Focusing on cognitive rehabilitation and evidence-based practices will improve treatments for alcoholism

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If we define alcoholism as: “A chronically relapsing disease” we are, in effect, admitting that our treatment programs are inadequate. No one expects 100% of persons treated for alcoholism to emerge transformed from a usually troubled habitual drinker of toxic amounts of ethanol into a happy, flourishing person who does not drink. However, if we attended to what has scientifically been discovered, treatments can be transformed, hence allowing for transformation of our clients. We can continue to hope for some magical, spiritual transformation to finally bring enlightenment to those beset by the disease of alcoholism. Or, we can hope for eventually discovering a medicine fixing the inherent problem of the alcoholic. Or, for the better, we can incorporate recently derived knowledge and step by step design treatments that will make relapse to drinking toxic amounts of ethanol uncommon rather than a definition of a problem needing resolution. I will show that prescribing naltrexone is merely a setting condition for correcting the toxic effects of ethanol on brain that, in turn, has reduced the cognitive ability to make the needed changes in life-styles to support continuing abstinence. Although we used to think that a brain once damaged was not repairable, I will show that he can provide computer-assisted game-like programs that will undo the cognitive decline caused by chronic intoxication thereby enhancing the ability to resist temptations, be less impulsive and develop new life-styles. New knowledge directs us to focus on cognitive rehabilitation for improving treatment outcomes.

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Effects of Ayahuasca on an animal model of Ethanol addiction

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Hallucinogenic drugs were used to treat alcoholic patients in the past, and recent developments in the study of hallucinogens led to a renewal of interest regarding the application of these drugs in the treatment of addiction. In this scenario, accumulating evidence suggests that the hallucinogenic brew ayahuasca may have therapeutic effects on substance abuse problems. We investigated the effects of ayahuasca on spontaneous locomotor activity and ethanol-induced hyperlocomotion and subsequent locomotor sensitization by a two-injection protocol. Additionally, we tested the effect of ayahuasca on an 8-day counter-sensitization protocol to modify sensitized responses induced by a repeated treatment with ethanol (1.8 g/kg) for 8 alternate days. Ayahuasca showed high sensitivity in preventing the development of ethanol-induced behavioral sensitization, attenuating it without modifying spontaneous locomotor activity. At high doses, ayahuasca also showed selectivity to both acute and sensitized ethanol responses. Finally, a counter-sensitization strategy with ayahuasca for 8 consecutive days after the establishment of ethanol-induced behavioral sensitization was effective in blocking its subsequent expression on an ethanol challenge. We demonstrated that ayahuasca not only inhibits early behaviors associated with the initiation and development of ethanol addiction, but also showed effectiveness in reversing long-term drug effects expression, inhibiting the reinstatement of ethanol-induced behavioral sensitization when administered in the ethanol-associated environment.

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