



NORTH BAY PSYCHIATRIC ASSOCIATES

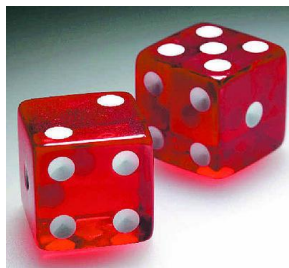
Addiction

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“Addiction” is a word with many meanings, connotations, and implications. Some perceive addictions as moral failings, while on the other hand some consider them purely biochemical disorders. Similarly, the objects of “addiction” also vary quite widely; we all have a general idea of what constitutes an obvious drug or alcohol addiction, but what about drug use that seems less problematic? Is that an addiction, too? How about a work addiction? A love or sex addiction? An addiction to the internet?



In truth, “addiction” is a non-medical term. Instead, psychiatrists and other providers use concepts of **abuse** and **dependence** to describe problematic substance use. *Substance abuse* is a recurrent pattern of use that results in significant family, financial, social, or workplace problems. *Substance dependence* incorporates all of these features, in addition to compulsive or repetitive use, as well as the phenomena of withdrawal (physical symptoms that arise when a substance is abruptly stopped) and tolerance (the need to take more and more of a substance to have the same effect, or a diminishing effect of a substance with continued use).



While these two clinical entities are fairly easy to observe and to describe, patients with substance use problems usually have incredibly complex reasons and justifications for using their substances of choice. People might deal with these triggers by using other coping strategies (not just drugs or alcohol), but these may cause problems, too, so the underlying reasons must be uncovered to avoid “cross-addiction.” Too often, treatment fails—or stalls—because patients and providers believe that simply eliminating the substance from a person’s life will give way to health and well-being, when in reality this is only the first step.

What causes an addiction to develop?

Much research has been focused on this question, and some partial answers have been obtained. Certainly, there are genetic influences on addiction (a family history of alcoholism, for instance, makes alcoholism more likely), environmental influences (e.g., friends who use drugs), as well as other mental health reasons that lead to “self-medication” (e.g., the anxious person who abuses sedatives to “calm down”). It has been argued that people *learn* to abuse certain substances because of their rewarding properties, and some are more prone to experience this reward than others.

These explanations only tell part of the story, however. Rewarding behaviors are rewarding to almost everyone, but *not* everyone develops an addiction. A family history does *not* always lead to an addiction. Similarly, we all have different ways of coping with problems, and only some of us choose a drug of abuse. (Some might also argue that drug abuse is a problem because we’ve *labeled* drugs as a problem, but that’s an argument for another time.)

It is sometimes helpful to think of addictions not just as physiological processes, but as *behavioral* phenomena, and here it is good to include other behavioral (or “process”) addictions, such as food addiction, sex and love addiction, and gambling addiction. In all of these addictions—as well as any substance addiction—the substance or behavior has taken on a meaning of great significance to an individual, something “larger than life.” To put it another way, the alcoholic doesn’t just *enjoy* a cocktail at the end of the day, he absolutely *requires* it, because of some underlying significance it possesses for him, which he is, in most cases, not able to name or identify. Other addictions work in much the same way.

How are addictions treated?

The explanation in the paragraph above holds great implications for the treatment of addictive behaviors. It is not enough just to prevent a person from accessing the object of his or her addiction; instead we must determine this significance and replace it with something else, something healthier to the individual.



One of the most effective treatments for alcoholism and other substance addictions is the 12-step model, typified by Alcoholics Anonymous (AA). A key component of the 12-step model is the admission of “powerlessness” over one’s addiction and the “turning over” of one’s will to some “Higher Power.” Indeed, addicts are characterized by the loss of control over their substance (i.e., they can’t seem to say no). But “turning over one’s will”—especially as it pertains to a conscious behavior (i.e., picking up a drink or a drug) is difficult. To make matters worse, people often bristle at the idea of a “Higher Power” than themselves.

Whether a person agrees with the “Higher Power” concept or not, it is true that the role of one’s addiction in one’s life must be examined and replaced with something that will ultimately lead to health and well-being. The alcoholic woman who drinks to soothe her craving for romantic involvement, might explore ways of relating to other people and determining what she desires in a partner. The heroin addict with a history of abuse or neglect might learn ways to confront the trauma of his past and break the cycle of self-abuse. The anorexic teenager might work towards a greater acceptance of her appearance and challenge the false beliefs she believes others hold about her.



To be sure, it is important to take measures to replace any physical defect when overcoming an addiction, and to use tools to prevent relapse. Thus, we treat alcohol withdrawal with certain medications, and other medications might reduce the craving for alcohol in early abstinence. Medications like Suboxone replace the opiate molecule in abusers of heroin and prescription painkillers. Sometimes a person benefits from specific treatment of depression, an anxiety disorder, or attention deficit disorder, when it appears that these problems contributed to the substance abuse.

However, treatment of an addiction does not, and cannot, stop there. Addiction is a complex disease with behavioral, psychological, spiritual, and social features, and the most effective treatments include a multifaceted approach, in which all factors contributing to a person’s use are examined, respected, and managed in order to regain sobriety and optimum psychological health.

Please be sure to check the NBPA website and blog regularly, as we will add up-to-date information about new discoveries in the biology of addiction, new treatment modalities, and useful tools to help you make the most of your treatment experience.