initiative 1

Addiction is a Chronic, Relapsing Disease

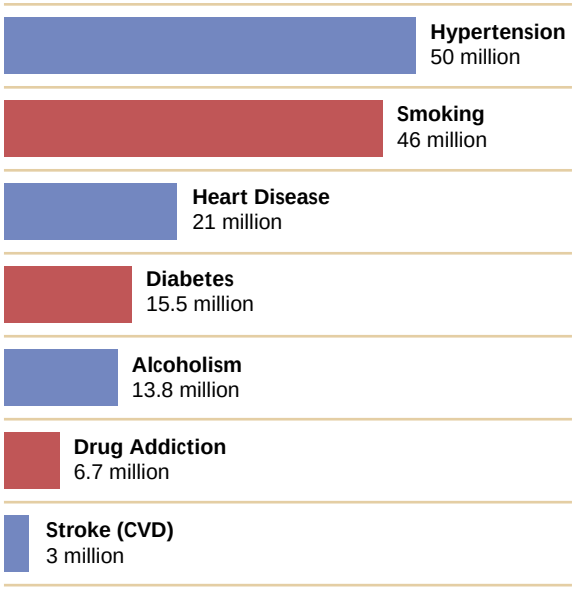
"Addiction to illegal drugs is a major national problem that creates impaired health, harmful behaviors, and major economic and social burdens. Addiction to illegal drugs is a chronic illness. Addiction treatment requires continuity of care, including acute and follow-up care strategies, management of any relapses, and satisfactory outcome measurements. We are impressed by the growing body of evidence that demonstrates that enhanced medical and public health approaches are the most effective method of reducing harmful use of illegal drugs."

initiative 1 — *Addiction is a Chronic, Relapsing Disease*

BACKGROUND AND REFERENCES

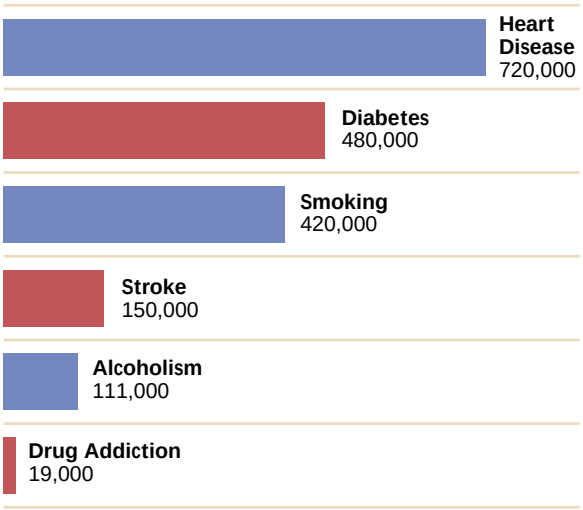
Drug addiction has not been considered to be a "real" medical disease by the public or, for that matter, by many physicians. One result of this attitude is that, while considerable scientific advancements have been achieved in the last twenty years in the understanding of addiction and addiction treatment, little of this knowledge has reached the general public or garnered application in clinical practice or public policy settings. Ignorance about the scientific facts of addiction has allowed drug abuse and addiction to be understood as social problems that should be handled by social institutions. Exacerbating this situation is the stigma surrounding drug use and addiction, which is discussed in greater detail in Initiative 7. Social stigma creates a simplistic dichotomy of morality, in which the user or addict is thought to

Prevalence of Major Chronic Behavioral Health Problems



Large segments of the U.S. adult population have health problems with important behavioral aspects in both origin and management. For alcohol, on the order of 15% of the roughly 90 million current drinkers have problems with dependence or abuse. For drugs, up to half of current users (about 11 million) may meet clinical criteria for abuse or dependence. SOURCE: National Institutes of Health (Department of Health and Human Services), *Disease-Specific Estimates of Direct and Indirect Costs of Illness and NIH Update*, 1997. Data prepared by Henrick J. Harwood.

Total Annual Deaths for Major Chronic Behavioral Health Problems



The mortality toll from heart disease, diabetes, smoking, and stroke are all much higher than the loss of life from alcohol and drug disorders. Of course, one of the palpable concerns with respect to alcohol and drug abuse is that some deaths occur in non-users of alcohol or drugs through accidents and violence. SOURCE: National Institutes of Health (Department of Health and Human Services), *Disease-Specific Estimates of Direct and Indirect Costs of Illness and NIH Update*, 1997. Data prepared by Henrick J. Harwood.

be bad or weak-willed, seeking gratification and pleasure without control or concern for the future. There is ample evidence to suggest that such a divisive framework is an inappropriate response to what is inherently a chronic, progressive, relapsing disease deserving of medical treatment and public health solutions.

In medical dictionaries, the definition of "disease" is so vague that "whether a particular condition is or is not designated a disease is as much a matter of cultural consensus as medical truth."[1] In lieu of a fixed definition, more restrictive, biological models of disease have emerged. These rigid disease models often produce vague or overdetermined definitions which, if rigorously applied, would exclude many commonly accepted diseases such as coronary heart disease, essential hypertension, diabetes mellitus, and cancer.

Critics of the idea that drug addiction is a disease cite two major reasons for concern: the lack of clear, specific knowledge about the biological basis of addiction and the role of volition in drug use. Much scientific evidence has pointed to the biological basis of addiction, making it comparable to other conditions. National Institute on Drug Abuse (NIDA) Director Dr. Alan Leshner has cited research demonstrating the direct or indirect involvement of the mesolimbic reward system in the biochemical mechanisms of virtually all addictive substances.[2] Likewise, many researchers have noted that a variety of drugs cause significant long-term changes in brain metabolic activity, receptor availability, and gene expression. There are also data to support the presence of heritable elements predisposing individuals to addiction. Enough information has been collected for the American Psychiatric Association to codify criteria for the diagnosis of drug abuse and

drug dependence (DSM-IV)[3] and for researchers to identify the progression of addictive diseases.[4] Dr. Leshner concludes, "The common brain effects of addicting substances suggest common brain mechanisms underlying all addictions … [making] it, fundamentally, a brain disease" (endnote 2).

In fact, while the exact biological components of addiction and their relation to environmental factors are not precisely defined, addiction is no different than many other chronic, relapsing diseases in this matter. As Brown University Professor Dr. David Lewis points out, the etiology of coronary heart disease, a medically significant condition easily classified as a disease, is unknown–while the pathological basis is known to be arteriosclerosis, neither the etiology nor mechanism of plaque formation in arteries is clear. As for genetic predisposition, the evidence for addictions is at least as persuasive as it is for heart

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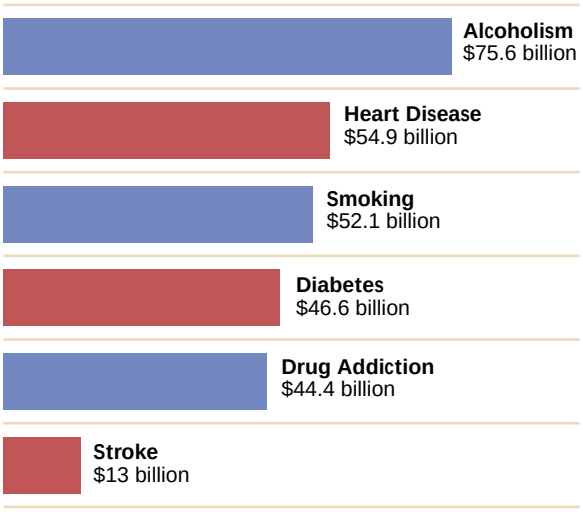
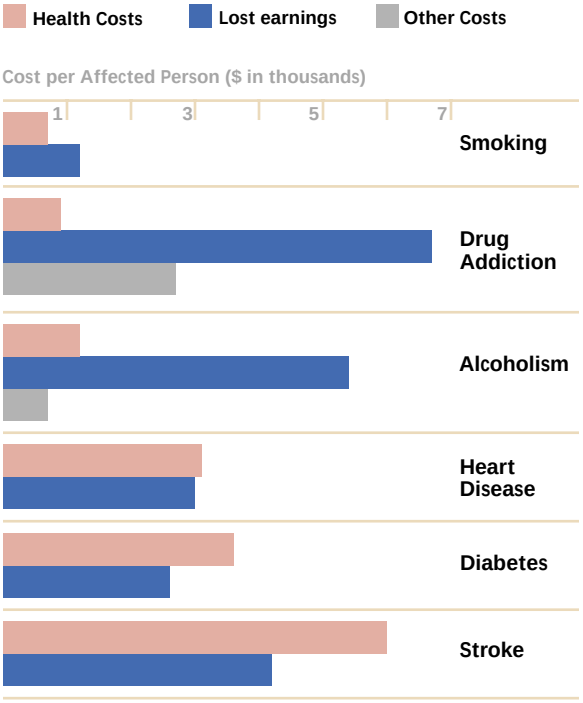
Productivity Losses Due to Major Chronic Behavioral Health Problems



Aggregate productivity losses (employment and household productivity) from alcohol and drug disorders are comparable to those for other disorders with behavioral elements. A major part of the lost productivity for alcohol abuse is associated with alcoholics working at impaired levels of effectiveness, while drug abuse costs are elevated because a small number of drug addicts "drop out" of the legitimate labor market for crime careers. SOURCE: National Institutes of Health (Department of Health and Human Services), *Disease-Specific Estimates of Direct and Indirect Costs of Illness and NIH Update*, 1997. Data prepared by Henrick J. Harwood.

Annual Cost per Affected Person of Major Chronic Behavioral Health Problems



Health costs per case of alcohol and drug abuse are materially lower than for heart disease, stroke, and diabetes. The productivity losses per person are greater for alcohol and drug abuse than for the other three disorders, although the origin and nature of these costs are quite different from the other health behavior problems, involving costs typically outside of the health framework (i.e. property destruction and criminal justice system expenses). SOURCES: National Institutes of Health (Department of Health and Human Services), *Disease-Specific Estimates of Direct and Indirect Costs of Illness and NIH Update*, 1997; McGinnis M, Foege W, Actual Causes of Death in the United States, *Journal of the American Medical Association* 270(18): 2207-2212 (1993). Data prepared by Henrick J. Harwood.

for individuals who are successfully treated. Finally, it should be noted that the management of addiction is generally less costly than the management of many other chronic diseases.

A series of Physician Leadership on National Drug Policy charts comparing addiction with other chronic diseases follows. Understanding the similarities between drug addiction and other chronic illnesses is vital for impacting medical practice and improving the health of individuals. Data for the charts was analyzed and compiled by Henrick J. Harwood, PhD of The Lewin Group. The phrase "chronic behavioral health problems" was chosen by Dr. Harwood to illustrate and emphasize the behavioral component of chronic diseases.

ENDNOTES: INITIATIVE #1

1 Lewis DC, A Disease Model of Addiction, In Miller, N (Ed), *Principles of Addiction Medicine* (Chevy Chase, MD: American Society of Addiction Medicine, 1994): Chapter 7.

2 Leshner AI, Addiction is a Brain Disease, and It Matters, *Science*, 278: 45-47 (1997).

3 *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (American Psychiatric Association, 1994).

4 Hazelden Institute, Addiction: A Disease Defined, *Research Update* (August 1998).