Understanding Theories of Addictive Disorders

Presented by
Joseph Hyde LMHC, CAS

Training Goals
- To better understand types of substances that people use and abuse and types of addictive behaviors
- To better understand theories of addiction and their impact on understanding and practice
- To help reduce misunderstanding and stigma regarding substance abuse
- To better understand some of the core concepts of addiction and behavioral health

Why understand theories & science of addictive disorders?
- To help reduce misunderstanding and stigma
- To guide & ground your practice
- Choose & use approaches and interventions that are appropriate and effective to the persons we serve.
- To reduce stigma and prejudice toward persons with mental/behavioral disorders
- To understand that frequently a person who has one disorder may have one or more other disorders e.g. alcohol abuse and depression, cancer and depression or mental retardation and anxiety
Introductions and Group Discussion

What are three things you would like to get out of today's session

Theoretical Foundation

The theories related to substance abuse create the framework of thought for program development and treatment interventions.

Treatment Modalities

The approaches used in the program that create the therapeutic process. These are the ways in which theory is operationalized (how theory is applied).
Addiction: Models

Theories of Addiction
- Holistic bio-psych-social model
- Disease Model
- Moral/character weakness

Addiction
A Holistic bio-psych-social Model

Physiological
Emotional
Social
Spiritual
Environmental
Political

Disease model of addiction

The disease model of addiction describes an addiction as a disease involving biological, neurological or genetic sources of origin.
Moral Model

- Addicts are “weak” and can overcome a compulsion to use with willpower
- Drug abusers choose to use drugs
- Drug abusers are anti-social and should be punished
- Drugs are evil

And Learning Theory

- Addiction is learned and reinforced behavior

And also the Psychodynamic Model

- Caused by any number of intra-psychic conflicts that might lead to fixation at or regression to the “oral dependent” stage of development; alcohol and drugs provide oral gratification.
- Abusers are “self-medicating”
- Abuse is a symptom of underlying psychological problems
- Use is a maladaptive psychological coping strategy
- Abusers need to resolve internal conflict, and when they do, drug use will be unnecessary
Concepts

- Craving
- Tolerance
- Risk and Protective factors
- Cross addiction
- Progression
- Relapse
- Abstinence
- Public Health Model

Abuse
Physical dependence
Psychological dependence
Harm reduction
Remission
Recovery
Stigma
Others

Number of Americans Using and Dying from Legal and Illegal Drugs

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Weekly Users</th>
<th>Percentage of U.S. Population</th>
<th>Deaths</th>
<th>Deaths per 10,000 Weekly Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>47.3 Million</td>
<td>19.2%</td>
<td>97,500</td>
<td>20.6</td>
</tr>
<tr>
<td>Tobacco</td>
<td>46.8 Million</td>
<td>19.0%</td>
<td>390,000</td>
<td>83.3</td>
</tr>
<tr>
<td>Marijuana</td>
<td>6.6 Million</td>
<td>2.7%</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.9 Million</td>
<td>.4%</td>
<td>547</td>
<td>6.1</td>
</tr>
<tr>
<td>Heroin</td>
<td>1.9 Million (ever used)</td>
<td>.8%</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

NATIONAL SPENDING PRIORITIES

- Drug War: $5
- Stealth Bombers: $70
- Wall Street Bail-out: $800

Billion Dollars

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5
What is Stigma

Has origins in a moral model

Stigma has two major components: public one (reaction of general public to people with addiction) and self-stigma (prejudice that people with addiction tend to turn towards themselves.

Elements of Stigma

- Labeling people with a condition
- Stereotyping people with that condition
- Creating a division – “us” and “them”
- Discriminating against people based on their label

Consequences of Stigma

- Mental illness and addiction are common, but only 10 to 20 percent of those needing treatment seek it due to fear of discrimination
- People deny painful symptoms and are reluctant to seek help at an early and more treatable stage of illness
- People with SA and mental illness often hold the same beliefs as society at large and blame themselves for their illness
Stigma
• Discrimination towards people with addiction leads to diminished employment opportunities, lack of career advancement, and hostility in the workplace
• Stigma contributes to the persistent under-funding of research, prevention and treatment services

Stigma
• Stigma is compounded by cultural differences, immigration experience, conditions leading to immigration, poverty, lack of health insurance, language difficulties, loss of support system, lack of access to traditional healers

Stigma
• What can we do to combat stigma in our professional and personal lives?
What is an addictive disorder

- Substance use disorder includes two broad categories of problems. These are substance abuse and substance dependence.
- Substance abuse is the impairment in some aspect of a person's life as a result of use of a substance.
- Substance dependence is distinguished from abuse by the addition of a physical and/or psychological dependence on the substance.

Addiction (Dependence) includes?

1. Obsession
2. Negative Consequences
3. Denial
4. Loss of Control

Types of Addictions (abuse and dependence)

<table>
<thead>
<tr>
<th>Substance Addictions</th>
<th>Process Addictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal drugs</td>
<td>Gambling</td>
</tr>
<tr>
<td>Illegal drugs</td>
<td>Exercise</td>
</tr>
<tr>
<td>Over the counter drugs</td>
<td>Work</td>
</tr>
<tr>
<td>Tobacco</td>
<td>Internet</td>
</tr>
<tr>
<td>Caffeine</td>
<td>Pornography</td>
</tr>
<tr>
<td>Food</td>
<td>Shopping</td>
</tr>
<tr>
<td></td>
<td>Sex</td>
</tr>
</tbody>
</table>
Risk Factors

Individual Risk Factors:
- Poor impulse control
- Problems with affect regulation
- Learning disabilities
- Expressive language deficits
- Family History
- High sensation seeking
- Trauma Symptoms or Hx
- Concentration/attention

Family Risk Factors

Risk factors
- Family Hx. of addiction
- Family Hx. of mental illness
- Family Hx. of trauma
- Family Hx. of violence
- Family Hx. of poverty
- Family Hx. of unstable living environment
- Family Hx. associated with cultural stress
- History of child welfare authority involvement
- History of children placed outside of the home

Protective Factors

Individual Characteristics
- High Intelligence
- Resilient Temperament
- Competencies and Skills

In domains of family, school, peer group and neighborhood
- Prosocial Opportunities
- Reinforcement for Prosocial Involvement
- Bonding/social connectedness
- Healthy Beliefs and Clear Standards for Behavior
- Stable Housing, access to health care and education
- Safety
Parallels Between Mental Illness & Addiction

A. Biological Illness
B. Hereditary/Biological Vulnerability
C. Chronicity
D. Incubability
E. Lends to loss of control of emotions and behaviors
F. Affects the whole family system
G. Symptoms can be controlled with tx.
H. Illness progresses without treatment
I. Diseases of denial
J. Judge as "moral issues or a personal weakness" rather than biological
K. Feelings of guilt & failure
L. Feelings of shame & stigma
M. Physical, emotional, & social effects

Continuum of Addiction

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Total abstinence from use</td>
</tr>
<tr>
<td>1</td>
<td>Rare/social use</td>
</tr>
<tr>
<td>2</td>
<td>Heavy social use</td>
</tr>
<tr>
<td>3</td>
<td>Heavy problem use</td>
</tr>
<tr>
<td>4</td>
<td>Clear addiction</td>
</tr>
</tbody>
</table>

Relationship Between Alcohol & Drug Use and Alcohol & Drug Problems

<table>
<thead>
<tr>
<th>Alcohol &amp; Drug Use</th>
<th>Alcohol &amp; Drug Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>Light</td>
</tr>
<tr>
<td>At Risk</td>
<td>Moderate</td>
</tr>
<tr>
<td>Problem</td>
<td>Heavy</td>
</tr>
<tr>
<td>Severe</td>
<td>Dependent</td>
</tr>
<tr>
<td>None</td>
<td>Medium</td>
</tr>
</tbody>
</table>
Bio-psycho-social continuum

- Social Use
- Incidental Misuse & Abuse
- Pattern of Risky and Problem Use
- Dependency/Addiction
- …See increase in negative consequences

Abuse

- No symptoms of withdrawal when abstinente
- Tolerance (the state in which an organism no longer responds to a drug and a higher dose is required to achieve the same effect) has not yet developed
- Some social or legal disruptions associated with use

Dependence

- A state in which an organism functions normally only in the presence of a drug; manifested as a physical disturbance when the drug is removed (withdrawal)
Addiction

- A state in which an organism engages in a compulsive behavior; behavior is reinforcing (rewarding or pleasurable); loss of control in limiting intake

ASAM definitions of addiction:

- “A primary, chronic, neurobiological disease with genetic, psychosocial, and environmental factors influencing its development and manifestations.”
- Characterized by behaviors that include one or more of the following:
  - Impaired control over use
  - Compulsive use
  - Use despite harm
  - Cravings

American Society of Addiction Medicine

DSM-4 Criteria: Substance Abuse

- One or more within 12 months:
  - Maladaptive pattern leading to distress or impairment
  - Recurrent failure to fulfill role
  - Recurrent physically hazardous behavior
  - Recurrent legal problems
  - Continued use despite social problems
  - Has never met Dependence criteria
DSM-4 Criteria: Substance Dependence

- Three or more within 12 months:
  - Tolerance
  - Withdrawal
  - Larger amounts/longer periods of time than intended
  - Efforts/desire to cut down
  - Great deal of time spent obtaining/using/recovering from use
  - Activities given up (social, recreational, occupational)
  - Continued use despite physical or psychological problems

How Do People Get Addicted?

- Small group Discussion

How Drugs Work

- A drug is nothing but a chemical substance until it comes into contact with a living organism.
- Drugs are psychoactive because they alter ongoing brain functions.
CLASSIFICATION OF DRUGS

A. Alcohol
B. Sedative hypnotics
C. Narcotic analgesics
D. Stimulants
E. Hallucinogenics
F. Inhalants
G. Steroids
H. Other

ALCOHOL

- Last month, 109 million Americans had at least one drink.
- Alcohol is the oldest and most widely used psychoactive drug.
- Central nervous system depressant
  - Legal, socially acceptable, & readily available
  - Most commonly abused legal drug
  - Most common first recreational drug

Standard Drink Measure

| 12 oz. of beer or cooler | 6 oz. of malt liquor | 6 oz. of table wine | 2.4 oz. of fortified wine | 2 oz. of cordial, liqueur, or aperitif | 1.5 oz. of brandy or rum | 1.5 oz. of spirits
<table>
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</thead>
<tbody>
<tr>
<td>12 oz.</td>
<td>6 oz.</td>
<td>3.5 oz.</td>
<td>2.5 oz.</td>
<td>1.5 oz.</td>
<td>1.5 oz.</td>
<td></td>
</tr>
</tbody>
</table>

Note: People buy many of these drinks in containers that hold multiple standard drinks. For example, many liquor is often sold in 15-, 25-, or 40 oz. containers that hold between two and five standard drinks, and half wine is typically sold in 25 oz. (750 ml) bottles that hold the standard drink.
Blood Alcohol Level Effects

- 1 drink: 0.02-0.03%-No overt effects, slight mood elevation
- 2 drinks: 0.05-0.06%-Feelings of relaxation, warmth, slight decrease in reaction time and in fine muscle coordination
- 3 drinks: 0.08-0.09%-Balance, speech, vision, hearing slightly impaired; feelings of euphoria; increased confidence; loss of motor control
- 4 drinks: 0.11-0.12%-Coordination and balance becoming difficult; distinct impairment of mental faculties, judgement
- 5 drinks: 0.14-0.15%-Major impairment of mental and physical control; slurred speech, blurred vision, lack of motor skills
- 7 drinks: 0.20%-Loss of motor control-must have assistance to move about
- 10 drinks: 0.30%-Severe intoxication
- 14 drinks: 0.40%-Unconsciousness, threshold of coma
- 17 drinks: 0.50%-Deep coma-Respiratory failure

How Alcoholism Affects Us

- Assaults: 72% of Offenders & 79% of Victims
- Robberies: 72% of Offenders
- Murder: 86% of Offenders & 50% of Victims
- Rape: 50% of Perpetrators
- Suicide: 64% of Attempts (10,000 + deaths)
- Fire: 83% of Fire and Burn Victims
- Drownings: 69% of Victims
- Highway Deaths: 20,000
- Job Accidents: 18,000 Deaths, Millions of Injuries
- Domestic Violence: 27% of females and 57% of males involved in marital violence
- Child Abuse: 83% of child welfare cases
- Bottom Line: alcoholism accounts for 85% of drug addiction problems in the US

Effects of Alcohol Use:

**Short Term**
- Mild sense of relaxation
- Slurred speech, loss of some motor control
- Decrease in blood pressure, heart rate, appetite
- Increase in urine output, and gastric acid secretion, and sleep

**Long Term**
- Damage to every vital organ
- Increased risk of cancer, malnutrition, organic brain syndromes, sexual dysfunction, and high blood pressure
- Lowered resistance to diseases
SEDATIVE HYPNOTICS

General Properties & Effects
- Sedative: a drug that eases anxiety and relaxes the body and mind; also called "tranquilizers" and "muscle relaxants."
- Sedative-hypnotic: any drug that either relaxes and soothes the body and mind, eases anxiety, or induces sleep. The two main categories are benzodiazepines, such as Xanax® and Klonopin®, and barbiturates, like phenobarbital.
- Tranquilizers: drugs that have antianxiety or antipsychotic properties but don’t induce sleep; also prescribed as muscle relaxants.

SEDATIVE HYPNOTICS USES
- Treat anxiety
- Treat panic attacks
- Treat sleep problems
- Control skeletal muscular spasms
- Control acute alcohol withdrawal symptoms

NARCOTIC ANALGESICS

General Properties & Effects
- Narcotic: this term from the Greek narkotikos, meaning "benumbing"; originally used to describe any derivative of opium but came to refer to any drug that induced sleep or reduce pain
- Analgesic: a painkiller that works by changing the perception of the pain rather than truly deadening the nerves as an anesthetic would.
- Antitussive: any medication that relieves coughing, such as codeine.
- Most Common: Codiene, morphine, oxycontin, vicodin, heroin,
NARCOTIC ANALGESICS USES

Medical
- Deaden pain
- Control coughing
- Stop diarrhea

Non-medical
- Drown out emotional pain
- Get a rush
- Induce euphoria
- Prevent withdrawal symptoms

STIMULANTS

General properties & effects
- stimulant:
  - Any substance, including cocaine, amphetamines, diet pills, coffee, khat, betel nuts, ephedra, and tobacco, that forces the release of epinephrine and norepinephrine, the body's own stimulants.
  - They stimulate the nervous system by increasing the electrical and chemical activity of the brain.

STIMULANTS USE

Medical
- Narcolepsy
- Obesity
- AAD/ADHD

Non-medical
- Keep awake
- Feel energized
- Increase confidence
- Induce euphoria
HALLUCINOGENICS
General properties & effects
- **hallucinogen**: a substance that produces hallucinations e.g., LSD, mescaline, peyote, DMT, psilocybin, and potent marijuana; a term often used interchangeably with psychedelic, stimulates sympathetic nervous system.

HALLUCINOGENICS USE
- Induces hallucinations
- Alters sensory perception
- Alters mood
- Impairs concentration
- Religious worship
- Spiritual experiences

OTHER DRUGS
Inhalants
- **Inhalant**: any substance that is vaporized, misted, or gaseous that is inhaled and absorbed through the capillaries in the alveoli of the lungs.
- **Volatile solvents**: petroleum distillates that are abused as inhalants.
- **Whippets**: small metal canisters containing nitrous oxide (laughing gas). They are sold as whipped cream propellants but abused as an inhalant.
- **Toluene**: a liquid hydrocarbon solvent that is used as an intoxicating inhalant. It is found in many household products and glues.
- **Trichlorethylene (TCE)**: a commonly used organic solvent found in typewriter correction fluids, paints, and spot removers.
OTHER DRUGS
Steroids

Anabolic-androgenic steroid: a steroid that builds muscles and strength; pharmacologically similar to testosterone; it also induces male sexual characteristics.

OTHER DRUGS
Club Drugs

Club drugs: drugs used at music parties, often called "raves," that include MDMA (ecstasy), ketamine, GHB, GBL, Rohypnol®, and nitrous oxide.

Date-rape drug: drugs like Rohypnol (flunitrazepam), a strong sedative-hypnotic that can induce amnesia, and GHB are slipped into a drink so that a date can be assaulted while in a stupor and not remember what happened. It is now banned in the United States.

Designer drugs (analogues): drugs formulated by street chemists that are similar to controlled drugs. There are designer amphetamines that act partly like psychedelics (e.g., MDMA, MDA) and designer heroin (e.g., MPPP).

Ecstasy (MDMA, "X"): commonly known as "X" or "ecstasy," a stimulant/hallucinogen first synthesized in the early 1900s and popularized in the 1980s.

Ketamine: used as a recreational club drug, it is an anesthetic that produces catatonia and deep analgesia; side effects include excess saliva, dysphoria, and hallucinations. Its chemistry and effects are very similar to PCP.

Quick Summary

- Discussed What is an addiction
- There different types of addiction
- Described key concepts
- Questions
BREAK TIME

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How Many Drug Users Develop Dependence?

<table>
<thead>
<tr>
<th>Drug</th>
<th>Used drug</th>
<th>Abuse &amp;CD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>75%</td>
<td>32%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>91%</td>
<td>12%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>46%</td>
<td>9%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>16%</td>
<td>17%</td>
</tr>
<tr>
<td>Meth</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>Anxiolytics</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>Opiates</td>
<td>1.5%</td>
<td>23%</td>
</tr>
</tbody>
</table>

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SA Screening & Assessment

- **Screening**
  - Objective data
  - Subjective data
  - Psychosocial indicators
  - Purpose of screening
  - Use of standardized instruments

- **Assessment**
  - History
  - Mental Status Exam
  - Substance Use/Addiction Assessment
  - Psychosocial assessment
  - Dealing with denial
  - Diagnosis
  - Priority setting

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Standardized Screening Tools
- AUDIT
- MAST
- DAST
- ASI
- CAGE

Assessment Tools
- Addiction Severity Index
- GAIN - Global Appraisal of Individual Need

Brief Tools
- MAST - The Michigan Alcoholism Screening Test - (Subjective/substance use) Series of 24 questions related to use and use behavior that when scored will indicate the potential of substance use problems present.
Brief Tools

- **AUDIT - Alcohol Use Disorders Identification Test** - (Objective/substance use) Series of 10 questions related to use and use behavior that when scored will indicate the potential of substance use problems present.

- **DAST - The Drug Abuse Screening Test** - (Objective/substance use) Series of 28 questions related to use and use behavior that when scored will indicate the potential of substance use problems present.

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**ASAM PPC-2 American Society of Addiction Medicine Patient Placement Criteria, Second Edition**

ASAM PPC-2 - (Subjective/primarily substance use, but co-occurring) - While not an assessment tool per se, the PPC-2 is useful in the assessment and treatment planning processes because of its comprehensive nature. The ASAM PPC-2 covers the six dimensions of:

- Acute Intoxication and/or Withdrawal Potential
- Biomedical conditions and Complications
- Emotional/Behavioral Conditions and Complications
- Treatment Acceptance/Resistance
- Relapse/Continued Use Potential
- Recovery Environment

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Cultural Factors influence Individuals and Groups

**Internal Factors**
- Cultural/Racial Identity
- Socioeconomic Status/Class
- Nationality
- Language
- Family Constellation
- Social History
- Health Beliefs & Practices
- Perception of Disability
- Age & Life Cycle Issues
- Spatial & Regional Patterns
- Gender & Sexuality (sex roles)
- Sexual Orientation
- Religion & Spiritual Views
- Political Orientation & Affiliation

**External Factors**
- Institutional Biases
- Community Economics
- Intergroup Relations
- Natural Networks of Support
- Community History
- Political Climate
- Workforce Diversity
- Community Demographics

Modified from James Mason, Ph.D., NCCC Senior Consultant

Developed by National Center for Cultural Competence, 2002
CULTURAL COMPETENT COMMUNICATION SKILL

LEARN Model

Listening to the patient's perspective
Explaining and sharing one's own perspective
Acknowledging differences & similarities between these two perspectives
Recommending a treatment plan
Negotiating a mutually agreed-on treatment plan


Practical ways to enhance cultural competence

- Understandable and Respectful Care of persons served
- Employ Diverse Staff and Leadership
- Ongoing Education and Training for all staff
- Language Assistance Services
- Right to Receive Language Assistance Services
- Competence of language Assistance
- Patient-Related materials in other languages
- Written program Plans that incorporate cultural issues
- Patient/Consumer Data/demographic and satisfaction
- Community Partnerships
- Conflict /Grievance Processes

Questions?