Healing Addiction

An Integrated Pharmacopsychosocial Approach to Treatment

PETER R. MARTIN, M.D.
BENNETT ALAN WEINBERG, Esq.
and BONNIE K. BEALER

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This book is dedicated to my cherished wife, Barbara Bradford Martin, and my son Alec, my pride and joy, both of whom continue to teach me how to love and live a balanced life, and also to my parents Eva and Nicholas Martin, who provided my foundation.

—Peter R. Martin, M.D.

Our work on this book is dedicated to Bennett's aunt, Miriam W. Shore, DO, a physician who, recognizing the meaning and value of our work, met with us repeatedly to provide advice and encouragement and supported our efforts in every possible way.

—Bennett Alan Weinberg, Esq., and Bonnie K. Bealer

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Foreword

I HAD BEEN asked to be present at "grand rounds" at Vanderbilt University on the topic of sex addiction. Within teaching hospitals, this is an occasion for colleagues to share expertise, recent research, or new technology. For me it was a very different challenge. To start, I am a psychologist and not a physician. Second, I was not on the Vanderbilt faculty so in effect was an outsider. And, most important, sex addiction, of all the addictions, is one of the hardest to understand. This challenge is not because the mechanisms are very different. Rather the difficulty arises in talking about sex including some of the dark ways human sexuality is expressed. Finally, physicians are a difficult audience because they are not well prepared usually to understand either addictive behavior or sexual behavior. Plus their scientific training always demands evidence. I knew it would be a challenging audience. With physicians, I always start with data because without that the attention span would be short. I also used case examples of physicians because doctors always like to learn about the problems of other doctors.

Just before we started Peter Martin breezed through the door. He clearly was a man on a mission and, like so many other talented physicians, the demands of his day were showing. My intuition was that he would be in and out and not spend the time to learn about how human sexuality could go awry. Not only did he stay, but he became deeply engaged in the discussion. He was clearly skeptical. He asked tough questions. But he listened. And there began a dialogue that has gone on now for almost a decade. He is a rare talent. His ability to formulate significant research has been helpful to the whole field of addiction medicine. As a clinician, he has helped many, as any reader of this book discovers. It is very unusual to have someone do both. All of which brings us to the significance of this book.

To have a physician of Dr. Martin's stature write a book that acknowledges the threads of addiction beyond drugs and alcohol is a testimony first to his vision and second to the maturation of addiction medicine as a field. To look at the common characteristics across

behavioral addictions and chemical addictions helps profoundly to make sense of the distorted world addiction creates. Most addicts have more than one addiction. We are finally filling the empty spaces the average addict knew were there but did not know why or what to do about it. That this book is designed for both the entire therapeutic community and for the people who have the problem is also very important. Peter and his collaborators have written an easy-to-read yet thorough book for the person who really wants to understand addiction and what can be done about it.

In follow-up conversations I would meet Peter and other faculty members to talk about various projects. I remember standing at the blackboard one day with them and we took turns with a piece of chalk. I had to push very hard to get them to really understand the inner world of a sex addict. Peter pushed me on how memory and learning work in the human brain. The passing around of the chalk was symbolic to me in how we started to make progress in understanding one another. Out of that came many good things. Peter and his colleagues are credited with breakthrough initiatives of using very sophisticated ways of looking at how the addict's brain operates. Also, the first course in teaching physicians about sexual boundaries was piloted there at Vanderbilt University and is now taught throughout North America. Eventually Peter and I would go on to present together, and I appreciated having his competence on my side.

The truth is that we all have come to understand that addiction is a brain disease with a definite biological basis. To think in only moral terms brings us up a dead-end street that has only led to more misery. Human beings do lose control. It is our number-one medical cost and our number-one problem in schools. Most child abuse and domestic violence involve addiction. Most crime is committed under the influence. And even though it should be our number-one priority, almost four million people need help for drug addiction every year—and cannot get it. Until we as a country deeply understand this, we are destined to see the same headlines every day—which never look at the deeper issues of addiction.

No disease entity has ever received the research support or the treatment necessary until those with the problem stood up and said there was a problem. Diabetes, Alzheimer's, AIDS, cancer—the list is endless. Once the people with the problem and their family members united and demanded action, we made progress. Addiction has been filled with so much shame and misunderstanding that we cannot face the obvious. The irony is that it is the community of recovering addicts and family members who through self-help have created a model of being good

consumers of health information. Though the misunderstanding and pain persist, we are now in a position scientifically, clinically, and socially to make a difference. *Healing Addiction* draws deeply on all of these roots and provides a significant vision to help make that happen.

Patrick J. Carnes
Author of *Out of the Shadows*
Executive Director, Gentle Path Program
Pine Grove Behavioral Health Center

Hattiesburg, Mississippi
August 2006

Preface

Peter R. Martin, M.D.

Every day, in my clinical work as an addiction psychiatrist, I encounter the personal tragedies of patients suffering from addictive disorders. The medical histories of my patients are representative of the enormous health care and societal costs of alcohol, drug, and tobacco use—estimated as well above $500 billion annually in the United States alone, according to a 2004 study (Uhl & Grow, 2004). This figure includes health care and law enforcement expenditures and lost productivity, but it cannot begin to meaningfully quantify the associated human suffering. How does one determine the monetary value of the loss parents experience after their adolescent daughter dies in an automobile accident while driving home from the senior prom with her intoxicated boyfriend? How does one tabulate the consequences for a young woman of growing up in a disintegrating family in which she did not learn to parent and love effectively? How can one forget seeing one's favorite brother in a pool of blood after he has shot himself in the head as a result of a cocaine binge or calculate in dollars the suffering this inflicts in the survivor for years thereafter? Nevertheless, these faces of addiction, though compelling, represent but the tip of the iceberg.

The last decade has seen a *bona fide* paradigm shift in our understanding of addiction. Until the mid-1990s, the realm of addiction psychiatry strictly comprised the diagnosis and treatment of "substance use disorders" and "substance-induced disorders" as defined by the fourth edition of the *Diagnostic and Statistical Manual* (*DSM-IV*) of the American Psychiatric Association, namely substance abuse and dependence and its complications and consequences. Scientific rigor prohibited the consideration under the rubric of abuse or dependence of many other behaviors, such as pathological gambling, problematic hypersexuality, or obesity, behaviors clearly as self-destructive and out-of-control as drug use disorders. Rather, these nondrug "addictive behaviors" were elsewhere classified in

the *DSM* as obsessive, compulsive, or impulse control disorders. However, lay therapists, counselors, and those who were "in recovery" from out-of-control behaviors had recognized for years that a self-help and mutual support treatment approach similar to the 12 steps of Alcoholics Anonymous could provide significant relief for these other problematic behaviors. Interestingly, clinical psychologists also observed that behavior therapy techniques used for the treatment of alcoholism and drug addiction were useful in management of various out-of-control behaviors.

I, along with many of my medical colleagues, was one of the last to seriously consider this unitary perspective of addiction, in which out-of-control behaviors and drug use disorders were viewed as mechanistically similar. In retrospect, some of the counselors and psychologists with whom I worked over the years would say that I only came to this realization "kicking and screaming." I started to appreciate that my "12-step" colleagues were on to something significant when we first began conducting brain functional magnetic resonance imaging studies of sexual arousal and humor in healthy men. Interestingly, reward pathways of the brain overlapping with those activated in addicts by exposure to drug-related stimuli were activated in healthy men when they viewed sexually explicit videotape segments. These findings were quite relevant to the many patients whose sexual behavior is out of control and self-destructive, which some call "sexual addiction" or "sexual compulsivity." The *DSM* has not classified this disorder at all, in spite of the facts that there are examples of individuals with out-of-control sexuality in the daily news and experts are convinced that such cases are very prevalent in our society. I have chosen to use the term "problematic hypersexuality," instead of "sexual addiction," to describe such patients, so as not to jump to a conclusion about the cause of the disorder before the appropriate research is done. (Nevertheless, this term does not preclude our seeking to understand and treat the problem from the perspective of an addiction.) I am grateful to Patrick Carnes, Ph.D., David Dodd, M.D., and Reid Finlayson, M.D., who were instrumental in persuading me that, in spite of my intuitive resistance, examining sexuality in the same framework as drug addiction was a worthwhile research undertaking.

During the past decade, many imaging studies have been carried out to map the regions of the brain that are activated by other drives besides out-of-control behaviors. Also, studies of co-occurring mental illnesses have demonstrated how various addictive behaviors tend to cluster and interact with each other and within the same families. Finally, advances in medications for treatment of these disorders have supported shared underpinnings of drug and behavioral addictions. The results of this re-

search has made even the purists among psychiatrists open to considering, if not accepting, that the similarities among addiction disorders are more common than heretofore thought (Martin & Petry, 2005). This paradigmatic shift has opened the field of addiction psychiatry to new scientifically based questions that will help our patients. For example: What is the role of sexual or other behaviors in relapse to drugs? Are there underlying neurochemical mechanisms underpinning obesity and cocaine dependence? What is the role of early losses or trauma in all addictive disorders? How do medicines that affect learning and memory affect addictions of different forms? How can we prevent these devastating illnesses in the next generation?

Earlier I mentioned the devastation of addiction. However, the longer I am in clinical practice, the more I have become encouraged by the success stories of my patients. For example, in my Wednesday afternoon clinic, I see patients in follow-up whom I first saw in crisis on the inpatient unit of the addiction center at Vanderbilt University Medical Center. These patients are now generally doing well coping with their addiction. Some I see relatively frequently to help them cope with the ups and downs of their chronic illnesses; others I have been following for more than 15 years and see only once or twice yearly. All are living productive, fulfilling, and healthy lives. They typically come to see me to check in, discuss milestones in their lives, and obtain prescriptions that have become a reliable way to manage their mental illness. If you looked at them in the hallway outside my office, you might not think that they were patients at all; rather, they look much like the faculty, students, or staff. It is remarkable how good I feel after seeing these patients.

Why then is there such stigma associated with addiction in our society? Why is it that most people find it so difficult, even shameful, to admit that they have an addict in their family? The clearest consequence of this stigma is that most people who are close to addicts or are addicts themselves live lives of quiet desperation, suffering without the relief that can be available should they seek out treatment. If they choose to enter treatment, they often have to struggle to have their health insurance policies cover treatment costs. Many people consider addiction as a sin to be punished by society rather than an illness that merits the attention of the medical profession. Why do major programs of research, education, and patient care at major academic medical centers for cancer, heart disease, or diabetes receive so much funding while addiction programs receive so little? Considering the role of addiction in many of the most common illnesses that affect humankind, the many scientific advances in our understanding of addiction in recent years, and the prevalence of addiction in our country, this disparity seems unjustified. The

truth is that affluent families readily identify with and fund programs that deal with cancer, heart disease, or diabetes as a public service to their communities but have difficulty having their names associated with addiction research or treatment, even if some of their family members suffer from these disorders.

It is easier to admit to cancer or heart disease in your family than to the addictive behaviors that played a vital role in causing these diseases. Understanding the out-of-control brain that underlies all addictions might be the last medical frontier, but we already know enough to stop blaming people for not being able to stop the self-destructive behaviors that are the consequences. People who are addicted no longer enjoy alcohol, drugs, or their dysfunctional behaviors. Their lives actually lack the day-to-day pleasures that we all live for. They no longer enjoy a beautiful flower, the smile of a loved one, or seeing their children grow to adulthood. Isn't that sad? Why can't we, as a society, understand they are suffering rather than blame them for their illness? I hope this book contributes to helping us as a society overcome some of these mistaken attitudes and allows us to assist those suffering from addictive disorders feel better about themselves as they seek treatment. I have long wanted to synthesize over 30 years' worth of clinical and scientific experience in the addiction field for the broad range of treatment professionals. With this book I am hoping to provide the wisdom I have learned over the years from so many of my patients, each of whom deserves my thanks.

It was indeed fortunate when I encountered Bennett Weinberg and Bonnie Bealer rather serendipitously. Because I had done research on the neurobiology of coffee constituents, Bennett and Bonnie sent me their book, *The World of Caffeine: The Science and Culture of the World's Most Popular Drug*. I found their writing succinct and scientifically descriptive and with a popular flair that I realized I could not hope to capture—hence began a very interesting and fruitful collaboration. This book is, in reality, the product of three people who each offer different skills. When combined, we hope it is greater than the sum of its parts.

Finally, I wish to acknowledge others who taught me more than they will ever realize, who had critical input in my development as an addiction psychiatrist. This book is a tribute to my colleagues, teachers, and friends. To W. Anderson Spickard, Jr., M.D., I owe a debt of gratitude for taking a rather green physician who came to Vanderbilt from the ivory towers of the National Institutes of Health (NIH) and allowing him to see some "real doctoring" in the trenches—watching how Andy treated his patients taught me practical things you can never learn in books. To Thomas A. Ban, M.D., I owe my understanding of *clinical* psychiatry research—Tom took me under his wing when I came to Vanderbilt and

gave me the wise counsel to "go see a lot of patients" in order to determine what questions were most important to pursue in the laboratory. Pietro Castelnuevo-Tedesco, M.D., taught me that classical psychiatry and its emphasis on human relationships, especially as they relate to one's love and work, is fundamental to every human pursuit. Karen Starr, R.N., M.S.N., allowed me to recognize the usefulness of the right versus left brain in healing addiction. Howard Roback, Ph.D., helped me laugh at some of life's travails and revert to playful adolescence in the security of friendship. Michael J. Eckardt, Ph.D., my early collaborator at NIH, taught me that consistency among different scientific perspectives is the real test of validity. Markku Linnoila, M.D., Ph.D., another collaborator at NIH, stimulated me to understand how addiction and other co-occurring psychiatric illnesses may have the same neurobiological underpinnings. Edward M. Sellers, M.D., Ph.D., my supervisor at the Addiction Research Foundation at the University of Toronto, helped me begin to understand interindividual differences in human responses to drugs of abuse, and Harold Kalant, M.D., Ph.D., inspired me with his logic and scholarly approach to addiction. Finally, the inspiration of Donald Olding Hebb, Ph.D., who taught my introductory psychology course at McGill University, is even now apparent as I reread this book.

Most important, my dear wife Barbara B. Martin, M.S.W., the best psychotherapist I know, was tolerant of the many hours I spent toiling on this manuscript. She was the person who taught me how important psychiatry is to human health and helped me in my transition from internal medicine to psychiatry—a journey I began alone, but one I could not have completed without her support and love. My son, Alec, makes me happy and proud by showing me every day how exciting and important the next generation is to us all. Through him I see how wonderful and stimulating life can be. My mother, Eva Martin, was also an important motivating factor by asking so often during our phone calls about the status of the book. My father, Nicholas M. Martin, a very wise man, continues to inspire me even after his death. They both deserve my thanks.

Nashville, April 2006

Preface

Bennett Alan Weinberg, Esq.
Bonnie K. Bealer

After reading our book *The World of Caffeine: The Science and Culture of the World's Most Popular Drug* (Routledge, 2001), Dr. Martin contacted us and proposed that we collaborate to create a book that would present his new theories of addiction treatment in a format accessible to the entire spectrum of the treatment community. Addiction was a new subject for us. But, after speaking with Dr. Martin, we quickly came to understand both its major effect on the health of Americans and the dramatic improvements in therapeutic outcomes that could be expected if Dr. Martin's theories were widely applied. We became delighted to be playing a part in such a socially worthwhile undertaking.

The publication of this book by John Wiley & Sons marks a breakthrough in the treatment of the most damaging and costly health problem in the United States today. The two of us coined the term "pharmacopsychosocial" to designate Dr. Martin's integrated treatment approach, which combines pharmacological therapy with psychological counseling and social support.

Dr. Martin's pharmacopsychosocial approach to addiction therapy is the first to advocate the full use of the powerful, effective medicines, recently developed to treat both primary and secondary addiction, and to combine this pharmacological treatment with the established treatments offered by psychiatrists and members of social support groups. This holistic approach offers new hope to addicts, giving them the same chance for recovery as is enjoyed by the sufferers from other chronic illnesses, such as diabetes and heart disease.

In the past, the efforts to overcome addiction have fallen into one of two schools of thought. The first, promulgated by a professional community of psychiatrists and psychologists, regarded addiction as a failure of willpower with no real medical treatment, unless sufferers

had co-occurring psychiatric illness such as depression or anxiety. The second, advanced by self-help groups such as the 12-step programs, regarded addiction as a disease, a failure that can be overcome by relying on the social support offered by the recovering addict's peers.

Both groups, physicians and professional therapists and the lay leaders of self-help communities, offer useful ways of helping addicts to cope with addiction. Unfortunately, however, these groups not only do not work together as much as they might to help addicts, they frequently regard each other's work with suspicion and believe it does more harm than good. Worse still, neither of these groups has recognized the proper place of pharmacological therapy in the armamentarium of treatments for addiction.

It is with pride and hope that we present *Healing Addiction*, a book we are convinced can enable doctors and therapists to help recovering addicts to take back their lives and learn to live free.

Philadelphia, Pennsylvania
June 24, 2006

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PART I

Out of Control: The Biopsychosocial Model of the Causes of Addiction