

## Addiction—A Brief Primer

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### Big Book Insights:

“ Men and women drink essentially because they like the effect produced by alcohol. The sensation is so elusive that, while they admit it is injurious, they cannot after a time differentiate the true from the false. To them, their alcohol life seems the only normal one. They are restless, irritable and discontented, unless they can again experience the sense of ease and comfort which comes at once by taking a few drinks... ” [1]

“ It helped me a great deal to become convinced that alcoholism was a disease, not a moral issue; that I had been drinking as a result of a compulsion, even though I had not been aware of the compulsion at the time; and that sobriety was not a matter of willpower. ” [2]

### Addiction—Definition:

“ A primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving. ” [3]

### Cravings—Some Definitions:

<p><b>Positive Cravings</b> Desire for reward (intoxication, “buzz”, “high”) or other pleasurable psychological benefit</p>	<p><b>Type 1 Cravings</b> Induced by drugs or stimuli that have been paired with prior drug use (“people, places, things”)</p>
<p><b>Negative Cravings</b> Desire to relieve uncomfortable emotional symptoms (“restless, irritable, discontented”)</p>	<p><b>Type 2 Cravings</b> Negative emotional state, combined with Type 1 Cravings, that causes drug seeking</p>

Adapted from References 4 and 5

**Addiction—Differential Diagnosis:**

<b>Differential considerations</b>	<b>Defined as</b>
Substance dependence	• As per DSM-IV-TR*
Substance abuse	• As per DSM-IV-TR
Substance intoxication	• As per DSM-IV-TR
Substance withdrawal	• As per DSM-IV-TR
Substance-related disorder: diagnostic orphans	• Fulfill some but not full criteria for substance dependence or abuse
Substance-related disorder: problem substance use	• Substance-related health consequences • Does not fulfill full or partial criteria for substance dependence or abuse
Substance-related disorder: risky substance use	• Substance use in excess of what is considered healthy but in the absence of physical harm • Does not fulfill full or partial criteria for substance dependence or abuse
Substance-related disorder: aberrant-medication taking behaviors	• Taking a medication in a manner that is not prescribed • May signify another diagnosis appearing in this table
Substance-related disorder: chemical coping	• Taking a substance inappropriately to obtain psychological benefit
Substance-related disorder: medication diversion	• Obtaining medications under false pretenses to share with or sell them to others
Substance-related disorder: opioid pseudoaddiction	• Behaviors that resemble addiction but are secondary to under-managed pain
Substance-related disorder: opioid hyperalgesia syndrome	• Pain that increases in severity and/or changes in character despite escalating doses of opioids
Substance-related disorder: substance discontinuation syndrome	• Symptoms and/or signs that occur after a substance is discontinued or tapered§ • Does not fulfill criteria for substance withdrawal
Other mental disorders associated with substance use	• Mood and anxiety disorders† • Disruptive behavior disorders‡ • Personality disorders, especially Cluster B¶

Adapted from References 6–12

\* DSM-IV-TR = Diagnostic and Statistical Manual of Mental Disorders, 4th ed, Text Revision

§ Examples include veisalgia (alcohol “hangover”), antidepressant discontinuation syndrome, various neonatal abstinence syndromes, et cetera

† See, for example, Criterion 7 for Manic Episode

‡ Consider, for example, “Serious violation of rules” for Conduct Disorder

¶ See, for example, Criterion 4 for Borderline Personality Disorder

**Substance Dependence—Criteria Set:**

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

<b>Tolerance</b>
<b>Withdrawal</b>
<p><b>Impaired Control</b></p> <ul style="list-style-type: none"> <li>• Substance is often taken in larger amounts or over a longer period than was intended</li> <li>• There is a persistent desire or unsuccessful efforts to cut down or control substance use</li> <li>• A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects</li> <li>• Important social, occupational, or recreational activities are given up or reduced because of substance use</li> <li>• Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance</li> </ul>

Adapted from DSM-IV-TR [13]

**Substance Abuse—Criteria Set:**

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

<p><b>Role Obligations</b> Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home</p>
<p><b>Hazardous Use</b> Recurrent substance use in situations in which it is physically hazardous</p>
<p><b>Legal Problems</b> Recurrent substance-related legal problems</p>
<p><b>Social or Interpersonal Problems</b> Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance</p>

And the symptoms have never met the criteria for Substance Dependence for this class of substance [14]

**Substance Abuse Treatment—General Approach:**

Substance abuse treatment occurs per the American Society of Addiction Medicine’s framework; in brief, a patient’s clinical condition and needs are assessed in multiple domains (Dimensions of Care); the patient is then placed in an appropriate treatment environment (Level of Care) per their multidimensional profile [15]

**Dimensions of Care:**

Dimension	Defined as
1	Acute intoxication and/or withdrawal potential
2	Biomedical conditions and complications
3	Emotional, behavioral or cognitive conditions and complications
4	Readiness to change
5	Relapse, continued use or continued problem potential
6	Recovery/living environment

**Levels of Care:**

Level	Defined as
0.5	Early intervention
I	Outpatient treatment
II	Intensive outpatient treatment or partial hospitalization
III	Residential or inpatient treatment
IV	Medically managed intensive inpatient treatment
OMT	Opioid maintenance therapy

**Dimensions of Care—Contrasted with Other Charting Formats:**

Dimension	DSM-IV-TR	Standard Medical Documentation
1	Axis I	—
2	Axis III	Past medical history
3	Axes I and II	—
4	—	—
5	Axis V	—
6	Axis IV	Social history

**Transtheoretical Model—Stages of Change:**

Stage	Defined as
Precontemplation	Not currently considering behavioral change
Contemplation	Serious evaluation of considerations for or against change
Preparation	Planning for and commitment to change
Action	Specific behavioral changes are attempted or made
Maintenance	Work to maintain and sustain long-term change

As per DiClemente and Velasquez [16]

**Precontemplative Resistance to Change:**

“ It can be helpful to think about precontemplators’ resistance to change in what can best be summarized as the four R’s: reluctance, rebellion, resignation, and rationalization. Each of these patterns of thinking, feeling, and reasoning helps keep precontemplators not ready to change. Almost all precontemplators use a combination of these patterns... ” [16]

**Motivational Enhancement Therapy—Definition:**

“ We define motivational interviewing as a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.” [17]

**Motivational Interviewing—General Principles:**

<p><b>Principle 1: Express Empathy</b></p> <ul style="list-style-type: none"> <li>• Acceptance facilitates change</li> <li>• Skillful reflective listening is fundamental</li> <li>• Ambivalence is normal</li> </ul>	<p><b>Principle 2: Develop Discrepancy</b></p> <ul style="list-style-type: none"> <li>• The patient rather than the provider should present the arguments for change</li> <li>• Change is motivated by a perceived discrepancy between present behavior and important goals or values</li> </ul>
<p><b>Principle 3: Roll with Resistance</b></p> <ul style="list-style-type: none"> <li>• Avoid arguing for change</li> <li>• Resistance is not directly opposed</li> <li>• New perspectives are invited but not imposed</li> <li>• The patient is a primary resource in finding answers and solutions</li> <li>• Resistance is a signal to respond differently</li> </ul>	<p><b>Principle 4: Support Self-efficacy</b></p> <ul style="list-style-type: none"> <li>• A patients’ belief in the possibility of change is an important motivator</li> <li>• The patient, not the provider, is responsible for choosing and carrying out change</li> <li>• The provider’s own belief in the patient’s ability to change becomes a self-fulfilling prophecy</li> </ul>

Adapted from Miller and Rollnick [18]

**Motivational Interviewing—Patient Profiles:**

<b>Low Importance   Low Confidence</b> <ul style="list-style-type: none"> <li>• Desire to change is low</li> <li>• Perceived ability to make change is low</li> </ul>	<b>Low Importance   High Confidence</b> <ul style="list-style-type: none"> <li>• Desire to change is low</li> <li>• Perceived ability to make change is high</li> </ul>
<b>High Importance   Low Confidence</b> <ul style="list-style-type: none"> <li>• Desire to change is high</li> <li>• Perceived ability to make change is low</li> </ul>	<b>High Importance   High Confidence</b> <ul style="list-style-type: none"> <li>• Desire to change is high</li> <li>• Perceived ability to make change is high</li> </ul>

Adapted from Miller and Rollnick [19]

**Addiction Pharmacotherapy:**

<b>Diagnosis</b>	<b>FDA-approved Treatment Options</b>
Alcohol dependence	Acamprosate (Campral) Disulfiram (Antabuse) Naltrexone (ReVia, Vivitrol)
Amphetamine dependence	None*
Benzodiazepine dependence	None*
Cannabis dependence	None*
Cocaine dependence	None*
Nicotine dependence	Bupropion (Zyban) Nicotine (Nicorette and others) Varenicline (Chantix)
Opioid dependence	Buprenorphine (Subutex, Suboxone) Methadone (Dolophine)

Medications support but do not replace standard psychosocial supports (e.g., substance abuse treatment, mutual help meetings, peer sponsorship)

\* Consider an addiction medicine consultation to comment on possible unapproved (“off label”) therapies

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19. *Motivational Interviewing*, page 54.

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