

## Pharmacogenomics and addiction to opiates

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Accepted 20 October 2000

### Abstract

The risk of initiating and maintaining the use of opiates up to the point of abuse and dependence is to a large degree genetically transmitted and is separate from genetic risk factors for addiction to other drugs of abuse. Pharmacogenetic studies have so far focused on obvious candidate genes that are expected to be involved either in the pharmacokinetics or in the pharmacodynamics of opioids in the mesolimbic reward system of the brain. The few findings of a positive allelic association rarely withstand replication in independent case-control or less stratification-prone family-based association samples. A pharmacogenomic approach in the best sense of the word, however, involves an unbiased, genome-wide, parallel search for risk genes and gene expression patterns. So far, only quantitative trait loci mapping studies of inbred rodent strains and differential expression studies using high-density DNA microarrays fulfill these requirements. The present state of pharmacogenomic and pharmacogenetic studies in animals and humans with respect to opiate addiction is reviewed in this paper. © 2000 Elsevier Science B.V. All rights reserved.

**Keywords:** Opiate; Heroin; Addiction; Genetic; Pharmacogenomics; Candidate gene

### 1. Introduction

Recent large-scale twin studies have estimated the relative contribution of additive genetic factors and of a common (or familial) or specific (or non-shared) environment to the liability of consuming different illegal drugs as individuals progress from their initial exposure to the drug to regular drug use and finally to abuse and dependence (Kendler et al., 1999a,b, 2000; Tsuang et al., 1996, 1999). Heroin emerged as the drug whose use, in low to moderate levels, is influenced the most by genetic factors (heritability 0.54), and as the drug that shares the least genetic vulnerability with other substances of abuse (Tsuang et al., 2000). This might seem to make the identification of individual risk genes an easy task, but like all other psychiatric disorders, drug addiction is a genetically complex disease that does not derive from a single major gene following a simple Mendelian transmission pattern. Rather, a large number of vulnerability genes, no single one of them necessary or sufficient to cause disease, and none of

them fully penetrant, can be expected, and many different combinations of these may result in a clinically identical outcome (genetic heterogeneity). More than in any other psychiatric disorder, the contribution of environment is obvious in that genetic vulnerability can lead to disease only once the substance of abuse is readily available. The role of the drug is not limited to triggering the onset of the addictive process, but also involves maintaining it once structural adaptations have been achieved. The genetics of opiate addiction as a disease process are thus by definition pharmacogenetics. The view of addiction as a multi-stage process encompassing initial exposure to the drug, repeated intermittent use with increased sensitivity to every following use (sensitization), regular abuse resulting in reduced sensitivity (tolerance), dependence up to compulsive drug-seeking, and repeated cycles of withdrawal and relapse implies that, for any of these stages, pathophysiological processes and underlying genes may differ, which further complicates the task of gene identification. This is the reason why the genetics of opiate addiction that have so far been studied on a pharmacogenetic, that is gene-by-gene, basis, may be more amenable to a pharmacogenomic approach in which the entire genome and its expression are evaluated in an unbiased way and in a highly parallel fashion (Lockhart and Winzeler, 2000).

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## 2. Review of the recent literature

### 2.1. *The reward system of the brain and opiate addiction*

Since the 1950s it has been known from electric self-stimulation experiments in rats that a specific brain circuit exists for the evaluation of rewarding stimuli. Dopaminergic neuronal projections have been identified as the central component of this brain reward system. They extend from the ventral tegmental area of the midbrain to parts of the limbic system, especially to the nucleus accumbens shell and the frontal cortex. Both natural stimuli (such as food, drink, or sex) and several, but not all, substances of abuse (most prominently cocaine, amphetamine, and opiates, but not benzodiazepines, barbiturates or inhalants) are able to increase the release of dopamine in the nucleus accumbens. While it was formerly believed that dopamine directly mediated the subjective effects of well-being upon rewarding actions, or that it maintained the reinforcement of operant (trainable) behaviour needed to receive a reward, recent studies (as reviewed in an article by Wickelgren, 1997, and in detail by Spanagel and Weiss, 1999) have indicated that the function of dopamine is rather to signal novelty in situations where drug consumption is acquired and to facilitate learning and later recognition of these environmental stimuli associated with consumption (which might explain clinical phenomena like cue-elicited drug craving and relapse that complicate the treatment of opiate dependence).

The specific interactions of opiates with the reward system have been reviewed by Simonato (1996) and by Spanagel and Weiss (1999). The firing of dopaminergic neurons in the ventral tegmental area is normally under the control of GABAergic ( $\gamma$ -amino-butyric acid) interneurons. Binding of opiates to  $\mu$ -opioid receptors of these interneurons causes inhibition, thereby releasing the ventral tegmental area neurons from inhibitory control, which results in an increased release of dopamine in the nucleus accumbens. This mechanism is responsible for the secondary reinforcing effects of opiates as such effects can be measured by conditioned place preference in mice. In contrast, primary reinforcing effects, such as the self-administration of opiates, seem not to depend on functional dopaminergic ventral tegmental area neurons, but rather on the direct action of opiates at postsynaptic opioid receptors in the nucleus accumbens.

Studies on the reinforcing properties of cocaine have shown that the dopaminergic reward system is also under control of serotonin-releasing neurons projecting from the midbrain dorsal raphe nucleus onto the inhibitory GABAergic interneurons mentioned above (Rocha et al., 1998; White, 1998). Several other transmitter systems interact with opiates (Simonato, 1996), among them the cholinergic, glutamatergic, and adrenergic systems. The latter two are of relevance in the emergence of withdrawal symptoms upon opiate abstinence after chronic exposure.

These symptoms are to a large extent mediated by the locus coeruleus, the major noradrenergic nucleus of the brain.

Nestler and Aghajanian (1997) have reviewed the cellular events involved in the long-term adaptations leading to maintenance of addiction beyond the rewarding, reinforcing effects of acute opiate exposure. Tolerance, its counterpart sensitization, and dependence evolve as a consequence of receptor adaptations and up-regulation of the cyclic AMP signal transduction pathway, which also contributes to withdrawal states during short-term abstinence. The occurrence of drug craving and stress-induced relapses during long-term abstinence may involve synaptic plasticity, as the basis of learning and memory, as well as alterations in the hypothalamic-pituitary-adrenal axis response to stress (Kreek, 1996).

Altogether, this suggests a large number of candidate genes with some role in opiate addiction, including the opioid receptor genes, the diverse receptor and transporter genes of the above-mentioned neurotransmitter systems, and the genes of the intracellular signal transduction pathways and of the proteins involved in synaptic plasticity and learning.

### 2.2. *Pharmacogenomic studies in animals*

#### 2.2.1. *Experimental crosses: mapping of quantitative trait loci*

Experimental breeding of mouse and rat strains has allowed the study of genetically based differences in sensitivity to acute and chronic drug effects, in the development of tolerance and withdrawal by neuroadaptational changes, and in the rewarding, reinforcing properties of most drugs of abuse (Crabbe et al., 1994). Since under experimental conditions environmental factors are kept constant, any differences can directly be ascribed to genetic effects. Thus, different strains of rodents can be selectively bred for high versus low drug response. While a huge number of mouse and rat strains exist with various responses to alcohol, few have been designed with respect to opiate sensitivity, e.g. mice with high versus low analgesic response (HAR/LAR) to levorphanol (Crabbe et al., 1994). It is, however, doubtful whether the analgesic response to opiates genuinely reflects a vulnerability to the symptoms more characteristic of dependence (Kest et al., 1998).

Systematic testing of mouse strains that have been developed for genetic research other than for drug abuse showed that they differ in their voluntary acceptance of morphine-tinged drinking solutions in a two-bottle choice paradigm (Belknap et al., 1993). Among 15 inbred mouse strains, the daily dose of ingested morphine varied by more than an order of magnitude, indicating a substantial genetic effect. Comparing high-consuming black C57BL/6J mice with low-consuming DBA/2J mice, Berrettini et al. (1994a) showed that the former maintained a constant intake over various concentrations of drinking solution,

and that their morphine ingestion could be halved by intraperitoneal injection of the opioid receptor antagonist naltrexone. Morphine plasma levels did not differ between the two inbred strains. Thus, strain differences in morphine preference did not simply reflect gustatory or pharmacokinetic strain variation, but differences of opioid receptor-mediated, reward-related phenomena. Likewise, pharmacokinetic differences did not account for the different sensitivity to morphine or for the development of tolerance in two rat strains (Mas et al., 2000).

Typically, drug-related quantifiable traits of interest are normally distributed in the population, indicating the action of a large number of underlying genes, each of which influences the trait only to a minor extent. Mapping these quantitative trait loci by linkage analysis involves determining their locations on a marker map that covers the whole chromosomal genome as well as estimating the strength of their effects. By inbreeding animals from the second generation of intercrossing of two inbred strains for at least 20 generations, a selection of recombinant inbred lines can be created of which each line represents a subsample of the genomes of the two founding inbred strains (Takahashi et al., 1994). Provisional evidence for 10 morphine-related quantitative trait loci was obtained by comparing trait means in the 26 BXD recombinant inbred strains that had been derived from the C57BL/6J and DBA/2J inbred strains mentioned above for their large difference in voluntary morphine intake (Gora-Maslak et al., 1991; Belknap and Crabbe, 1992; Crabbe et al., 1994). Quantitative trait loci that influence locomotor activation by morphine were found on mouse chromosomes 14 [near the 5-hydroxytryptamine (5-HT) receptor gene cluster] and 19. Temperature sensitivity due to morphine treatment depended on quantitative trait loci of subcentromeric chromosome 10 (near the  $\mu$ -opioid receptor gene) and chromosome 18 (near the glucocorticoid 1 receptor gene). A quantitative trait locus on chromosome 3 (near the acetylcholine receptor  $\beta$ -2 and metabotropic glutamate receptor 2 genes) had an impact on morphine-induced analgesia in the hot-plate test, and a quantitative trait locus on chromosome 4 (between the metabotropic glutamate receptor 7 and the  $\delta$ -opioid receptor genes) affected the consumption of morphine in saccharine solution. The induction of Straub tail (a contraction of the mouse anal sphincter elicited by high-level intake of morphine, forcing the tail into an upright position) mapped to quantitative trait loci on chromosomes 5 (near the acetylcholine esterase gene), 9 (one quantitative trait locus between the opioid binding protein and the dopamine receptor D2 genes, another quantitative trait locus near the 5-HT receptor 1B gene), and 16 (in the proximity of the dopamine D3 receptor gene).

A substantial number of findings from nuclear genome scans can be expected to be false-positive due to chance; replication in independent samples is therefore needed. Berrettini et al. (1994b) performed a quantitative trait loci mapping study of morphine-drinking preference in the

second generation intercross of the above C57BL/6J and DBA/2J inbred strains. Animals of each parental strain are homozygous at almost every genetic locus (by inbreeding); their first generation intercross offspring (F1 generation) are uniformly heterozygous. They tested 606 F2 animals (resulting from brother–sister matings of the F1 generation) for morphine preference and typed the 49 mice with the highest versus 46 mice with the lowest morphine consumption on a genome-wide set of markers less than 10 cM apart. Three quantitative trait loci on chromosomes 1, 6 and 10 were obtained that together accounted for 85–90% of the genetic variance in morphine preference between the two parental strains (that was about 50% of the total variance, genetic and non-genetic). Another study of F2 intercrosses of the C57BL/6J and DBA/2J inbred strains found a quantitative trait locus in the same proximal chromosome 10 region for morphine-induced analgesia in the hot-plate test (Belknap et al., 1995). Thus, the existence of a subcentromeric quantitative trait locus on murine chromosome 10 with an impact on the effects of morphine is strongly supported by its vicinity to the  $\mu$ -opioid receptor gene (Alexander et al., 1996).

Current strategies to follow-up quantitative trait loci findings include the use of congenic strains, the study of candidate genes within the quantitative trait loci regions by targeted disruption (knockout; see Section 2.4 below), and the study of epistatic interaction between genes, and between genes and the environment (Crabbe et al., 1999).

### 2.2.2. *Expression profiling: differential display of drug-exposed versus non-exposed genomes*

Gene expression in drug-exposed animals has been investigated mainly with respect to single genes of interest, in particular the opioid receptors. Therefore, these studies cannot strictly be called pharmacogenomic. Unterwald et al. (1995) found that the well-documented up-regulation of opioid receptors following chronic exposure to antagonists was not caused by increased transcription of the  $\mu$ -opioid receptor gene or by increased stability of its mRNA. Despite an 83% increase of receptor density in male Sprague–Dawley rats infused for 7 days with naltrexone, mRNA levels did not differ from those of saline-treated control animals in all brain regions tested. Alternative mechanisms may account for this result, such as post-translational modifications, internalization of the receptor into the endosomal compartment (Evans, 2000; Evans et al., 2000), or changed turnover. Likewise, the agonist-induced decrease in receptor number that has been suggested as a mechanism of tolerance was not found to be associated with altered  $\mu$ - and  $\delta$ -opioid receptor gene transcription (Buzas et al., 1996; Castelli et al., 1997). However, increased  $\kappa$ -opioid receptor gene mRNA levels could be induced by six intermittent injections of morphine (Wang et al., 1999). Since the opioid system is also involved in the control of the hypothalamic–pituitary–adrenal axis, the transcription of several of its pertinent genes in response to

chronic agonist treatment was studied. Methadone did not change mRNA levels of the genes encoding pro-opiomelanocortin, the corticotropin-releasing factor and its receptor (Zhou et al., 1996).

Recently, the availability of high-density oligonucleotide arrays (so-called DNA chips) has made it possible to obtain an expression profile of thousands of murine genes after experimental drug exposure in a single assay. This is a truly pharmacogenomic approach in that the entire expressed genome can be studied in an unbiased way (Lockhart and Winzeler, 2000). DNA chips should also facilitate the study of epistatic interactions between several genes that are not amenable to simple pharmacogenetic studies on a gene-by-gene basis. In a pharmacogenomic expression study with DNA microarrays in mice (Miles et al., 2000, and manuscript in press in *Molecular Pharmacology*), three genes were found to be transcriptionally responsive to morphine exposure: *e3B1* (eps8 binding protein), *KRT18* (cytokeratin 18), and *NEF3* (neurofilament 3). It is striking that these three proteins possess some relationship to the cytoskeleton. As there are also several cytoskeletal members among the more than 75 proteins that are part of a huge neuronal membrane complex (the “Hebbosome”) that regulates synaptic strength by long-term potentiation and depression (Grant, 2000), it can be speculated that transcriptional regulation of these three genes by morphine exposure contributes to the salient learning processes that make up some of the most relevant phenomena of drug dependence, namely cue-elicited drug craving and “addictive memory”.

## 2.3. Pharmacogenomic studies in humans are lacking

### 2.3.1. Genome-wide linkage studies

Linkage studies in families with several affected members offer the possibility to explore in an unbiased way the entire nuclear genome for loci influencing disease risk (a genome scan). Although the classical domain of monogenic diseases, linkage studies have been successful in mapping risk genes in other complex genetic disorders such as breast cancer and Alzheimer’s disease. Linkage studies look for co-transmission of the disease trait within families with any one of a given set of polymorphic DNA markers that are evenly spaced over the genome, mostly simple sequence variants such as CA repeats (so-called microsatellites). They are most powerful when a particular mode of transmission (dominant or recessive), penetrance and population frequency of the assumed risk gene can be specified; however, it is close to impossible to estimate these parameters accurately for complex genetic diseases. Therefore, non-parametric (or model-free) linkage analyses have become popular, in which affected sibling pairs (or pairs of other affected relatives) are studied. Affected siblings will share, by a greater than 50% chance frequency, any marker linked by proximity to an unknown risk gene.

Samples of hundreds of families with affected siblings are needed to provide sufficient power to detect loci of low to moderate effect as they can be expected in complex diseases. However, to our knowledge no sample of this kind has so far been collected with respect to opiate dependence. Mapping the loci that influence the risk for alcoholism and a number of associated, presumably pathophysiological, traits (so-called endophenotypes) was successful in a large multi-center study (Reich et al., 1998). As there is substantial comorbidity in addictive disorders (for instance, there are few alcohol-dependent individuals who do not smoke), it has been possible to identify in the same sample of alcohol-dependent probands risk loci for cocaine dependence, cannabis dependence, and habitual smoking. Some of the linked chromosomal regions were virtually identical in several kinds of addiction, whereas others were unique for one particular type of substance (Bierut et al., 2000). Unfortunately, opiate abuse and dependence were too rare in this particular sample to allow for mapping of linked loci.

### 2.3.2. Genome-wide association studies

It has been proposed that the high density of base substitutions, so-called single nucleotide polymorphisms that occur at about every 1000 base pairs in the genome, might be helpful in the study of disease associations even in genetically highly heterogeneous, mixed populations on a genome-wide basis (Risch and Merikangas, 1996). Linkage disequilibrium, the non-random allelic association of closely neighboring markers of a gene variant that increases disease susceptibility, reflects one or several genetic backgrounds (haplotypes) in a population in which any such disease variant has arisen by mutation. This approach has been applied successfully to the mapping of monogenic disease loci, and it has been useful in the mapping of the risk loci of some genetically complex diseases in isolated, genetically homogeneous populations in whose members linkage disequilibrium extends over large chromosomal distances. Extending this approach from the study of single, pre-selected candidate genes (as they are reviewed in Section 2.5 below) to an unbiased screening of the entire genome for disease association or drug response would indeed constitute a truly pharmacogenomic endeavour. However, this would have to await the availability of denser maps of single nucleotide polymorphisms and of cheaper genotyping techniques. Also, issues concerning sample size and the power of resolution, given the moderate effect sizes of susceptibility alleles, have not been sufficiently resolved (McCarthy and Hilfiker, 2000).

## 2.4. Pharmacogenetic studies in animals: gene targeting

Gene targeting by homologous recombination makes it possible to disrupt a gene of interest in mouse embryonic stem cells so that expression of that gene is prevented.

Transfected cells can then be introduced into recipient blastocysts, and chimeric animals can be raised in which the gene is nonfunctional in some germ cells. Cross-breeding these chimera will lead to the generation of knockout animals that are totally and ubiquitously deficient for the gene product (as long as disruption of the gene is compatible with survival).

#### 2.4.1. Knockout of opioid receptor genes

Primary interest has focused on the knockout of the  $\mu$ -,  $\delta$ -, and  $\kappa$ -opioid receptor genes, to discriminate their relative contribution to the various actions of agonists and antagonists (Kieffer, 1999). In mice lacking the  $\mu$ -opioid receptor gene (Matthes et al., 1996; Becker et al., 2000) morphine had no analgesic, locomotor hyperactivity-inducing, or rewarding effects (the latter as evidenced by the inability to induce conditioned place preference and to acquire self-administration). Signs of withdrawal after chronic morphine administration was stopped were completely absent. All of these morphine-induced actions normally seen in wild-type control animals are therefore largely dependent on the  $\mu$ -opioid receptor, except for morphine withdrawal, which was also diminished in  $\kappa$ -opioid receptor knockout mice (Simonin et al., 1998). Heroin or its major metabolite morphine 6- $\beta$ -glucuronide, like morphine, failed to elicit analgesia in  $\mu$ -opioid receptor knockout mice (Kitanaka et al., 1998). This showed that no heroin-specific opioid receptor subtype exists. Autoradiography of all three receptor types demonstrated that disruption either of the  $\mu$ - or of the  $\kappa$ -opioid receptor gene did not provoke a major compensatory up-regulation of the remaining two receptor types (Kitchen et al., 1997; Slowe et al., 1999). Coupling of the  $\delta$ -, but not of the  $\kappa$ -opioid, receptor to GTP-binding proteins may be altered in  $\mu$ -opioid receptor knockout mice (Park et al., 2000). Reduced tolerance to the analgesic action of  $\delta$ -opioid receptor ligands has been shown in mice lacking this receptor type (Zhu et al., 1999).

#### 2.4.2. Knockout of endogenous opioid receptor ligand genes

The effects of a total elimination of the physiological  $\mu$ - and  $\delta$ -opioid receptor ligands,  $\beta$ -endorphin and enkephalin, have been studied by targeted disruption of the pro-opiomelanocortin and pro-enkephalin genes (Kieffer, 1999). In mice without  $\beta$ -endorphin, exposure to swim stress did not lead to analgesia, which is usually mediated by this endogenous ligand, while exogenous morphine retained its analgesic effect on the available  $\mu$ -opioid receptors (Rubinstein et al., 1996). Lack of enkephalin resulted in a compensatory up-regulation of  $\mu$ - and  $\delta$ -opioid receptors in frontal brain areas, which was suggested as an explanation for the increased aggressiveness observed in these animals (Brady et al., 1999). However, none of these

studies tested directly for putative changes in the addictive properties of abused opiates.

#### 2.4.3. Knockout of other genes involved in the reward system

Disrupting the cannabinoid receptor 1 gene not only led to a lack of response to cannabinoids, but also to a substantial reduction in the rewarding effects of chronic morphine administration and to reduced opiate withdrawal (Ledent et al., 1999). Microdialysis studies of the nucleus accumbens of these mice showed that mesolimbic dopamine release was blunted in knockouts whereas it was normally stimulated by morphine in wild-type controls (Mascia et al., 1999). It may be concluded that the close functional link between the cannabinoid and the opioid systems of the brain does not exclusively depend on a common  $\mu$ -opioid receptor mechanism (Tanda et al., 1997), but also on the integrity of the cannabinoid receptor gene.

Recently, the impact of the dopamine transporter gene on the mesolimbic reward system has been demonstrated (Spielewoy et al., 2000). Despite the tonic overactivity of the dopamine system in these knockout mice, morphine was still able to elicit higher dopamine release and transcription of the immediate-early gene *c-fos* than in wild-type animals. Reward-related behaviour was increased, withdrawal symptoms to naloxone were decreased, analgesia was similar, and induction of locomotion was absent in knockout mice.

Knockout of the dopamine D2 receptor gene resulted in a decreased striatal expression of enkephalin, in reduced locomotion, and in the loss of rewarding effects of morphine administration in a place-preference test. Withdrawal behaviour was not influenced (Maldonado et al., 1997; Drago et al., 1998).

As the receptor of the neuromodulatory tachykinin peptide “Substance P” is also expressed in the nucleus accumbens, disruption of its gene might reveal a possible role in drug reward. Indeed, morphine lost its rewarding properties in knockout mice, and physical signs of withdrawal were diminished (Murtra et al., 2000).

While acute morphine administration inhibits the cyclic AMP (cAMP) signal transduction pathway, chronic exposure leads to its compensatory up-regulation, which is regarded as the basis of the development of drug tolerance, sensitization, dependence, and the onset of withdrawal (Nestler and Aghajanian, 1997). One of the distal effectors of this pathway is the transcription factor cAMP response element binding protein (CREB), which initiates transcription of immediate-early genes in the cell nucleus. Complete disruption of the genes of all three CREB isoforms is lethal shortly after birth, but targeted disruption of two of the genes and consequent upregulation of a minor isoform is compatible with survival and may be regarded as an incomplete knockout. Morphine withdrawal in these animals was strongly reduced (Maldonado et al., 1996), confirming the above hypothesis.

## 2.5. Pharmacogenetic studies in humans: candidate genes

In the absence of a truly pharmacogenomic approach in humans (see Section 2.3 above), association studies have had to single out candidate genes according to their likely role in opiate metabolism or in the reward system of the brain (Table 1). Most studies have been case-control comparisons, and it should be stressed that these are notoriously prone to sample stratification biases. Other than indicating that the associated marker itself is the susceptibility-increasing gene variant or that it is in linkage disequilibrium with any such variant nearby, any positive finding may be due to unaccounted systematic differences (the most obvious being ethnicity) between cases and controls apart from the presence versus absence of the disease under study. Means to remedy this weakness have been suggested (Spielman and Ewens, 1996), but have rarely been applied to samples of probands with opiate addiction. When parents are available, the transmission of a putatively disease-associated allele from heterozygous parents to affected probands can be studied; departure from random transmission indicates association in an unbiased way.

### 2.5.1. Pharmacokinetic candidate genes: cytochrome P450 2D6

Tyndale et al. (1997) hypothesized that due to an inability to metabolize oral opiates into more active degradation products, individuals homozygous for deletions of the cytochrome P450 2D6 gene (*CYP2D6*) should be protected from opiate dependence (a negative association with the disease). Indeed, they found no homozygous deletions in their sample of opiate addicts, but did in 4% of never-dependent controls and in 6.5% of multi-drug dependent probands. Though the odds ratio of the effect was impressive, its 95% confidence interval covered unity (Table 1). Other criticism focused on possible sample stratification (as mentioned in Section 2.5 above) and a low correspondence between the poor metabolizer phenotype and genotype when only the two most frequent deletions were typed out of a greater number that are known to occur (Mikus et al., 1998; Tyndale et al., 1998).

### 2.5.2. Pharmacodynamic candidate genes

**2.5.2.1. Dopamine receptor and transporter genes.** Evidence that the mesolimbic–mesocortical dopaminergic projections represent the reward system of the brain implicates the different genes of dopamine receptors and the dopamine transporter as candidate genes. In 1990, a restriction fragment length polymorphism of the dopamine D2 receptor gene was the first genetic variant found to be associated with alcoholism (Blum et al., 1990, Smith et al., 1992). Given several successful and numerous negative replication studies in independent samples, a strong debate has waged ever since on whether this finding might have

been a false-positive result because of the likelihood that sample stratification occurred, as discussed in Section 2.5. Association with the A1 allele was also found in a comparison between a large sample of polysubstance-abusing individuals and a substantially lower number of drug-free controls (Smith et al., 1992), but it is unclear how much of the effect was due to opiate addiction since substance abuse was not broken down into specific substance abuse patterns. A study on an obviously overlapping sample showed that the finding did not hold for a subsample of 40 opiate-preferring poly-drug users, but rather for individuals with a heavy daily preferential use of psychostimulants (Persico et al., 1996). The same study ruled out an association between opiate preference and a polymorphism of the dopamine transporter gene, but with less than 40 individuals in each group, power was low. In a recent conference abstract, a highly significant association was reported between opiate addiction and an insertion/deletion polymorphism in the promoter of the dopamine D2 receptor gene whose alleles lead to a different extent of reporter gene expression in transfection assays. However, this finding was restricted to a subgroup of Chinese heroin addicts who consumed the drug by inhalation (Li et al., 2000).

As several studies have related the dopamine D3 receptor gene with the actions of cocaine (see Duaux et al., 1998), a single nucleotide polymorphism leading to the presence of either serine or cysteine in the ninth amino terminal position has also been studied in a moderately sized sample of opiate addicts (Duaux et al., 1998). The authors found no difference in allele and genotype frequencies between cases and controls, but homozygosity (i.e. genotype serine/serine, or cysteine/cysteine) was more frequent in those addicts who scored high in sensation seeking, a temperament characteristic known to predispose to substance abuse (similar to the slightly differently conceptualized measure of novelty seeking, see below). Two non-replications in sizable samples from Israel (Kotler et al., 1999) and China (Li et al., 2000) underscore that findings derived from small subgroups of moderately sized samples may be a critical issue.

Another association was based on the observation that novelty seeking, a personality trait increasing the risk for substance dependence, is to a slight extent increased in individuals with longer alleles of several expressed repeat units in the third exon of the dopamine D4 receptor gene. The same polymorphism might thus be associated directly with opiate dependence, as was found in the Israeli and Chinese samples mentioned above (Kotler et al., 1997; Li et al., 1997). However, a study in the US found no association with this and three more polymorphisms of the same gene (Gelernter et al., 1997). Another sizable case-control study in Germany also had a negative result (Franke et al., 2000), and in a family-controlled study, as recommended above (Section 2.5), preferential transmission of the supposedly associated allele 7 from heterozygous parents to heroin-dependent offspring was not observed

Table 1  
Association studies of 11 candidate genes in probands with opiate dependence

Protein	Gene symbol	Cytogenetic location	Publication	Number of cases	Number of control subjects	Results
Cytochrome <i>P</i> 450, subfamily II D	<i>CYP2D6</i>	22q13.1	Tyndale et al., 1997	83 (oral opiate), 93 (multi-drug)	276	Protective effect of homozygote deletion (no poor metabolizers in 83 opiate abusers) [ $P = 0.05$ , OR 7.2 (95% CI, 0.4–124.1)]
Dopamine receptor D2	<i>DRD2</i>	11q23	Smith et al., 1992 Persico et al., 1996 Li et al., 2000	232 (poly-substance) 40 (opiate-preferring) 465 (heroin addicts)	56 119 298	Alleles B1 and A1 ↑ in cases ( $P < 0.01$ , $P < 0.05$ ) No association – 141C Ins/Del (insertion/deletion polymorphism) associated in nasal inhalers ( $P = 0.006$ )
Dopamine receptor D3	<i>DRD3</i>	3q13.3	Duaux et al., 1998 Kotler et al., 1999 Li et al., 2000	54 (opiate addicts) 193 (heroin addicts) 121 (heroin addicts)	70 134 180	Ser9Gly homoz. ↑ in sensation seekers ( $P = 0.034$ ) No association with Serin9Glycin polymorphism No association with Serin9Glycin polymorphism
Dopamine receptor D4	<i>DRD4</i>	11p15.5	Kotler et al., 1997 Li et al., 1997 Gelernter et al., 1997 Franke et al., 2000 Franke et al., 2000	141 (heroin addicts) 121 (heroin addicts) 55 (opiate dependent) 285 (heroin addicts) 111 parent–offspring trios	110 154 144 197	Allele 7 ↑ [ $P = 0.001$ , RR 2.5 (95%CI, 1.4–4.4)] Long alleles ↑ [ $P = 0.02$ , OR 2.3 (95%CI, 1.1–4.9)] No association with 4 coding polymorphisms No association (allele 7, $P = 0.19$ ) Transmission/disequilibrium test (TDT), $P = 0.74$
Solute carrier family 6, member 3; dopamine transporter	<i>SLC6A3</i> ; <i>DAT1</i>	5p14.3	Persico et al., 1996	32 (opiate-preferring)	38	No association with 40 basepair variation in the number of tandem repeats polymorphism in 3' untranslated region
Solute carrier family 6, member 4; 5-hydroxy-tryptamine transporter; serotonin transporter	<i>SLC6A4</i> ; <i>5-HTT</i> ; <i>SERT</i>	17q11.1–q12	Tan et al., 1999 Kotler et al., 1999 Li et al., 2000	63 (heroin addicts) 186 (heroin addicts) 121 (heroin addicts)	72 217 180	Allele 10 ↑ [ $P = 0.005$ , OR 3.5 (95%CI, 1.4–8.6)] No association with promoter variant ( $P > 0.1$ ) No association with promoter variant and intronic variable number of tandem repeat
5-hydroxytryptamine receptor 2A	<i>HTR2A</i>	13q14–q21	Li et al., 2000	121 (heroin addicts)	180	No association with A-1438G and T102C single nucleotide polymorphisms
Gamma-aminobutyric acid receptor $\gamma$ -2	<i>GABRG2</i>	5q31.1–q33.1	Li et al., 2000	121 (heroin addicts)	180	No association with G3145A single nucleotide polymorphism
Cannabinoid receptor 1	<i>CNR1</i>	6q14–q15	Comings et al., 1997b	29 (opiate users)	114	No association with AAT triplet repeat
Opioid receptor $\mu$ -1	<i>OPRM1</i>	6q24–q25	Bond et al., 1998	113 (heroin addicts)	39	No association with C17T ( $P = 0.054$ ) or A118G ( $P = 0.16$ ; except in Hispanics, $P = 0.004$ )
Opioid receptor $\delta$ -1	<i>OPRD1</i>	1p36.1–p34.3	Mayer et al., 1997 Franke et al., 1999 Franke et al., 1999	103 (heroin addicts) 233 (heroin addicts) 90 parent–offspring trios	115 173	T921C: CC homoz. ↑ [RR 4.4 (95%CI, 1.8–10.8)] T921C: no association ( $P = 0.30$ ) Transmission/disequilibrium test (TDT), $P = 0.68$

(Franke et al., 2000), which strongly suggests the possibility of stratification biases in the first two studies.

Studies of the association of polymorphisms in the dopamine D1 and D5 receptor genes with substance addiction have also been reported, but these covered only nicotine (Comings et al., 1997a) or unspecified substance abuse (Vanyukov et al., 1998) and therefore do not appear in Table 1.

**2.5.2.2. 5-HT receptor and transporter genes.** Two polymorphisms are known in the serotonin transporter gene. Allele 10 of an intronic tandem repeat was found to be associated with opiate addiction in a sample of Chinese descent (Tan et al., 1999); however, this could not be confirmed in another Chinese sample of twice the size (Li et al., 2000). Variable number of tandem repeat polymorphisms, though occurring in non-coding introns, sometimes have an impact on gene transcription, for instance in the insulin gene. Functionally more important is a deletion variant in the promoter of the serotonin transporter gene, the serotonin transporter (SERT) linked polymorphic region. In transfection studies, the presence of a short allele results in less transcription of the gene than the presence of two long alleles. No association was found with this variant in an Israeli and a Chinese sample (Kotler et al., 1999; Li et al., 2000). Unpublished studies of the family-controlled sample of Franke et al. (1999, 2000) also indicated that neither the intronic variable number of tandem repeat nor the promoter variant seem to contribute to heroin dependence (the latter variant is, however, strongly associated with alcohol dependence; Lichtermann et al., 2000).

No association with opiate addiction was seen in a single study of two base exchange polymorphisms in the 5-HT receptor 2A gene (Li et al., 2000).

**2.5.2.3. GABA receptor genes.** The GABA receptor  $\gamma 2$  subunit gene contains a single nucleotide polymorphism that is not associated with opiate dependence (Li et al., 2000).

**2.5.2.4. Cannabinoid and opioid receptor genes.** The knockout studies reviewed above (Sections 2.4.1 and 2.4.3, and Uhl et al., 1999) support a prime role of these receptor genes. Comings et al. (1997b) found an association between a triplet repeat polymorphism in the cannabinoid receptor gene and intravenous abuse of various drugs, but not with opiate dependence as such. Opiate users were rare in their sample, so the power of the study may have been limited.

Five single nucleotide polymorphisms have been discovered in the  $\mu$ -opioid receptor gene (Bond et al., 1998), the alleles of two of which lead to amino acid substitutions and are sufficiently frequent in the population to allow for an association analysis. The presence of the rarer G allele of the A118G single nucleotide polymorphism (encoding

aspartic acid instead of asparagine in the amino-terminal position 40) was shown not to influence exogenous ligand binding, but the endogenous ligand  $\beta$ -endorphin was bound three times stronger and activated potassium channels coupled to GTP-binding protein three times more efficiently than the endogenous ligand did in the more frequent variant. However, no association was observed with opiate dependence, except in a Hispanic subsample, where the presence of the G allele reduced the risk of dependence by half. No significant association emerged with the C17T polymorphism, either. Unpublished results on the family-controlled sample by Franke et al. (1999, 2000) were also negative.

An increased risk of opiate dependence in C-allele homozygotes of the T921C single nucleotide polymorphism in the  $\delta$ -opioid receptor gene was reported from a case-control study in Germany (Mayer et al., 1997). However, no replication was seen in another German sample of double the size and in an additional family-controlled sample (Franke et al., 1999).

### 3. Conclusion

Although studies with mice bearing disrupted genes for opioid, cannabinoid or dopamine receptors clearly confirm that the rewarding properties of opiates depend largely on the functionality of these structures, surprisingly little evidence has been found in association studies of opiate-addicted humans for a contribution of these genes to the vulnerability for opiate dependence, which may be marginal. This may indicate that the selective approach of pharmacogenetic studies on a gene-by-gene basis might miss important genetic interactions as well as single gene variation with a larger effect size, particularly below the level of receptor-ligand interactions. While suitable samples of affected sibling pairs for unbiased, genome-wide linkage mapping of vulnerability genes are missing and the applicability of single nucleotide polymorphism maps for genome-wide linkage disequilibrium mapping has not yet been proven, pharmacogenomic approaches are beginning to be successfully applied to the monitoring of whole-genome expression patterns in animal studies.

### Acknowledgements

This study was supported by Grant number 01 EB 94 18 of the funding program dedicated to research on biological and psychosocial risk factors to drug abuse and dependence by the Federal Ministry of Education, Science, Research and Technology, D-53170 Bonn, Germany, and a grant to an association of research centers on addiction in the State of Nordrhein-Westfalen by the Ministry of Women, Youth, Family and Health of the State of Nordrhein-Westfalen, D-40190 Düsseldorf, Germany.



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