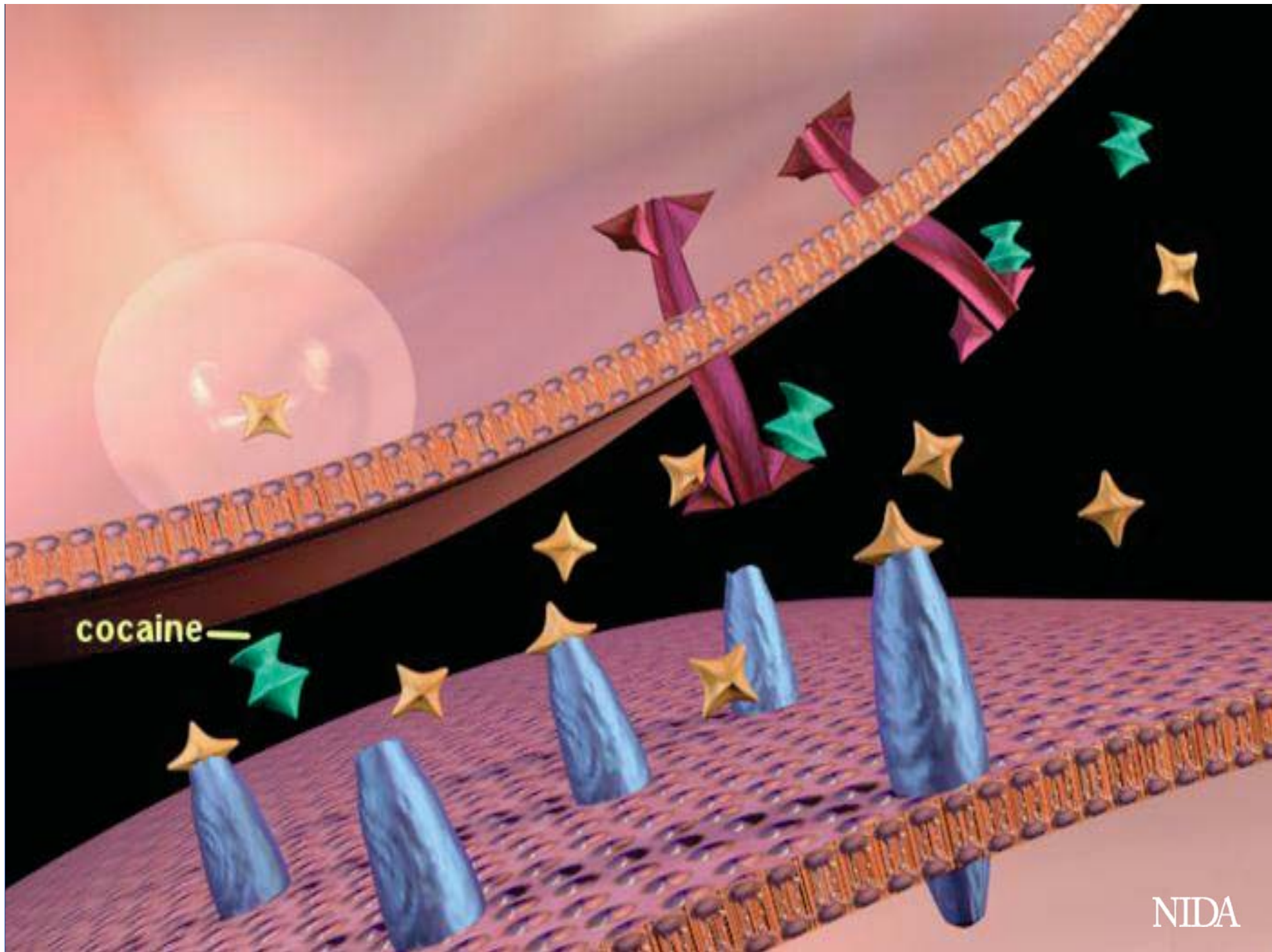




**dopamine  
transporters**

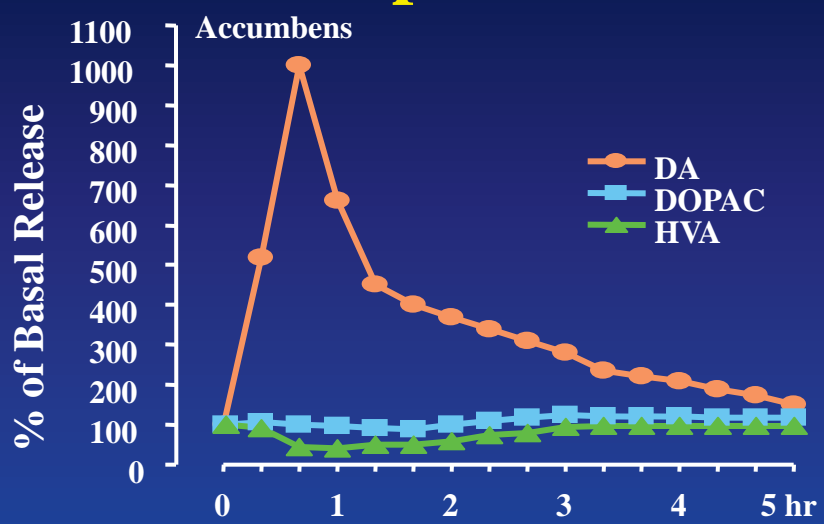
# Natural Rewards Elevate Dopamine Levels



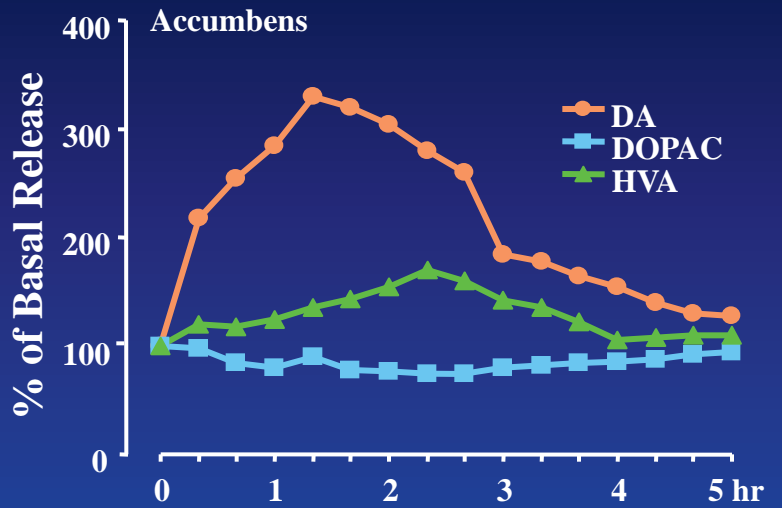


# Effects of Drugs on Dopamine Release

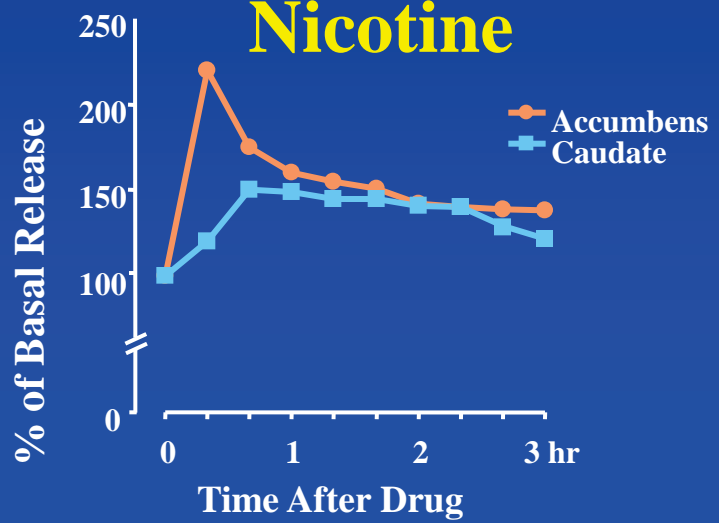
## Amphetamine



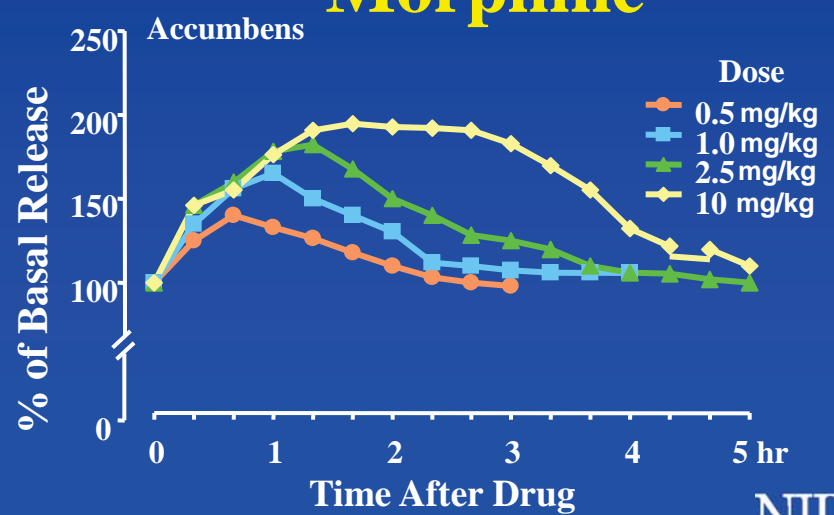
## Cocaine



## Nicotine



## Morphine



Di Chiara and Imperato, PNAS, 1988

## *But Dopamine is only Part of the Story*

- Scientific research has shown that other neurotransmitter systems are also affected:
  - **Serotonin**
    - Regulates mood, sleep, etc.
  - **Glutamate**
    - Regulates learning and memory, etc.

# Dopamine Pathways

# Serotonin Pathways

Frontal cortex

Striatum

Substantia nigra

## Functions

- Reward (motivation)
- Pleasure, euphoria
- Motor function (fine-tuning)
- Compulsion
- Perseveration

VTA

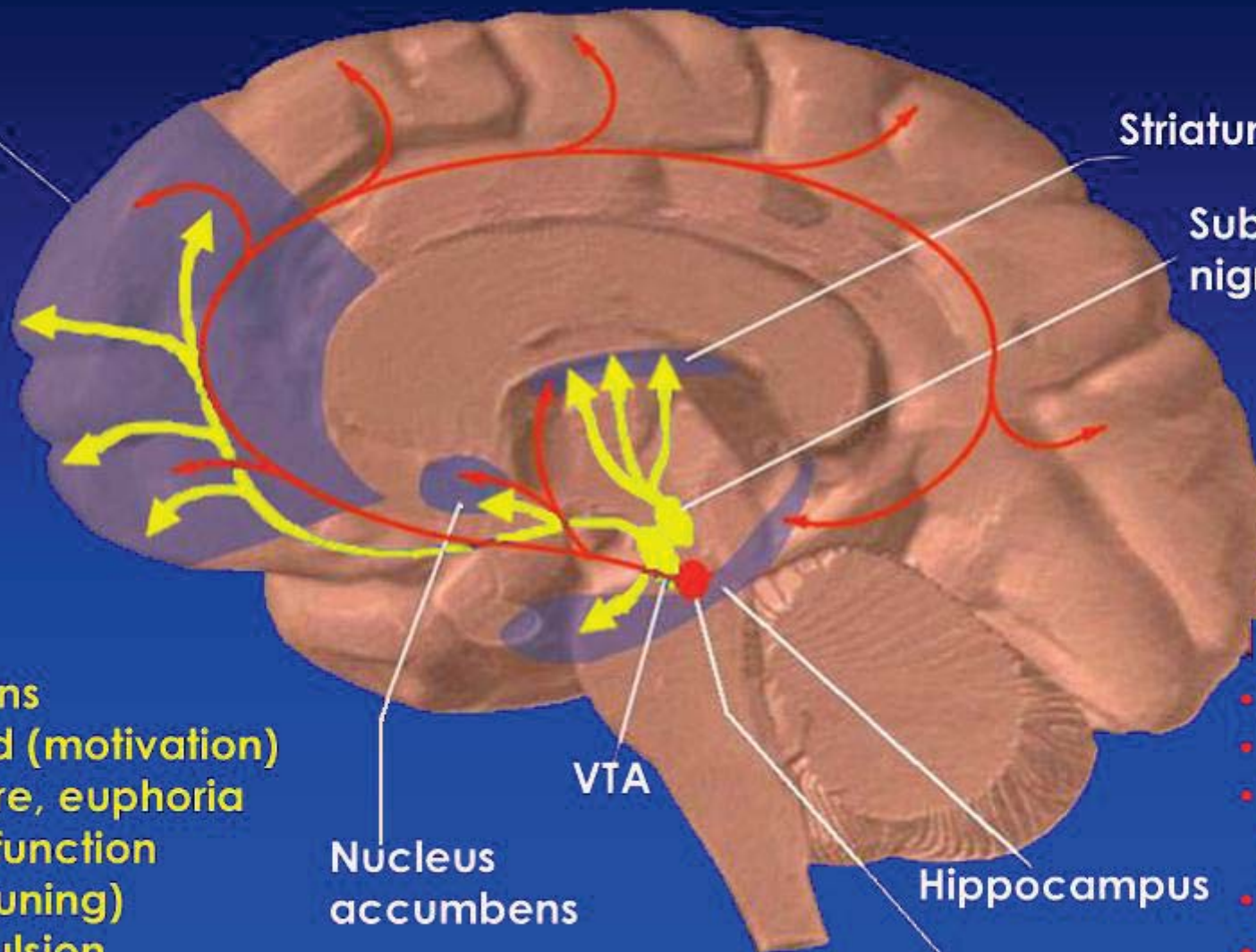
Nucleus accumbens

Hippocampus

Raphe nucleus

- Functions
- Mood
- Memory processing
- Sleep
- Cognition

NIDA



*Science Has Generated Much  
Evidence Showing That...*

**Prolonged Drug Use Changes  
the Brain In Fundamental  
and Long-Lasting Ways**

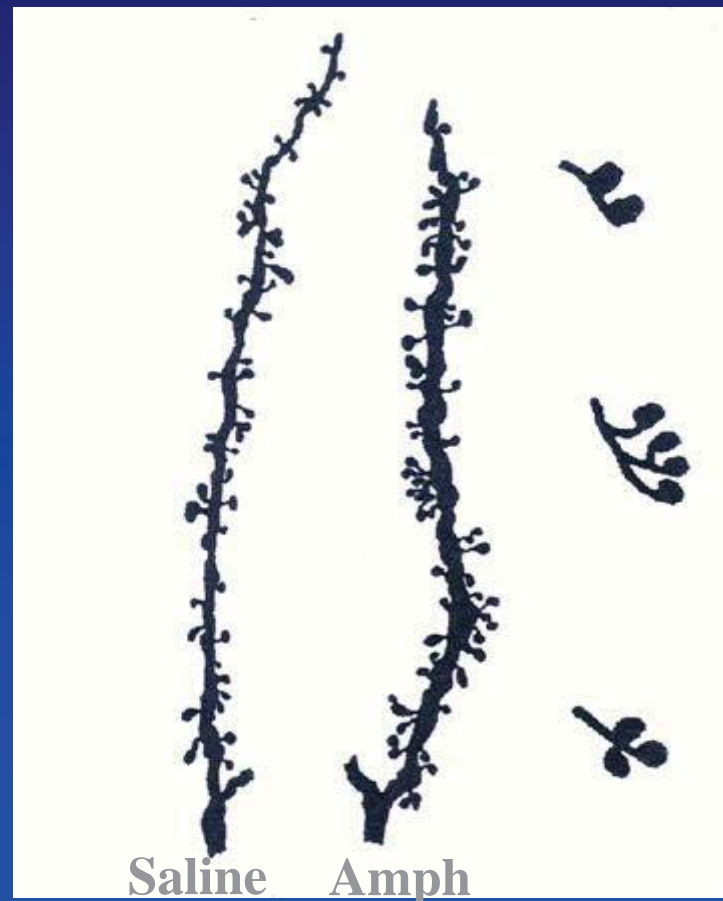


AND...

**We Have Evidence That  
These Changes Can Be Both  
*Structural and Functional***

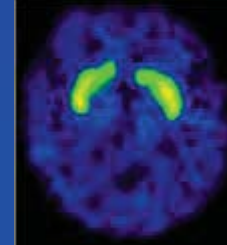
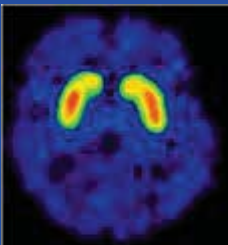
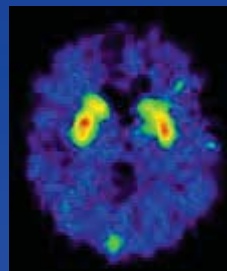
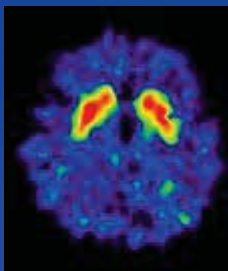
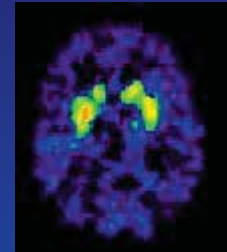
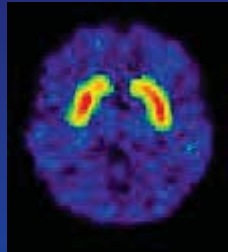
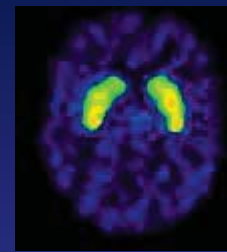
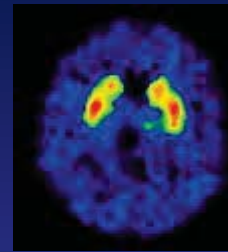
*Structurally...*

**Neuronal Dendrites in the  
Nucleus Accumbens**



*Functionally...*

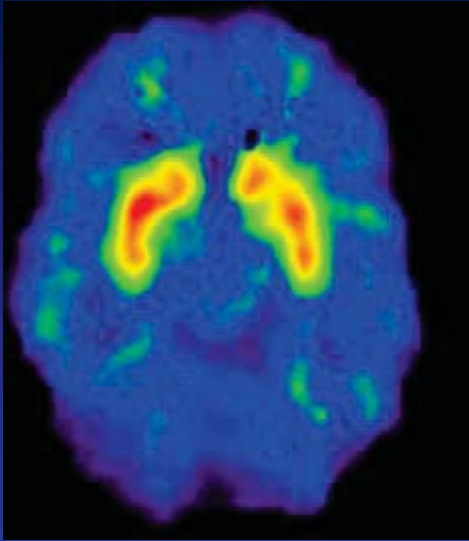
## Dopamine D2 Receptors are Decreased by Addiction



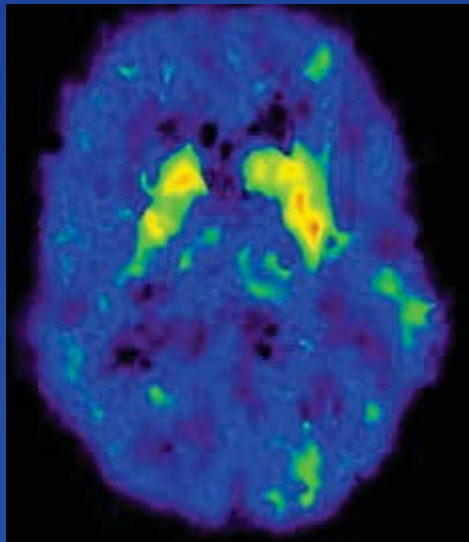
Control

Addicted

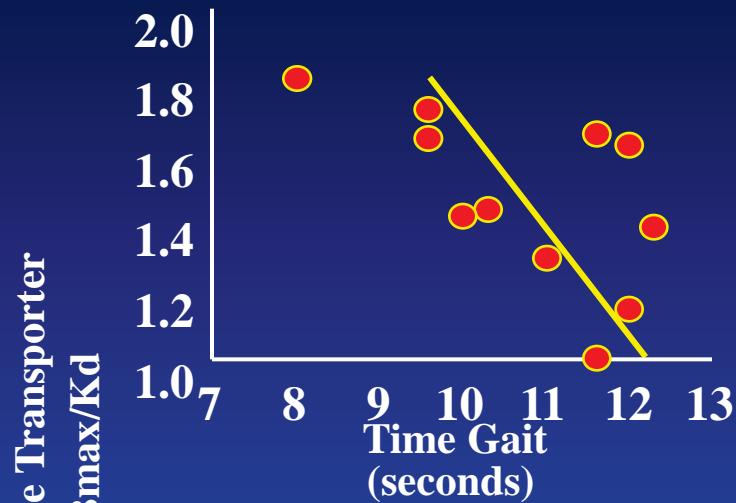
# Dopamine Transporters in Methamphetamine Abusers



Normal Control

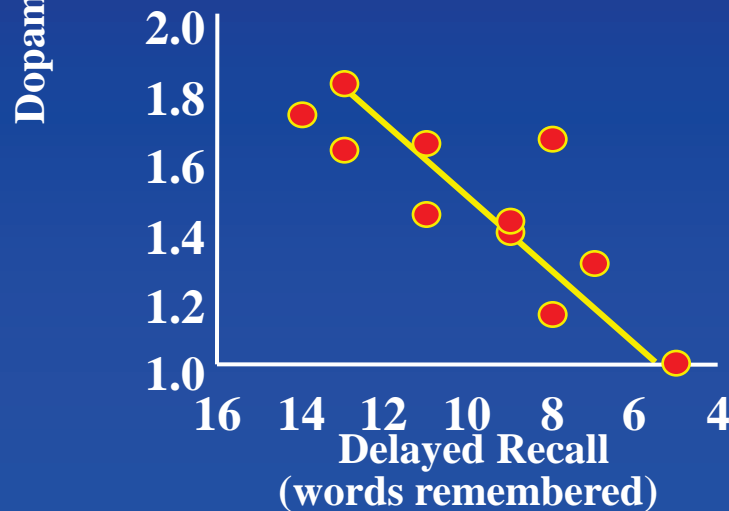


Methamphetamine Abuser



## Motor Task

Loss of dopamine transporters in methamphetamine abusers may result in slowing of motor reactions.



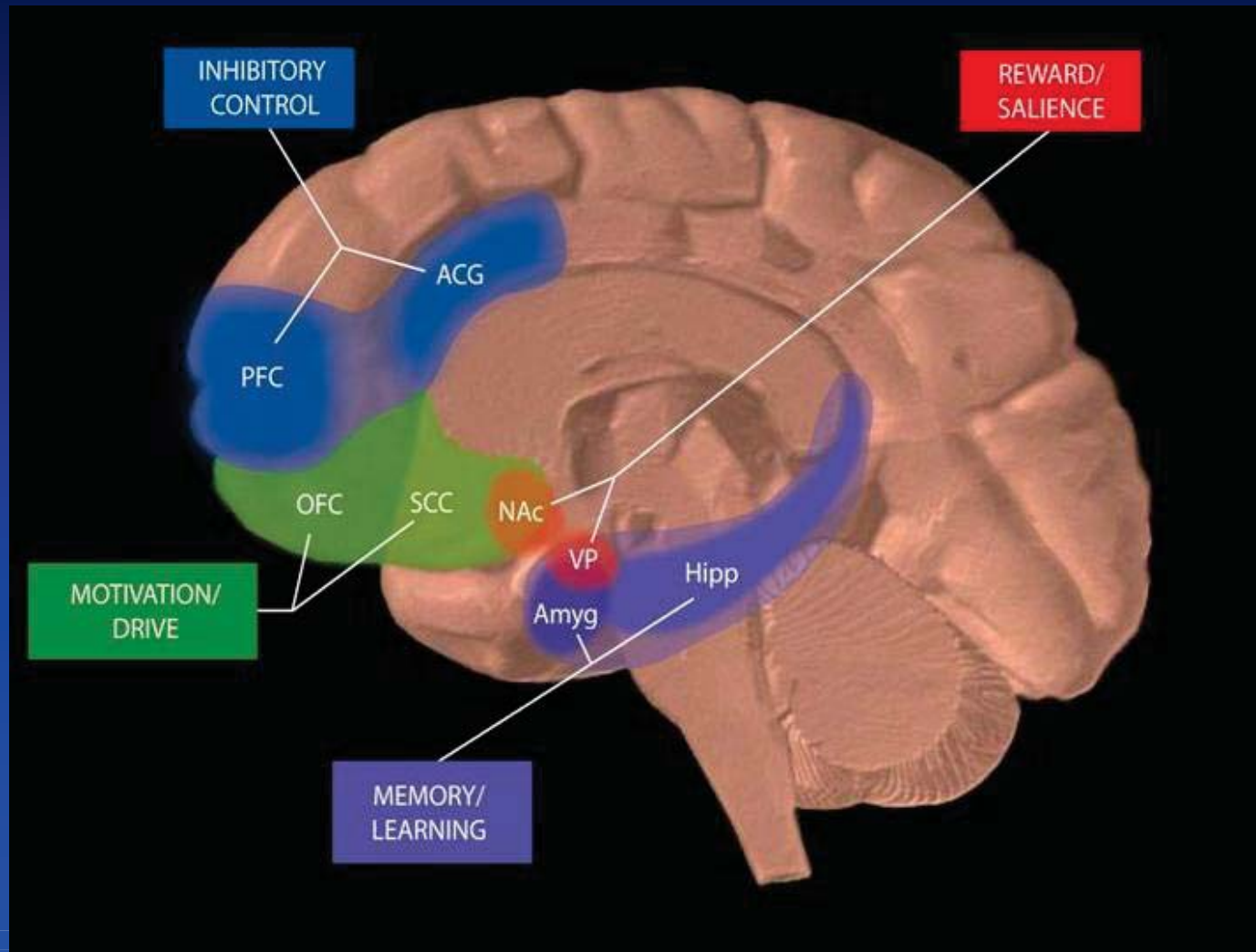
## Memory Task

Loss of dopamine transporters in methamphetamine abusers may result in memory impairment.

## *Implication?*

**Brain changes resulting from  
prolonged use of drugs  
may compromise  
mental AND motor function.**

# *Circuits Involved In Drug Abuse and Addiction*



All of these brain regions must be considered in developing strategies to effectively treat addiction

# Priority Areas for NIDA

## Prevention Research (Children & Adolescents)

genetics  
environment  
development  
co-morbidity

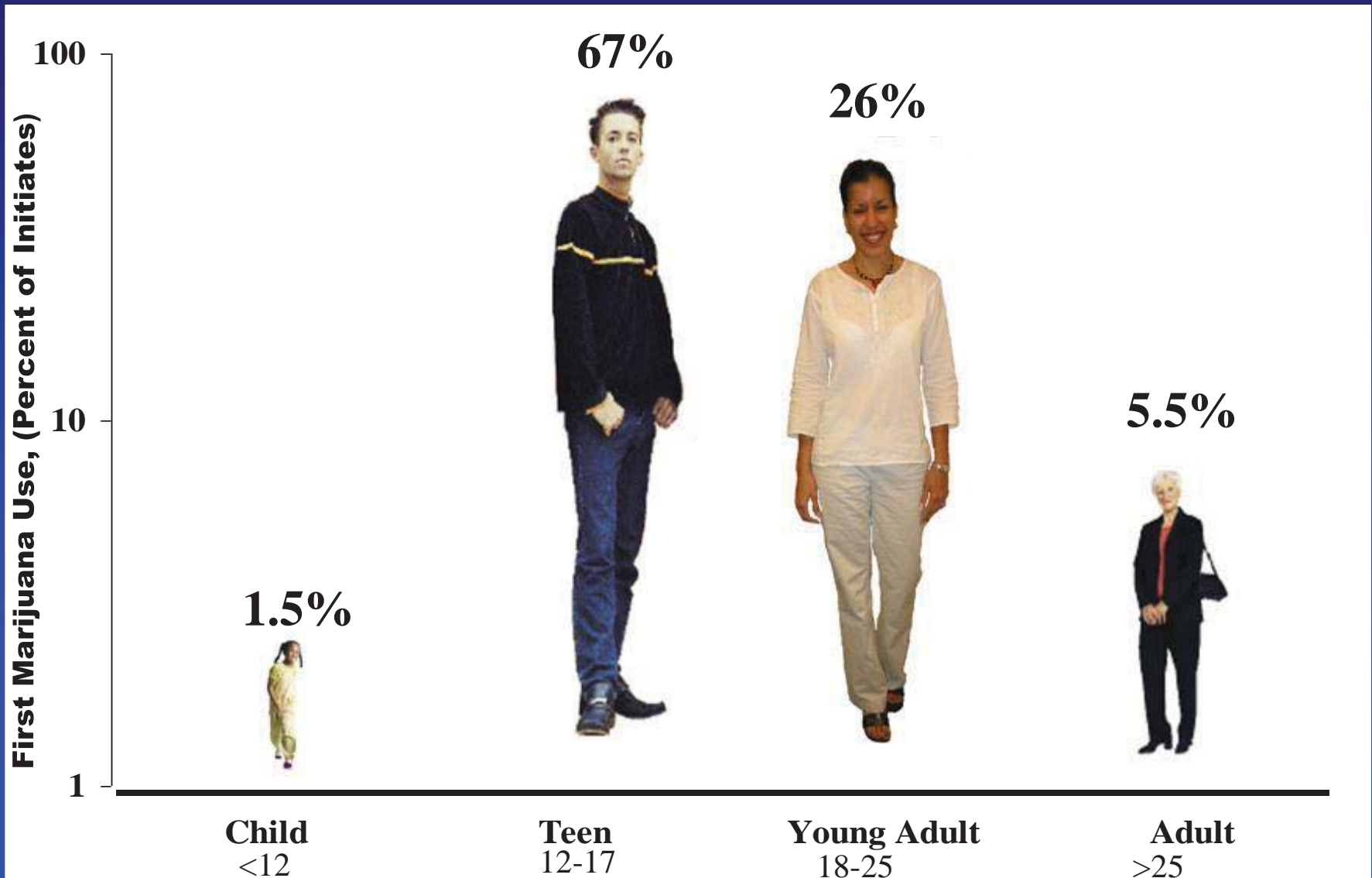
Treatment Research  
(New Targets & New Strategies)

HIV/AIDS Research

NIDA



# *Addiction is a Developmental Disease: It Starts Early*

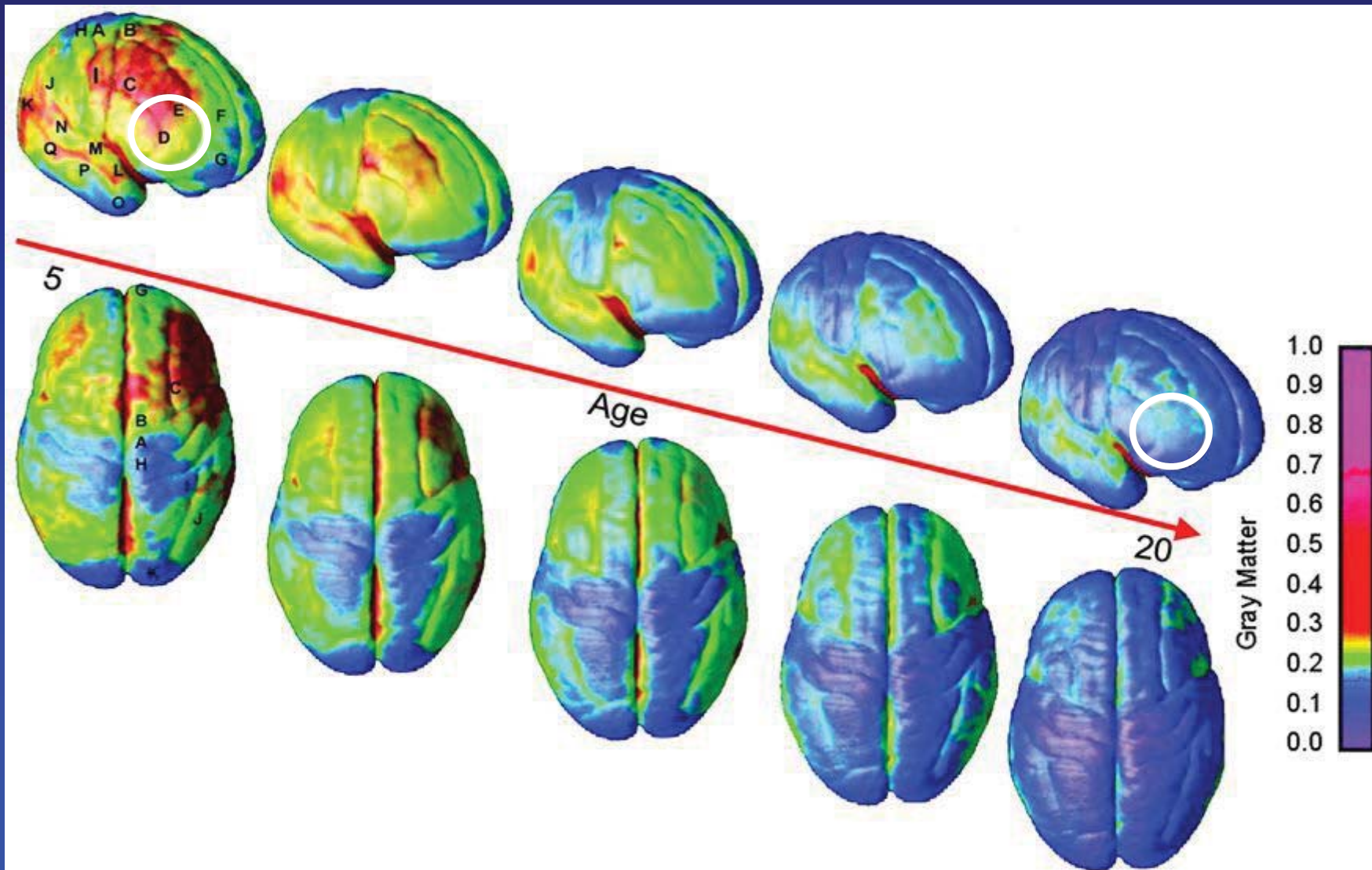




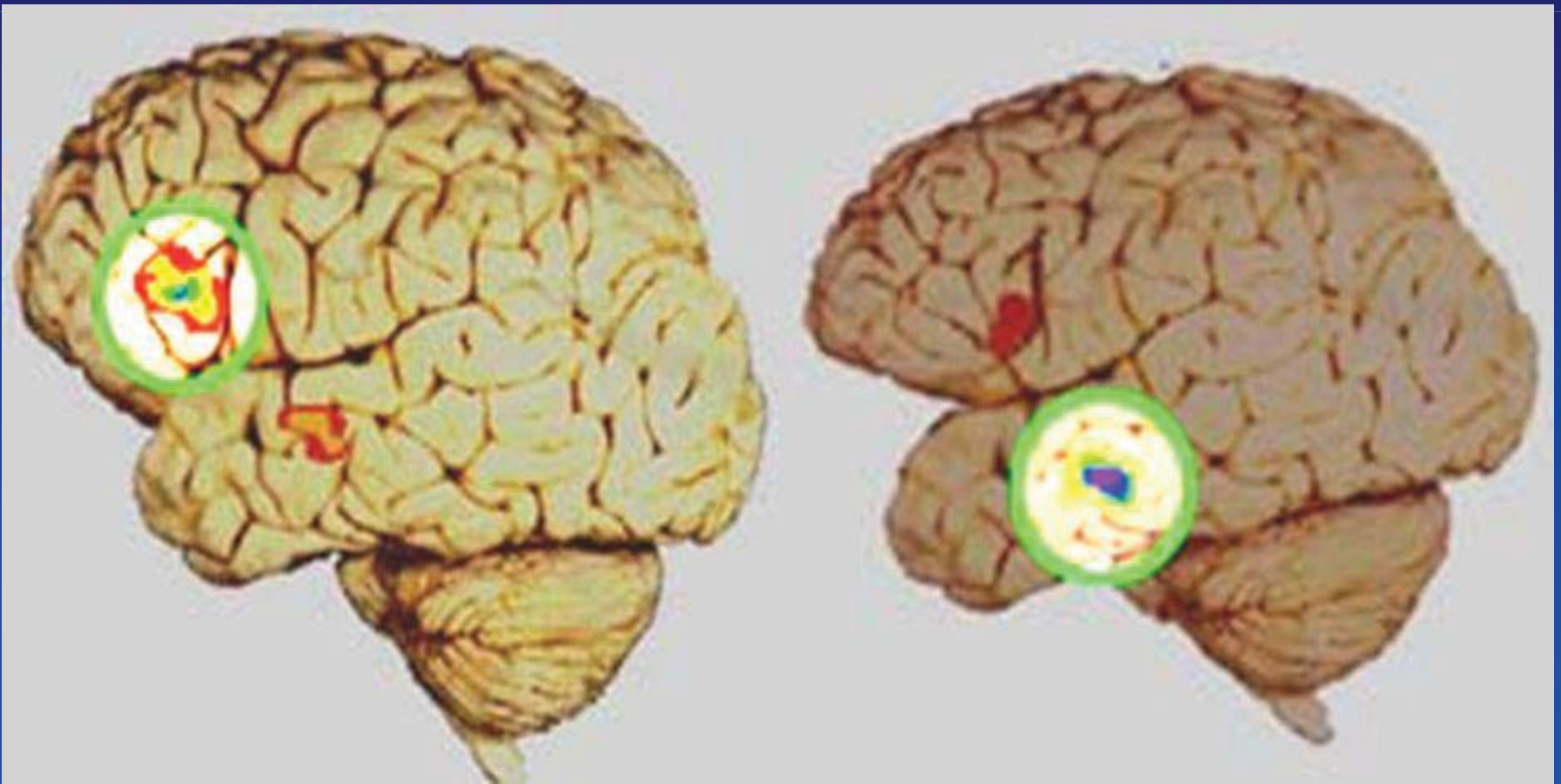
*Basic Science Tells Us that  
Adolescents' Brains  
Are Still Developing...*



# *MRI Scans of Healthy Children and Teens Over Time*

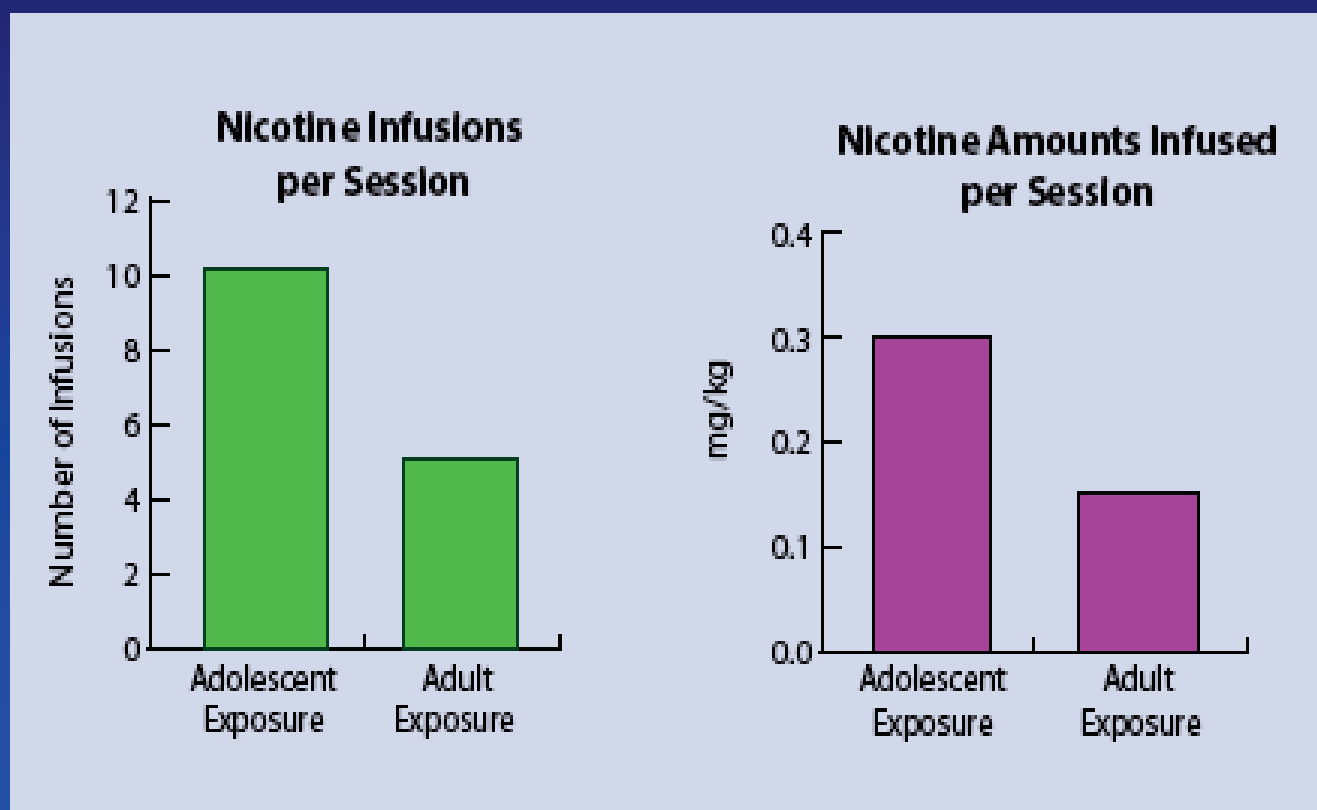


*When Reading Emotion...*  
**Adults Rely More on the Frontal Cortex  
While Teens Rely More on the Amygdala**



***Do Adolescents React Differently  
than Adults to  
Substances of Abuse?***

# *Rats Exposed to Nicotine in Adolescence Self-Administer More Nicotine Than Rats First Exposed as Adults*



*Collins et al, Neuropharmacology, 2004, Levin et al, Psychopharmacology, 2003*



*Do We Need Fundamentally  
Different Strategies At  
Different Stages of Adolescence?*



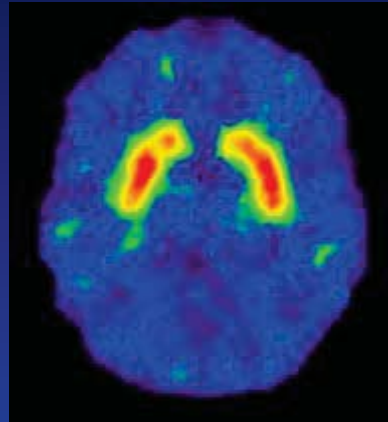
# *Vulnerability*



**Why do some people  
become addicted to drugs  
while others do not?**

# *Individual Differences in Response to Drugs: DA Receptors influence drug liking*

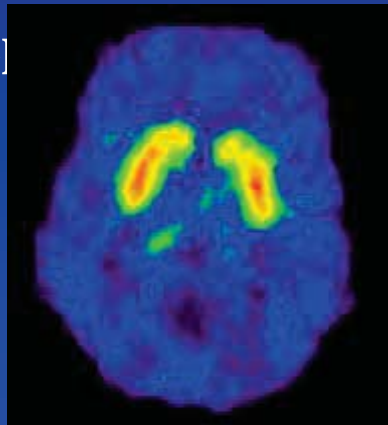
High DA receptor



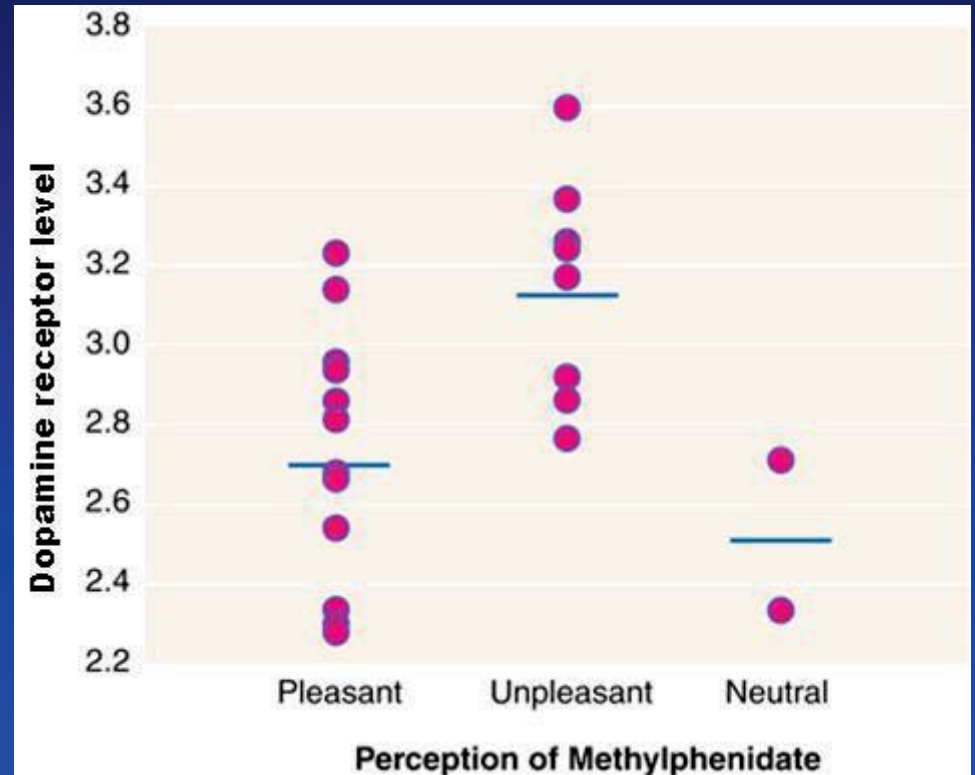
high



Low DA receptor



low



**As a group, subjects with low receptor levels found MP pleasant while those with high levels found MP unpleasant**



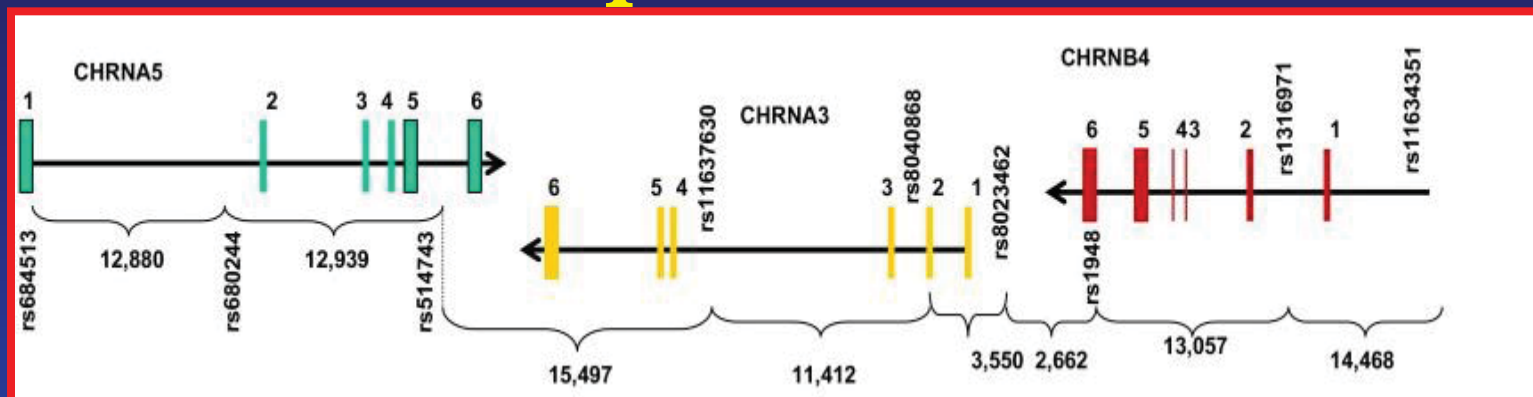


**Genetics is a Big Contributor to the  
Risk of Addiction...**

**And...**

**The Nature of this Contribution  
Is Extremely Complex**

# Gene Cluster is Associated with Nicotine Dependence



*Human Molecular Genetics*, 2007, Vol. 16, No. 1 24-  
doi:10.1093/hmg/ddl441  
Advance Access published on December 7, 2006

## Novel genes identified in a high-density genome wide association study for nicotine dependence

Laura Jean Bierut<sup>1,\*</sup>, Pamela A.F. Madden<sup>1</sup>, Naomi Breslau<sup>2</sup>, Eric O. Johnson<sup>3</sup>,  
Dorothy H. Hall<sup>1</sup>, Louis Fox<sup>1</sup>, Nicholas G. Martin<sup>1</sup>,  
Jen C. Wang<sup>1</sup>

ARTICLE IN PRESS

## The CHRNA5/A3/B4 Gene Cluster Variability as an Important Determinant of Early Alcohol and Tobacco Initiation in Young Adults

Isabel R. Schlapfer, Nicole R. Hoft, Allan C. Collins, Robin P. Corley, John K. Hewitt, Christian J. Hopfer, Jeffrey M. Lessem, Matthew B. McQueen, Soo Hyun Rhee, and Marissa A. Ehringer

*Molecular Psychiatry* (2008), 1–6  
© 2008 Nature Publishing Group All rights reserved 1359-4184/08 \$30.00  
www.nature.com/mp

## IMMEDIATE COMMUNICATION

## $\alpha$ -5/ $\alpha$ -3 nicotinic receptor subunit alleles increase risk for heavy smoking

W Berrettini<sup>1,2,3</sup>, X Yuan<sup>2,3</sup>, F Tozzi<sup>2,3</sup>, K Song<sup>2,3</sup>, C Francks<sup>2,3</sup>, H Chilcoat<sup>4</sup>, D Waterworth<sup>2,3</sup>, P Muglia<sup>2,3,5</sup> and V Mooser<sup>2,3</sup>

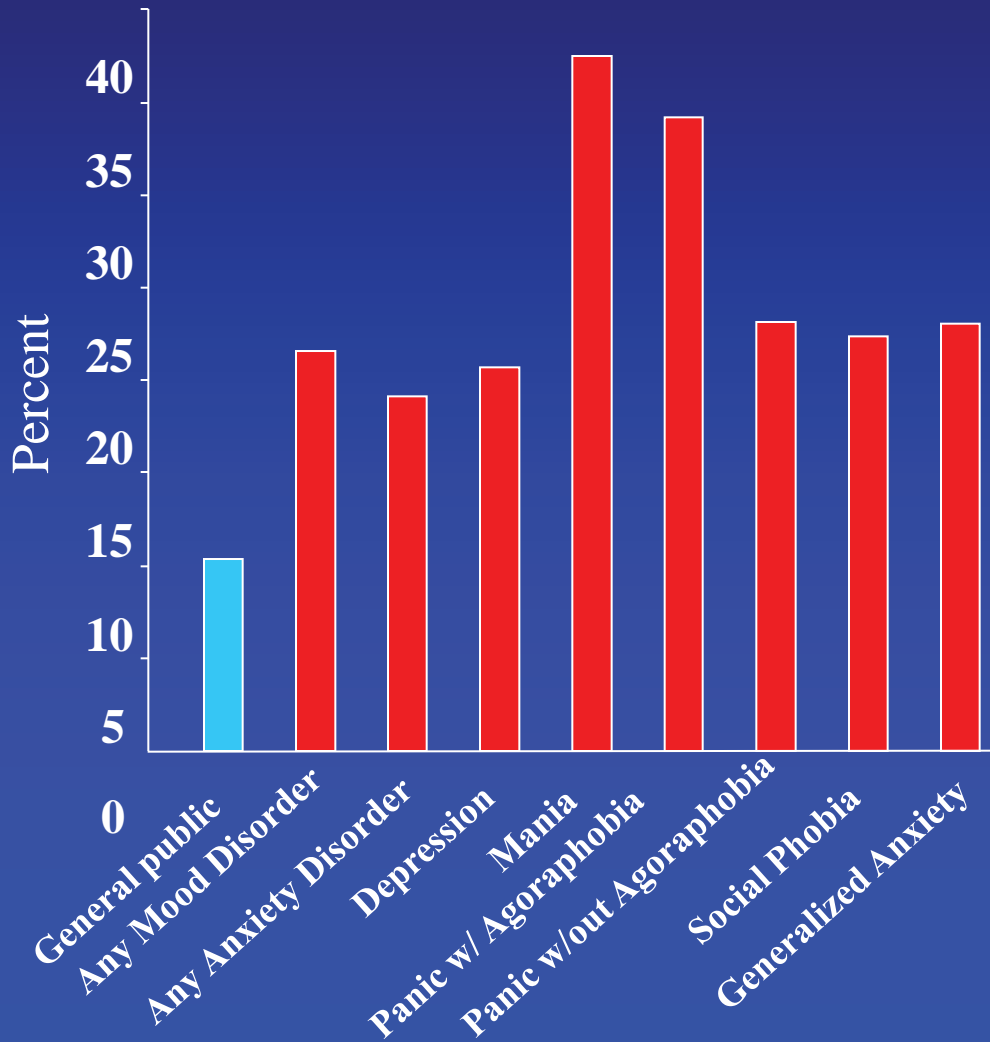
Vol 452 | 3 April 2008 | doi:10.1038/nature06846

## A variant associated with nicotine dependence, lung cancer and peripheral arterial disease

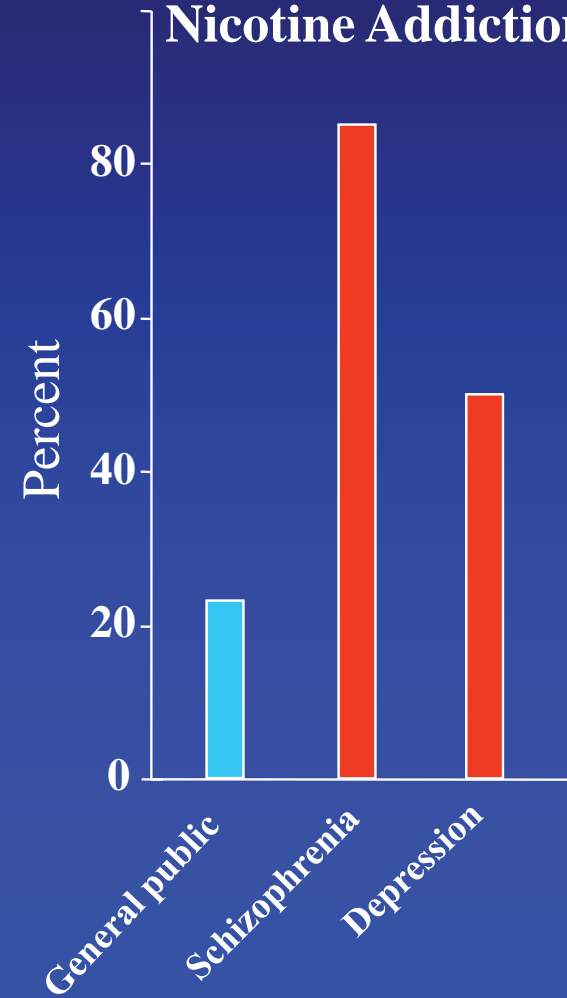
Thorger E. Thorgerisson<sup>1,\*</sup>, Frank Geller<sup>1,\*</sup>, Patrick Sulem<sup>1,\*</sup>, Thorunn Rafnar<sup>1,\*</sup>, Anna Wiste<sup>1,2</sup>, Kristinn P. Magnusson<sup>1</sup>, Andrei Manolescu<sup>1</sup>, Gudmar Thorleifsson<sup>1</sup>, Hreinn Stefansson<sup>1</sup>, Andres Ingason<sup>1</sup>, Simon N. Stacey<sup>1</sup>, Jon T. Bjornthorsson<sup>1</sup>, Steinunn Thorgeirsdottir<sup>1</sup>, Julius Gudmundsson<sup>1</sup>, Thorlakur Jansson<sup>1</sup>

# *What Other Biological Factors Contribute to Addiction--Comorbidity*

## Prevalence of Drug Disorders



## Prevalence of Nicotine Addiction



# *COMORBIDITY*

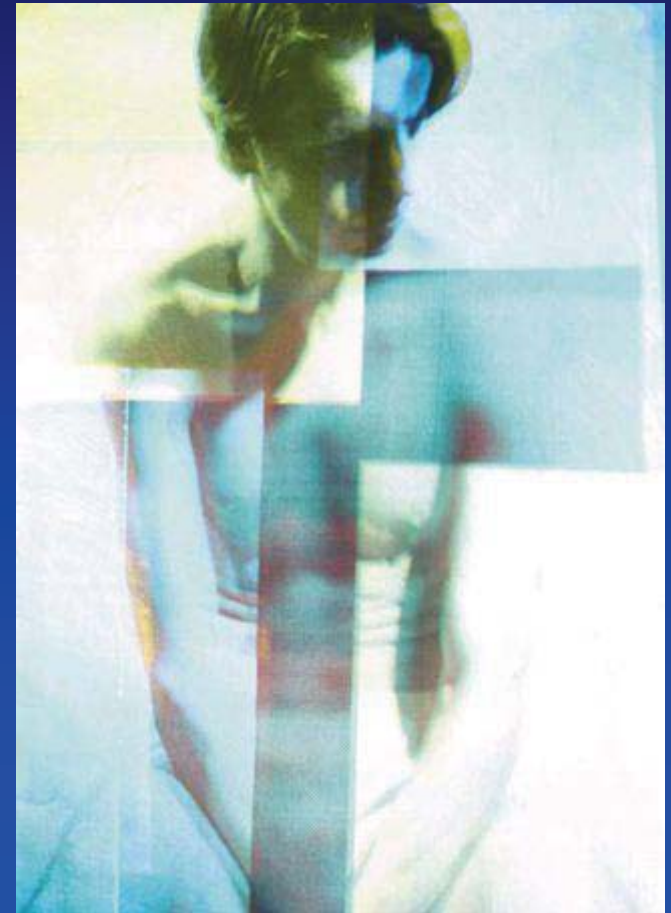


**Drug Users have a Higher Risk of Developing Mental Disorders**

- **Psychosis**
- **Depression**
- **Anxiety**
- **Panic attacks**

# *Why do Mental Illnesses and Substance Abuse Co-occur?*

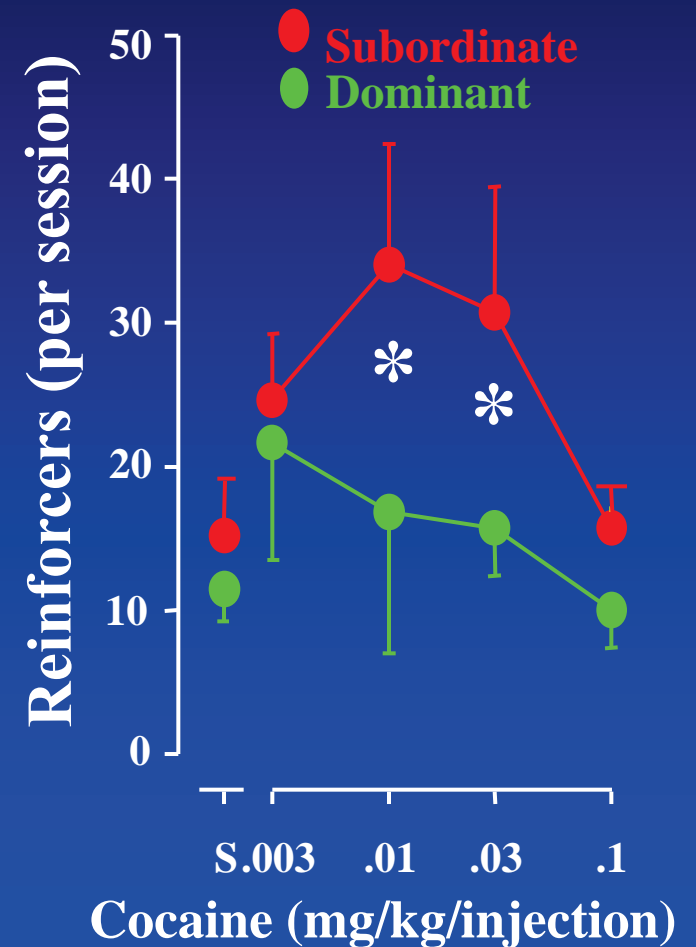
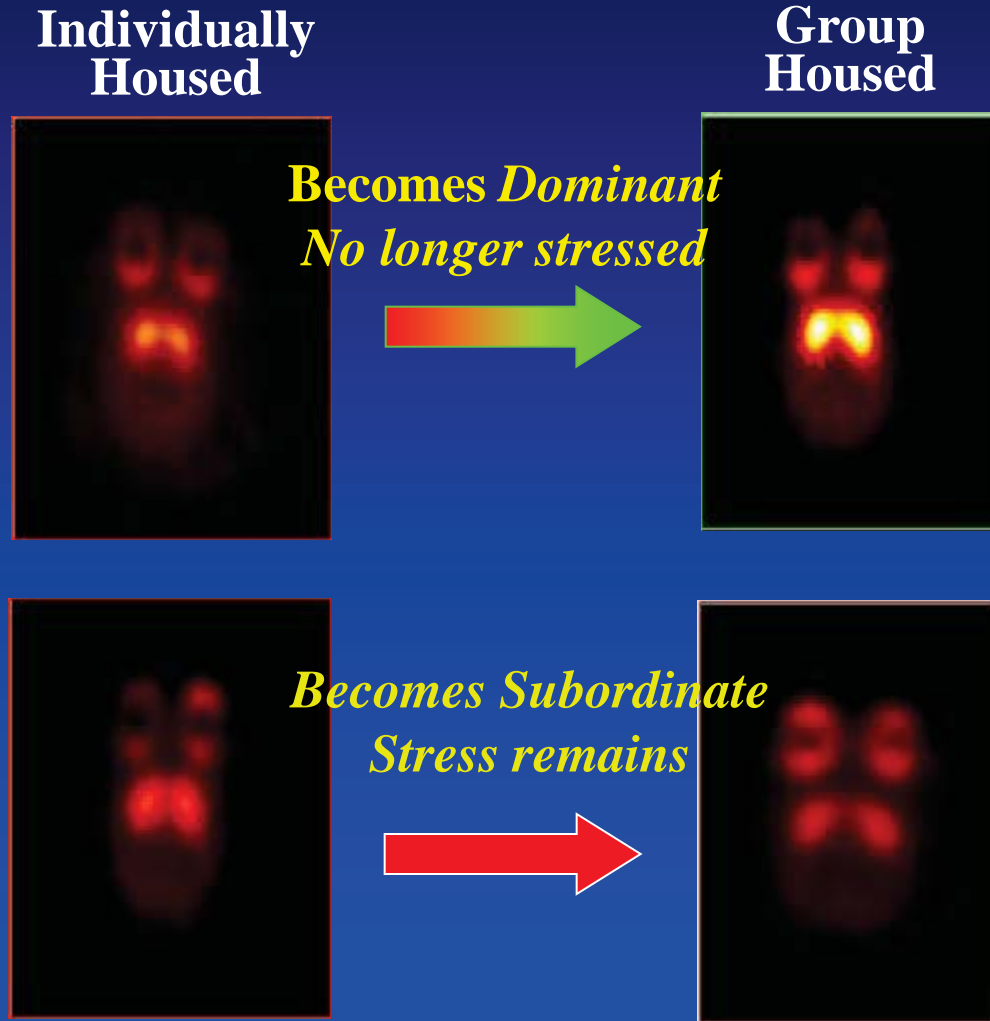
- **Self-medication**
  - substance abuse begins as a means to alleviate symptoms of mental illness
- **Causal effects**
  - Substance abuse may increase vulnerability to mental illness
- **Common or correlated causes**
  - the risk factors that give rise to mental illness and substance abuse may be related or overlap



# *What Environmental Factors Contribute to Addiction?*

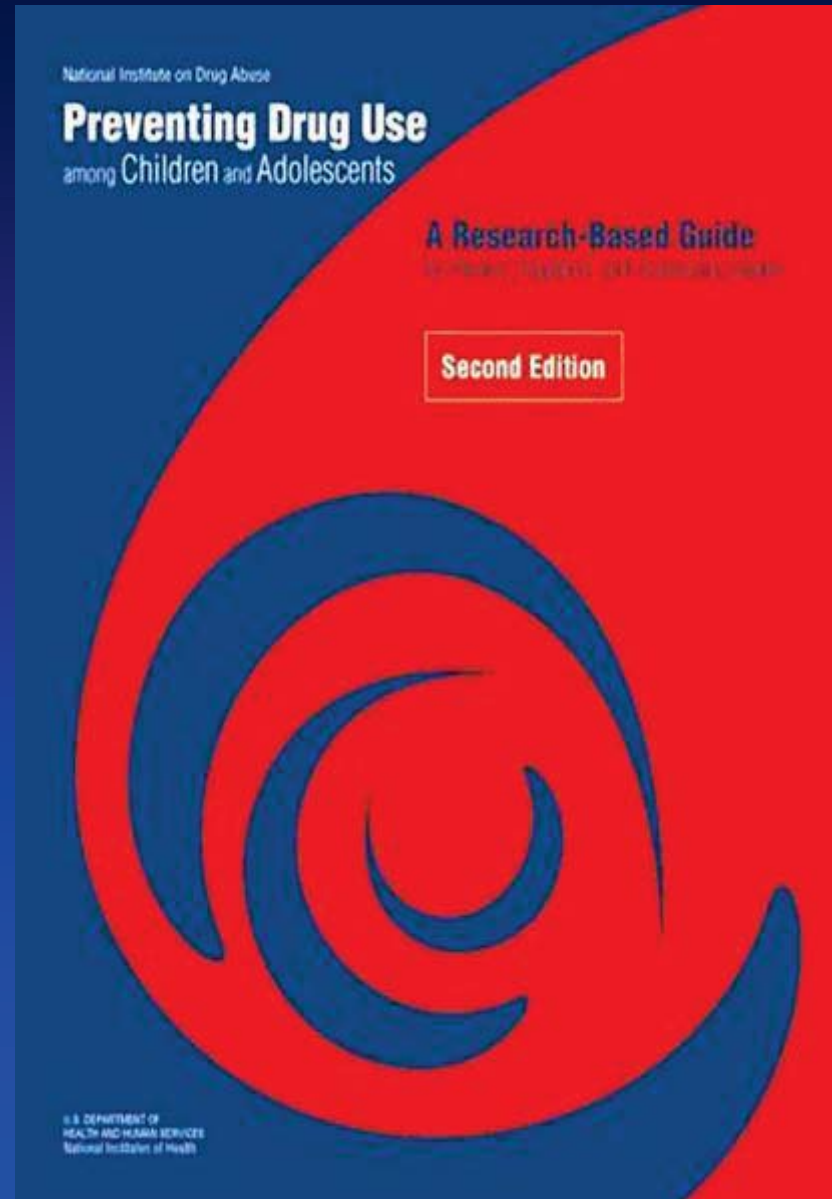
- Stress
- Early physical or sexual abuse
- Witnessing violence
- Peers who use drugs
- Drug availability

# *Social Stressor Affects Brain DA D2 Receptors and Drug Self-Administration*



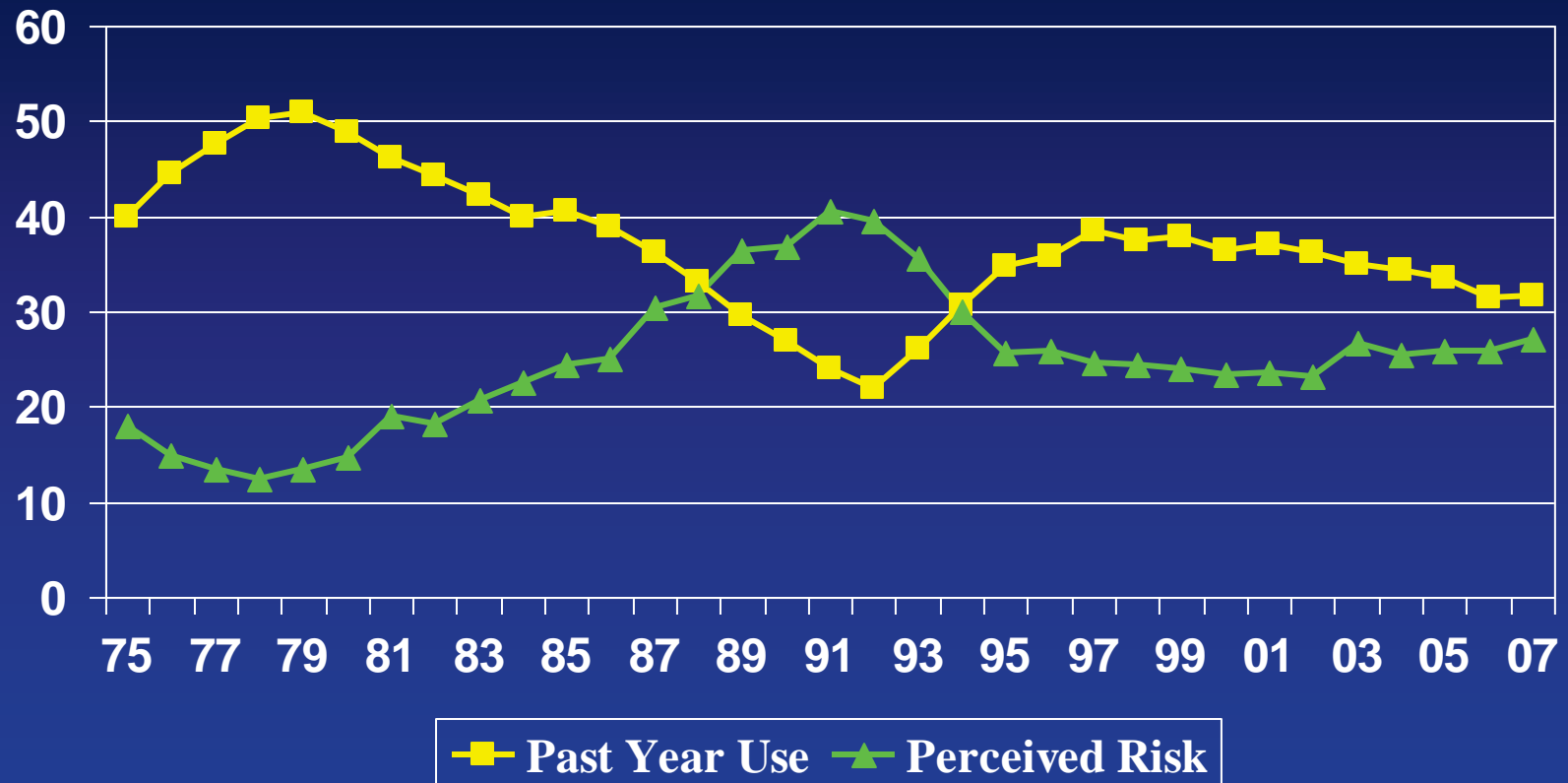
# *Prevention Works:*

**Knowledge of Risk and Protective Factors Has Led to the Development of Effective Prevention Strategies**





# *Changes in Attitudes Lead to Changes in Use*



# Priority Areas for NIDA

## Prevention Research (Children & Adolescents)

genetics  
environment  
development  
co-morbidity



## Treatment Research

(New Targets & New Strategies)

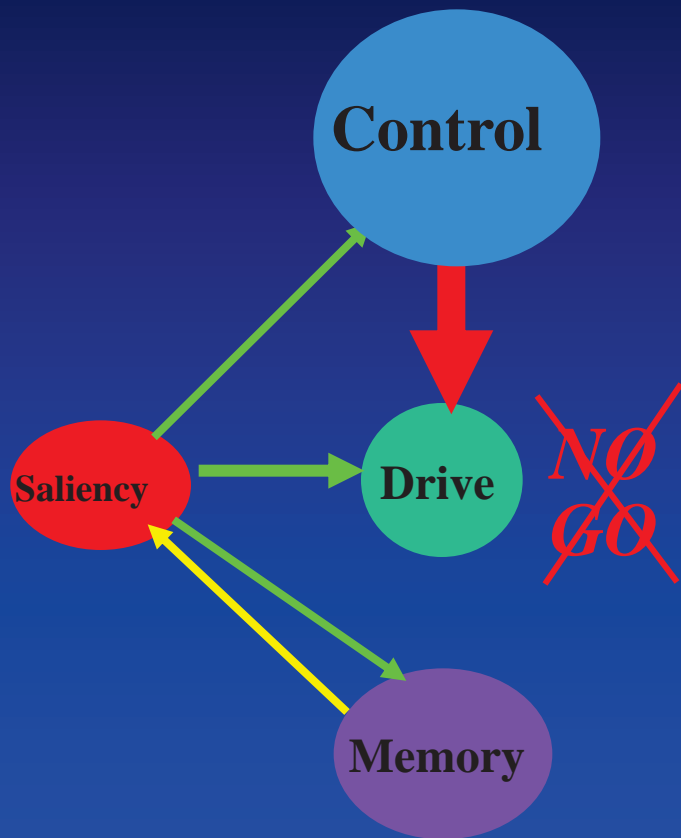


## HIV/AIDS Research

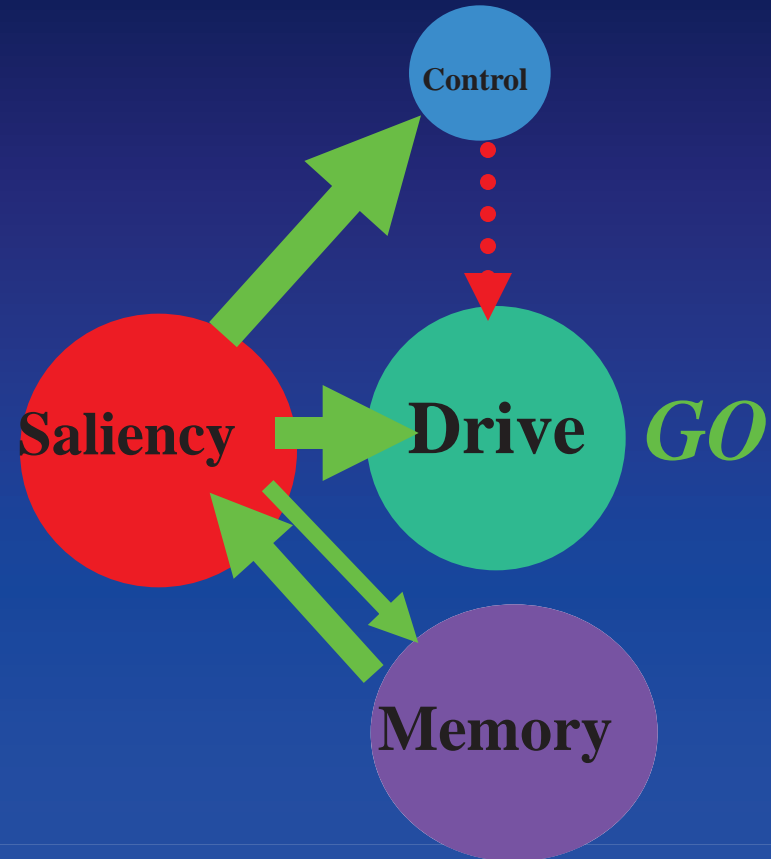


# Why Can't Addicts Just Quit?

## Non-Addicted Brain



## Addicted Brain



***Because Addiction Changes Brain Circuits***

**This is why addicts can't just quit.**

*and...*

**This is why treatment is essential.**

# *Treating a Biobehavioral Disorder Must Go Beyond Just Fixing the Chemistry*

**We Need to Treat the Whole Person!**

**Pharmacological  
Treatments  
(Medications)**

**Behavioral Therapies**

**Medical Services**

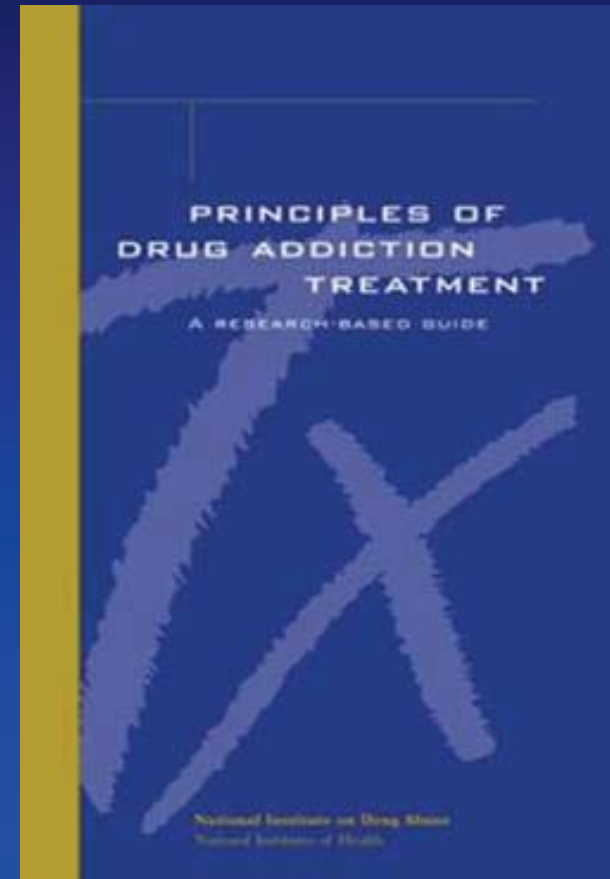
**Social Services**

**In Social Context**

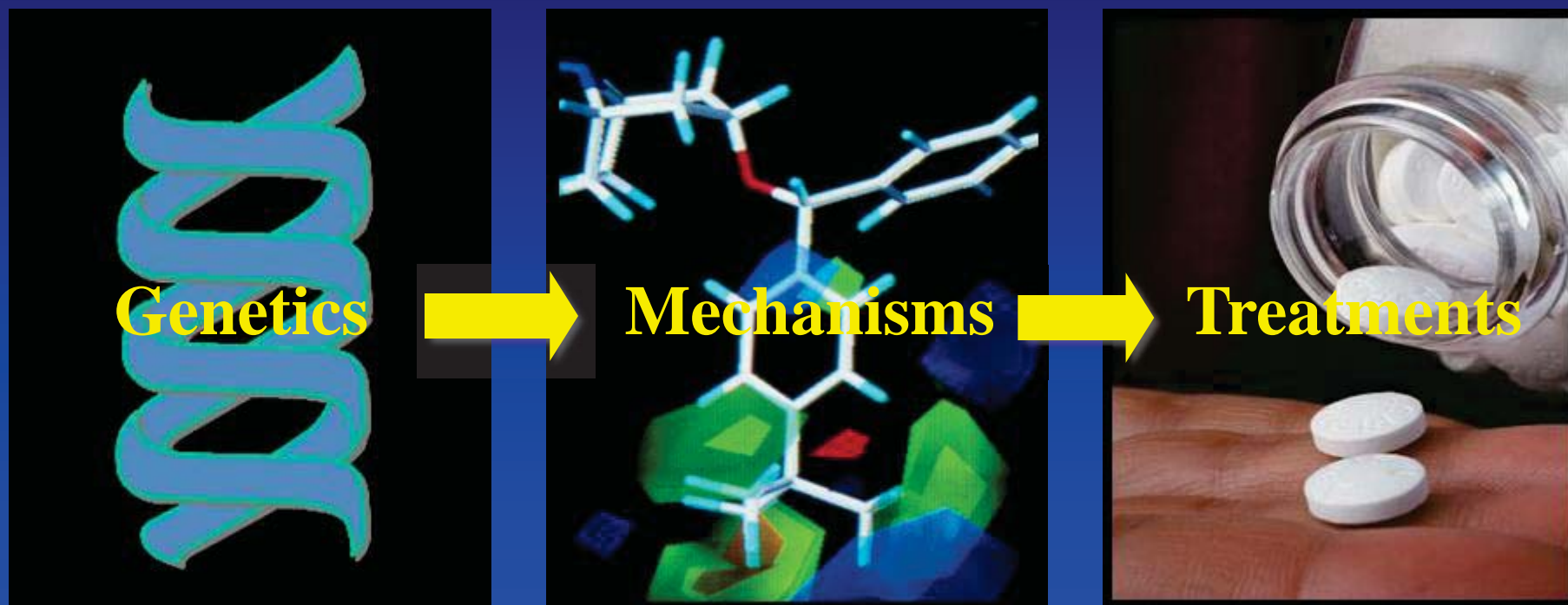
# *Treatment Can Work!*

## **NIDA's Principles of Treatment**

- **No single treatment is appropriate for all individuals.**
- **Treatment needs to be readily available.**
- **Treatment must attend to multiple needs of the individual, not just drug use.**
- **Multiple courses of treatment may be required for success.**
- **Remaining in treatment for an adequate period of time is critical for treatment effectiveness.**



# *We Are Using Science to Develop Even Better Treatments*



# *Basic Research*



# *Medication*

Opiate agonists stabilize brain function in heroin addicts

**Agonist Therapy**  
Methadone  
Buprenorphine

CB1 KO mice have decreased responses to multiple drugs of abuse

**CB1 Antagonists**

Smokers who are poor nicotine metabolizers smoke less

**Inhibitors of  
metabolizing enzymes**

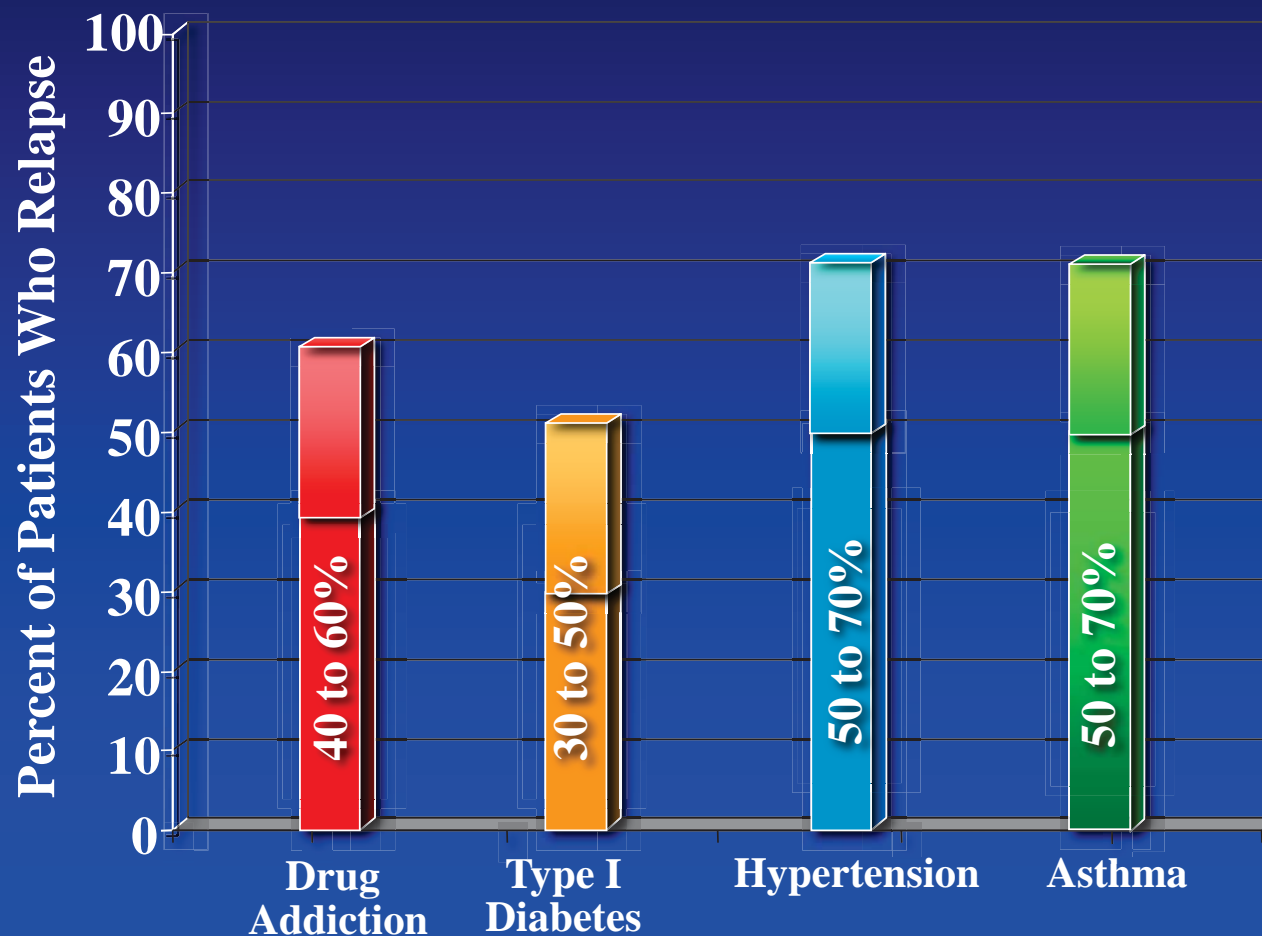
Stress triggers relapse in animal models of addiction and CRF antagonists interfere with the response to stress

**CRF Antagonists**



*But, drug addiction is a chronic illness  
with relapse rates similar to those of  
hypertension, diabetes, and asthma.*

# *Relapse Rates Are Similar for Drug Addiction & Other Chronic Illnesses*



# *Addiction is Similar to Other Chronic Illnesses Because:*

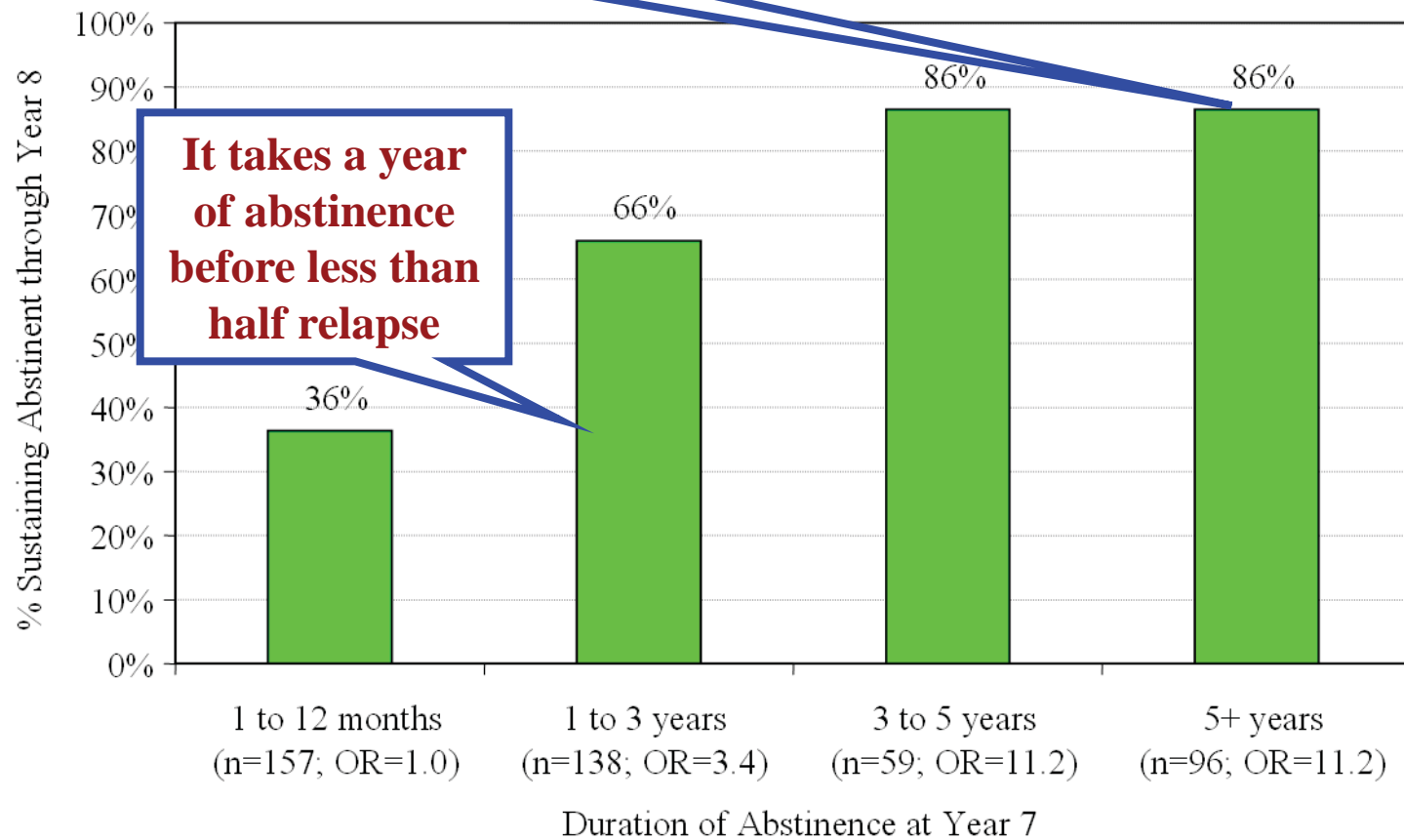
- **It has biological and behavioral components, both of which must be addressed during treatment.**
- **Recovery from it--protracted abstinence and restored functioning--is often a long-term process requiring repeated episodes of treatment.**
- **Relapses can occur during or after treatment, and signal a need for treatment adjustment or reinstatement.**
- **Participation in support programs during and following treatment can be helpful in sustaining long-term recovery**

**Therefore...**

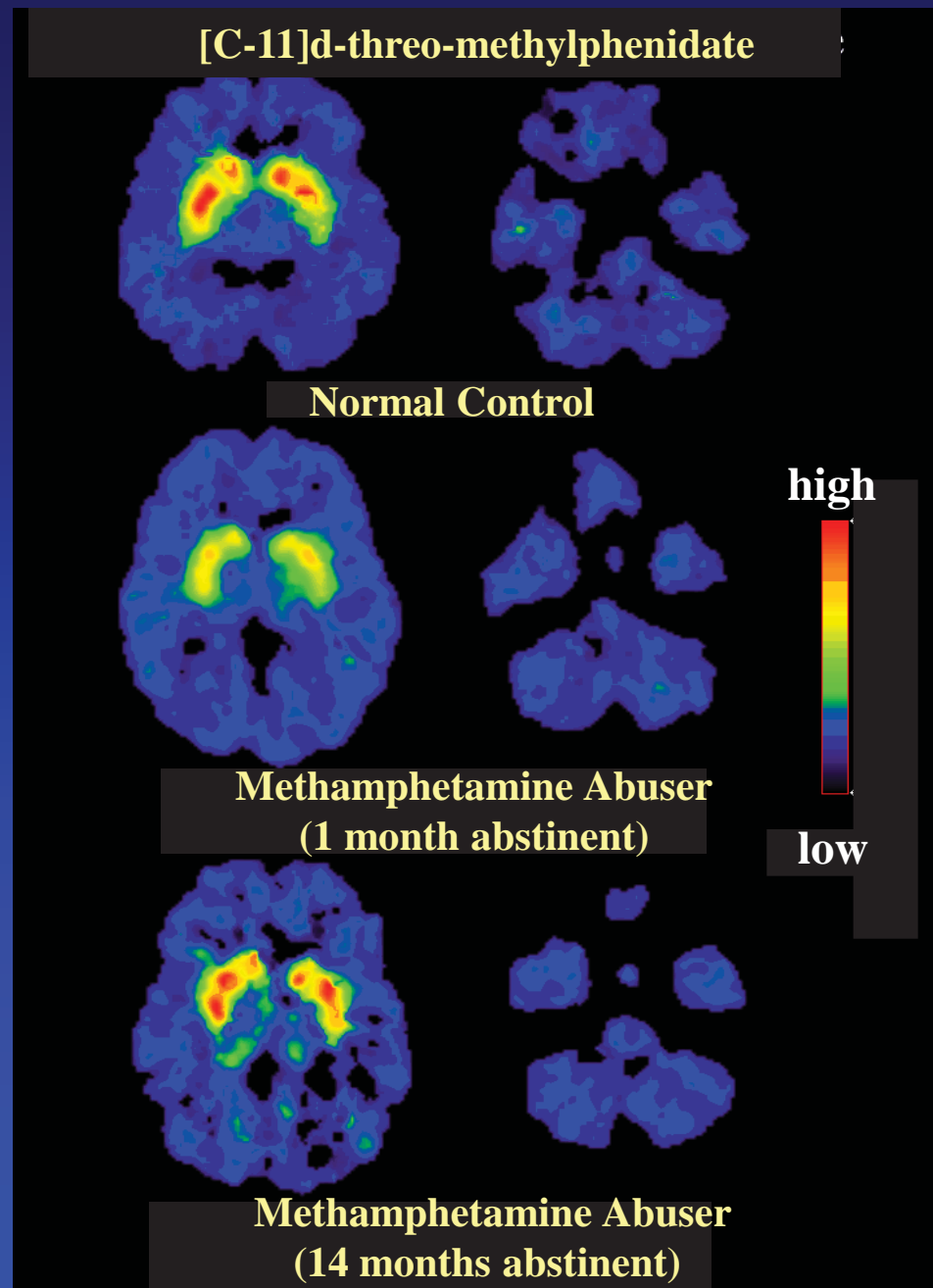
*Full recovery is a challenge  
but it is possible ...*

# *Extended Abstinence is Predictive of Sustained Recovery*

**After 5 years – if you are sober,  
you probably will stay that way.**

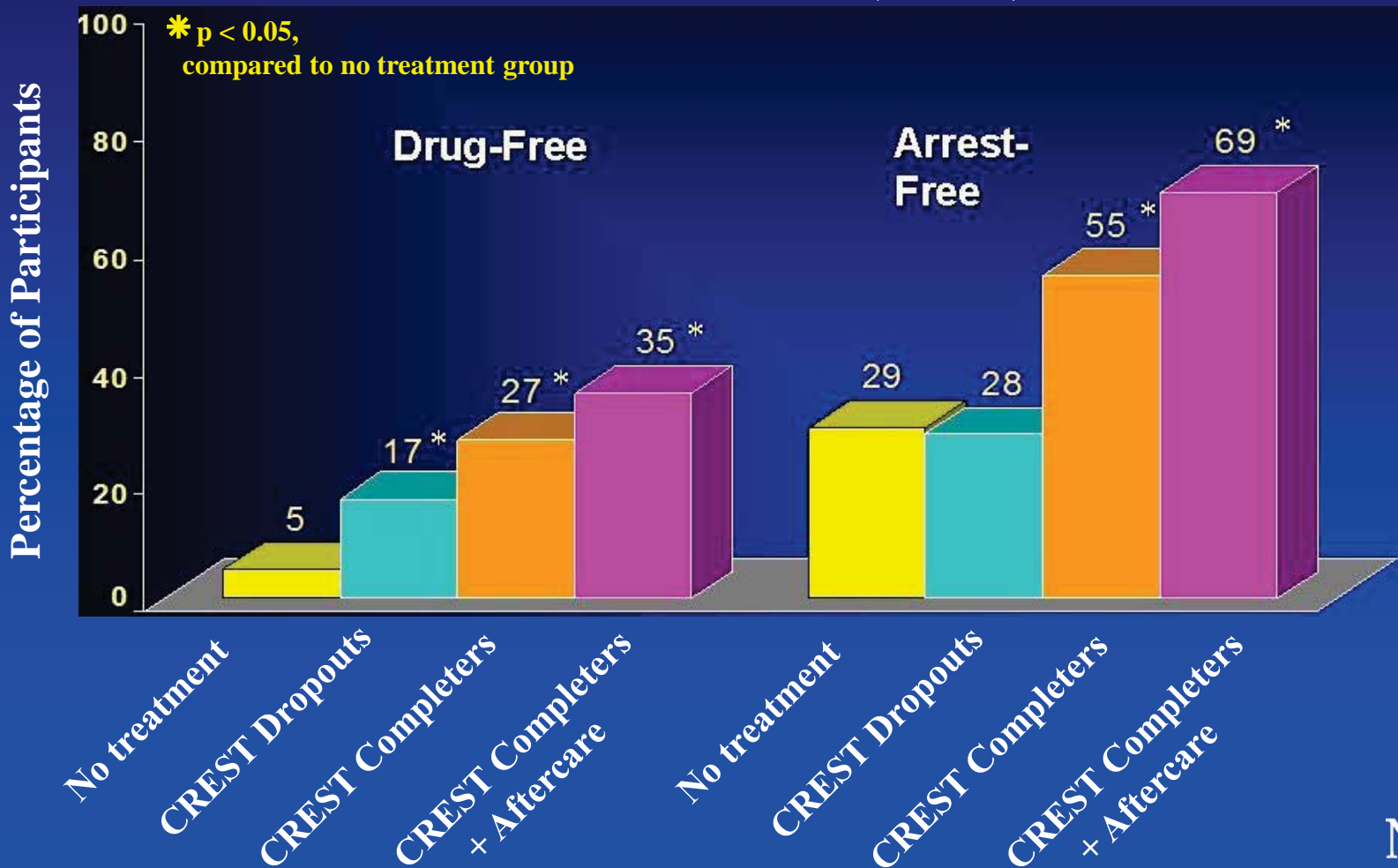


*DAT Recovery  
with prolonged  
abstinence from  
methamphetamine*



# Treatment Reduces Drug Use and Recidivism

Delaware Work Release Therapeutic Community (CREST) + Aftercare  
3 Years After Release (N=448)



# *In Treating Addiction...*

**We Need to Keep Our Eye on  
the **Real Targets!****

**Abstinence**



**Functionality in  
Family, Work  
and Community**





# Priority Areas for NIDA



## Prevention Research (Children & Adolescents)

genetics  
environment  
development  
co-morbidity

## Treatment Research (New Targets & New Strategies)

## HIV/AIDS Research

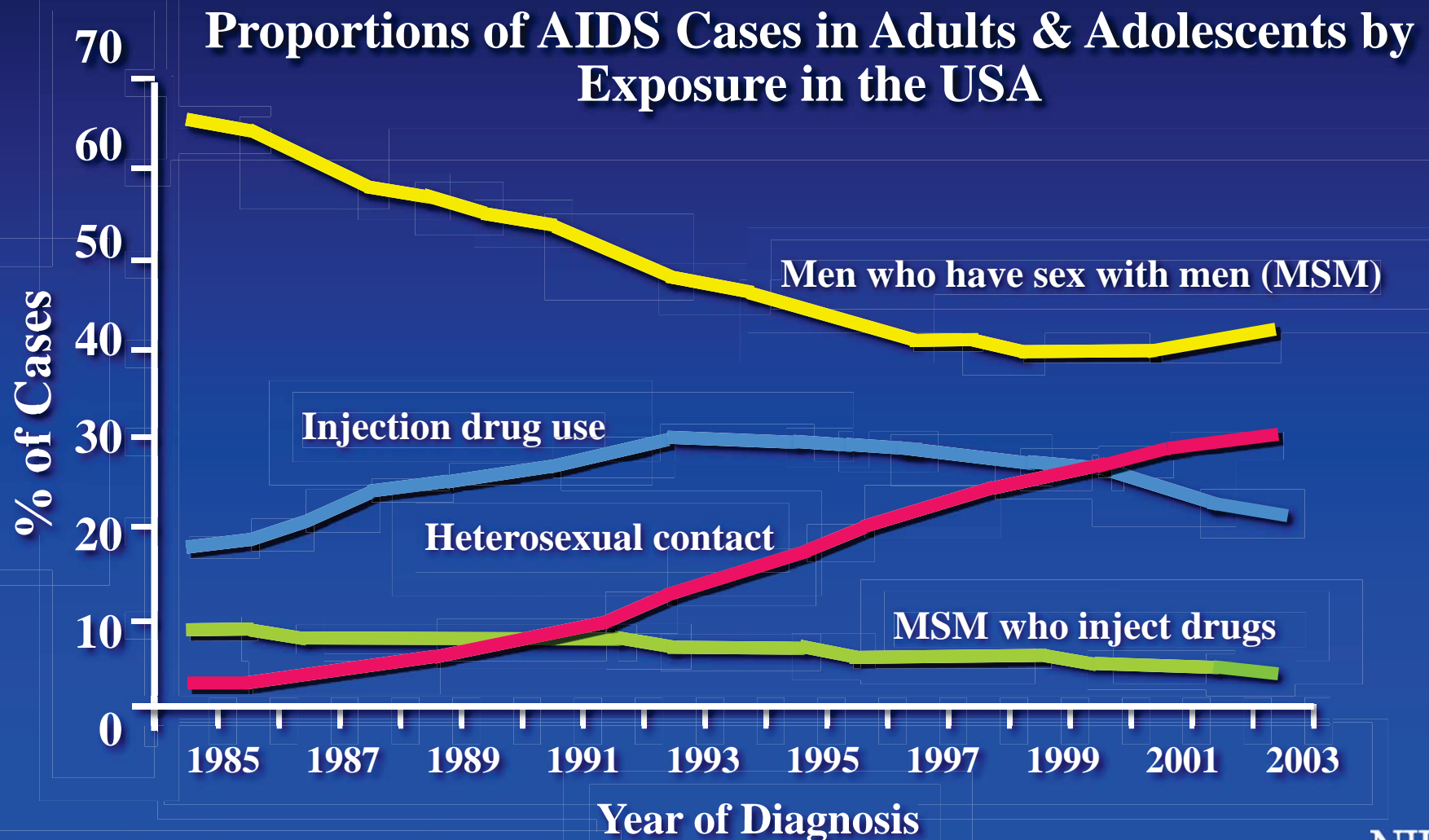
NIDA



# *Drug Use Has Played a Prominent Role in the HIV/AIDS Epidemic In Several Ways*

- **Disease Transmission**
  - **IV Drug Use—Needle sharing**
  - **Drug Intoxication: Impaired judgment, disinhibition, leading to risky sexual behaviors**
- **Disease Progression**
- **Neurological Complications**

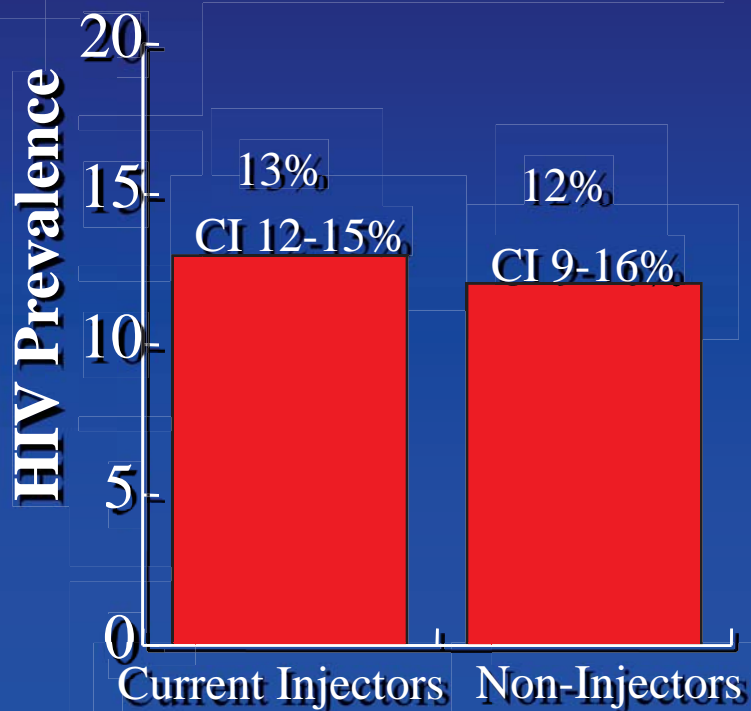
# Drugs of Abuse Have Had A Major Impact on the HIV/AIDS Epidemic



# Convergence of HIV Seroprevalence Among Injecting and Non-injecting Drug Users

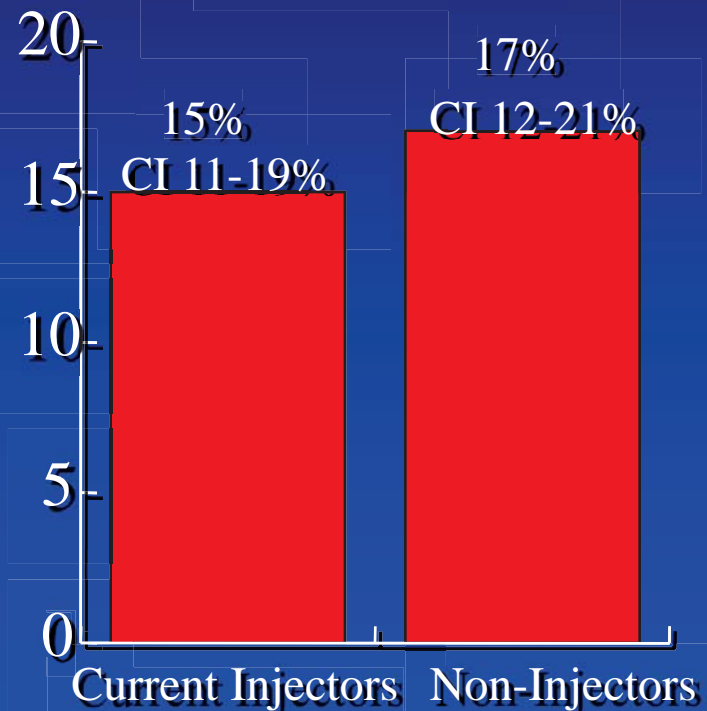
## Drug Treatment Program

(n=2121 2001-2004)



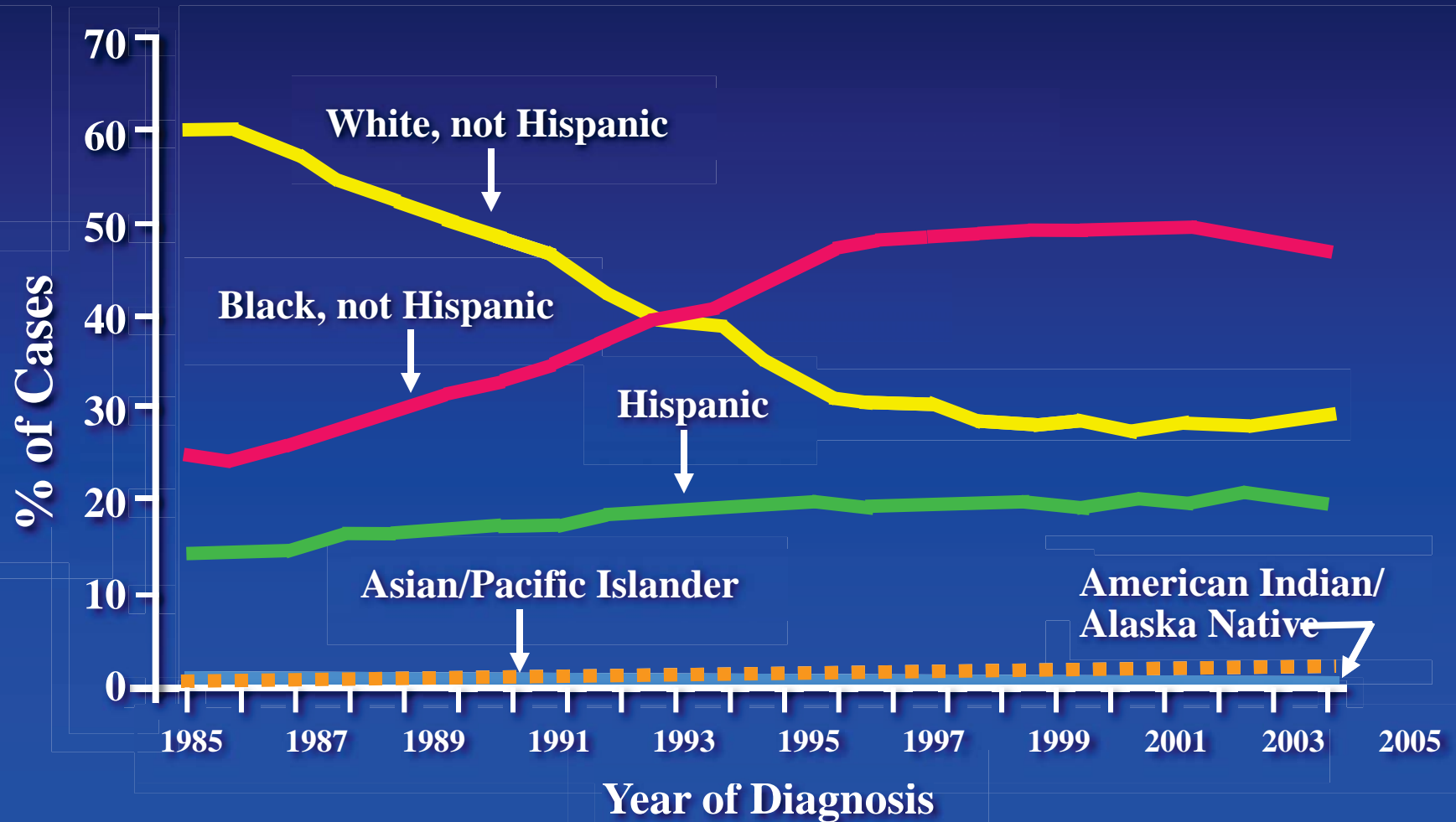
## Respondent-Driven Sampling

(n=448 2004)

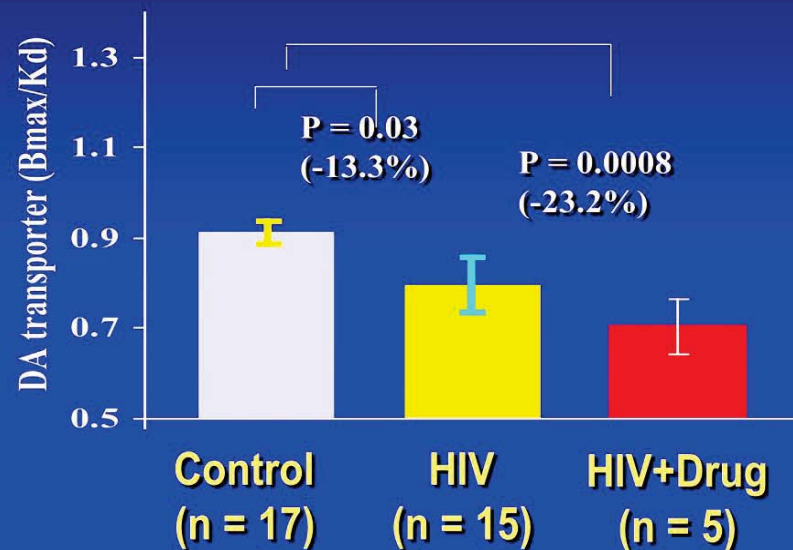
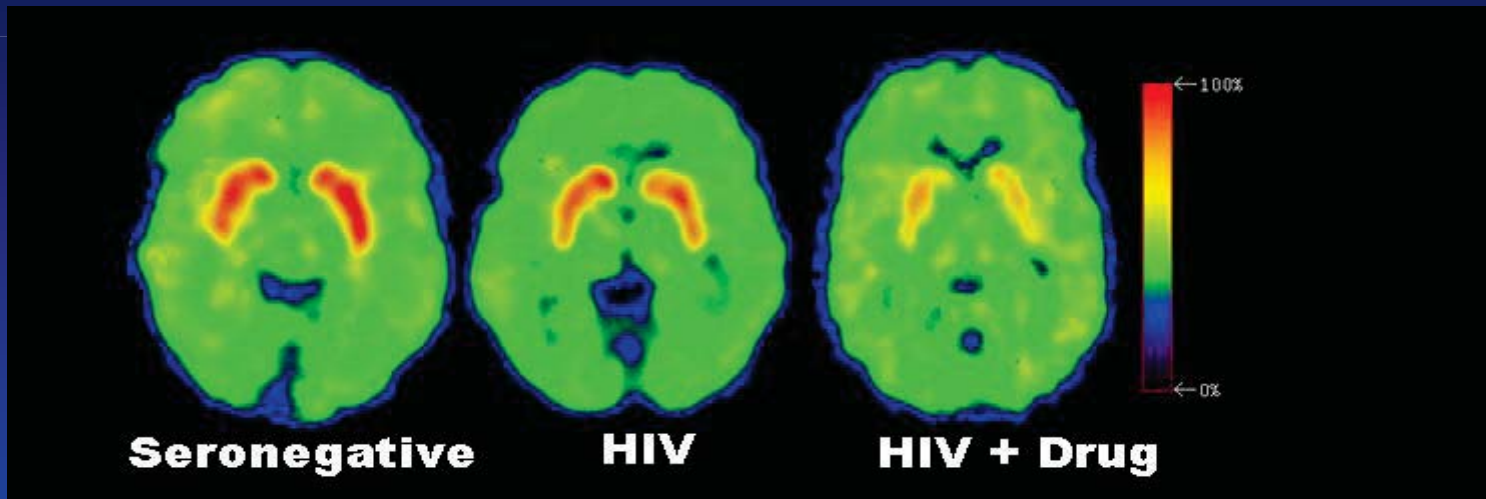


Source: Des Jarlais et al *AIDS*, 21: 231-235, 2007.

# *The AIDS Epidemic Disproportionately Affects Minority Populations*



# *Acceleration of HIV Degeneration of Dopamine Cells With Cocaine*



# ***NIDA International Program Components***

**Post-Doctoral Research Fellowship**

**Technical  
Consultation**

**International  
Research  
Collaboration**

**Scientific  
Exchange**

**Information Dissemination**

# *Why focus on drug abuse internationally?*

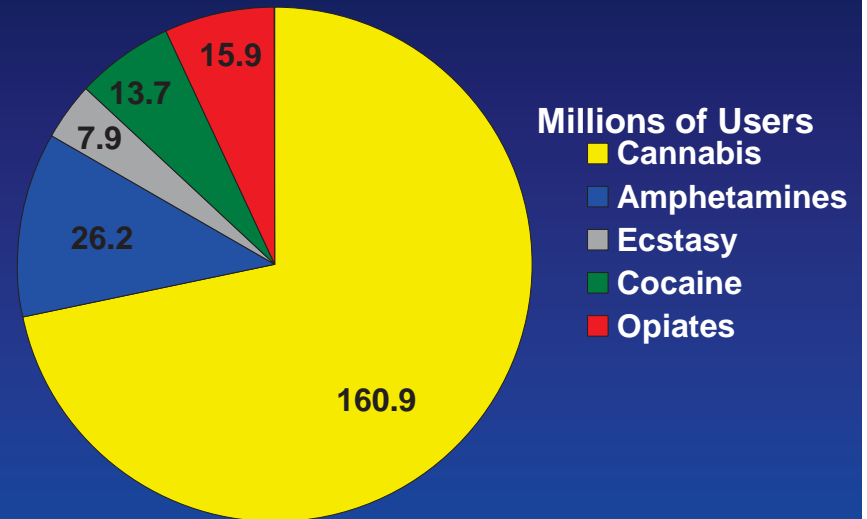
## I. Drug abuse is a global phenomenon

🌐 5 % of people aged 15-64

## II. Intertwined dual-epidemics of drug addiction & HIV/AIDS

🌐 HIV Infections Attributed to Injection Drug Use and Risky Sexual Behaviors Related to Drug Abuse

## III. Take advantage of unique opportunities to advance scientific knowledge through research



UNODC 2005 World Drug Report



# ***NIDA Supports International Drug Abuse Research In Numerous Ways***

- 🌐 **Fund international research**
- 🌐 **Provide training and exchange opportunities**
- 🌐 **Set international research priorities**
- 🌐 **Organize & sponsor conferences and meetings**
- 🌐 **Binational agreements**
- 🌐 **Dissemination of information**

# *Where Do We Need to Go From Here?*

**We Need to...**

*Advance the* **SCIENCE**

*and...*

*Erase the* **STIGMA**



# *For More Information*

## **NIDA Public Information:**

[www.nida.nih.gov](http://www.nida.nih.gov)

[www.drugabuse.gov](http://www.drugabuse.gov)

## **NIDA International Program:**

[www.international.drugabuse.gov](http://www.international.drugabuse.gov)