

California Society of Addiction Medicine (CSAM)

Consumer Q&As

Q: Is addiction a disease?

A: Addiction is a chronic disorder, like heart disease or diabetes. A chronic disorder is a medical condition for life. It cannot be cured, but it can be managed. Just like with heart disease or diabetes, a person with addiction can regain a healthy, productive life. In fact, addiction treatment has the same level of success as treatment for other chronic diseases. As with many chronic diseases, vulnerability to addiction stems partly from a person's genetic makeup.

The American Medical Association endorsed the concept of addiction as a disease in 1957. However, medical understanding of addiction as a disease has been around for far longer. Dr. Benjamin Rush, a Founding Father of the United States who is also considered the father of American psychiatry, developed the concept of alcoholism as a disease in 1785.

Q: Does addiction treatment work?

A: As with other chronic diseases, most people cannot recover from addiction without help. Fortunately, addiction treatment has similar success rates as treatment for other chronic illnesses such as hypertension, diabetes and asthma. Most people who get into and remain in treatment stop using drugs and abusing alcohol, decrease criminal activity, and improve their occupational, social and psychological functioning.

Q: Does relapse mean that treatment failed?

A: The chronic nature of the disease of addiction means that relapsing is not only possible but also likely. Relapse rates for addiction resemble those of other chronic diseases such as diabetes, hypertension, and asthma.

Unfortunately, when relapse occurs in addiction treatment, many people deem treatment a failure. This is not true. Successful treatment for addiction typically requires continual evaluation and modification as appropriate, similar to the approach taken for other chronic diseases. When a patient receives treatment for hypertension and symptoms decrease, treatment is deemed successful, even though symptoms may recur when treatment is discontinued. For the addicted patient, lapses don't mean failure. Instead, they indicate that treatment needs to be reinstated or adjusted, or that alternate treatment is needed.

Q: How long does treatment take?

A: Individuals progress through drug addiction treatment at different rates, so there is no set length of treatment. However, because addiction is a chronic disorder, a short-term, one-time treatment usually is not enough. Research clearly shows that good outcomes

are based on adequate treatment length. Generally, for residential or outpatient treatment, participation for less than 90 days is of limited effectiveness, and treatment lasting significantly longer is recommended for better success.

Q: What kinds of treatment are available?

A: Addiction treatment can include behavioral therapy, medications, or a combination of both. People who are addicted to drugs and alcohol often suffer from other health, occupational, legal, family and social problems that should be addressed during treatment. The best programs provide a combination of therapies and other services to meet an individual patient's needs. Most people with severe addiction are poly-substance users and require treatment for all substances abused.

Treatment medications are effective for people addicted to opioids, such as heroin and OxyContin, and for alcohol and tobacco addiction.

Psychoactive medications such as antidepressants and antipsychotic medications may be critical for treatment success when patients have co-occurring mental disorders, such as depression, bipolar disorder and schizophrenia.

Behavioral therapies help motivate people to participate in drug treatment. They offer strategies for coping with drug cravings and teach ways to prevent relapse or to deal with relapse if it occurs. Behavioral therapies also can help people improve communication, relationship, and parenting skills. Many treatment programs use both individual and group therapy.

Q: How do I choose an Addiction Medicine doctor?

A: First, find a physician who is certified in Addiction Medicine by the American Society of Addiction Medicine (ASAM). The doctor must be able to recognize and diagnose alcoholism and drug addiction at both early and late stages. The doctor must possess the knowledge and communications skills to prescribe a full range of treatment services for patients and their families, and demonstrate a positive attitude toward the treatment and recovery of the addicted patient. The physician needs to be able to intervene in order to get patients into the appropriate treatment, and to recognize and manage the medical complications of addiction and the signs and symptoms of withdrawal from alcohol and drugs.

Q: Can you get treatment for addiction if you don't have health insurance?

A: If you don't have health insurance, contact your state substance abuse agency. In California, it's the state Department of Alcohol and Drug Services. Its website is <http://www.adp.ca.gov>, or you can call 800-879-2772 or email ResourceCenter@adp.ca.gov.

Another option is to call the Referral Helpline operated by the federal Center for Substance Abuse Treatment at 1-800-662-HELP (4357). Some treatment programs

may be willing to work with you on a payment plan, or help you find other means of support.

Q: How do Alcoholics Anonymous and other 12-step programs fit in to treatment?

A: Most drug addiction treatment programs encourage patients to participate in self-help group therapy during and after formal treatment. These groups add an important layer of community-level social support to help people achieve and maintain abstinence and other healthy lifestyle behaviors over the course of a lifetime. Alcoholics Anonymous and Narcotics Anonymous are, by far, the most common recovery group programs. Research shows that abstinence rates are twice as high for alcoholics who attend AA, and that higher levels of AA attendance are related to higher levels of abstinence.

Q: Are children at a genetic risk for addiction?

A: Genes alone do not preordain that someone will be an alcoholic or drug addict, but there clearly is a strong genetic component to the disease of addiction. Studies of identical twins indicate that as much as 60 percent of an individual's risk of becoming addicted to alcohol or other drugs depends on genes. Children of alcoholic parents, especially sons of alcoholic fathers, are four to nine times more likely to have problems with alcohol than children of non-alcoholic parents.

Q: How big a problem is teen alcohol and drug use?

A: Alcohol is the drug of choice for teens, but illegal drug use is a serious problem, too. About a third of all teens try illegal drugs, including marijuana, while more than half have used alcohol. By the time they reach their senior year in high school, more than 45 percent have tried illegal drugs while nearly three-quarters have used alcohol. More than half of high school seniors have been drunk. One of the most pressing problems is that early alcohol and drug use often result in alcohol and drug problems later in life. An estimated 20 million adults in the United States abuse alcohol; more than half of them started drinking heavily when they were teenagers.

Substance abuse, and particularly alcohol, is a leading factor in the three main ways that teens die – traumatic injuries, homicide and suicide. Alcohol and drug abuse by teens also lead to DUI, school failure, violence, unplanned and unsafe sex, teen pregnancy, sexual assault and arrest for a variety of crimes.

Q: How much substance abuse by teens is experimentation vs. a real problem?

A: Using alcohol, tobacco and other drugs at a young age has negative health effects. A growing body of research shows physical, including neurological, impacts from any alcohol, tobacco and drug use on the growing bodies of young people. Some teens will experiment and stop, or continue to use occasionally, without significant problems. Others will develop a dependency. Still others will have serious problems related to substance abuse, such as car crashes or arrests, even though they don't

become dependent. It is difficult to know which teens will experiment and stop and which will develop serious problems.

Teenagers at risk for developing serious alcohol and drug problems include those with a family history of substance abuse, those who are depressed, and those who have low self-esteem and feel like they don't fit in or are out of the mainstream.

Q: How can I tell if a teen is abusing alcohol and drugs?

A: There are many warning signs:

Physical: Fatigue, repeated health complaints, red and glazed eyes, and a lasting cough.

Emotional: Personality change, sudden mood changes, irritability, irresponsible behavior, low self-esteem, poor judgment, depression, and a general lack of interest.

Family: Starting arguments, breaking rules, or withdrawing from the family.

School: Decreased interest, negative attitude, drop in grades, many absences, truancy, and discipline problems.

Social problems: New friends who are less interested in standard home and school activities, problems with the law, and changes to less conventional styles in dress and music.

Q: What is a safe level of drinking?

For most adults, moderate alcohol use--up to two drinks per day for men and one drink per day for women and older people--causes few problems. One drink equals one 12-ounce bottle of beer or wine cooler, one 5-ounce glass of wine, or 1.5 ounces of 80-proof distilled spirits.

Certain people should not drink at all, however:

- Women who are pregnant or trying to become pregnant
- People who plan to drive or engage in other activities that require alertness and skill
- People taking certain over-the-counter or prescription medications
- People with medical conditions that can be made worse by drinking
- Recovering alcoholics
- People younger than age 21

Q: Is my drinking risky drinking?

A: Heavy drinking is not ordinary. Contrary to what we see in the media, most adults don't drink very much, if at all. According to the National Survey on Drug Use and Health, about 46 percent of American adults report that they didn't drink any alcohol in the last month and an additional 26 percent drink once a week or less. Nearly 80 percent of adults never drink at a dangerous level, which is five or more drinks on any occasion.

If you think you may have a drinking problem, answer the following four questions:

- Have you ever felt you should cut down on your drinking?
- Have people annoyed you by criticizing your drinking?
- Have you ever felt bad or guilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

One "yes" answer suggests a possible alcohol problem. More than one "yes" answer means that it is highly likely that a problem exists. If you think that you or someone you know might have an alcohol problem, it is important to see an addiction medicine practitioner right away.