Pathological desire: debating addiction and evidence in Putin’s Russia

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Глубокоуважаемый Николай Григорьевич!

Обращаемся к Вам, как к председателю Российского научного общества психиатров, в связи с тем, что в последнее время руководство российской наркологии выступило с законодательными предложениями по кардинальному изменению системы оказания помощи лицам с наркотической зависимостью. В частности, предлагается внедрение процедуры «недобровольной госпитализации» для больных наркоманией[1]. Предполагается применение в таких случаях ст.29 «Закона о психиатрической помощи и гарантиях прав граждан при ее оказании».

Теоретической основой данного предложения является позиция руководства российской наркологии, противоречащая принципам клинической психиатрии. В статьях, опубликованных в последние годы сотрудниками Национального научного центра наркологии и Московского научно-практического центра наркологии отстаивается точка зрения о том, что патологическое вление к наркотикам является психотическим синдромом (бредом, сверхценной идеей)[2],[3]. Это утверждение, по нашему мнению, противоречит клинической реальности и базовым психопатологическим представлениям отечественной и мировой психиатрии. Мировая психиатрия рассматривает аддиктивное вление исключительно как поведенческое (а не психотическое) расстройство (ICD-10, DSM-IV).

Используя более чем спорную концепцию о «патологическом влении» как проявлении «бредового психоза» предлагается внедрение процедуры «недобровольной госпитализации» по отношению к пациентам с синдромом зависимости. При этом упускается из виду, что само психическое расстройство еще не является основанием для недобровольной госпитализации.
“The theoretical basis for this proposal is a position taken by the leadership of Russian narcology, which contradicts the principles of clinical psychiatry.”
“International psychiatry understands addictive craving purely as a behavioral – and not a psychotic – disorder.”
“[N]ational narcology has, over the past 35 years, developed outside of international psychiatric science, and over the past 20 years has experienced a profound systemic crisis.”
Effects of the pathological desire theory

1) Justifies use of anti-psychotic medications in treatment of opiate and alcohol dependence

2) Justifies calls to allow for “compulsory treatment” in non-criminal cases of opiate dependence

3) Supports official aversion to harm reduction programs and opiate-substitution therapy (OST)
Styles of reasoning

• A style of reasoning “is composed of ideas, practices, raw materials, technologies and objects…. It is a characteristically self-authenticating way of making facts, in that it generates its own truth conditions” (Young 2000: 158).

• Styles are “self-authenticating” – that is, they set out or develop the standard of what counts as valid statements, that is, what are candidates for “truth.”

• Styles of reasoning include their own criteria, techniques and tools of producing facticity.


GOVERNING HABITS
TREATING ALCOHOLISM
IN THE POST-SOVIE T CLINIC
EUGENE RAIKHEL
Патологическое влечение к психоактивным веществам

[Patologicheskoe vlechenie k psikhoaktivnym veshchestvam]

Pathological desire/craving for psychoactive substances
Craving
Early addiction concepts

- Benjamin Rush (1790) describes alcoholic’s desire to consume alcohol as:
  - chronic
  - progressive
  - compulsion
  - eventually leads to a loss of control
  - complete abstinence as treatment
  - demoralizing: not “bad behavior” or “bad choices” but a “disease of the will”

ALCOHOL AND ALCOHOLISM

Report of an Expert Committee

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Criteria for diagnosis of alcohol dependence in the ICD-10

Diagnostic guidelines
A definite diagnosis of dependence should usually be made only if three or more of the following have been present together at some time during the previous year:

(a) a strong desire or sense of compulsion to take the substance;
(b) difficulties in controlling substance-taking behaviour in terms of its onset, termination, or levels of use;
(c) a physiological withdrawal state (see F1x.3 and F1x.4) when substance use has ceased or been reduced, as evidenced by: the characteristic withdrawal syndrome for the substance; or use of the same (or a closely related) substance with the intention of relieving or avoiding withdrawal symptoms;
(d) evidence of tolerance, such that increased doses of the psychoactive substances are required in order to achieve effects originally produced by lower doses (clear examples of this are found in alcohol- and opiate-dependent individuals who may take daily doses sufficient to incapacitate or kill nontolerant users);
(e) progressive neglect of alternative pleasures or interests because of psychoactive substance use, increased amount of time necessary to obtain or take the substance or to recover from its effects;
(f) persisting with substance use despite clear evidence of overtly harmful consequences, such as harm to the liver through excessive drinking, depressive mood states consequent to periods of heavy substance use, or drug-related impairment of cognitive functioning; efforts should be made to determine that the user was actually, or could be expected to be, aware of the nature and extent of the harm.
Chronic, relapsing brain disease

Addiction and the Brain

As scientists learn more about the pathology of addiction, new addictions are discovered and defined on a regular basis. Here's a survey of addictions you may not be aware exist, and a look at ways addiction affects the brain.

What Happens In The Brain

Follow along to see the process

1. We feel good when neurons in the reward pathway release a neurotransmitter called dopamine to the nucleus accumbens and other brain areas.
Chronic, relapsing brain disease

• “Incentive salience” theory: organisms come to experience desire (“wanting”) in response to stimuli that were initially associated with pleasurable experiences (“liking”) through conditioning (Berridge, 2007).

• Certain drugs “plug…directly into the neurobiological mechanism that ordinarily adjusts learned incentive salience in accordance with physiological states” (Berridge, 2007, p. 413), and “wanting” becomes “craving”.

• “Craving” can be triggered and amplified by environmental stimuli or cues associated with particular drugs, and by stress (Dackis & O’Brien, 2005, p. 1432); takes place outside of conscious awareness.

• “Cue-induced craving” = central cause of relapse after long periods of abstinence.

“On the grave of counter-revolution”
Drunkenness at holidays – a vestige of Church superstitions

A good club – the right way of fighting drunkenness
“Alcoholism as a disease”
КРЕПИ ОБОРОНУ СССР
ВЫПОЛНЯЙ ПАТИЛЕТКУ
В ЧЕТЫРЕ ГОДА
ПОКУПАЙ БИЛЕТЫ
ПЯТОЙ ЛОТЕРЕИ ОСОАВИАХИМА
Anti-alcohol campaigns
1950s-70s

• Beginning in 1960s: first publications discussing alcoholism as problem in Soviet Union

• Campaigns against “hooliganism,” and “drunkenness and alcoholism”: 1958, 1964, 1972
quentlly at an age between 20 and 30 years, and in women between 25 and 35 years. It has been proven that when drinking starts before the age of 20, or strong beverages are used more frequently, the first stage of alcoholism begins at an earlier date and proceeds more malignantly.

At present alcoholism is subdivided into three stages: stage I—initial, mild, neurasthenic; stage II—medium; stage III—terminal, severe, encephalopathic. Of the many existing classifications, the one given below is the most widespread and appears in all the export documents.

Marked changes take place in the human organism throughout the three stages, each having its own regularities in course and prognosis and affecting certain systems, tissues and organs. Among such general dynamic symptoms of alcoholism is the formation and development of mental habituation to alcohol, the establishment and dynamics of physical dependence, changes in reactivity to alcohol intake, disorders of the mental sphere, and pathological changes in the somatic and neurological spheres.

By taking into account the general dynamic symptoms, the first stage may be represented as follows. Its beginning coincides with the disappearance of the defensive vomiting reflex.
Алкоголизм
The overvalued idea

“The overvalued idea... refers to a solitary, abnormal belief that is neither delusional nor obsessional in nature, but which is preoccupying to the extent of dominating the sufferer's life.”

Дискуссия об аддиктивном влечении

М.А. Михайлов

ВЛЕЧЕНИЕ КАК БРЕД


До настоящего времени синдром патологического влечения представлял собой сложный и малоисследованный в психодиагностическом отношении симптомокомплекс. Ряд авторов рассматривает его в рамках обсессивно-компульсивного расстройства [2, 14, 18], другие выделяют сверхценные формы [5]. В фундаментальном исследовании, посвященном патологическому влечению, В.Б. Альшуллер [1], на материале хронического алкоголизма, также
“Craving as craving, delusion as delusion”
V.D. Mendelevich

В.Д.Менделевич
ВЛЕЧЕНИЕ КАК ВЛЕЧЕНИЕ, БРЕД КАК БРЕД

Появление статьи М.А.Михайлова [16] в ведущем профильном российском журнале, выпускаемом ННЦ наркологии МЗСР РФ, посвященной психопатологической оценке т.н. патологического влечения к наркотикам (ПВН), знаменует собой новый этап отечественной наркологии. Само название статьи претендует на открытие в области общей психиатрии и указывает на стремление автора переосмыслить теорию наркологических расстройств.
Mapping the debate along 5 axes

1 - The politics of expertise

2 - Narcology vs. psychiatry

3 - Evidence-based practice vs. clinically-derived knowledge

4 - Development of “national narcology” vs. integration with global psychiatric science

5 - Power and place - Moscow vs. St. Petersburg, Kazan, etc
1. The politics of expertise
Soviet narcological system

1975: Creation of independent narcological system mandated

- Health Ministry
- Narcological dispensary
- Narcological dispensary
- Narcological hospital
- Therapeutic-Labor Profilactory
Soviet narcological system

- Health Ministry
- Factories
- Interior Ministry/Police

- Narcological dispensary
- Narcological dispensary

- Narcolgical hospital

- Factory Clinics

- Sobering-up station

- Therapeutic-Labor Profilactory
2. Narcology vs. psychiatry
“The division of narcology into a separate discipline, while perhaps somehow justified by science, is not good for the patients. This is now being remedied, but when they first divided narcology, completely different people came into it: gynecologists, dentists. They received their half year or whatever period of specialization, but in reality they remained the specialists they had been. To be this kind of superficial narcologist, you don’t need much – just to know the syndrome—and not even all of them know about this.”
Yevgeny Brun, Russia’s Chief Narcologist
3. Evidence-based practice vs. clinically-derived knowledge
“[D]id not tie the reliability of medical knowledge to the elimination of the subjectivity of its producers, but to the cultivation and disciplining of this subjectivity. This disciplining centered not on the development and enforcement of a set of rules of conduct, but on the inculcation of a sense of duty” (Geltzer 2009).

Post-Soviet narcological system

Health Ministry
Narcological dispensary
Narcological dispensary
Narcological hospital

Private Sector

Interior Ministry/Police
Commercial clinics
The transformation of post-Soviet narcology

1 - Penal institutions shut down; forced treatment for non-criminal alcoholics abolished (early 1990s)

2 - Budgetary crisis (1990s - early 2000s)

3 - Loss of monopoly on addiction knowledge and intervention

4 - New forms of addiction become prevalent (late 1990s - early 2000s)
4. “National narcology” vs. “global psychiatric science”
5. Power and place
MEMORANDUM

SAY NO TO METHADONE PROGRAMS IN THE RUSSIAN FEDERATION

(Use of methadone cannot be considered treatment)

Increasingly, foreign emissaries have been lobbying for the introduction of substitute (methadone) therapy for treating patients addicted to heroin.

An effective solution to the problem of drug addiction lies in an intensive search for new methods and approaches that focus on allowing for the complete cessation of drugs use by patients with addiction, the implementation of such methods, and the socialization of those suffering from drug addiction into a new life style free from drugs -- not on the practice of substituting one drug for another.

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A. S. Tiganov, Professor, Director, Scientific Center on Psychiatric Health of the Russian Academy of Medical Sciences, Academician of the Russian Academy of Medical Sciences
Conclusion
Many principles of Russian narcology contradict healthy reason and diverge from the agreed-upon foundations of the worldwide professional community. The entire world criticizes the practice of compulsory treatment for addicts; we are for it. Everyone is working to introduce “harm reduction” programs; we are against them. Everyone condemns paternalistic and manipulative methods in narcology; we support them (2004).