

# **Neurobiology of Addiction: Springboard to New Treatments**

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# Financial Disclosure

## Consultant

Abbott Laboratories

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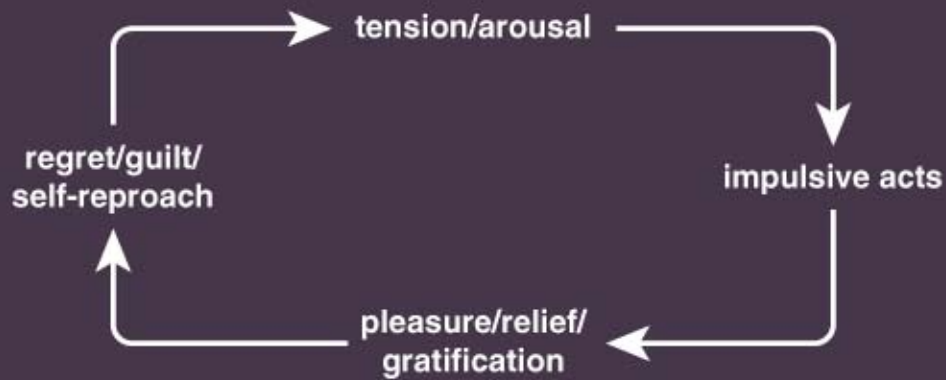
Pfizer Pharmaceuticals

**“When people talk about drugs, they assume people take drugs because they enjoy it,” Williams told the *Toronto Star*. “But really, it's no different from overeating or watching too much television or drinking too much. You take drugs to make yourself feel better, to fill a hole.”**

**- Ricky Williams**

**-Byline Damien Cox, Toronto Star, May 29, 2006**

## Impulse Control Disorders



## Compulsive Disorders



Positive Reinforcement



Negative Reinforcement

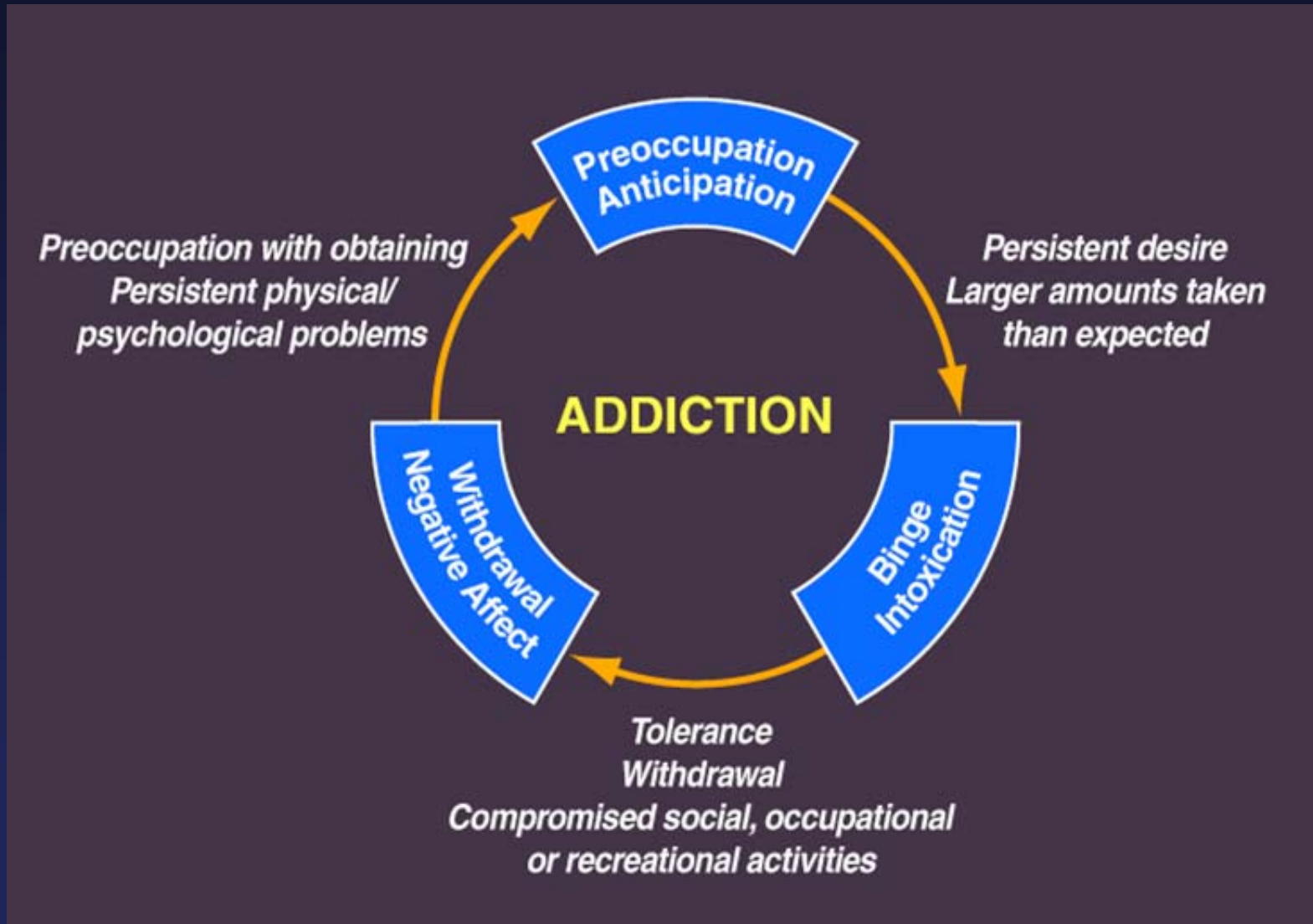
# Positive and Negative Reinforcement

## —Definitions—

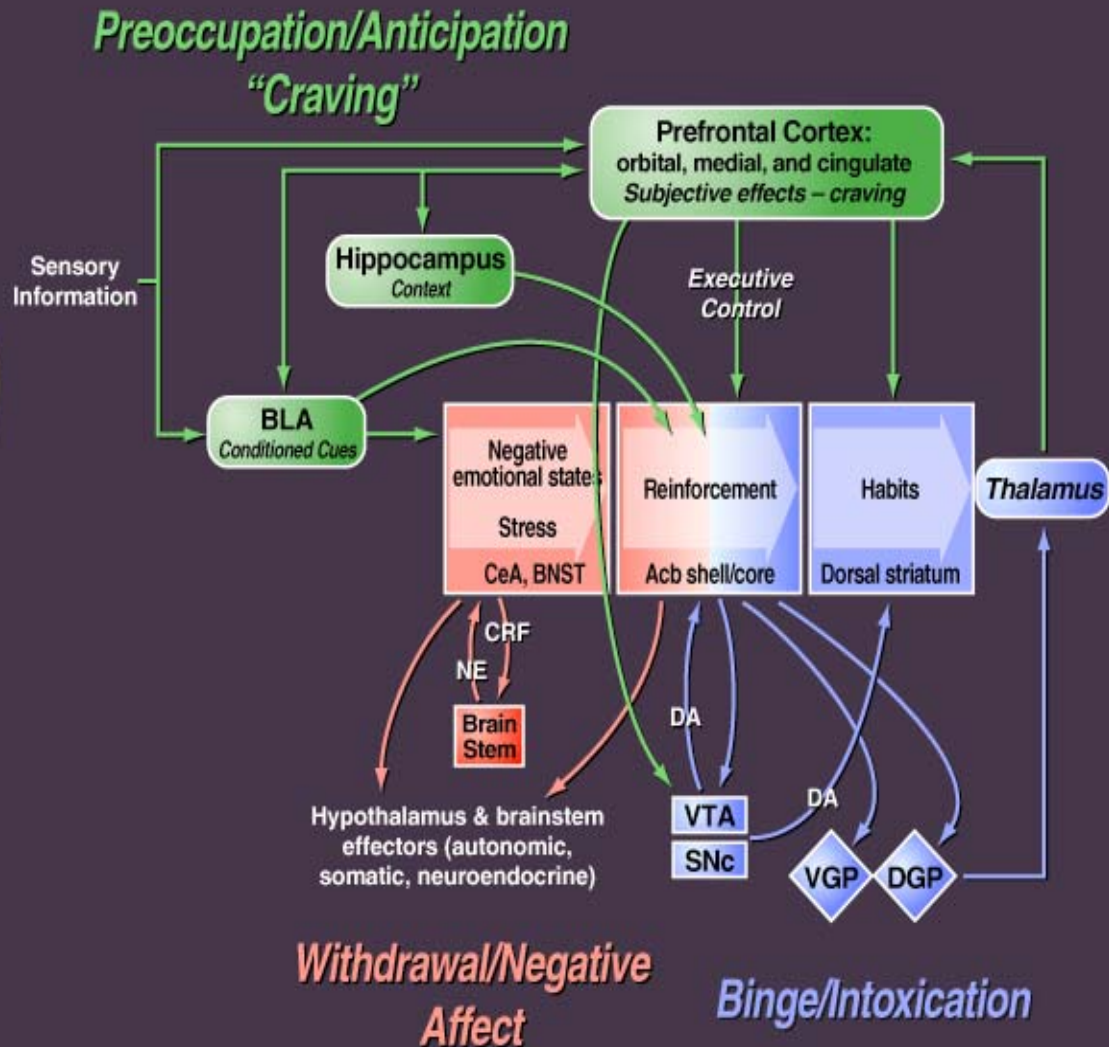
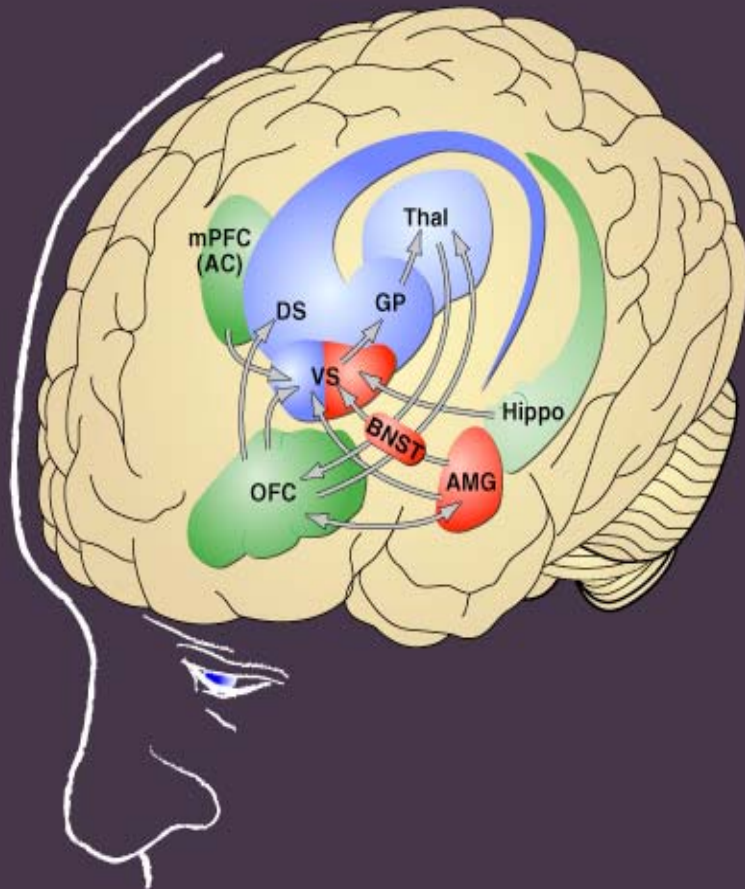
**Positive Reinforcement** — the process by which presentation of a stimulus (drug) increases the probability of a response (includes non dependent drug taking paradigms).

**Negative Reinforcement** — the process by which removal of an aversive stimulus (negative emotional state of drug withdrawal) increases the probability of a response (includes dependence-induced drug taking)

# Stages of the Addiction Cycle



# Neurocircuitry of Addiction



Derived from: Koob G, Everitt, B and Robbins T, Reward, motivation, and addiction. In: Squire LR, Berg D, Bloom FE, du Lac S, Ghosh A, Spitzer NC (Eds.), Fundamental Neuroscience, 3rd edition, Academic Press, Amsterdam, 2008, pp. 987-1016.

# Key Common Neuroanatomical Structures in Addiction

*Nucleus Accumbens Central Nucleus of the Amygdala* — Forebrain structures involved in the rewarding effects of drugs of abuse and drives the binge intoxication stage of addiction. Contains key reward neurotransmitters: dopamine and opioid peptides

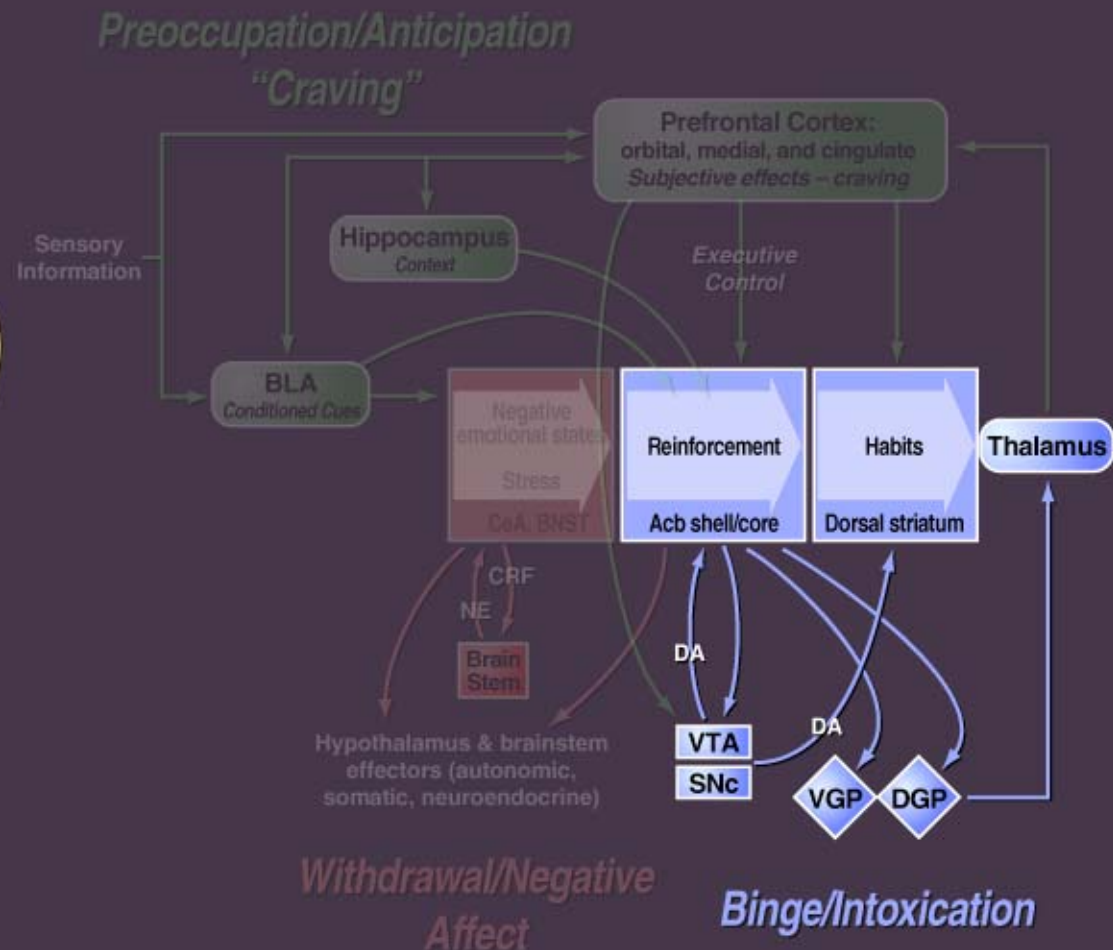
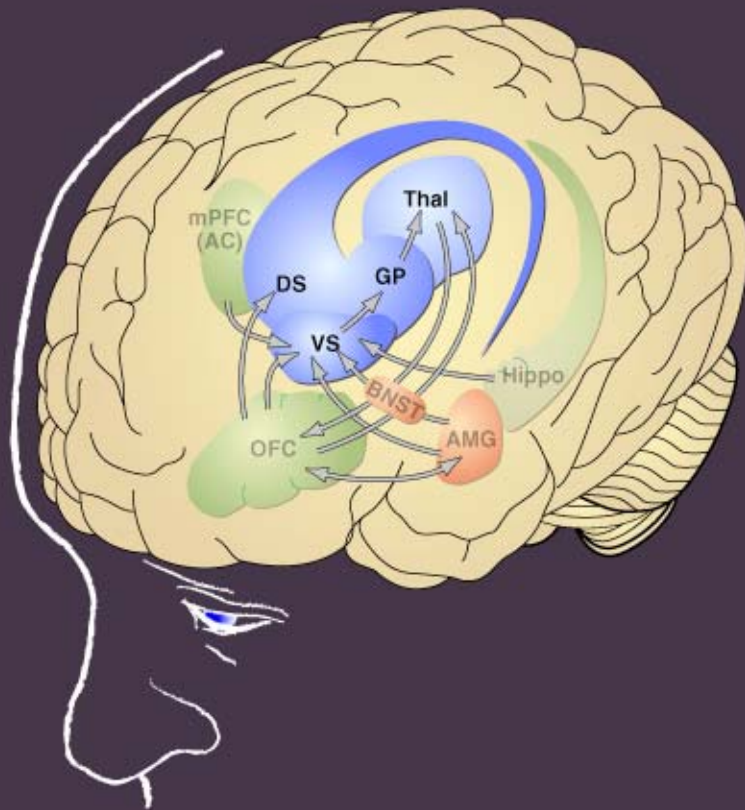
*Extended Amygdala* — Composed of central nucleus of the amygdala, bed nucleus of the stria terminalis, and a transition zone in the medial part of the nucleus accumbens. Contains “brain stress” neurotransmitter, corticotropin releasing factor that controls hormonal, sympathetic, and behavioral responses to stressors, and is involved in the anti-reward effects of drug dependence

*Medial Prefrontal Cortex* — neurobiological substrate for “executive function” that is compromised in drug dependence and plays a key role in facilitating relapse. Contains major glutamatergic projection to nucleus accumbens and amygdala





# Existing and Future Medications for Addiction: Binge/Intoxication Stage



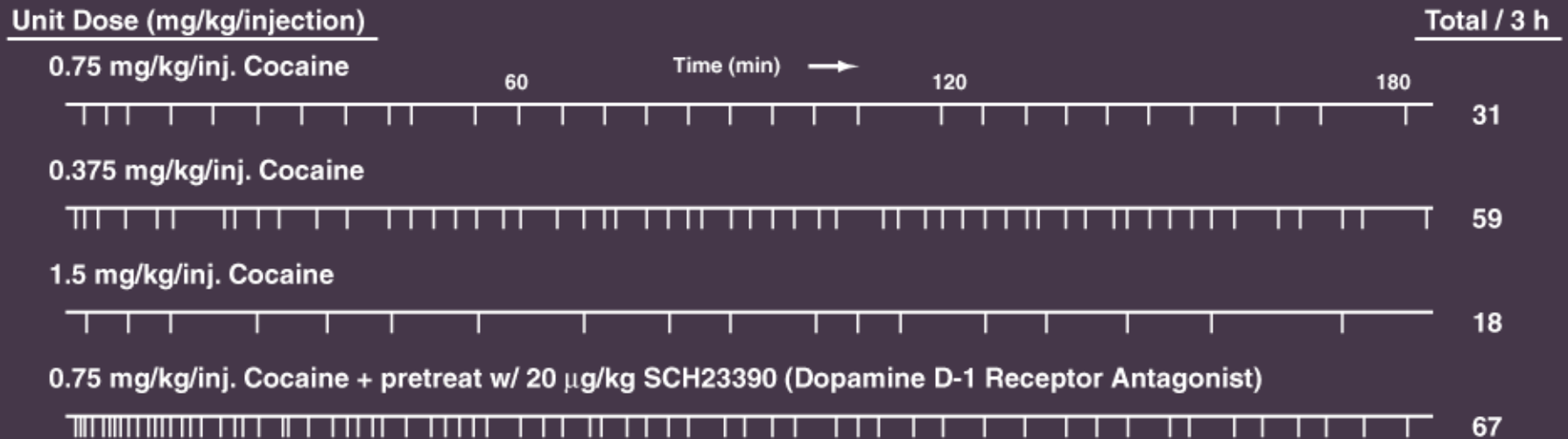
## Existing medications

- disulfiram
- naltrexone
- methadone
- buprenorphine

## Future targets

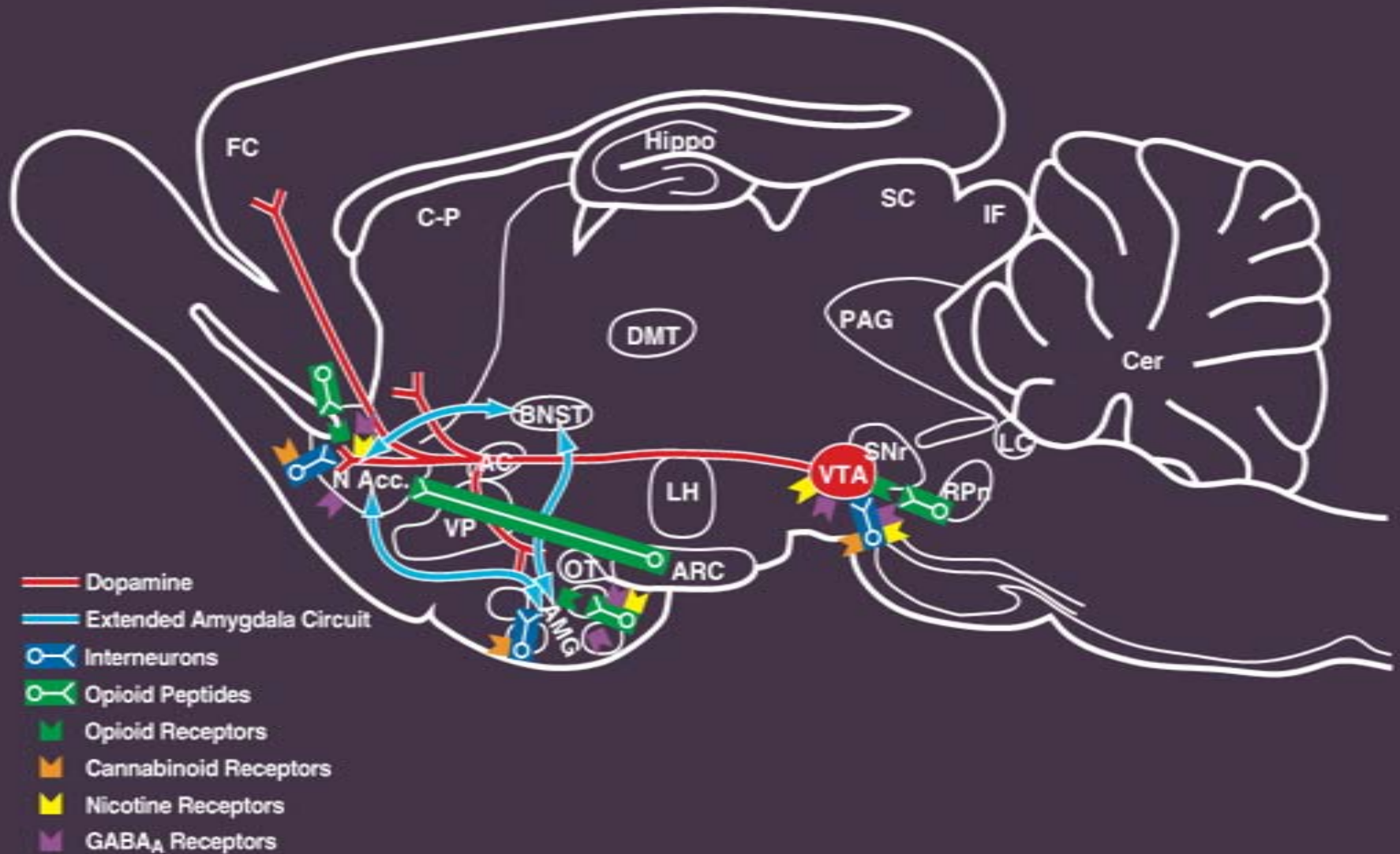
- partial agonists
- drug vaccines

# Cocaine Self-Administration



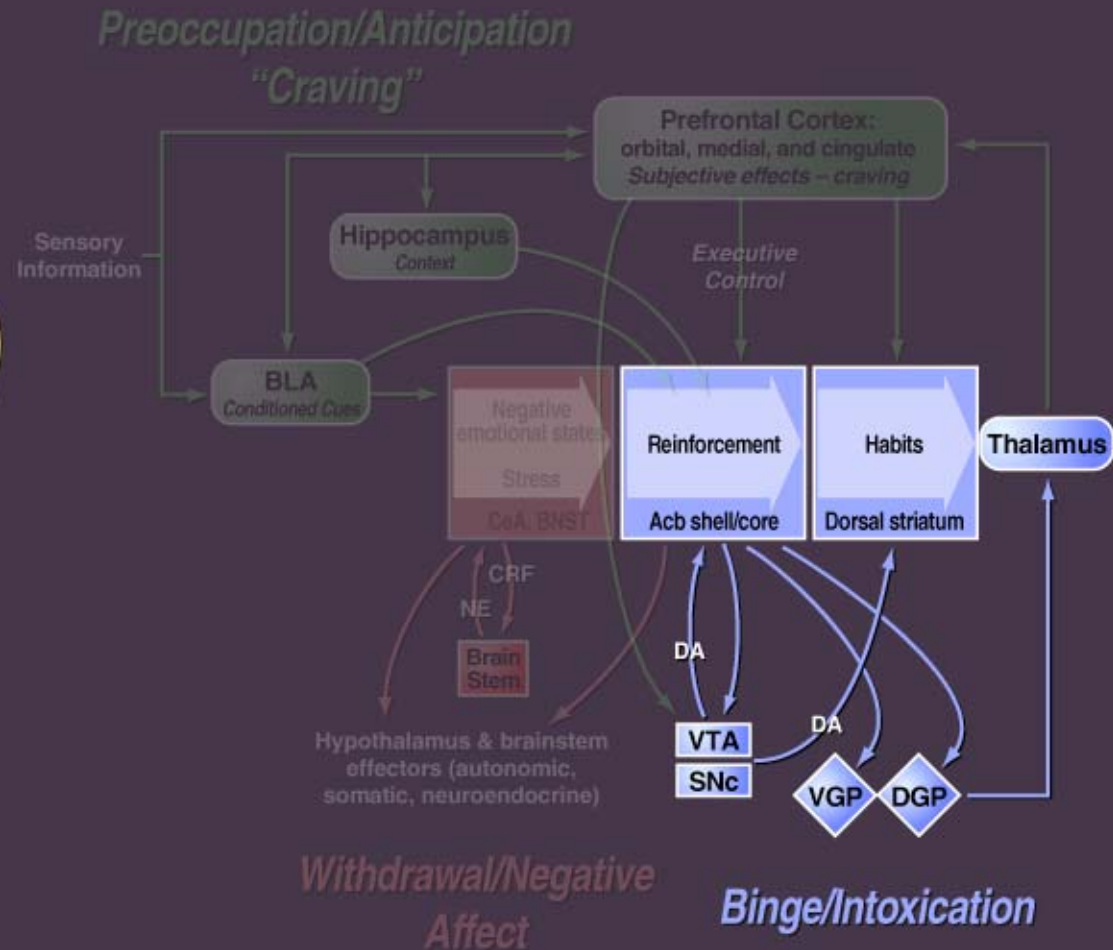
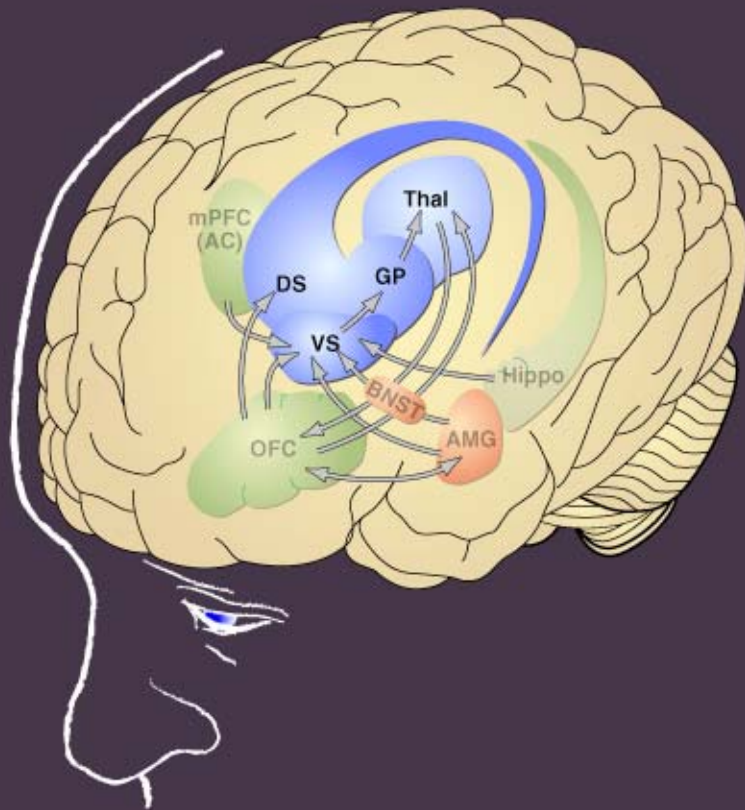
From: Caine SB, Lintz R and Koob GF. in Sahgal A (ed) Behavioural Neuroscience: A Practical Approach, vol. 2, IRL Press, Oxford, 1993, pp. 117-143.

# Neurochemical Circuitry in Drug Reward



From: Koob GF, Clin Neurosci Res, 2005, 5:89-101.

# Existing and Future Medications for Addiction: Binge/Intoxication Stage



## Existing medications

disulfiram  
naltrexone  
methadone  
buprenorphine

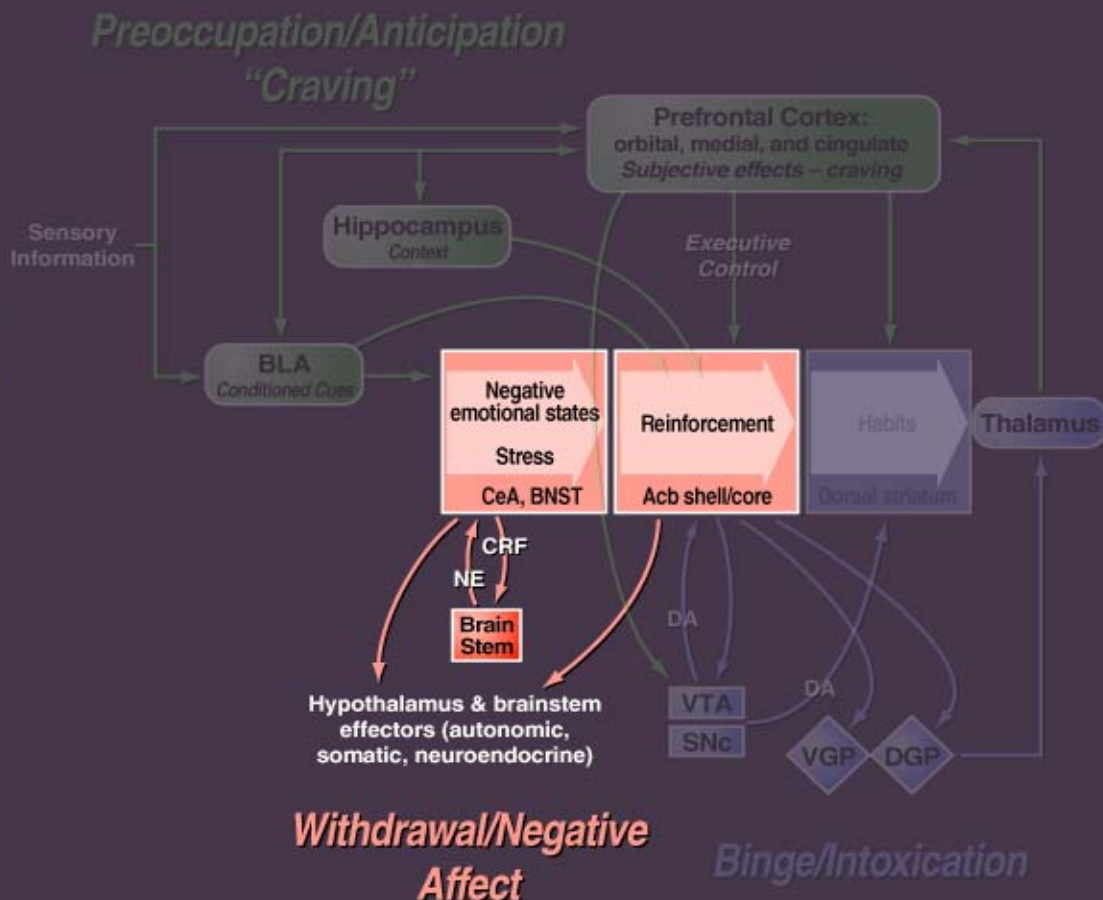
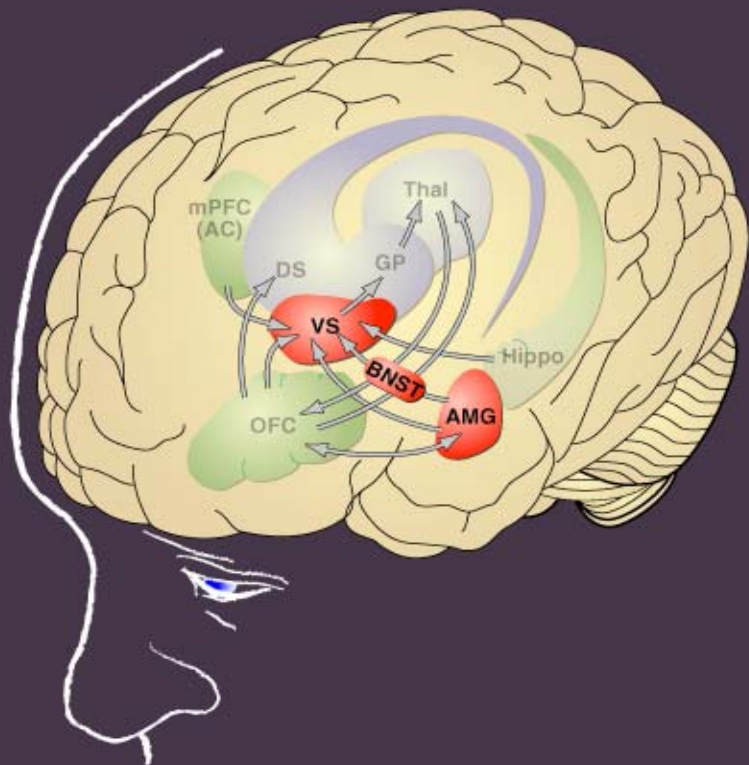
## Future targets

- partial agonists
- drug vaccines



SUAYASAMIN

# Existing and Future Medications for Addiction: Withdrawal/Negative Affect Stage



## Existing medications

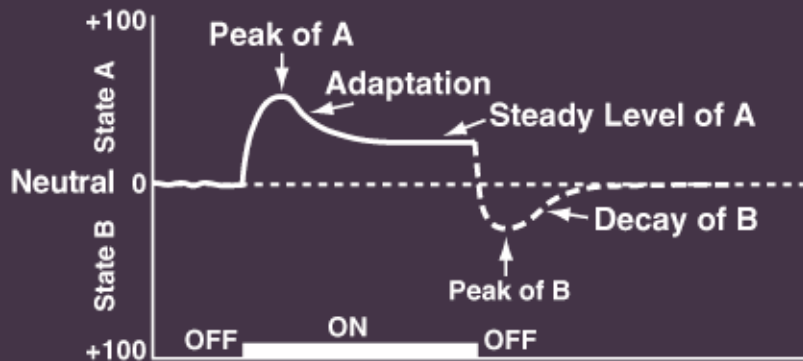
- methadone
- buprenorphine
- varenicline

## Future targets

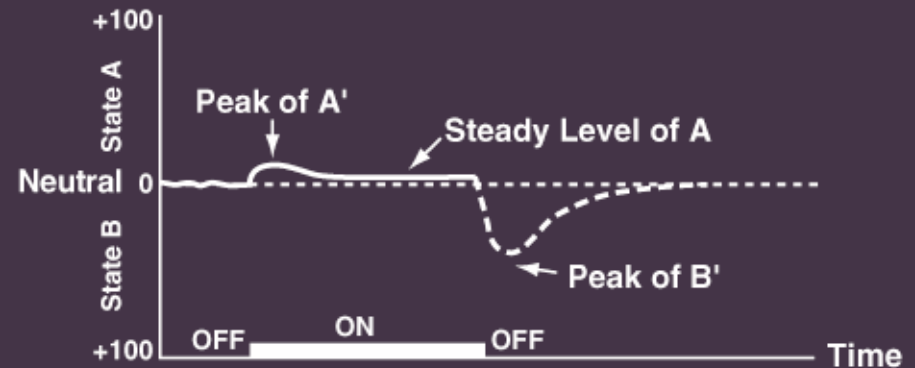
- GABA modulators
- CRF<sub>1</sub> receptors
- κ opioid antagonists

# Standard Pattern of Affective Dynamics Produced by Novel and Repeated Unconditioned Stimulus

## Nondependent

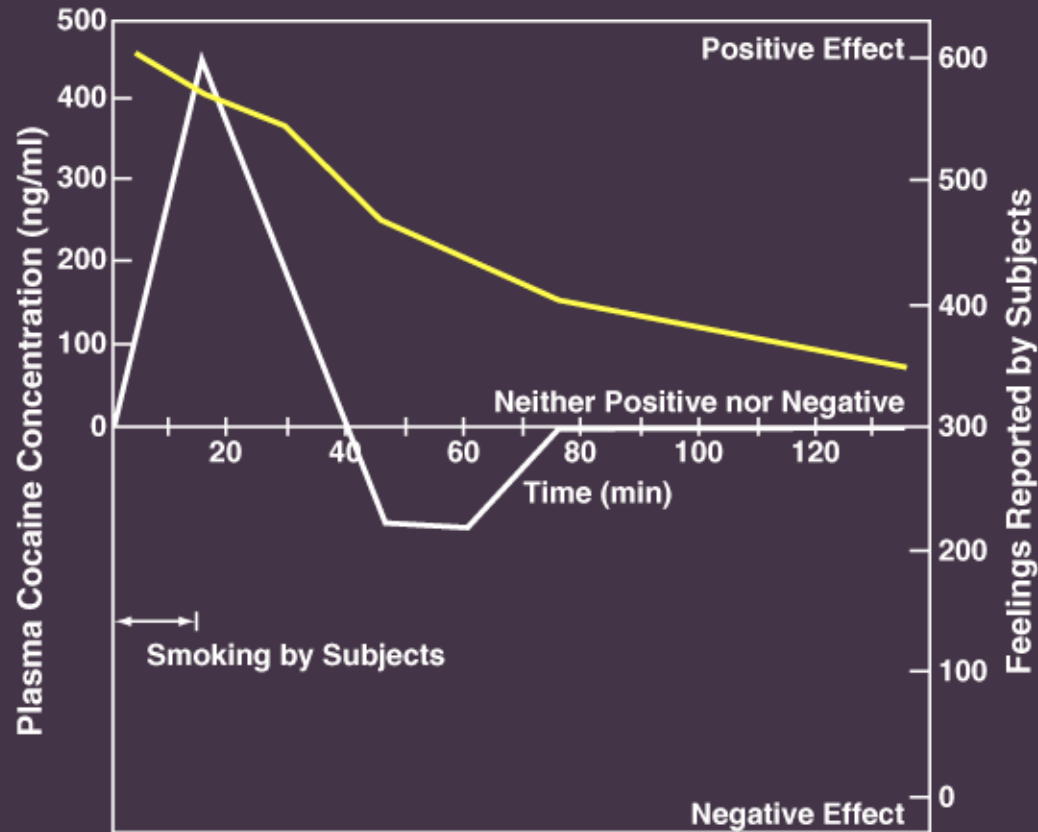


## Dependent





# Mood Changes Associated with Plasma Levels of Cocaine During Coca Paste Smoking



*Dysphoric Feelings* followed the initial euphoria in experimental subjects who smoked cocaine paste, even though the concentration of cocaine in the plasma of the blood remained relatively high. The dysphoria is characterized by anxiety, depression, fatigue and a desire for more cocaine.

# Protocol for Drug Escalation

## 1) Initial Training Phase

All Rats  
1-hr SA session  
Fixed Ratio 1  
0.25 mg cocaine/injection

## 2) Escalation Phase

Short Access  
22 x 1-hr SA session

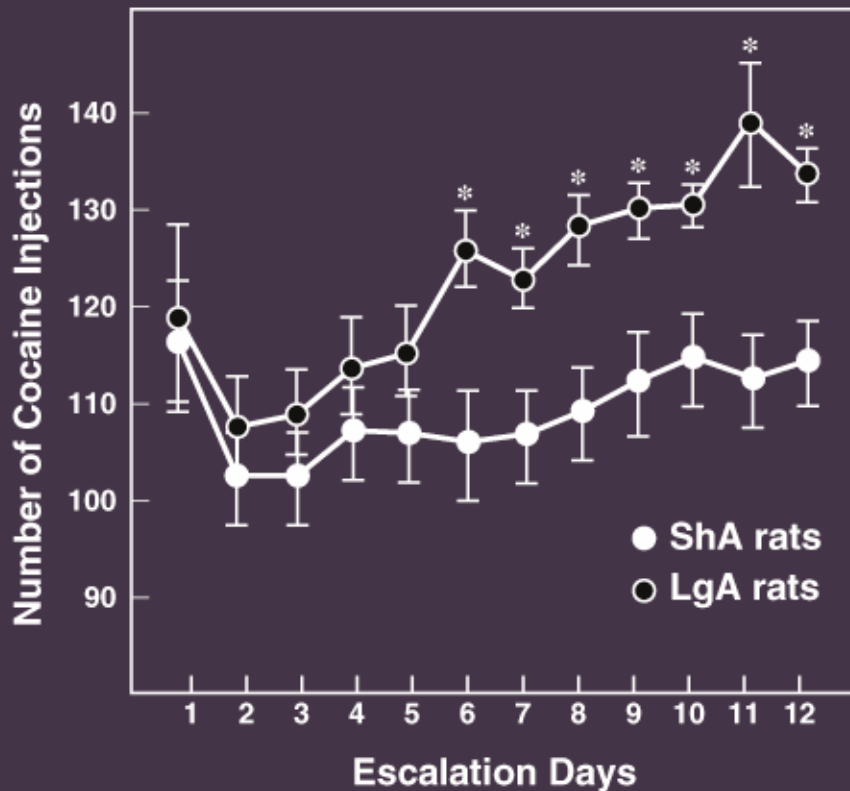
Long Access  
22 x 6-hr SA session

## 3) Testing Phase

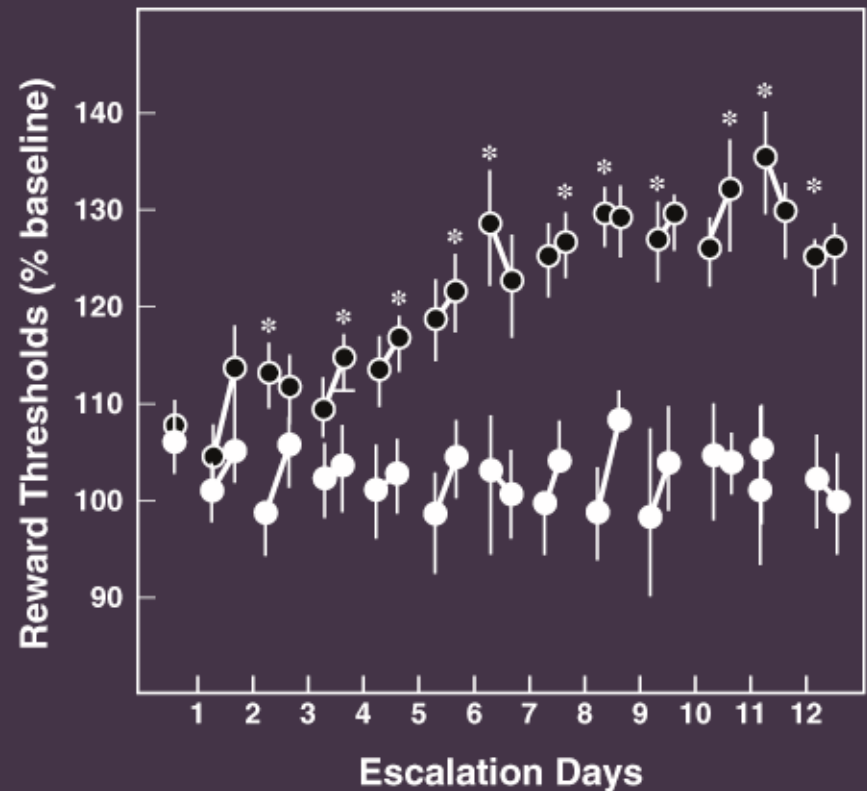
Neuropharmacological  
probes

# Change in Brain Stimulation Reward Thresholds in Long-Access (Escalation) vs. Short-Access (Non-Escalation) Rats

## Cocaine Self-Administration (First Hour Intake)



## Brain Stimulation Reward Thresholds



# Reward Transmitters Implicated in the Motivational Effects of Drugs of Abuse

## Positive Hedonic Effects

↑ Dopamine

↑ Opioid peptides

↑ Serotonin

↑ GABA

## Negative Hedonic Effects of Withdrawal

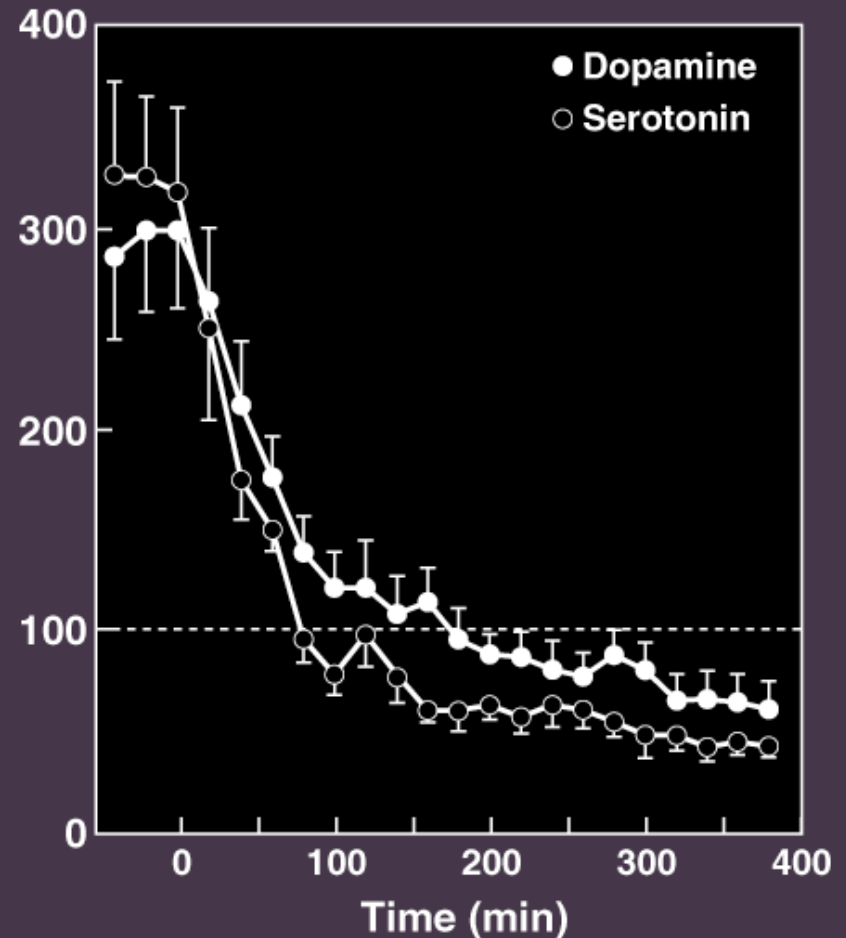
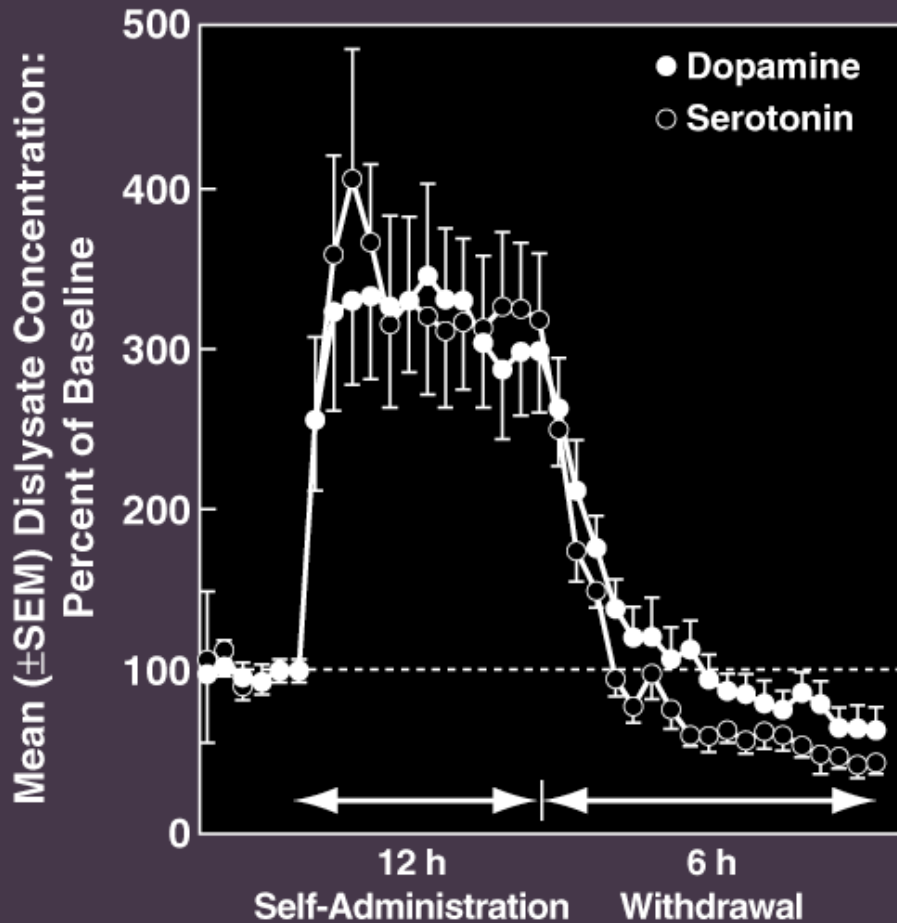
↓ Dopamine ... “dysphoria”

↓ Opioid peptides ... pain

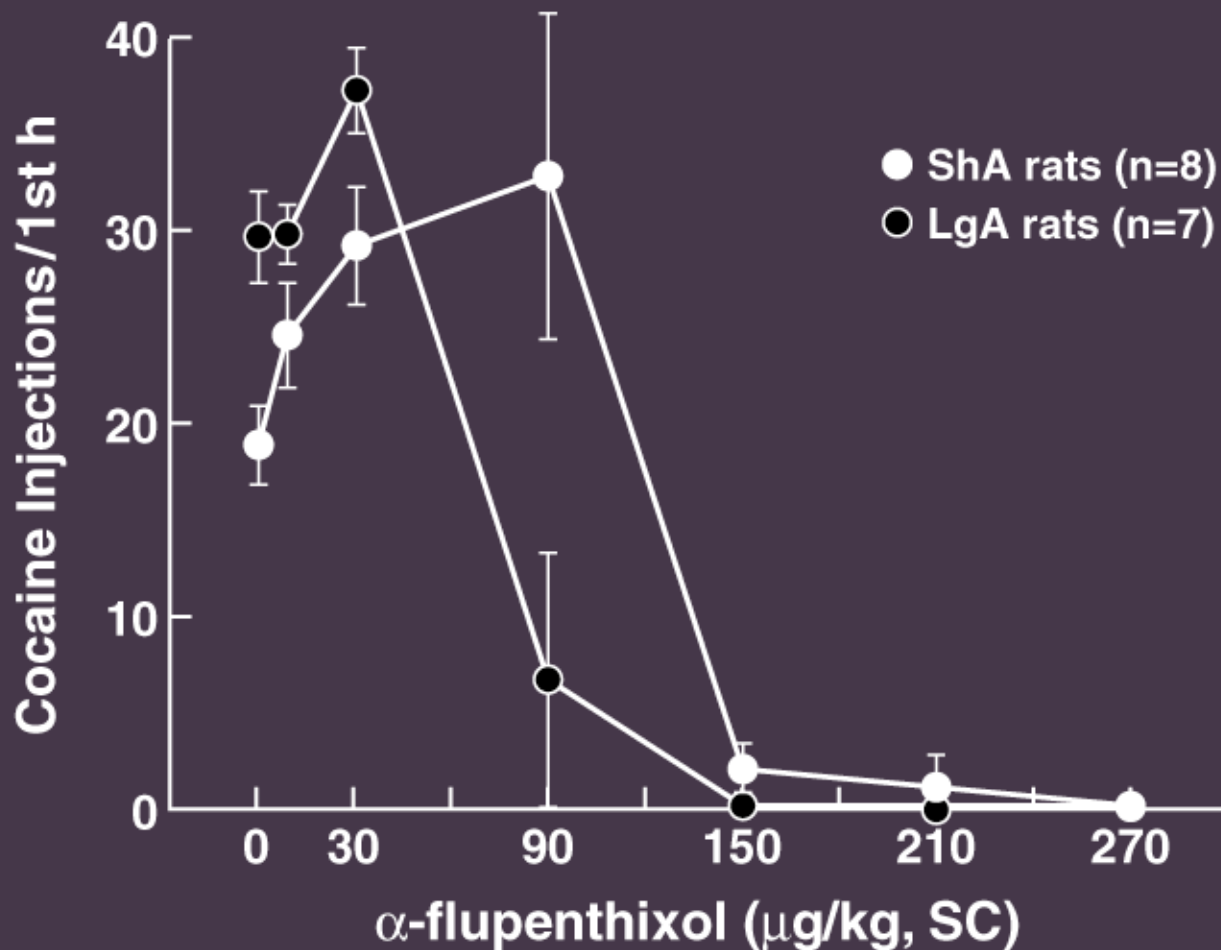
↓ Serotonin ... “dysphoria”

↓ GABA ... anxiety, panic attacks

# Extracellular DA and 5-HT in the Nucleus Accumbens During Cocaine Self-Administration and Withdrawal

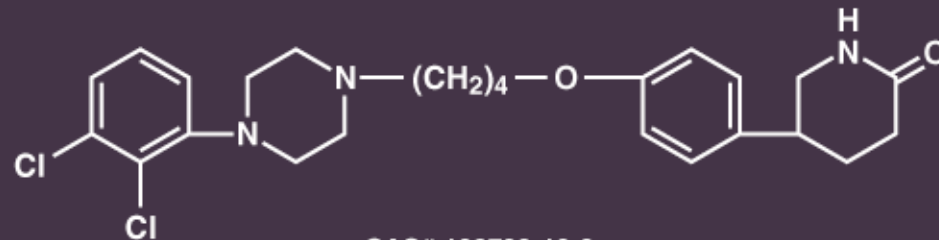


# Effect of $\alpha$ -flupenthixol on Cocaine Self-Administration in Escalated and Non-Escalated Animals



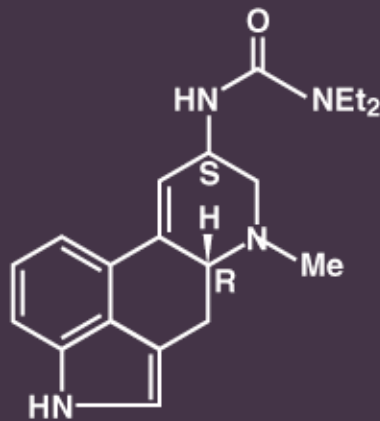
# Dopamine Partial Agonists

**Aripiprazole**



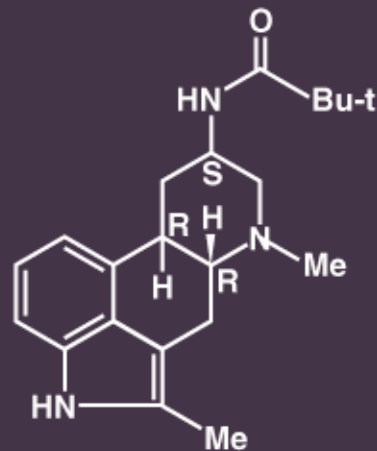
CAS# 129722-12-9

**Lisuride**



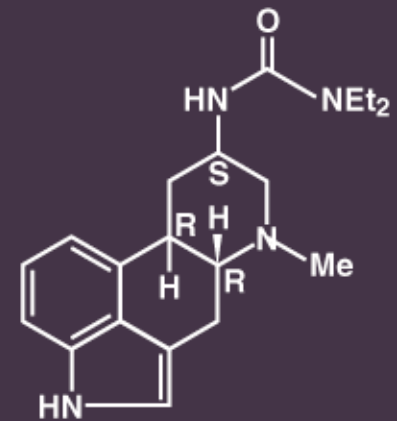
CAS# 18016-80-3

**SDZ 208-911**



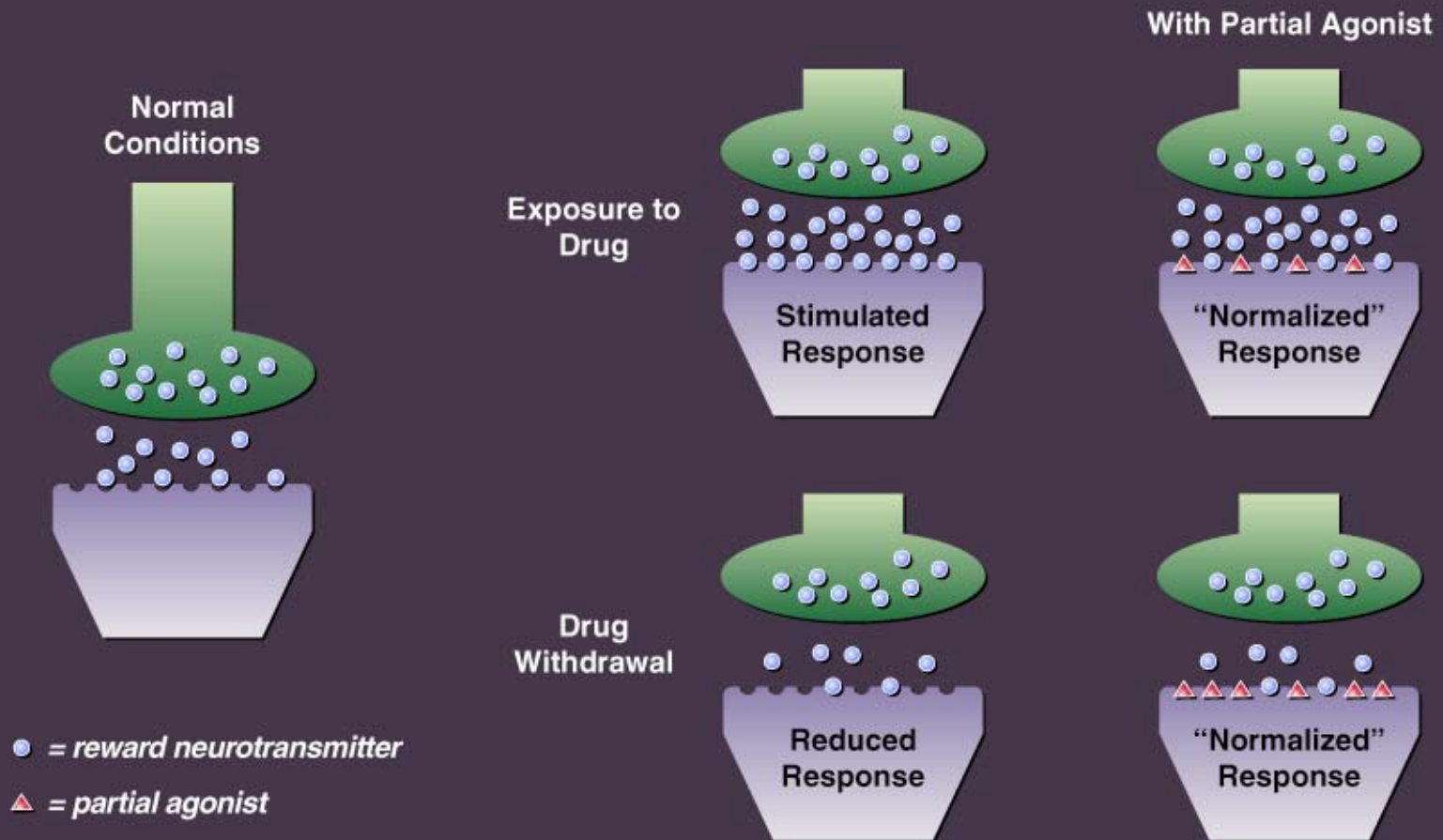
CAS# 120478-64-0

**Terguride**



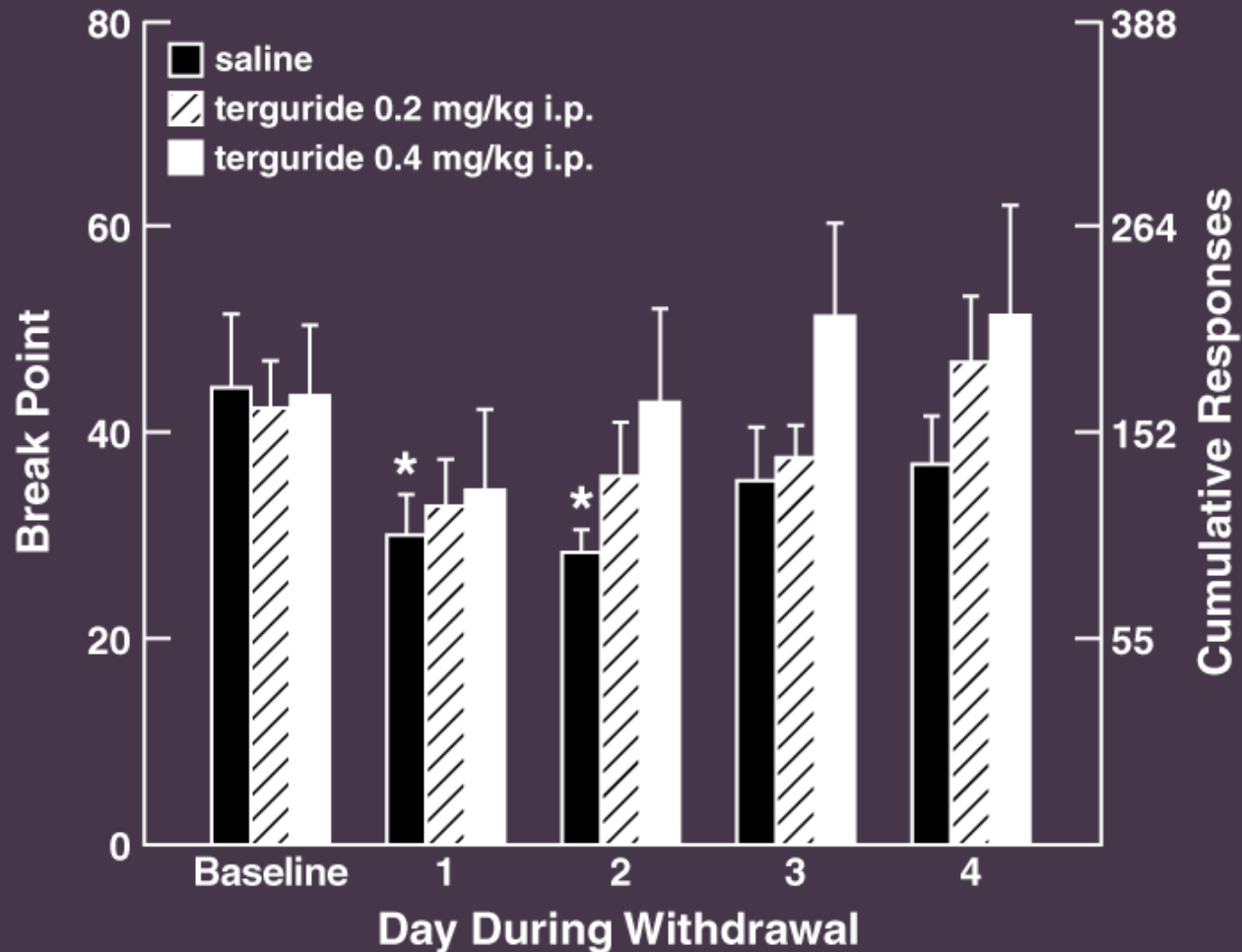
CAS# 37686-84-3

# Partial Agonists: Hypothesized Mechanism of Action





# Dopamine Partial Agonist Terguride in Reverses Motivational Withdrawal following Chronic Amphetamine



# Escalation of Methamphetamine Self-administration in Rats

