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Abstinence-based treatment

CATEGORY: Treatment

ALSO KNOWN AS: Minnesota model of addiction treatment

DEFINITION: Abstinence-based treatment of drug and alcohol addiction is based on addiction as a disease. According to this treatment model, no cure exists for the disease of addiction. Through counseling and continued support, the addicted person can recover as long as he or she maintains lifelong abstinence from drugs and alcohol.

HISTORY

Abstinence-based treatment was first developed at Willmar State Hospital and Hazelden Treatment Center in Minnesota in 1949. The treatment was targeted at “hopeless” alcoholics and was based on the principles of Alcoholics Anonymous (AA). Borrowing from the twelve-step meetings of AA, developed in the 1930s, these alcoholic treatment centers added residential treatment that included lectures, open discussions, small group therapy, and peer interaction.

First known as the Willmar or Hazelden model, and then the Minnesota model in the 1970s, abstinence-based treatment centers became the predominant model for treating both alcohol and drug abuse in the 1980s. Private treatment in twenty-eight-day residential treatment centers dominated the treatment landscape but was affected by cost-cutting managed-care by the 1990s.

Most abstinence-based treatment now occurs in outpatient settings. Treatment focuses on individualized treatment plans, family involvement, and frequent use of group meetings such as AA, Narcotics Anonymous, and Al Anon. Studies show that more than 90 percent of drug and alcohol treatment programs in the United States are abstinence-based, and most use the twelve-step program of AA as a core principle.

BASIC PRINCIPLES

The first treatment principle is that all addiction, no matter the substance, is caused by lifelong

physiological, social, and psychological disease processes. No cure exists for the disease of addiction, but recovery is possible through peer support and positive change. This principle removes the guilt that is associated with addiction and focuses on the disease instead of the addicted person. The addicted person begins by admitting that the disease makes him or her powerless over drugs and alcohol.

Recovery involves taking responsibility for the disease and making necessary changes in thinking and behavior. This type of cognitive behavioral therapy may include individual and group therapy. Personal change may include recognizing denial and other self-defeating behaviors and replacing these negative thoughts with gratitude, honesty, forgiveness, and humility. For many addicts and alcoholics, key components of successful abstinence include a spiritual awakening, faith in a higher power, and faith in the power of being part of a recovery community. A final principle is that without continued abstinence, addiction is a progressive and ultimately fatal disease.

BASIC COMPONENTS

Diagnosis should begin with a comprehensive evaluation that recognizes that addiction is a social, biological, and psychological disease. The initial phase of treatment may require medically supervised detoxification. Comorbid diseases related to alcohol or drug abuse and dual diagnosis such as bipolar disorder, attention deficit/hyperactivity disorder, or depression should also be recognized and treated.

Treatment for primary addiction may include the use of control-craving drugs, individual cognitive behavioral therapy, group therapy, family therapy, and relapse prevention therapy. Abstinence-based treatment may be adapted to a long period of residential treatment or may occur through outpatient care. Because this treatment considers addiction a lifelong disease, addicts are encouraged to attend after-care programs and twelve-step meetings, where they can benefit from the reinforcement of core principles and the support of other recovering people.

SUCCESS AND CRITICISM

Abstinence-based treatment is often criticized for having a low success rate, but because relapse is accepted as part of the natural course of the disease of addiction, it is difficult to give much credence to studies that look at one-year or even five-year success rates. Many addicted people fail initial treatment, have several relapses, and then continue with many years of sustained abstinence. According to the National Institute on Drug Abuse, relapse rates for addictions are similar to those for other chronic diseases, such as diabetes, hypertension, and asthma.

The abstinence-based treatment model also is criticized for being one-size-fits-all; for not allowing other treatment options, such as the harm-reduction model; for not being adaptable to persons who cannot accept the spiritual concept of a higher power; and for encouraging unattainable goals. These criticisms and alternatives are under discussion and study.

Still, most experts agree that abstinence should be the first and primary goal of addiction treatment. In the United States, therefore, abstinence-based treatment remains the treatment of choice for drug and alcohol addiction.

Christopher Iliades, MD

FURTHER READING

Ries, Richard, and Shannon C. Miller. *Principles of Addiction Medicine*. Philadelphia: Lippincott, 2009. A respected text for physicians and mental health professionals on all aspects of drug and alcohol addiction from the American Society of Addiction Medicine.

Scott, Christy K., et al. "Surviving Drug Addiction: The Effect of Treatment and Abstinence on Mortality." *American Journal of Public Health* 101.4 (2010): 737–44. Print. This study examines the effect of abstinence on mortality in a population of substance abusers. Concludes that a chronic disease paradigm is the best approach to addiction treatment.

Spicer, Jerry. *The Minnesota Model: The Evolution of the Multidisciplinary Approach to Recovery*. Center City, MN: Hazelden, 1993. Describes how the blend of behavioral science and the philosophy of Alcoholics Anonymous became the treatment model for all abstinence addiction treatment.

WEBSITES OF INTEREST

American Society of Addiction Medicine
<http://www.asam.org>

"*The Definition of Addiction.*" *AddictionsandRecovery.org*
<http://www.addictionsandrecovery.org/definition-of-addiction>

Resources for Medical and Health Professionals. National Institute on Drug Abuse
<http://www.drugabuse.gov/nidamed>

"*Treating Addiction, Transforming Lives.*" *Hazelden*
<http://www.hazelden.org>

See also: Alcoholics Anonymous; Hazelden Foundation; Minnesota Model; Outpatient treatment; Relapse.

Addiction

CATEGORY: Health issues and physiology

DEFINITION: The term *addiction* does not appear in the diagnostic criteria of substance abuse problems outlined by the American Psychiatric Association, in part because of the concern that words like *addiction* and *addict* are pejorative and could result in unnecessary stigmatizing of persons with drug and alcohol problems. Instead, problems associated with substance use are categorized not as addictions but as substance abuse or substance dependence.

THE COSTS OF ADDICTION

According to the National Institute on Drug Abuse, the societal cost of drug and alcohol addiction, in terms of lost productivity, crime, and health-care associated costs, is more than \$600 billion per year. Perhaps an even greater cost, but one that is far more difficult to calculate, is the harm of addiction to those addicted and the "collateral damage" that often occurs to the loved ones of the addicted individual.

Most people can think of someone in their lives—a friend, partner, parent, or child—who is affected by addiction. Addiction is far too common, and its effects can be devastating. Researchers are making considerable progress in understanding the illness, and with greater understanding should come better treatment and more reason for hope.



A drug addict injects a fellow abuser. (AFP/Getty Images)

DIAGNOSTIC CATEGORIES RELATED TO ADDICTION

Substance abuse involves a set of maladaptive behaviors associated with the taking of drugs, behaviors that include the failure to fulfill one's responsibilities, runs with the law, social or interpersonal problems, and engaging in risky, potentially dangerous behavior. Substance dependence is associated with changes in the way a person responds to drugs over time. Common changes indicating substance dependence are tolerance (the need for increasing doses to maintain drug effects) and withdrawal (unpleasant symptoms associated with drug removal). Additional criteria for substance dependence include the tendency to escalate drug use; taking the drug more frequently, in greater doses, or for longer periods of time; loss of control over drug use; and an inability to limit one's use.

To the extent that the symptoms associated with dependence and abuse are relatively clear and precise, they are valuable as diagnostic categories.

Symptoms do not, however, capture all meanings associated with the term *addiction*. The terms *substance abuse* and *substance dependence* have been limited to behaviors associated with addictive substances, even though in modern use the term *addiction* has been expanded to include excessive, compulsive, or destructive habits that have nothing to do with drugs. For example, persons are *workaholics* or *shopaholics*, two terms reflecting society's belief that a person can be addicted to working or to shopping, respectively. The concept of addiction also is commonly applied to compulsive eating, gambling, sexual behavior, and even web surfing.

GENERAL FEATURES OF ADDICTION

Because the term *addiction* includes many kinds of behaviors, one might wonder if it remains possible to extract common features of addiction that are associated with these behaviors in a relatively objective way. A number of common elements are indeed associated with addictions.

Addictions occur with behavioral rewards. Behavioral rewards include experiences that a person wants, experiences for which a person is willing to behave in a particular way. In short, the objects of addictions always feel good, at least in the beginning. While certain potentially addicting drugs and behaviors may, indeed, be harmful in all circumstances, this is not true across the board. There is nothing inherently unhealthy in things that feel good, or in the tendency to engage in certain behaviors to obtain those things. These behaviors have evolved, and they are tendencies that have served well for human survival.

The problem with addiction is that the effect of the behavioral reward changes in particular ways. With time and repeated exposure, a person's reaction to the behavioral reward changes in three observable ways. First, the person may develop a tolerance and then experience withdrawal. More and more of the behavioral reward will be needed to get the same amount of pleasure (tolerance), and the behavior may need to continue to keep feeling pleasure (withdrawal).

The presence of tolerance and withdrawal has been used as the primary indicator of addiction in years past. However, a person can vary in the extent to which he or she experiences tolerance and, especially, withdrawal, in his or her addiction, even with drugs such as alcohol, which produce symptoms of physical dependence.

In addition, other changes in a person's reaction to behavioral rewards also typically accompany the development of addictions. For example, the value of the addictive behavior, relative to other possible behaviors, changes. The person's behavioral repertoire shifts from one in which variable behaviors and responses occur to a far narrower focus, in which behaviors associated with the addiction come to predominate. Finally, the person seems to lose control of the addiction. Once he or she gets started with the behavior in question, they "overdo it" in ways that they did not intend and that they frequently regret. Efforts to permanently curtail or eliminate the addiction are extraordinarily difficult. Relapse, or returning to the behavior after successfully staying away from it for a time, is a common problem.

MODELS OF ADDICTION

Many different models, from widely diverse theoretical orientations within the field of psychology and medicine, have been proposed to account for addiction. Some consider addictions to be learned behaviors. These behavioral models focus on the role of conditioning processes in the development of addiction. Other models (social models) emphasize the role of other people (peers, family, society) in addictive behavior.

Other experts have sought to explain addiction in terms of personality variables, emphasizing the role of inner conflict or inadequate psychological coping mechanisms. Finally, numerous biological models search for the root of addictive behaviors in genetics and neurochemistry. It seems likely that a complete understanding of addiction may ultimately require a synthesis of several, if not all, of these approaches.

Linda R. Tennison, PhD

FURTHER READING

DiClemente, Carlo C. *Addiction and Change: How Addictions Develop and Addicted People Recover*. New York: Guilford, 2003. Describes the common features of addictive behavior, broadly defined, and discusses the development of and recovery from addictions as a stage theory.

Hart, Carl L., and Charles Ksir. *Drugs, Society, and Human Behavior*. 14th ed. New York: McGraw-Hill, 2010. An easy to read, entry-level textbook on substances of abuse.

Julien, Robert M., Claire D. Advokat, and Joseph E. Comaty. *A Primer of Drug Action*. 12th ed. New York: Worth, 2011. An excellent, thorough text covering uses and effects of both psychiatric substances and drugs of abuse.

WEBSITES OF INTEREST

American Psychological Association. Psychopharmacology and Substance Abuse Division
<http://www.apa.org/divisions/div28>

American Psychological Association. Society of Addiction Psychology Division
<http://www.apa.org/divisions/div50>

American Society of Addiction Medicine
<http://www.asam.org>

See also: Models of addiction; Psychological dependence; Risk factors for addiction; Science of addiction; Substance abuse

Addiction medications

CATEGORY: Treatment

DEFINITION: Addiction medications are drugs used to treat substance use disorders. The drugs are best used when combined with psychosocial treatment.

INTRODUCTION

Addiction is a brain disease. Once a person becomes addicted, changes typically occur in the body and the brain that make these systems function differently than before the development of the addiction. The functional (and perhaps structural) changes to the brain that occur with addiction can sometimes be treated with medications that allow the brain to function normally in the absence of the drug.

Medications are available for the treatment of opiate, alcohol, and cocaine use disorders and for nicotine use. Each of these medications will be considered individually here. No medication exists for the treatment of methamphetamine addiction, but about one-half dozen are being studied.