Clinical Addiction Psychiatry
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Edited by

David Brizer and Ricardo Castaneda
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Contributors

Mark Steinberg, PhD
Mark Steinberg, PhD and Associates, Los Gatos, CA, USA

Kathleen Tracy, MD
Bellevue-NYU Medical Center, New York, NY, USA

Andrea Truncali, MD MPH
New York University School of Medicine, New York, NY, USA

Arnold Washton, PhD
Recovery Options, New York, NY, USA

Michael Weaver, MD
Virginia Commonwealth University, Richmond, VA, USA

Lawrence M. Westreich, MD
Bellevue-NYU Medical Center, New York, NY, USA
Preface

We do not yet know whether our century will yield encyclopedists comparable in scope and stature to the historic champions of the genre such as Larousse and Diderot. 

Clinical Addiction Psychiatry is not an encyclopaedia. Thirty or forty years ago such a project would have been feasible: now, however, thanks to the convergent vectors of molecular biology, psychopharmacology, sound clinical research, and the demand for outcome measures, the addiction field has literally exploded.

The book’s table of contents overflows like a Vesuvius, each chapter covering one or more of the dozens of provocative, fascinating, and essential subdomains of the field.

Granted, editorial decisions (such as what to include, what to exclude, what to emphasize, whom to subpoena to Grammarians’ Court) can be arbitrary, whimsical, even random at times. We have attempted to avoid these kind of lapses by addressing three major topics in addiction.

Part 1, Theory, takes us to the 21st century – and beyond. It is fairly safe to assume that most, if not all, clinicians in the field have discussed the ‘causes’ of addiction with concerned patients and families. The ‘addictive personality’ discussion comes up perennially and reliably, appearing on talk show television, the cover of Newsweek, and in the minds of successive generations of students and teachers. The section emits both fire and ice.

For example, the first chapter – standing on the shoulders of giants long gone – temperately explores the “co-variance” of drug use, passion, and art. The succeeding chapter on the disease concept brings a (still) fairly new perspective into intelligent and contemporary focus. Like most diseases, the disease of chemical dependence often features numerous and at times deadly consequences. Readers – including those with an MD! – will find the chapter on medical sequelae of addiction to be fresh, informative, and very much up to date.

Some of the theoretical constructs described in Part 1 are very recent. Is drug addiction a crime, a disease, or both? (Or is it none of the above?) The chapter on dual diagnosis emphasizes current research and clinical approaches and perhaps just coincidentally proves that mentally ill chemical abusers cannot and should not be viewed from a dualistic point of view!

No doubt the book does leave some stones unturned, but ritual ibogaine use (and ibogaine's potential utility for addiction treatment) and ‘cosmetic’ psychopharmacology are not among them. Most clinicians would agree: DSM axis I disorders are just the tip of the epidemiological iceberg. For each patient with major depression, there are probably ten others with “subclinical” mood and/or anxiety disorders who never surface. As our field evolves, the overlap between “treating” illness and pharmacologically enhancing wellbeing and creativity will increase. The arrival of buprenorphine on the scene demands a new look at more traditional approaches to opiate/opioid addiction (such as therapeutic communities). Dr. Galanter’s contribution is a most welcome gift.

Dr. Levin’s chapter on alcoholism (which kicks off Part 2, Real World) is encyclopedic. Whoever said that understanding alcoholism was pretty much equivalent to understanding all of medicine happened to be right. But the story doesn’t end there. Understanding alcoholism also requires righteous attention to psychology, genetics, family interactions, neurophysiology – and more.

The chapters on cocaine, nicotine, and methadone are sumptuous and are a pleasure to read. The respective contributors have brought together history, street culture, and medical science in their masterful discussions of these drugs.

The book’s third and final section is about Praxis. Praxis makes perfect! Dr. Maslansky’s chapter on the protean dimensions of pain (and painkillers) and methadone is a gift from a true expert in the field. Dr. Mason’s chapter on the new anticraving drugs provides further proof that psychopharmacology can
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subdue demons (such as smoking) long written off as unshakeable.

Dr. Michael Smith's chapter on the use of acupuncture in treating addictions represents the robust and extremely promising outcome data of more than two decades of clinical experience.

Clinical Addiction Psychiatry is not a fashion victim. The book is not an anthem to pharmacology. Mind matters! Dr. McMain's chapter on dialectical behavior therapy (DBT) tells the tale of a new but very powerful kid on the block. Those who are unfamiliar with DBT will find the complex blend of spirituality and cognitive behavioral therapy absolutely fascinating. Dr. Gallagher brings extensive experience to his excellent chapter on emergency scenarios in addiction.

We hope that this collection of essays by the experts in the field inspires readers to always question more, know more, and do more (or less!)

David Brizer, MD and Ricardo Castaneda, MD
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