

Module 2: Understanding Addiction, Recovery, and Recovery Oriented Systems of Care

This module reviews the processes involved in addiction and what is involved in recovering an addiction free lifestyle. These sections will also overview the supports that can be necessary to establish and maintain the “new” lifestyle.

What is Addiction?

Addiction is also known as substance dependence and is characterized by physiological changes, cognitive/ behavioral patterns and environmental influences. See the DSM-IV-TR criteria listed below for specific factors.

Physical dependence differs in that the body depends on the substance to maintain itself. This is part of the criteria for addiction; however, it is not the same. Physical dependence manifests when withdrawal occurs, either by cessation of the substance, a different dosage or a different time of administration. While all addiction has physical dependence, not all physical dependence results in addiction (i.e., pain medications).

DSM-IV-TR Substance Abuse Criteria

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (such as repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; or neglect of children or household).
2. Recurrent substance use in situations in which it is physically hazardous (such as driving an automobile or operating a machine when impaired by substance use)
3. Recurrent substance-related legal problems (such as arrests for substance related disorderly conduct)
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (for example, arguments with spouse about consequences of intoxication and physical fights).

Note: The symptoms for abuse have never met the criteria for dependence for this class of substance. According to the DSM-IV, a person can be abusing a substance or dependent on a substance but not both at the same time.

DSM-IV-TR Substance Dependence Criteria

Addiction (termed substance dependence by the American Psychiatric Association) is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring any time in the same 12-month period:

1. Tolerance, as defined by either of the following: (a) A need for markedly increased amounts of the substance to achieve intoxication or the desired effect or (b) Markedly diminished effect with continued use of the same amount of the substance.

2. Withdrawal, as manifested by either of the following: (a) The characteristic withdrawal syndrome for the substance or (b) The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.

3. The substance is often taken in larger amounts or over a longer period than intended.

4. There is a persistent desire or unsuccessful efforts to cut down or control substance use.

5. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.

6. Important social, occupational, or recreational activities are given up or reduced because of substance use.

7. The substance use is continued despite knowledge of having a persistent physical or psychological problem that is likely to have been caused or exacerbated by the substance (for example, current cocaine use despite recognition of cocaine-induced depression or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

DSM-IV criteria for substance dependence includes several specifiers, one of which outlines whether substance dependence is physiologic dependence (evidence of tolerance or withdrawal) or without physiologic dependence (no evidence of tolerance or withdrawal). In addition, remission categories are classified into four subtypes: (1) full, (2) early partial, (3) sustained, and (4) sustained partial; on the basis of whether any of the criteria for abuse or dependence have been met and over what time frame. The remission category can also be used for patients receiving agonist therapy (such as methadone maintenance) or for those living in a controlled, drug-free environment. *Adapted from DSM-IV-TR and Dawnfarm.org*

What Causes Addiction?

American Medical Association: Chronic, Treatable Disease

The Nature of Chronic Illnesses:

- Progressive
- Get worse if left untreated
- Symptoms ebb and flow over an extended period of time
- Lead to other illnesses
- Improve when the treatment regimen is followed and get worse when the treatment regimen is discontinued.
- Recovery can often be a long-term process frequently requiring multiple episodes of treatment
- Adherence to recommended medical regimens is the most significant determinant of treatment outcomes for individuals with chronic illnesses
- Individuals in the lowest socioeconomic status, who lack family and social support, and who have a concurrent mental illness, have the poorest outcomes in terms of recovery from chronic illness

Thomas McClellan, Ph.D., Treatment Research Institute.

Addiction as a socially learned coping skill

- Vicarious learning
- Environment

Addiction as a “brain disease”

- Each drug mimics a neurotransmitter, but in a stronger form.
- Neurotransmitters control pleasure, pain, emotions, physiological needs
- If a drug is used repeatedly over time, the neurotransmitter is no longer made naturally, thus making withdrawal significant if the drug is stopped.

Recovery: What defines recovery, and who defines it?

Experts in the recovery management movement identify that because recovery oriented systems of care follow 10 features of viewing recovery as a long term process, rather than a short term episode as acute treatment models see recovery, recovery coaches will be able to learn and recognize that there are many styles or paths to recovery. The premise is that no one way of recovery works for everyone. Here is a list of these pathways:

1. **Total Abstinence (AMA/AA/Majority of treatment centers define recovery as completely abstaining from all illicit (and licit) substances and alcohol. Some also include prescription medication).**
2. **Temporary drug substitution.** With this style of recovery, the client substitutes a drug such as marijuana or alcohol for other drugs such as heroin, cocaine, methamphetamine, etc. The client’s goal is to use the substituted drug for a time frame in order to wean off the original drug.
3. **Virtual recovery.** 70% of those recovering online are women. The Hazelden Foundation provides text-message-based recovery support for adolescents leaving treatment.
4. **Telephonic recovery support.** In Connecticut, Phil Valentine has organized 150 recovering volunteers to provide telephonic recovery support for 90 days following discharge from residential treatment. Research reveals that 80% of individuals enrolled in this program remain sober at the 90-day period (Source: ATTC Monograph, 2007. *How Visionary Leaders are Shaping Addictions Treatment*).
5. **Treatment-assisted recovery**
6. **12-step recovery**
7. **Secular recovery** – No Higher Power recovery: (Rational Recovery)
8. **Quantum change.** Overnight transformation. “I felt the presence of God, and I no longer had the urge to use drugs.”
9. **Religious recovery.** Faith-based drug ministries
10. **Shifting allegiance.** Moving from one style of recovery to another. Many African American women begin their recovery in traditional 12-step meetings, and by the fifth year of their recovery, often shift from 12-step group attendance to church attendance (Project Safe research).

11. Partial recovery. Giving up all drugs except one.
12. Occasional use. Going from daily use to occasional use.
13. Medication assisted. Methadone maintenance, buprenorphine.
14. Cultural pathways. Native American Welbriety Movement, Nation of Islam.
15. Disengaged style. Totally discontinuing involvement in a mutual aid group.
16. Harm reduction. Reducing the harm connected to the substance use. This approach also includes the following:
 - Any positive Change
 - Use of a less harmful substance instead
 - Reduced Use
 - Controlled Use
 - Psychopharmacological treatments
 - Abstinence
17. Gender pathways. (Women for Sobriety)

What defines recovery may vary also based on the treatment facility, client, the client's morals, choices, legal situation, opinions and values.

To live a sober lifestyle, a person may need to change aspects of their life including:

- Hobbies/Leisure/Fun
- Friendships
- Occupation
- Religious practices
- Relationships
- Certain routines
- Values

Assessment of Trainee Outcomes:

1. Participants will be able to distinguish differences between substance use, misuse, abuse, dependence and addiction.
2. Participants will be able to name various pathways to recovery.
3. Participants will be able to describe different aspects of a client's life that need to be modified to sustain a recovery oriented lifestyle, based on the definition and path the individual follows.

CASE EXAMPLE

ADAPTED FROM GERALD SHULMAN, MA, MAC, FACATA 2001

A 38-year-old male probationer is referred for a chemical dependency assessment because of positive results for cocaine on a random drug screen. Initial assessment reveals a pattern of daily drinking. The employee's job supervisor states that there has been a history of absenteeism beyond what is usual (he has used all of his earned time at work) and a pattern of borrowing money from co-workers.

The probationer denies any problem with cocaine or alcohol but does not want to be violated (his probation officer will permit one treatment after a positive drug screen in lieu of violation of probation). He says that he is willing to enter treatment if that is the only way he can stay out of jail.

Fred lives with his wife and two children. Nothing is known at this time about this relationship or his wife's pattern of psychoactive substance use, if any. Fred reports no signs of withdrawal. He has diabetes, which he controls with insulin and diet. No other medical conditions are reported.

Fred claims he only used cocaine this one time, which led to his positive drug screen. He has had not periods of abstinence from alcohol exceeding 48 hours over the last 15 years but states he has never tried to stop drinking. He refuses to have his wife contracted.

Please answer the following questions:

1. What diagnosis is appropriate for this patient and what evidence supports this?
2. What concerns you about Fred's social network in relation to his use?

Pre/Post "Quiz"

Addiction and Recovery

All questions are True or False. Please write T or F on the line to the left of the question.

1. _____ Everyone who uses drugs can be labeled as an addict.
2. _____ People will always use more and more of a drug as time goes on.
3. _____ The best way for a person to recover is to attend 12 step meetings.
4. _____ The only way to be in recovery is to be completely abstinent from all illicit substances.
5. _____ Substance abuse and substance dependence are different diagnoses.
6. _____ Harm reduction is an approach that encourages small steps and positive changes.
7. _____ A person can be dependent on a substance without being addicted to it.
8. _____ It is important that a person changes certain aspects of their life when they enter recovery.
9. _____ People must have a sponsor to live a sober lifestyle.
10. _____ People who abuse substances need to seek religious counsel to maintain a recovered lifestyle.
11. _____ Drug dependence is a physiological phenomenon.