

# ADDICTION 101: A PRIMER FOR SUBSTANCE USE DISORDERS

BY JAMES W. KRAH, ESQ.

It is estimated that between 20 and 40 million people in the United States are experiencing an active Substance Use Disorder (SUD) at any given time. Although there are distinctions between alcohol and drug problems and the people who have them, the terms “addict” and “addiction” will be used to refer to both throughout this article for brevity.

“Alcoholic” and “drug addict” are colloquial terms. The clinical term for addiction is “substance use disorder,” as set forth in the most recent edition of the Diagnostic and Statistical Manual (DSM).<sup>1</sup> The DSM is widely used in the United States to diagnose mental, emotional and behavioral disorders.

The DSM provides 11 criteria to assist clinicians and medical personnel with determining an accurate diagnosis of SUD. For simplicity, these criteria may be summarized along three lines:

1. The presence of withdrawal symptoms (tremors, hypertension, vision and balance problems, hangover symptoms, nausea, headaches, muscle aches and pains, difficulty with sleeping or with staying awake);
2. The presence of tolerance of a particular substance(s) (needing more of a substance to achieve the same effect, or the same

amount of a substance ingested but producing a less-than-desired effect); and

3. Continuing use of the substance(s) despite negative consequences (relationship problems; domestic violence; legal problems; failure to perform major life activities such as employment, school and child-rearing).

The most recent edition of the DSM also added cravings, or strong urges to drink or use drugs, to the criteria.

The DSM categorizes SUD as a thought-process disorder. The National Institute on Drug Abuse, the American Medical Association and the World Health Organization define SUD as a primary disease.<sup>2</sup> In this sense, SUD is regarded as a permanent condition that may be successfully managed to the point of remission and stabilization, similar to Type II Diabetes or some forms of heart disease.<sup>3</sup> Twelve-step recovery programs (Alcoholics Anonymous (AA) and Narcotics Anonymous) view SUD as a spiritual malady requiring the assistance of a higher power in order to be successfully managed.<sup>4</sup> The overlaps and gaps between disorder, primary disease subject to remission and spiritual malady have been subject to much discussion and debate in western medicine,<sup>5</sup> as has the efficacy of twelve-step support groups.<sup>6</sup>

SUD is regarded as an amalgamation of disorder, primary disease and spiritual malady, dependent primarily on one’s perspective. For example, medical personnel regard SUD as a brain disease subject to medical treatment, and they treat SUD with prescription medications to manage the

signs and symptoms of SUD. Therapists work with individual clients to address underlying issues enforcing, supporting and exacerbating the SUD. Twelve-step support groups provide fellowship and support to the newly-recovering addict as that person develops along spiritual lines.

There are several approaches to treating SUD. The two primary approaches are:

1. Abstinence; and
2. Harm reduction.

The abstinence approach requires an addict to cease using the substance(s) entirely. The addict must develop a lifestyle to enforce and support abstinence, including changing his or her choice of people, places and things endorsing, encouraging and supporting continuing substance use. The harm-reduction approach embraces the idea that a reduced use of the addictive substance is an improvement, and/or that the addict continues to use the substance at previous levels but is taking measures to limit or reduce the harm caused by continuing use. One example of harm reduction would be an intravenous heroin addict switching to medically-managed prescription medications that treat chronic pain in order to avoid the hazards of sharing needles or being arrested for possession of heroin. Another example would be an alcohol addict drinking at home or only on weekends in an attempt to avoid a DUI charge or missing work on Monday. There continues to be debate among treatment professionals and addicts regarding the efficacy of either method. Twelve-step support groups have historically utilized the abstinence approach. Most present-day treatments

*continued on page 20*

# ADDICTION 101

have historically utilized the abstinence approach. Most present-day treatment centers appear to prefer the abstinence approach, although there is evidence-based data suggesting relief from active SUD may be had using either approach.

The obvious goal of treatment is that an addict recovers from active addiction. The term recovery is subject to many different definitions, largely dependent on where the addict finds him or herself in the progression from addiction to wellness. One definition of recovery would be, "I stopped drinking and/or using drugs 40 days ago, and I continue to need the daily support of AA as I continue to grow and develop along spiritual lines to rely on a higher power greater than drugs or alcohol." Another definition of recovery would be "I used to have a big drug and/or alcohol problem, but I have successfully resolved it. I no longer need or choose to drink or use drugs, and I continue to remain active in twelve-step support groups for support and fellowship."<sup>7</sup>

It is generally accepted that a person diagnosed with SUD needs professional help in order to successfully manage the SUD. One common justification is that if an addict could have successfully recovered from the SUD without need of intervention and the support of others, he or she would have already done so. Another justification is the presence of evidence-based data indicating addicts in recovery benefit from the fellowship and support of others, whether those others are health care professionals or other addicts active in recovery.<sup>8</sup>

In the United States, treatment of SUD proceeds along a continuum of care. Because an addict's denial of the nature and extent of an SUD problem is common, the continuum usually begins with an addict accepting the diagnosis and agreeing to seek and obtain help. In many cases, an intervention performed by third parties is necessary to assist an addict with stepping forward into recovery. In a clinical sense, an intervention is a group comprised of concerned individuals, in a non-confrontational setting, urging the addict to admit the problem and to seek and

obtain help. Informally, however, an intervention may be any act or omission that succeeds in bringing the addict's attention to the problem and motivating the addict to take active steps toward entering recovery. An arrest for DUI, the loss of employment, or the departure of a spouse or significant other may also be regarded as interventions. The predominant issue central to the nature and extent of an intervention is whether the particular intervention is successful in assisting the addicted person to accept responsibility for the problem and to take affirmation actions to resolve the SUD, including going to a rehabilitation center, completing a detoxification program and regularly attending twelve-step meetings.

Certainly, lawyers are not immune to this disorder. If you or any attorney you know is struggling with an SUD, help is available through Lawyers Concerned for Lawyers (LCL) and the Nevada Lawyer Assistance Program (NLAP). Links to these programs are provided on the State Bar of Nevada's website at <https://www.nvbar.org/member-services-3895/nlap/lcl> and <https://www.nvbar.org/member-services-3895/nlap/>, respectively.

Lawyers Concerned for Lawyers was started in Nevada in 1985 by attorneys recovering from SUD. According to the website:

*"LCL does not police, discipline or otherwise threaten the career or reputation of an attorney or judge who seeks help... All communications and actions are held in the strictest confidence and are not reported to any individual or entity outside LCL, including state bar disciplinary, admission, administrative or other state bar proceeding."*

The Nevada Lawyer Assistance Program (NLAP) was started in 2013, by the State Bar of Nevada. According to the website:

*"Lawyers may self-report to NLAP (voluntary) or be referred by the bar's Office of Bar Counsel for assessment, referral for treatment, and ongoing monitoring and support (mandatory)."*

1. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing. Prior to the newest edition of the DSM, SUD was referred to as "Chemical Dependency."
2. <https://www.drugabuse.gov/publications/media-guide/science-drug-abuse-addiction-basics>
3. Dr. Benjamin Rush, the founder of the American Psychiatric Association, considered substance abuse a disease in 1784, as set forth in *Medical Inquiries and Observations Upon the Diseases of the Mind*.
4. "...we have been not only mentally and physically ill, we have been spiritually sick. When the spiritual malady is overcome, we straighten out mentally and physically." Taken from Alcoholics Anonymous. (2014). *Alcoholics Anonymous: Big book reference edition for addiction treatment.*, p 64.
5. For an in-depth account of the history of recovery movements and ideologies in America, see White, W. L. (2014). *Slaying the dragon: The history of addiction treatment and recovery in America* (Second Edition). Bloomington, Illinois: Chestnut Health Systems/ Lighthouse Institute.
6. Visit <http://web.archive.org/web/20161202185738/https://www.orange-papers.org/> for an exhaustive critique of Alcoholics Anonymous.
7. As a counseling exercise, I once came up with over one hundred definitions of recovery, as defined by my clients.
8. This is not to discount or ignore those persons who have been able to successfully stop drinking or using drugs on their own, without outside help. The recovery industry clearly focuses on those persons needing intervention and assistance, much the same as the legal profession tends to focus on persons needing lawyers in instances where self-help is not a viable option.



**JAMES W. KRAH**, is a member in good standing of the New York and Nevada bar associations, admitted to practice in 1997. He is also a licensed alcohol and drug counselor in Nevada. KraH has worked in the recovery industry since 2008, and has designed and implemented treatment programs for major local and national recovery centers. He is also licensed to supervise counselor interns in Nevada. KraH may be reached at [jwk104@msn.com](mailto:jwk104@msn.com).