

What Is Addiction?

Addiction is the tendency to persist with an appetitive or rewarding behaviour that produces pleasure and sates desire, despite mounting negative consequences that outweigh these more positive effects. The person feels caught in this appetitive behaviour, and does not want to or cannot seem to moderate or stop it. Negative consequences include preoccupation and compulsive engagement with the behaviour, impairment of behavioural control, persistence with or relapse to the behaviour, and craving and irritability in the absence of the behaviour (Mate, 2008; National Institute on Drug Abuse [NIDA], 2010; Orford, 2000).

Perhaps the most common and archetypical example of a contemporary addiction is tobacco use: most people who smoke acknowledge that, given a choice, they wish they had never smoked or, more modestly, could stop. They certainly would not want their children or other family members to start. Most people who smoke have made at least one quit attempt over their lifetime but have been unsuccessful. Indeed, most successful ex-smokers had to make repeated attempts at cessation before they achieved a lasting result (2008 PHS Guideline Update Panel, Liaisons, and Staff, 2008).

Addictions are behaviours—they have to be enacted or performed: drinking alcohol, inhaling tobacco smoke, injecting heroin, snorting cocaine, pressing the button on a slot machine, buying a lottery ticket, eating food, having sex, shopping online. None of these behaviours is inherently addictive, but they all have addictive potential. They start out as behaviours that a person chooses to engage in, but become addictive when the person becomes caught up in them in ways that produce harmful consequences. A characteristic of addiction is the degree to which the person persists with the behaviour, reverting to it to feel pleasure and to find relief from pain and distress. In its more advanced forms, the person loses control over the behaviour. The feeling of loss of control is what people with more severe addictions commonly report as a defining characteristic of their problem.

Implicit in this model is the concept of addiction as occurring along a continuum. Addiction is not a binary either/or problem that you have or don't have. We are all on this continuum in terms of risk and harm. Depending on our situation, which can change depending on our physical health, emotional stress, social dislocation or other factors, we become more or less resilient or more or less at risk and "under the influence" of addiction.

Addiction as a "Disorder"

For the counsellor in a health care setting, the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) has governed the way addiction has been constructed as "disorder." The DSM-IV, in effect from 1994 until the spring of 2013 (including a revision, DSM-IV-TR, in zcxpo), shaped diagnosis and the clinical perception of substance use disorders and other mental health problems. The new version, DSM-5 (APA, 2013), combines what were two levels of diagnosis—substance abuse and substance dependence—into one category—substance use disorders, or diagnoses that require specification of a particular substance (e.g., cannabis use disorder). The severity of the disorder is determined by the number and gravity of symptoms. Using a checklist, the clinician uses the number of symptoms to determine whether the client has no disorder, or a mild, moderate or severe addictive disorder. The term "addiction" was deliberately not used in DSM-IV, and was instead replaced by "substance abuse" and "substance dependence." However with the DSM-5, the term addiction has been reintroduced, and substance abuse and substance dependence have been removed. The overarching category becomes "substance-related and addictive disorders," which includes behavioural addictions that are not substance-use related.

The diagnosis of "pathological gambling" in the DSM-IV has become "gambling disorder" in the DSM-5. This allows gambling problems to be ranked along a continuum of severity, and acknowledges that problem gambling can be effectively understood in a paradigm of addictive behaviour. In doing so, it escapes the stigmatizing label that came with the term "pathological gambling." The DSM-5 also includes "behavioural addictions, not otherwise specified," a catch-all category for addictions that do not have a specific DSM diagnostic identity. The DSM panel did not include disorders such as Internet, sex and shopping addictions because of a current lack of scientific evidence to support these as clinical disorders.

These changes reflect a more dimensional understanding of addictions as occurring on a continuum. They also create a context for framing addiction within a broader context than substance use alone. By expanding the scope of what is considered an addictive disorder, there is the potential for more people to be identified with less severe symptoms, and for them to be helped earlier and with less intensive interventions than people whose problems have become more severe and require more involved services and supports.