

Nature of the problem: Addiction as a chronic disorder

In his next Briefings, Professor Clark looks at the time course of addiction and how it influences the way that we should be building systems, including for the delivery of treatment, that help people find recovery. In this first Briefing, he looks at acute and chronic disorders and how they are managed in today's medical world.

If we are to help people overcome serious substance use problems, then it is essential that we understand the nature of addiction and recovery, and the processes required to help someone move from addiction to recovery.

One key issue centres around whether addiction is an acute or chronic condition. This and related issues can lead to considerable controversy.

The terminology used to describe addiction can be influential in a variety of ways. It can shape people's attitudes towards whether they can overcome addiction, shape the way we deliver treatment and the way we help people along the path to recovery, and influence society's attitudes towards people with substance use problems. The idea that addiction may be a 'disease' has caused considerable controversy over many years.

My concern in this and the following articles is not whether addiction is a disease – or whether it is a habit, illness, disorder, or whatever. My concern is the temporal course of addiction and how this influences the treatment system that we should be offering to people affected by substance use problems, and all other forms of support that help them along the path to recovery.

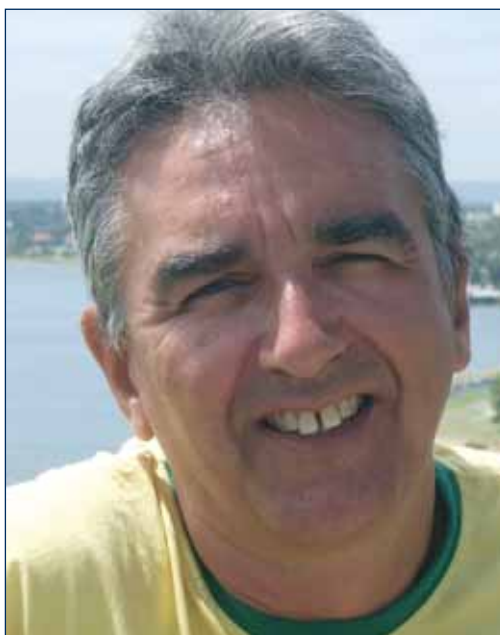
Over the past year, I have thought long and hard about the wide range issues that arise from the time course of substance use problems and addiction. However, I had not fully pieced together all the critical elements in a way that I felt confident enough to say what I really wanted to say about this matter.

This situation changed this week when I received a copy of a paper due to be published by William L. White and A. Thomas McLellan in the journal *Counselor*, entitled 'Addiction as a Chronic Disorder: Key Messages for Clients, Families and Referral Sources'. This manuscript consolidated and strengthened many of my own thoughts and beliefs, but took me far beyond my own ideas.

This paper is undoubtedly a classic and should be required reading for people working in the substance misuse field. I am grateful to Bill White for allowing me to quote freely from his work.

In considering the nature of addiction, in relation to its time course, I will first look at the nature of acute and chronic disorders in the medical world. This is essential because we need to understand that chronic disorders cannot be treated and managed like acute disorders.

Acute disorders such as broken bones, bacterial infections or short-lived emotional trauma can be



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typically attributed to a clearly defined source (eg infectious agent, physical trauma) and 'cured' by treatment and recovery processes that span a relatively short period of time.

While acute disorders may have been serious and

have disrupted the person's life, they do not typically leave a lasting mark. In general, the person is no more likely to have a recurrence of the disorder than a person who has not experienced the same problem. The person may get another infection or break another bone, but this is considered a new occurrence of the problem, rather than a relapse.

Chronic disorders such as heart disease, asthma and diabetes are caused, and complicated, by a variety of biological, psychological and social factors. Mostly, it is not possible to identify the precise determinants of the condition – chronic disorders are caused by an interaction between multiple factors.

Choices of 'lifestyle' and other behavioural choices often play a role in the development and maintenance of these conditions.

Not surprisingly, the treatment of chronic disorders is more protracted and complex than that required for acute disorders. It does not produce as good outcomes as acute treatments.

White and McClellan point out that all chronic treatments, regardless of the disorder, share three important features.

Firstly, while they generally remove or reduce the symptoms of the disorder, they do not affect the root causes of the disease. For example, beta-blocking drugs reduce blood pressure and insulin improves the body's ability to digest sugar and starches, as long as the person continues the treatment. However, the person is not restored to normal after these treatments.

Secondly, all chronic treatments require the person to significantly change their lifestyle and behaviour for the benefits of the treatment to be maximised. For example, even if diabetics take their insulin as prescribed, they will not stop their disorder progressing unless they also reduce sugar and starch intake, increase exercise and reduce stress levels.

Thirdly, because of the complex and multiple factors underlying chronic disorders and the need for ongoing medical care and lifestyle change, it is not surprising that relapses regularly occur in all chronic disorders.

Clearly, treatment strategies for chronic disorders need far more than periodic visits to the doctor. They need regular in-person and/or telephone/internet monitoring of medication adherence, coupled with encouragement and support for changes in diet, exercise and stress that benefit health.