ARTICLE

A (Very New) Beginner's Guide to the Disease Concept

RSI Recovery Systems Institute
PATIENTS & FAMILIES

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For most people, it's counter-intuitive to think of addiction as a disease. We're brought up to view a pattern of problems with alcohol or drugs as the result of a variety of other factors—psychological issues, or lack of willpower, or moral weakness, or some terrible past experience. That makes it difficult for most of us to switch over to the view of addiction as a chronic illness, along the lines of diabetes. But in many ways, a disease model provides a good foundation for treatment and recovery.

As we continue, feel free to substitute disorder for disease if you prefer.

Why Call Addiction a Disease?

Disease is just a term for any pathological process with characteristic identifying signs and symptoms, and under that definition, addiction qualifies.

One advantage to calling something a disease is that it empowers medical professionals to treat it. If instead we were to treat addiction as a crime, for example, we'd no doubt wind up with jails and prisons full of addicts (wait a minute -- isn't that what happened?)

It's OK to classify something as a disease before science fully understands its causes. The more complex the disorder, the longer it takes to untangle its roots.

Why Do Alcoholics Drink?

You have to admit that drinking is very common in our society. Few people manage to avoid it altogether, and most of us have our first drink long before we're legally of age. People who later become alcoholics begin drinking for roughly the same reasons as everybody else.

Here's a common illustration...

Reason given for drinking	True for someone who becomes alcoholic	True for someone who *doesn't* become alcoholic
1. To relax	Yes	Yes
2. To 'feel good'	Yes	Yes
3. To relieve stress or worry	Yes	Yes
4. To socialize with others	Yes	Yes
5. To boost confidence	Yes	Yes
6. Just like how it tastes	Yes	Yes
7. Daily routine (certain time)	Yes	Yes
8. For 'medicinal' purposes	Yes	Yes
9. To fit in with peers who drink	Yes	Yes
10. To celebrate an occasion	Yes	Yes
11. For romantic purposes	Yes	Yes
12. Just feel like getting high	Yes	Yes

The point being that it's later in the progression of alcoholism that alcoholics drink for reasons unique to them – such as to relieve withdrawal.

Why Do Some People Prefer One Drug Over Another?

Though people experiment with a variety of substances, most addicts seem to develop a preference based on their response to certain drugs. These responses are often divided into four broad categories:

AVERSION: If a drug produces a feeling of discomfort, it's unlikely you'll use it again.

MILD POSITIVE: A substance that produces little in the way of pleasurable feelings is probably not something you'll use often.

MODERATE POSITIVE: A slightly stronger positive response might motivate you to integrate the drug into your routine – wine with dinner, for instance, or an after-work martini.

STRONG POSITIVE: These substances produce a more positive feeling than others, and are more likely to motivate repeat use.

One theory posits that the pleasure centers of the brain are 'programmed' to prefer a certain type of substance —stimulants over depressants, for instance. Many addicts use multiple

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substances, sometimes to treat the effects of another. Heavy use of cocaine or methamphetamine, for instance, can motivate heavy use of a depressant such as alcohol, to quell the nervousness associated with stimulants.

When you hear someone talk about the addiction potential of a particular substance, they're usually referring to the percent of users who go on to develop the classic symptoms of addiction. An estimated ten percent of drinkers become alcoholic; the percent is much higher among those who use crack. Because of the speed at which it accesses the nervous system, and the remarkable brevity of its effects, crack seems to have greater addiction potential than snorting cocaine. Nonetheless, both can be addictive.

> " When a physician diagnoses alcoholism, she places on the alcoholic a new responsibility for treating it."

Is Alcoholism Hereditary?

It certainly runs in families. The common explanation is that some of us inherit a vulnerability to alcoholism based in genetics.

There are disorders that work on a model of simple inheritance: if you were unlucky enough to inherit a genetic trait, you eventually contract the disease (Huntington's Chorea, for example). But more complex disorders appear to depend on a combination of genetic predisposition and a contribution from the environment. By comparison, family history is an important risk factor for coronary heart disease, but so are smoking, excessive drinking, and obesity. Those behaviors facilitate the onset of heart disease.

It's quite possible to come from a family with a strong history of alcoholism but not develop alcoholism yourself. In fact, the experience of an alcoholic family member inspires some to avoid drinking.

Quick versus delayed onset

Some alcoholics progress quickly through the early stages to more severe problems. Others spend a long time as supposedly 'normal' drinkers before developing the signs of alcoholism.

Tom, for instance, has an extensive family history of addiction. He began using alcohol at thirteen and experienced initial problems about two years later. He experienced loss of control, blackouts, and multiple arrests for intoxication and fighting, and was compelled to enter treatment at age 19.

Abby drank regularly (and sometimes to excess) through college and into her mid-thirties without apparent problems. Her loss of control was gradual and she spent several years struggling to manage her drinking before entering treatment at 44, following a family intervention.

Making the Diagnosis

Some of the things that a professional looks for when making a diagnosis:

1. *Alcohol taken in larger amounts and over longer periods that intended.* This may considered a sign of compulsion, the increased desire that appears after initiating use, and loss of control.
2. *Persistent desire or efforts to cut down or control consumption.* Alcoholics make repeated attempts to drink without problems, usually involving periods of restricted consumption or abstinence. For the most part, such strategies fail.
3. *An inordinate amount of time spent in activities necessary to obtain, use, or recover from the substance.* The alcoholic's preoccupation with alcohol (he may run out of milk, but not out of beer) gradually takes on the status of an obsession. By the later stages, he may spend most of his waking hours either drinking, thinking about drinking, or fighting the aftereffects of drinking.
4. *Frequent intoxication or withdrawal symptoms which interfere with the ability to fulfill major obligations, or drinking when it is physically hazardous.* Maybe he can't go to the party because it's in the evening and he's already too intoxicated. Maybe he can't go to work because he's experiencing the pain of withdrawal from the previous evening's drinking.
5. *Important social, occupational, or recreational activities given up or reduced because of drinking.* The alcoholic's life

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becomes increasingly restricted by the demands of addiction. Socializing without alcohol becomes increasingly difficult. Socializing with alcohol leaves one vulnerable to embarrassing incidents.

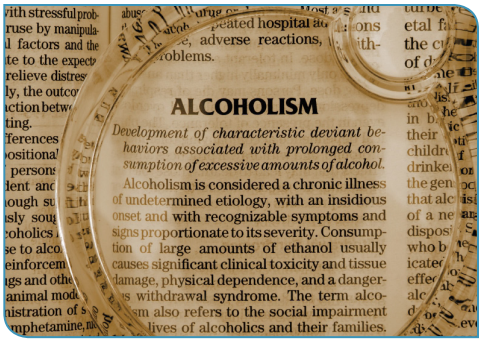
6. *Marked tolerance: a need for increased amounts in order to achieve intoxication or the desired effect, or markedly diminished effect with continued use of the same amount.* The alcoholic's tolerance permits him to function despite a relatively high concentration of alcohol in his bloodstream. It also requires him to consume more in order to get the desired effect (euphoria, or relief from withdrawal).
7. *Characteristic withdrawal symptoms.* Withdrawal normally begins before the level of alcohol in the bloodstream reaches zero -- and that motivates more drinking.
8. *Alcohol often taken to relieve or avoid withdrawal symptoms.* It's probably appropriate to see drinking as the medicine for alcohol withdrawal. The drinker's goal is no longer to get high; it's to relieve pain and discomfort.

Does calling something a disease relieve the alcoholic or addict of responsibility?

No. In fact, it increases his responsibility.

Once again, let's compare it to something familiar like diabetes. When the doctor informs you that you are diabetic, that knowledge makes you responsible for treatment – for taking medications, for monitoring your blood sugar, for controlling (hopefully) your diet. Likewise, when a physician diagnoses alcoholism, she places on the alcoholic a new responsibility for treating it. Responsibility the addict didn't have before the diagnosis was made.

Addicts struggle with changing their behavior, but then, so does the diabetic, the cardiac patient, the person with chronic respiratory problems. It's never easy to learn to live with a disease. And some people fight that reality longer than others.



Summary

A disease model doesn't answer all the possible questions about addiction. It does provide a valuable framework for treatment and recovery.

And from the standpoint of an individual and family in need, that's what counts most.