

Addiction: Beyond dopamine reward circuitry

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Dopamine (DA) is considered crucial for the rewarding effects of drugs of abuse, but its role in addiction is much less clear. This review focuses on studies that used PET to characterize the brain DA system in addicted subjects. These studies have corroborated in humans the relevance of drug-induced fast DA increases in striatum [including nucleus accumbens (NAc)] in their rewarding effects but have unexpectedly shown that in addicted subjects, drug-induced DA increases (as well as their subjective reinforcing effects) are markedly blunted compared with controls. In contrast, addicted subjects show significant DA increases in striatum in response to drug-conditioned cues that are associated with self-reports of drug craving and appear to be of a greater magnitude than the DA responses to the drug. We postulate that the discrepancy between the expectation for the drug effects (conditioned responses) and the blunted pharmacological effects maintains drug taking in an attempt to achieve the expected reward. Also, whether tested during early or protracted withdrawal, addicted subjects show lower levels of D2 receptors in striatum (including NAc), which are associated with decreases in baseline activity in frontal brain regions implicated in salience attribution (orbitofrontal cortex) and inhibitory control (anterior cingulate gyrus), whose disruption results in compulsivity and impulsivity. These results point to an imbalance between dopaminergic circuits that underlie reward and conditioning and those that underlie executive function (emotional control and decision making), which we postulate contributes to the compulsive drug use and loss of control in addiction.

prefrontal cortex | dorsal striatum | substance use disorders | stimulant drugs | brain imaging

Drugs of abuse (including alcohol) are inherently rewarding, which is why they are consumed by humans or self-administered by laboratory animals (1). Only a small percentage of individuals exposed to drugs will become addicted, that is, shift from controlled drug use to compulsive drug use with loss of control over intake despite adverse consequences, however (2). Factors that determine who becomes addicted include genetic (50% of risk), developmental (risk is higher in adolescence), and environmental (e.g., drug access, stress) factors (2).

The mesolimbic dopamine (DA) pathway [DA cells in ventral tegmental area (VTA) projecting into nucleus accumbens (NAc)] seems to be crucial for drug reward (1). Other DA pathways [mesostriatal (DA cells in substantia nigra {SN} projecting into dorsal striatum) and mesocortical (DA cells in VTA projecting into frontal cortex)] are now also recognized to contribute to drug reward and addiction (1). The mode of DA cell firing also differently modulates the rewarding and conditioning effects, of drugs (predominantly phasic DA cell firing) vs. the changes in executive function that occur in addiction (predominantly tonic DA cell firing) (3, 4).

This review summarizes studies that used PET to evaluate DA's role in drug reward and addiction. These findings show that addiction affects not only the DA reward circuit but circuits involved with conditioning/habits, motivation, and executive functions (inhibitory control, salience attribution, and decision making). Other neurotransmitters (and neuropeptides) are involved with drug reward (i.e., cannabinoids, opioids) and with the neu-

roadaptations from repeated drug use (i.e., glutamate, opioids, GABA, corticotropin-releasing factor). These are not discussed here (except for glutamate), but several reviews address them (5, 6).

DA and Acute Drug Reward

All drugs that can lead to addiction increase DA in NAc, which is achieved through their interaction with different molecular targets by the various drug classes (6) (Table 1). In humans, PET studies have shown that several drugs [stimulants (7, 8), nicotine (9), alcohol (10), and marijuana (11)] increase DA in dorsal and ventral striatum (where NAc is located). These studies used a radiotracer that binds to DA D2 receptors (D2Rs) but only when these are not occupied by DA (i.e., [¹¹C]raclopride). By comparing binding after placebo and after the drug, these studies estimate the decreases in D2R availability induced by the drug, which are proportional to DA increases (12). Most studies have reported that participants who display the greatest DA increases with the drug also report the most intense "high" or "euphoria" (reviewed ref. 13).

PET studies have also shown that the speed with which a drug enters and leaves the brain (pharmacokinetic profile) is crucial for its reinforcing effects. Specifically, PET studies of brain pharmacokinetics of drugs labeled with positron emitters show that peak levels in human brain are reached within 10 min after i.v. administration and that this fast drug uptake is associated with the high (13) (Fig. 1). Indeed, for an equivalent level of cocaine reaching the brain (assessed as equivalent level of DA transporter blockade), when cocaine entered the brain rapidly (smoked and i.v. administration), it

elicited a more intense high than when it entered the brain more slowly (snorted) (14). This is consistent with preclinical studies showing that the faster the drug's entry into the brain, the stronger are its reinforcing effects (15). This probably reflects the fact that abrupt and large DA increases triggered by drugs mimic the fast and large DA increases associated with phasic DA firing that are associated in the brain with conveying information about reward and saliency (16).

Drug-induced DA increases in NAc occur in nonaddicted as well as addicted subjects, which raises the question of how they relate to addiction.

To start with, there is increasing evidence that DA's role in reinforcement is more complex than just coding for reward per se (hedonic pleasure) and that stimuli that induce fast and large DA increases also trigger conditioned responses and elicit incentive motivation to procure them (17). Through conditioning, a neutral stimulus that is linked with the reinforcer (i.e., natural reinforcer, drug) acquires the ability by

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(i.e., nicotine) or increase DA release (i.e., amphetamine) (Table 1).

To answer this, we compared DA increases induced by the stimulant drug methylphenidate (MP) between cocaine-addicted subjects and controls. Like cocaine, MP increases DA by blocking DA transporters; both drugs have a similar distribution in human brain and have similar behavioral effects when given i.v. (18). In detoxified cocaine-addicted subjects ($n = 20$, detoxified 3–6 wk), we showed marked attenuation of MP-induced DA increases in striatum (50% lower) and of the increases in self-reports of high, compared with non-drug-abusing controls ($n = 23$). Similar findings were reported after administration of i.v. amphetamine (another stimulant drug) in recently detoxified cocaine abusers (detoxified 2 wk), who also showed decreased DA release in striatum and attenuated self-reports of euphoria (19). Because a confound in these studies was the possibility that drug withdrawal accounted for the attenuated DA responses, we repeated this study in active cocaine-addicted subjects ($n = 19$, nondetoxified) (20). In active cocaine abusers, MP-induced DA changes did not differ from placebo and the DA changes were 80% lower than in controls ($n = 24$); the self-reports of high were also attenuated (Fig. 2). Marked blunting of striatal DA increases secondary to MP or to amphetamine has also been documented in detoxified alcoholics (reviewed in ref. 13). If, as is currently believed, drug-induced DA increases in NAc underlie drug reward, why would cocaine-addicted subjects, who show a marked attenuation of drug-induced DA increases, compulsively take the drug?

DA and Conditioning to Drug Cues

The explanation may arise from the process of conditioning, which is one of the initial neuroadaptations that follow exposure to drugs and involves DA phasic signaling (predominantly D1Rs) and synaptic changes in NMDA and AMPA receptors (modulated by glutamate) (21, 22). These conditioned responses are believed to underlie the intense desire for the drug (craving) and the compulsive use that occurs when addicted subjects are exposed to drug cues.

To assess if drug conditioned cues would increase DA in cocaine-addicted subjects, we tested active cocaine-addicted subjects ($n = 18$) when subjects watched a neutral video (nature scenes) vs. when they watched a cocaine-cue video (scenes of subjects procuring and smoking cocaine) (23). Cocaine cues significantly increased DA in dorsal striatum, and the magnitude of this increase was correlated with the subjective experience of craving (Fig. 3); similar findings were reported by another laboratory (24). Subjects with the

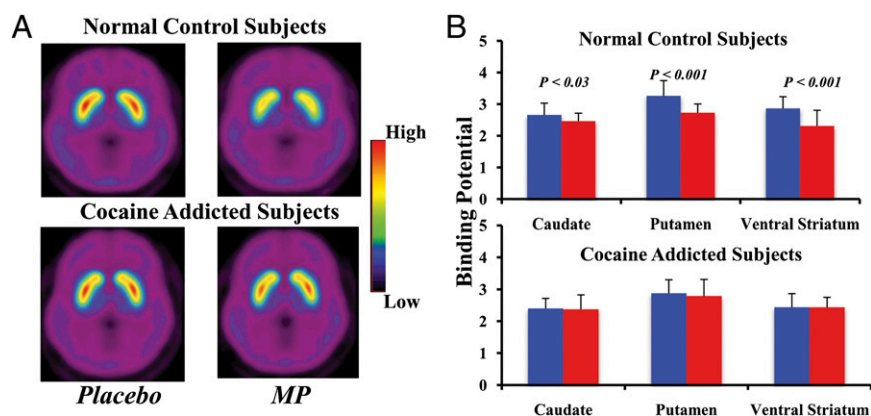


Fig. 2. DA changes induced by i.v. MP in controls and in active cocaine-addicted subjects. (A) Average nondisplaceable binding potential (BP_{ND}) images of [¹¹C]raclopride in active cocaine-addicted subjects ($n = 19$) and in controls ($n = 24$) tested after placebo and after i.v. MP. (B) D2R availability (BP_{ND}) in caudate, putamen, and ventral striatum after placebo (blue) and after MP (red) in controls and in cocaine-addicted subjects. MP reduced D2R in controls but not in cocaine-addicted subjects. Note that cocaine abusers show both decreases in baseline striatal D2R availability (placebo measure) and decreases in DA release when given i.v. MP (measured as decreases in D2R availability from baseline). Although one could question the extent to which the low striatal D2R availability in cocaine-addicted subject limits the ability to detect further decreases from MP, the fact that cocaine-addicted subjects show reductions in D2R availability when exposed to cocaine cues (Fig. 3) indicates that the attenuated effects of MP on [¹¹C]raclopride binding reflect decreased DA release.

largest cue-induced DA increases in dorsal striatum also had the highest scores on measures of addiction severity. Because the dorsal striatum is implicated in habit learning, this association is likely to reflect the strengthening of habits as chronicity of addiction progresses. This suggests that a basic disruption in addiction might be DA-triggered conditioned responses that result in habits leading to compulsive drug consumption. Inasmuch as in cocaine-addicted subjects, the DA increases triggered by conditioned cues appear to be larger than those produced by a stimulant

drug, this suggests that conditioned responses may drive the DA signaling that triggers and maintains the motivation to take the drug. To the extent that the drug (even when its DA-enhancing effects are attenuated) predicts reward, the act of its administration (e.g., injection, smoking) may become a conditioned cue and, as such, may increase DA. Thus, although drugs may initially lead to DA release in striatum (signaling reward), with repeated administration and as habits develop, there appears to be a shift in the DA increases from the drug to the CS, as reported for

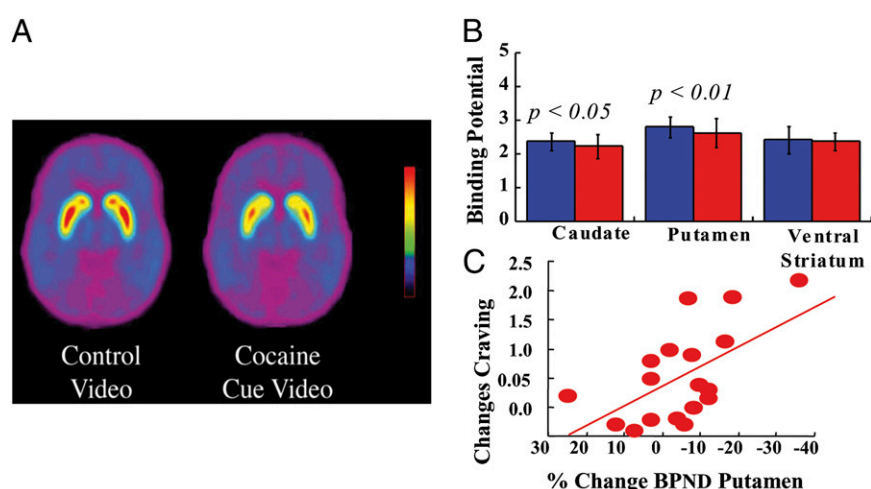
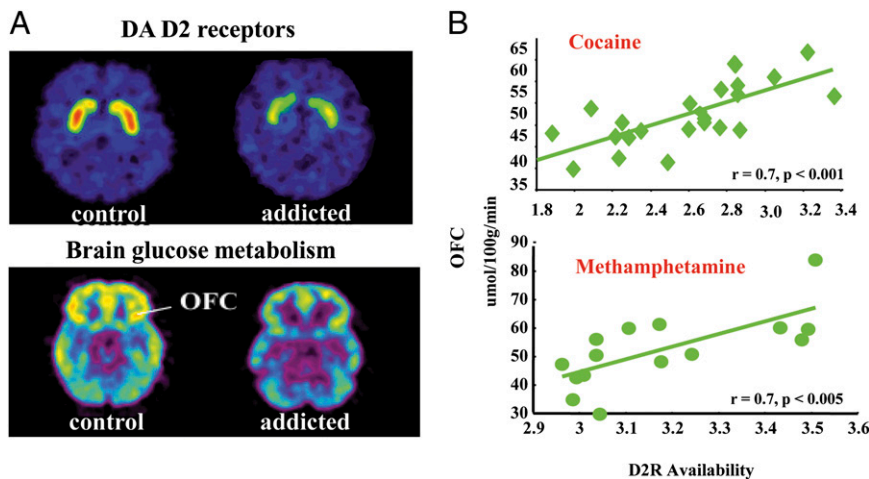


Fig. 3. DA changes induced by conditioned cues in active cocaine-addicted subjects. (A) Average nondisplaceable binding potential (BP_{ND}) images of [¹¹C]raclopride in cocaine-addicted subjects ($n = 17$) tested while viewing a neutral video (nature scenes) and while viewing a cocaine-cues video (subjects administering cocaine). (B) D2R availability (BP_{ND}) in caudate, putamen, and ventral striatum for the neutral video (blue) and the cocaine-cues video (red). The cocaine cues decreased D2R in caudate and putamen. (C) Correlations between changes in D2R (reflecting DA increases) and self-reports of cocaine craving induced by the cocaine-cues video. Modified from ref. 23.



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