Foreword

Toward a New Paradigm for Understanding Substance-Use Disorders

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I use the term paradigm cautiously, as it is a word that is much overused of late, as in the term “paradigm shift.” But is that not what the past few decades of research have yielded in the field of addiction medicine?

Previously considered a character flaw, addiction was thought to be a disorder as in something that could be corrected by force of will, we now appreciate the molecular, biochemical, and neuroanatomic structural changes that accompany these disorders, and that account for the challenges we face as clinicians working with patients with substance use disorders, including those who wish to change.

There can be no better instrument in the struggle to help substance use disorder patients than knowledge of the pathophysiology, clinical presentation, and evidence-based approaches to recovery. This issue of Medical Clinics of North America provides just that. Along with important articles on the socioeconomic determinants of substance use disorders, which should never be forgotten, there are clinical articles dealing with alcohol, tobacco, stimulants, sedatives, cannabis, and opioid use. These disorders are common. We encounter them in our office practices and on our inpatient services. As Guest Editor Dr Melissa Weimer points out, there is a shortage of addiction medicine specialists. Much of the challenge, therefore, of diagnosis and treatment of substance-use disorders falls to primary care physicians, and certainly screening and early detection reside within the province of primary care. We all need to be as well-versed in these disorders as we can. The new paradigm of
substance-use disorders situates these disorders as medical conditions. Let the learning begin.

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