

## What is addiction?

According to the National Institute on Drug Abuse (NIDA), "Addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences."

### The three Cs: A quick way to remember addiction

- **Cravings:** An intense desire to use substances
- **Compulsive:** Continued substance use despite attempts to stop
- **Consequences:** Substance use leads to harm (legal, physical, and/or relationships)

### What's really going on with addiction and how to help

- Patients often use drugs and alcohol to cope with negative emotions, trauma, or stress (e.g., "cannabis helps my anxiety" or "meth makes me forget about when I got assaulted")
- It's critical for providers to understand the "why" behind substance use. Ask, "What does this substance do for you?"
- Treatment can address unmet needs through medical and psychosocial interventions that support recovery

### Key definitions

- **Substance use disorder** (SUD, aka addiction): The psychological condition in which a person compulsively uses substances despite harmful consequences
- **Dependence:** The body or brain adapts to the presence of a drug and requires the drug to function normally. When the drug is stopped or reduced, the person experiences physical or psychological symptoms (withdrawal)
- **Withdrawal:** Physical and psychological symptoms that occur when someone who is dependent on a drug stops using it or reduces the dose
- **Tolerance:** Needing increasingly larger amounts of a drug to achieve the same effect

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## How is addiction diagnosed?

Addiction is diagnosed using the DSM-5 criteria for substance use disorder. Addiction is a problematic pattern of substance use leading to clinically significant impairment or distress as manifested by **at least two** of the following within 12 months:

- Substance is often taken in larger amounts or over a longer period than intended
- There is a persistent desire or unsuccessful efforts to reduce or control substance use
- Significant time is spent obtaining, using, or recovering from the substance
- Craving or a strong desire/urge to use the substance
- Recurrent substance use resulting in a failure to fulfill obligations at work, school, or home
- Continued substance use despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance

- Important social, occupational, or recreational activities are given up or reduced because of substance use
- Recurrent substance use in situations where use is physically hazardous
- Continued use despite knowledge of persistent or recurrent physical or psychological problems that are likely to have been caused or exacerbated by the substance
- Tolerance
- Withdrawal

### Severity specifiers

- **Mild:** Presence of two to three symptoms
- **Moderate:** Presence of four to five symptoms
- **Severe:** Presence of six or more symptoms

## How is addiction treated?

### Medications

- Many medications can be used to treat addiction. Some are specific to addiction, such as:
  - » Naltrexone for alcohol use disorder (AUD)
  - » Buprenorphine for opioid use disorder (OUD)
  - » *See other provider guides for more medications for AUD and OUD*
- Many psychiatric medications can be used to treat underlying symptoms that lead to substance use (e.g., starting an SSRI for a patient who uses alcohol to reduce anxiety)

### Mutual support groups

- Peer-led group meetings where people with a shared condition support each other to recover from the condition
- Encourage patients to try different groups to find a good fit. Each experience is different
- Examples: Alcoholics Anonymous (AA), Narcotics Anonymous (NA), SMART Recovery

### Therapy/counseling

- Helps patients explore their relationships with substances and understand how their feelings and life experiences contribute to substance use (underlying causes of use)
- Sessions can be individual, with family, or in groups
- Multiple therapy modalities (like cognitive behavioral therapy) can be used

### Treatment settings

- **Outpatient\***: Scheduled visits with a clinic provider
- **Intensive outpatient program (IOP)\***: Multiple sessions per week with a counselor or therapist
- **Partial hospitalization program (PHP)**: Several hours per day in a structured program
- **Residential**: Living in a treatment program and receiving daily services

\*Services available from Montage Health

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## Stigma

- Stigma can prevent patients from seeking help, reinforce feelings of shame, and perpetuate misunderstanding about addiction
- Words matter. Language choice can reduce stigma. Use person-first language (e.g., "person with substance use disorder" instead of "addict")

### The three Es: How providers can reduce stigma

- **Educate**: Normalize addiction as a medical condition, not a moral failing
  - **Empathize**: Approach patients with compassion and curiosity, not judgement. Reassure them that they are not going to be judged, and you are trying to help them. Being honest in those statements may increase the likelihood that patients will be more open with you
  - **Empower**: Reinforce that recovery is possible, there are resources available, and patients are not defined by their diagnosis
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## Interested in learning more?

- Check out other provider guides about medications for OUD, AUD, and smoking/vaping cessation
- CME education on reducing stigma in healthcare
- CME education on prescribing buprenorphine

[montagehealth.org/prescribesafe](https://montagehealth.org/prescribesafe)