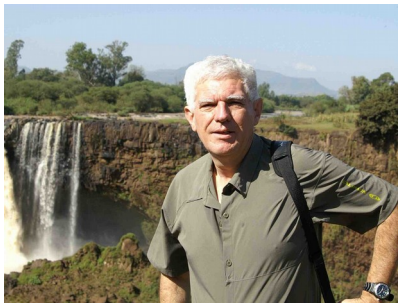

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74 – Addiction: a Tale from a Different World

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Once upon a time, from the sixties to the nineties, addiction was an easy matter. If you took an illegal drug, you we're sick, when you stopped, you we're cured. Therefore, the treatment was logical and simple: go to rehab. In the "flower revolution" and "May 1968" era, addiction was considered as a "cultural phenomenon" spreading essentially in a young and lost population, rising up against the consumer society. The fact that addiction began with humanity, so far the historians teach us, was forgotten.

In this mainstream, the politicians via the United Nations in 1998, declared the war against drug all over the world. If the simple contact with an illegal drug is able to turn you in a dirty junkie, the obvious public health response can only be an eviction of the drug: to a magic thought: a magic solution!

But they should have remembered another bit of history: The Prohibition in the USA from 1920 till 1933. All it did was generate criminals like Al Capone. Rich criminals.

The illusion of creating a drug-free society came in the aftermath of … Darwin and the Social Darwinism that led to the creation of the Anti Saloon League in 1895. By 1913 nine States had stateside Prohibition, and Congress voted in 1919 the 18th Amendment to the Constitution, the Prohibition Act.

That ended with the 21st Amendment in 1933.

But in the seventies there appeared a new worldwide plague: HIV. Related, inter alia, with drug consumption, it was quickly joined by hepatitis C. And then, we discovered the co-morbidity with addiction. Something other than the simple overdose, a logical punishment for this vice, as the majority of the population thought in these days.

More and more junkies began to come to the GP practices to ask for a solution to manage this disease. They came with their own experiences, testing in the street other opioids like codeine, or any cough suppressant drug, or pain killers like buprenorphine. A few GPs that tried to treat them, were considered as dealers by the majority of their colleagues.

In the same time prohibition rose and the social consequences of addiction became even more obvious: desocialisation, criminality, increasing health costs. The politics acceded then to a new concept in medicine: "the risk reduction policy". So began the substitution treatment with buprenorphine high dosage (BHD) and methadone in 1995 in France. Methadone was first used in 1964 in the USA.

These molecules were synthesised a few decades before as pain killer. Quickly, the safe use of theses semi synthetic opioids encouraged doctors to consider them as a

possible opioid replacement therapy, reducing the withdrawal syndrome and with an acceptable overdose risk.

Methadone abuse can expose to an overdose unlike BHD. Hight dosage above 100 mg per day can lead to a life-threatening heart rhythm disorder, especially with a personal or family history of long QT syndrome; a severe asthma or breathing problems; a paralytic ileus; a urinary retention or a serotonin syndrome in interaction with other drugs.

BHD cannot lead to an overdose when it's used without any other opioids or benzodiazepine. The sublingual way allows a single dose per day due to its pharmacokinetics. BHD is considered as safer than methadone by the French health authorities. Therefore all French GP are allowed to prescribe BHD for 28 days. For methadone, the first prescription has to be done by a methadone centre or in the hospital. The follow-up prescriptions can be done by the GP for 14 days (syrup) or 28 days (capsule). The pharmacist who delivers the substitution treatment has to be always the same and his name has to be mentioned on the secured prescription. He can deliver each day at the beginning of the treatment and later on, for one, two or four weeks. In Germany, only addiction specialists can prescribe or deliver methadone, day after day.

How to get an overdose with the BHD anyway? First take the BHD with a benzodiazepine. The second way is to take it by injection or sniff instead of the sub-lingual way. The pharmacokinetics are faster, you will get a flash and that's the best way to turn a substitution treatment in a misuse. Third, to take BHD after taking heroine is the best way to release the heroine molecules out of their receptors, because buprenorphine has a stronger affinity to the K-opioid receptors than heroine. BHD can be mixed with naloxone (Suboxone) allowing a safer prescription.

The BHD galenic is conceived not to be diluted to make an injection impossible. But impossible does not exist for junkies! The GPs and the dermatologists saw appearing venous inflammations, chronic oedema leading rarely to skin necrosis. I saw in my practice a psychotic patient who destroyed his left arm by BHD injection until the surgeon was forced to make an amputation. After that, he tried his legs.

Despite all these side effects, the medical or sociological and even the economical studies demonstrate the effectiveness of the different harm reduction policies. They show another important fact: the molecule cannot be an isolated treatment. This "chemotherapy" makes really sense if we take into account the psychological and social issues. And since the GP alone cannot manage all theses dimensions, we built in France the "Micro Structures Médicales" where work together, in the same GP practice: a psychologist and a social worker for addict people. The GP is not alone in front of such patients. In other parts of the world there are psycho-medical centres where doctors come and prescribe substitution drugs. It's a question of geography, density of population, distances to travel.

In the meanwhile, neuroscience researchers discovered that addiction is not a magical attraction between a drug and any guy turning in a junkie like a magical transformation of the prince charming in a frog. Addiction is the outcome of an interaction between a human, his history, his environment and a drug, and then some.

Today, we describe nicotine, alcohol, game, sex, work, power addiction… All these addictions are more or less socially accepted or rejected. They are the mirror of our society. All these addictions need to be studied and the health policies have to be assessed the same way, using scientific methods. Recently, the Lancet published a synthesis of the literature evaluating the results of the prohibition policy endorsed by the UN in 1998. For the patients, their families, the society and even from an economic point of view, it's a total failure. It's time to change!

From the sixties to the present day, addiction status changed. From a cultural and revolutionary "leisure", addiction became a vice, then a danger for the population we have to fight against, then a health risk we have to reduce and finally an illness, mirror of the illnesses of our world.

Take Home Message

- Addiction is the outcome of an interaction between a human, his history, his environment and a drug.
- To fight against co morbidity, the society accepted the concept of “risk reduction policy”, but not in all the countries.
- The opioid replacement therapy or substitution therapy, using methadone or BHD is validated as an efficient way to reduce all the risks related to addiction: co-morbidity, psychological and social consequences.
- The substitution treatment can be used as a drug anyway: the key of addiction is not the drug, but the human behaviour.
- Instead of risk reduction policies, the various prohibition policies all over the world, as published by the Lancet Commission, were evaluated as inefficient, expensive and dangerous for society and public health.

Original Abstract

http://www.woncaeurope.org/content/abstract-no-882-workshop-model-understanding-and-treating-addictions-patients-trainees-and

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