

**Recap of Project 180's Strong Voices Lecture April 1, 2016  
with Dr. Mary Jeanne Kreek**

by

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**Mary Jeanne Kreek, MD**, The Rockefeller University, led Project 180's Strong Voices annual luncheon lecture series on Friday, April 1st with her address, "Addictions are Diseases: The Science of Addiction."

Dr. Kreek's primary message was that addiction is a disease--a disease of the brain--with behavioral manifestations that include "drug craving" which leads to compulsive drug-seeking and drug self-administration.

In her address, Dr. Kreek explained that when one ingests or injects addictive drugs, alterations to normal brain networks and brain chemicals occur. An addiction may be the result of experimenting with a drug but a patient with an addictive disease does not continue using the drug because he or she lacks the courage, will or determination to stop; self-administration becomes compulsive.

In an interview after the lecture, Kreek provided an analogy to skin cancer. The cause of skin cancer is exposure to the sun's rays. The cause of heroin addiction, which affects one in 3 to 5 who try the drug (33.3% to 17.5%), is exposure to heroin. The drug then relentlessly prompts the patient to seek additional exposures.

**More than three people die every hour in the US** from illicit opiate overdose. Resistance to treating heroin addiction as a disease is due to both stigma and ignorance of the vital role that pharmacotherapy, or prescribed medication, plays in addictive diseases. Counseling alone is insufficient when used to treat an addictive disease; the same is true for medication. Both are necessary for most patients.

Medication can smooth out the effects of certain addictive diseases and is a life-long need for most patients just as a lifetime of insulin is required for type 1 diabetes patients. Naltrexone is the most successful drug for alcoholism; Dr. Kreek's lab is currently working on a medication for cocaine dependency.

Methadone has the greatest success for most heroin-addicted patients; buprenorphine/naloxone (aka Suboxone) is also effective. Methadone prevents withdrawal symptoms and craving, blocks the euphoric effects of heroin and allows both the brain and the patient time to stabilize. In Sarasota and Bradenton, methadone is provided with counseling at Sarasota's Operation Par for \$13.00 a day.

Three known factors contribute to addiction: genetic predisposition, environmental factors and drug-induced effects. Two non-addicted parents might have one child who never acquires an addictive disease despite self-administration of addictive

drugs, one child who becomes addicted to heroin and one who suffers from alcoholism. Vulnerability to addiction is highly individual.

The Centers for Disease Control has issued the following three-step protocol for stemming the current heroin epidemic (attached). Dr. Kreek stressed that although we may be fairly successful in addressing Steps One and Three, attention Step Two is a critical need. "Medication-Assisted Treatment is not an option but a requisite," stated Kreek.

Step Two is the missing piece not only for addiction treatment and recovery centers but also hospitals, homeless shelters, prisons and jails. Until Step Two is in place, addictive disease patients will be condemned to ostracism, grossly inadequate health care and cycles of incarceration.

*Barbara Richards is the Executive Director of Project 180 ([www.project180reentry.org](http://www.project180reentry.org)), a prisoner reentry program serving Sarasota, Manatee, DeSoto, Hardee and Hillsborough Counties. Tickets for the May 6<sup>th</sup> and June 10<sup>th</sup> lectures in the Strong Voices series can be secured at <https://goo.gl/DyjHBh>.*