

The addiction gaze

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When I joined the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore as a junior resident, I chose the topic of addiction for my MD Dissertation. When Dr Rajat Ray quizzed me on the reasons why, I replied that having recently graduated from my medical training, I found the area of addiction closest to medicine. Dr Ray smiled in his characteristic fashion and said that I had little idea of how far from the truth that was. More than two decades later, I find solace in the impression I had. The science and art of medicine has itself transformed, its gaze not confined only to the biological, but also to the environmental and social determinants of health and disease and the need to develop an integrated view of health and disease. The field of addiction best illustrates this view point.

In the last few decades, there has been a resurgence of interest in the biology of addiction, with a renewed interest in the genetics of addiction, as well as other facets of its neurobiology. Advance in imaging has resulted in a growing number of publications of neuroimaging correlates of vulnerability and consequences of addiction. While this interest is still very apparent, there is also a perceptible shift into recognizing the aggravating and ameliorating interactions between innate vulnerability and the external environment.

Meantime, our conceptualization of the disorder has changed. Years ago, particularly in the case of alcohol abuse, varying patterns were recognized. We are now back to recognizing that substance use disorders occur on a

spectrum, are associated with varying temperamental attributes and their development, course and outcome can indeed be altered, in a positive direction, by the use of psychosocial interventions and appropriate medications to reduce the risk of relapse.

Shifting the gaze to opiate addiction, this possibly broadens the gaze beyond the medical and psychosocial to legal, economic and political. Strategies that seem to work at one time often become the problem at another. As attempts to address the use of illicit opiates strengthen, pharmaceutical opioid misuse emerges as a major public health problem. As pain palliative measures incorporate the use of opioid analgesics, their diversion becomes an even bigger issue. As evidence for harm minimization accrues in many parts of the world, diversion of the same substances in a poorly regulated environment runs the risk of newer epidemics and newer challenges.

These are only a few of the complexities in the world of chemical addiction. Add to this the range of behavioural addictions, the complexity and challenges become even greater. Perhaps, changes in addiction patterns and problems change as rapidly as modern technology does! It is therefore necessary for the present day clinician not only to keep abreast of the dynamic nature of the problem of substance use and addiction and be aware of evidence-based interventions; but to develop the art of personalized medicine, which takes into account the individual's temperament and biological risk, environmental adversities and strengths, pharmacological aids to reduce the risk of relapse and a good therapeutic alliance that helps the patient to develop self-confidence, aid personal growth, pro-social behaviour and learn to enjoy life without needing to use substances or indulge in hazardous behaviours.

A few years ago, the Indian Psychiatric Society had arranged for a meeting where I spoke on Addiction- is there light at the end of the tunnel? Working for several years in the field of addiction, I realize that every one of my patients has strengths and weaknesses. Some are extraordinarily talented, some wonderfully compassionate. However, at the same time, they are self-doubting, helpless and poorly self-reliant. Their biological proneness is evident, as their nascent strengths and unavailable or un-utilized psychosocial supports. A variety of interventions, some age-old, some new, and others modified to suit the current day are now available to the treating physician. The therapeutic nihilism that generally coloured the attitude of the treating physicians towards persons with addiction has given way to greater optimism and certainly more enthusiasm, but perhaps exclusive reliance on pharmacotherapy.

Pharmacological agents can create wonderful breakthroughs when used well and coupled with helpful physician attitudes. Their responsible use, both by us, the physicians and our patients in the context of a therapeutic relationship, as well as other psychosocial interventions involving professional colleagues can go a long way in reducing harm, personal empowerment, productivity and happiness.