Introduction to Theory of Addiction

The American Society of Addiction Medicine (ASAM) defines addiction as “a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in the circuits leads to characteristic biological, psychological, social, and spiritual manifestations.” (Mee-Lee et al., 2013, p. 10). Addiction is characterized by inability to abstain, impairment of behavioral control, and dysfunctional responses in emotions and interpersonal relationships. It typically includes periods of remission and relapse and is a progressive chronic disease that without recovery activities can result in disability and premature death (Kampman & Jarvis, 2015; Mee-Lee et al., 2013). This definition parallels the DSM-5 (American Psychiatric Association, 2013) description of substance use disorder which includes a dysfunction in brain circuitry particularly related to the reward system, and therefore, problematic opioid use leads to clinically significant impairment in multiple areas within a 12-month period. The DSM-5 also notes that persons with lower levels of self-control, which reflects impairments of brain inhibitory mechanisms, may make them more vulnerable to developing a substance use disorder (American Psychiatric Association, 2013).

Treating addiction needs to be viewed as a chronic disease requiring long-term treatment as you would another chronic disease such as hypertension, diabetes, or asthma. Due to multiple brain circuits involved treatment needs to be multimodal. Interventions should include strategies that enhance natural reinforcers and strengthen executive function, and decreased drug related condition responses, improve mood, and decreased sensitivity to stress (Volkow & Warren, 2014). As a variety of substances associated with addiction impact various receptors and neurotransmitter systems, medications are used in the treatment of addiction that also demonstrate efficacy based on their molecular structure and affect on particular neurotransmitters (Kampman & Jarvis, 2015; Koob & Volkow, 2016). ASAM Levels of Care Due to wide variety of presentation of addiction ASAM has developed a multidimensional assessment and criteria (Mee-Lee et al., 2013) that is the current standard for matching severity of addiction and withdrawal with placement in level of care for treatment. ASAM views addiction treatment as a continuum of care provided by an interdisciplinary team of providers (Kampman & Jarvis, 2015). To provide a complete biopsychosocial assessment including spiritual impact of addiction persons with substance use disorder are assessed across six dimensions from the ASAM Criteria (MeeLee et al., 2013): (1) acute intoxication and withdrawal status; (2) biomedical conditions or complications; (3) emotional and behavioral conditions or complications; (4) readiness to change; (5) relapse, continued use, or continued problem potential; (6) recovery/living environment.

Due to high proportion of persons involved the criminal justice system having an opioid use disorder it is important to address their specific needs, and tailor treatment for their situation. While treatment is recommended there currently is a lack of evidence that any specific treatment is superior to another (Kampman & Jarvis, 2015). Also related to persons in the criminal justice system, there is likely a high prevalence of background trauma and resulting resistance to approaches that appear coercive (Damon et al., 2017; Runyon et al., 2017).

Many terms have been used over the years to describe substance use disorder treatment in defined and time limited phases. The phase after initial treatment has 23 traditionally been called “aftercare” or “step-down care” to denote a brief time limited program after the initial intensive care (Barthwell & Brown, 2014). It may represent a specific CBT program, follow-up counseling, or referral to mutual help groups like AA. The literature has begun using the term “continuing care” to refer to any therapeutic contact that is used following initial treatment and is adaptive based on client’s changing needs and implies a long-term treatment (Finney, Moos, & Wilbourne, 2014; Procter & Herschman, 2014), and the term “continuum of care” for an integrated approach to managing an addiction as a chronic disease (McLellan, 2014).