

Nature of the problem: Addiction as a chronic disorder (part 3)

In this Briefing, Professor David Clark emphasises that we must be careful how we communicate the message about the chronic nature of addiction.

In earlier Background Briefings, I looked at an excellent paper by Bill White and Thomas McLellan that focuses on the chronic nature of addiction and on the need for a chronic or continuing model of care for helping people find recovery from addiction.

I also emphasised that 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.

We need to be very careful therefore how we communicate the message about the chronic nature of addiction, particularly as it can arouse strong feelings and generate unintended, harmful consequences.

On the one hand, we need people to realise that society must develop a treatment and support system that allows for the fact that some people need considerable help to overcome their addiction, some types of that support occurring over a prolonged period of time due to the chronic nature of the condition. On the other hand, it must be flexible enough to recognise that some people may overcome their addiction very much easier than others.

Knowing that they are suffering from a chronic disorder may help some people understand and relate to their problem much better, and this in turn may facilitate their recovery.

On the other hand, some people may feel disempowered by being told they are suffering from a chronic condition. Others who have gained and maintained recovery may even resent the idea that they have a chronic disorder. (I was a serious nicotine addict for over 20 years, but have had no inclination to smoke at any time over many years, even when sitting with smokers).

Some individuals in society may feel more positive towards people who are trying to overcome an addiction to substances if they are made aware of the chronic nature of the condition, while others may feel no sympathy at all and say that this is an abrogation of personal responsibility.

There are no simple answers here – what we must ensure is careful communication. In trying to facilitate better communication, White and McLellan looked at what the concept of addiction as a chronic disorder does not imply.

Not all substance use problems are chronic and have a prolonged time course. There is a continuum



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of severity of substance use problem. It is very difficult to predict which early substance use problems will develop into a chronic problem. However, in general, it is more likely that a therapeutic intervention will be successful if used with less severe than with more severe problems.

Not all people with substance use problems need specialised, professional treatment. Some overcome their problems on their own, while others may do so

with the help of family and friends.

We do not know enough about identifying who is most likely to need professional care. However, we can make a generalised statement that people who need treatment tend to have more severe substance use problems and possess less recovery capital (internal and external resources to support the recovery process) than those who do not need treatment.

Among those people who enter treatment, relapse is not inevitable and all people who are addicted to (a) substance(s) do not require multiple treatments before they achieve a successful, long-term recovery.

The possibility of recovery exists for all sorts of people, even those who have relapsed on multiple occasions. In fact, most people make a number of attempts to change their behaviour before they are able to achieve permanent change.

Having the chronic disorder of substance addiction does not reduce a person's responsibility for making continued efforts to manage that disorder. They must manage their addiction.

White and McLellan emphasise that, 'Appropriate treatment for chronic addiction is not simply a succession of short-term detoxifications or treatment stays. Appropriate continuing care requires personal commitment to long-term change, dedication to self management, community and family support and monitoring.'

They also point out that current addiction treatment outcomes are not acceptable simply because they are comparable to those achieved with other chronic disorders.

I know that some people do not like the use of the word 'chronic' when we talk about addiction. However, if we do not accept the chronic nature of the condition, how is society going to accept that it must develop the resources required for that described by White and McLellan?

'Chronic disorders require strategic, sustained stewardship of personal, family and community resources. Core strategies for achieving long-term recovery from chronic disorders include stabilisation of active episodes, global assessment, enhancement of global health, sustained professional monitoring and early re-intervention, continuity of contact in a primary recovery support relationship, and development of a peer-based recovery support network.'

Professor David Clark runs 'the prof speaks out' and other blogs at <http://davidclarkwired.blogspot.com>