

Info Sheet: Addiction

What is it?

- Although commonly used, the term “addiction” is not a recognized diagnostic or clinical term used by the American Psychological and American Psychiatric Associations.
 - The DSM-5, the set of diagnostic guidelines established by the American Psychiatric Association in 2013 and used in several professions and settings, including forensic settings, prefer the use of the diagnostic category “Substance Use Disorder” to describe problematic drug and alcohol use commonly called “addiction.”
 - Substance Use Disorder is based on “pathological pattern of behaviors” related to substance use (American Psychiatric Association, 2013).
 - The “pathological pattern of behaviors” leads to significant distress or significant impairment in functioning.
 - The previous version of the DSM (the DSM-IV TR) separated substance use disorders into 2 categories: Substance Abuse and Substance Dependence. The most recent version of the DSM (the DSM-5) no longer includes this distinction because of theoretical, reliability, and validity concerns.
 - There are 8 types of Substance Use Disorders recognized by the DSM-5: alcohol, cannabis, hallucinogens, inhalants, opioid, sedatives/hypnotics/anxiolytics, stimulants (e.g., cocaine), and tobacco.
 - The diagnostic criteria for all substances are the same (i.e., there are no unique or additional criteria for a specific substance. For example, there are no unique or additional diagnostic criteria for an individual with Alcohol Use Disorder).
 - The DSM-5 has 3 levels of severity:
 - Mild: 2-3 criteria met
 - Moderate: 4-5 criteria met
 - Severe: > 5 criteria met
 - The DSM-5 criteria are grouped into 4 categories:
 - Impaired Control:
 - Using for longer periods of time than intended or using larger amounts than intended.
 - Unsuccessful attempts to reduce or stop use.
 - Spending excessive time acquiring, using, or recovering from use.
 - Cravings.
 - Social Impairment:
 - Continued use despite problems with work, school, or family/social obligations.
 - Continued use despite having interpersonal problems because of use.
 - Important social and recreational activities are given up or reduced because of use.
 - Risky Use:

- Repeatedly using substances in physically dangerous situations.
 - Continued use despite awareness that use is causing or worsening physical or psychological difficulties.
- Pharmacological Criteria (i.e., Tolerance and Withdrawal):
 - Tolerance – need for an increasing amount of substance to achieve the same effect (e.g., “getting high,” avoiding withdrawal effects).
 - Withdrawal – physical and psychological symptoms due to cessation of use.
- Prevalence of Substance Use Disorders varies depending on the substance of choice with highest prevalence rates for alcohol, tobacco, and cannabis (National Survey on Drug Use and Health, 2014; National Epidemiologic Survey on Alcohol and Related Conditions, 2014; Grant et al., 2017; Grant et al., 2016; Grant et al., 2015).
 - 1 year prevalence of Alcohol Use Disorder is 12.7%. Lifetime prevalence of Alcohol Use Disorder is 29.1%
 - 1 year prevalence of Tobacco Use Disorder is 20%. Lifetime prevalence of Tobacco Use Disorder is 27.9%
 - 1 year prevalence of Cannabis Use Disorder is 2.5%. Lifetime prevalence of Cannabis Use Disorder is 6.3%.
- Prevalence of Opioid Use Disorder has increased by 125% from 2001 to 2013 (Grant et al., 2016)
 - 1 year prevalence of Opioid Use Disorder is 0.9%. Lifetime prevalence of Opioid Use Disorder is 2.1%.
 - The overwhelming majority of individuals who meet criteria for Opioid Use Disorder are using prescription pain relievers (American Society of Addiction Medicine, 2016).
 - Over 50% of lethal drug overdoses are due to opioids with approximately 60% of opioid overdoses due to prescription pain relievers (American Society of Addiction Medicine, 2016).

What are the Signs of Addiction?

- The DSM-5 provides the criteria for Substance Use Disorder that treatment professionals use to diagnosis individuals (see above). Here are the signs you are likely to observe in a loved one or colleague who is addicted to drugs or alcohol:
 - **Problems** at work or school (e.g., missing work, arriving late, not completing tasks, negative changes in work performance).
 - **Physical health changes** (excessive fatigue, lack of energy/motivation, changes in sleep patterns)
 - **Neglected appearance**
 - **Changes in behavior** (being secretive, avoiding or being evasive when answering questions, avoiding social obligations, arriving late to work, yelling or becoming angry with coworkers)
 - **Mood swings**
 - **Loss of interest in hobbies/favorite activities**
 - **Changes in monetary habits** (stealing money, borrowing money)

- **Effects of the drugs/alcohol** (e.g., smelling like alcohol, slurring words, glassy eyes, “wired”/excessive energy, nodding off, difficulties sitting still).
- **Two easy questions** to remember to determine whether drug/alcohol use may be a problem for you, a colleague, or your loved one:
 - **Does your, your colleague’s, or your loved one’s substance use worry you?**
 - **Does your, your colleague’s, or your loved one’s substance use cause negative effects in relationships, at work/school, in leisure activities, or with his/her health?**
 - If the answer is yes to either question, then your, your colleague’s, or your loved one’s drug/alcohol use *may* qualify as a Substance Use Disorder and seeking help, either by taking steps to reduce use on your own or seeking help from professional, may be warranted.

Are there any tests for Addiction?

- There are several reliable and well-validated screening instruments for substance use disorders. The tests are used to detect whether a person’s substance use is *suggestive* of a substance use disorder and are not recommended as the sole instrument or means to determine if a person’s use meets DSM-5 diagnostic criteria for a Substance Use Disorder. They are useful in identifying *potentially* problematic substance use that warrants further assessment by a skilled professional.
 - One of the most widely used, reliable, valid, and free screening measures for Alcohol Use Disorder is the Alcohol Use Disorders Identification Test (AUDIT) (Babor et al., 1992): http://apps.who.int/iris/bitstream/10665/67205/1/WHO_MSD_MSB_01.6a.pdf
 - A widely used, reliable, and valid (but not free) screening measure for problematic substance use that is not limited to a specific substance is the Substance Abuse Subtle Screening Inventory (SASSI) (Miller, 1997). To learn more about the SASSI: <http://www.sassi.com>
- There are several reliable and validated self-report and clinical interviewing measures that assess whether an individual meets DSM-5 criteria for a Substance Use Disorder, as well as the severity of a person’s Substance Use Disorder. It is highly recommended that professionals trained in the assessment of substance use administer these measures. For those who are curious the University of Washington’s Alcohol and Drug Abuse Institute (ADAI) website contains additional information about each measure: <http://lib.adai.uw.edu/instruments/>.

What treatments are available for Addiction?

- There are several treatments available for Substance Use Disorders. Depending on the substance and severity of the substance use disorder treatments range from inpatient detoxification, residential rehabilitation, outpatient psychotherapy, and medication (including opiate replacement therapy such as Methadone).
 - **Cognitive Behavioral Therapies and Medication (including Medication Assisted Therapy)** have the most research evidence for their effectiveness in treating Substance Use Disorders (drug and alcohol use disorders) and have been studied in various treatment settings and populations.

- Cognitive Behavioral Therapies include Harm Reduction, Relapse Prevention, Community Reinforcement and Family Training (CRAFT), Behavioral Couples Therapy, and Motivational Interviewing/Enhancement.
 - The main components of Cognitive Behavioral Therapies include:
 - Teaching people the relationships among feelings, thoughts, and behaviors. Specific types of cognitive behavioral therapy have a stronger emphasis on changing thoughts in order to change emotions and behaviors, while other types of cognitive behavioral therapy have a stronger emphasis on changing behaviors as a means to change emotions and thoughts.
 - Learning skills to manage triggers for substance use (e.g., skills to cope with negative emotions).
 - Learning skills to cope with lapses and relapses.
 - Identifying the person's stage of change and/or motivation for change and tailoring skills to better help the person achieve her/his own stated goals.
- **Medications:** Medication Assisted Therapy (MAT) is the most effective treatment for Opioid Use Disorder and has been shown to significantly decrease opioid-related overdose deaths, criminal activity, and infectious disease transmission (NIDA, 2016).
 - Includes the medications Methadone, Buprenorphine (Suboxone), and Naltrexone.
 - Methadone and Buprenorphine are opiate replacement medications. Naltrexone is a drug that helps decrease cravings for opiates.
 - Methadone and Buprenorphine, when used as treatment for Opioid Use Disorder, do **NOT** produce a "high."
 - The treatments are typically time-limited and involve tapering of the medications as the person learns the skills needed to move toward abstinence.
- 12-Step groups (e.g., Alcoholics Anonymous, Narcotics Anonymous) are the most commonly used treatments in residential and outpatient settings; however, research on the effectiveness of 12-Step groups is limited.
 - There is evidence that 12-Step Facilitation can be an effective treatment for alcohol use and crack/cocaine use disorder in adults.
- **Important considerations in addiction treatment:**
 - Relapse is common and may not represent a failure of treatment.
 - The majority of individuals who engage in problematic substance use do not go on to develop Substance Use Disorders.
 - The majority of people who engage in problematic substance use and/or meet criteria for a Substance Use Disorder will **NOT** seek treatment, and many will overcome their problematic use on their own without treatment.

- Mandated treatment can be as effective as treatment sought by the individual (the person may not “have to really want to get better” to experience the benefits of treatment).
- People do not have to “hit bottom” before receiving treatment. Many people experience positive effects (e.g., decreased amount of substance used, reduced use that leads to harmful consequences) from obtaining treatment even if they haven’t “hit bottom.”
- Treatment resources are provided on the page titled “Resources on Addiction.”
- Tips about how to communicate with a colleague or loved one who may have a Substance Use Disorder are located on the page titled “Communication Tips.”