

DEFINITION, DIAGNOSTICS, COMPONENTS

ADDICTIONS

Why do we need definition?

- Clinicians: who to treat?
- Health insurances: whose treatment to pay?
- Legal concern: to what extend are addicts responsible for their actions?
- Philosophical: do we have free will? *A man can do what he wants, but not want what he wants*
- Scientists: what concept can be tested/ used in research?
- Public: how to think and feel about people involved in addictions?

Some models of addiction serve only some of these groups and may sometimes contradict each other

Problems with definitions

- wide variety of those who are addicted, in what form of addiction, what are they addicted to, with what consequences, what were/are the motivations
- Paradigmatic addictive substances: opioids, cocaine, amphetamines, alcohol, nicotine
- Paradigmatic addictive behaviours: gambling, sex, eating disorders, computer gaming



ASAM

American Society of Addiction Medicine

Public Policy Statement: Definition of Addiction

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviours.

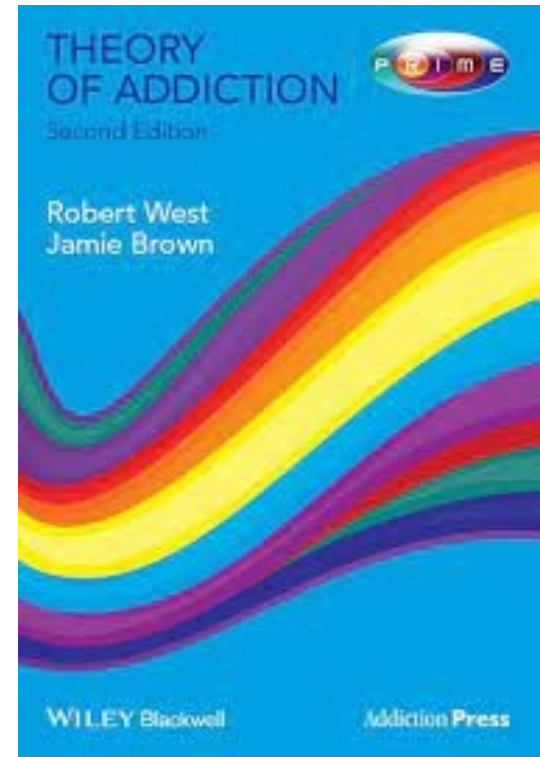
Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response.

Addiction often involves cycles of relapse and remission.

Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

A repeated powerful motivation to engage in a purposeful behavior that has no survival value, acquired as a result of engaging in that behavior, with significant potential for unintended harm.

Addiction is a disorder of motivation



DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION

DSM-5

AMERICAN PSYCHIATRIC ASSOCIATION

ICD-10

The ICD-10
Classification
of Mental and
Behavioural
Disorders

Clinical
descriptions
and diagnostic
guidelines



World Health Organization
Geneva

ICD-11

International Classification of Diseases for
Mortality and Morbidity Statistics

Eleventh Revision

Reference Guide

DRAFT

NOT FOR DISSEMINATION

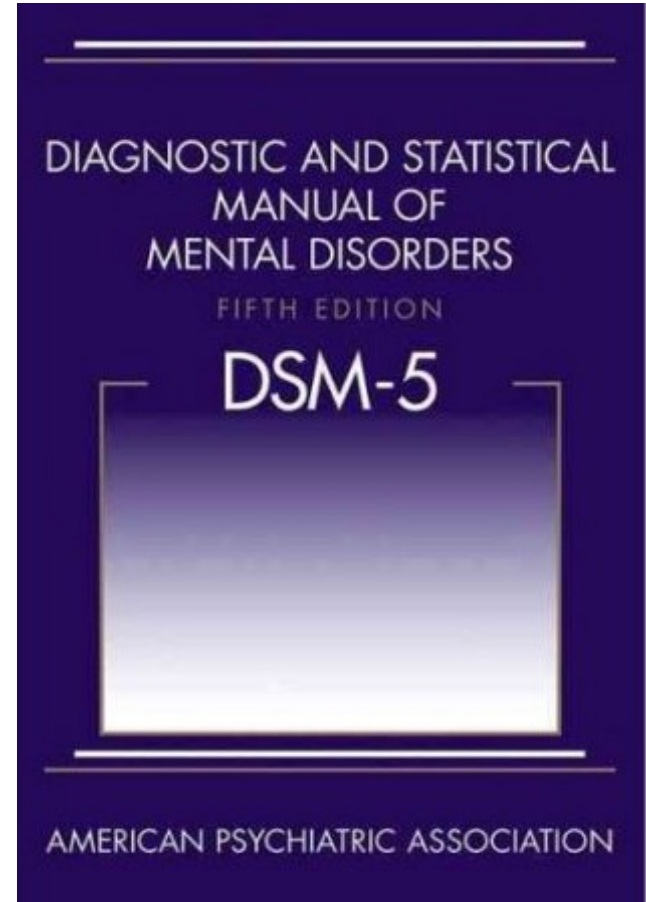
World Health
Organization

Internet Gaming Disorder

Proposed Criteria

Persistent and recurrent use of the Internet to engage in games, often with other players, leading to clinically significant impairment or distress as indicated by five (or more) of the following in a 12-month period:

1. Preoccupation with Internet games. (The individual thinks about previous gaming activity or anticipates playing the next game; Internet gaming becomes the dominant activity in daily life).
Note: This disorder is distinct from Internet gambling, which is included under gambling disorder.
2. Withdrawal symptoms when Internet gaming is taken away. (These symptoms are typically described as irritability, anxiety, or sadness, but there are no physical signs of pharmacological withdrawal.)
3. Tolerance—the need to spend increasing amounts of time engaged in Internet games.
4. Unsuccessful attempts to control the participation in Internet games.
5. Loss of interests in previous hobbies and entertainment as a result of, and with the exception of, Internet games.
6. Continued excessive use of Internet games despite knowledge of psychosocial problems.
7. Has deceived family members, therapists, or others regarding the amount of Internet gaming.
8. Use of Internet games to escape or relieve a negative mood (e.g., feelings of helplessness, guilt, anxiety).
9. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of participation in Internet games.




Five or more symptoms endorsed within 12-months period required for diagnosis

Foundation URI : <http://id.who.int/icd/entity/338347362>

6C51.0 Gaming disorder, predominantly online

Parent

6C51 Gaming disorder

Show all ancestors 

Description

Gaming disorder, predominantly online is characterised by a pattern of persistent or recurrent gaming behaviour ('digital gaming' or 'video-gaming') that is primarily conducted over the internet and is manifested by:

1. impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context);
2. increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and
3. continuation or escalation of gaming despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

The pattern of gaming behaviour may be continuous or episodic and recurrent. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

[Release Notes](#)

ICD-11

International Classification of Diseases for
Mortality and Morbidity Statistics
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Components model of addiction

conceptualization of addiction based on shared commonalities – what do all addictions share? (e.g. Brown, 1993; Griffiths, 1996)

- 1) Salience
- 2) Mood modifications
- 3) Tolerance
- 4) Withdrawal symptoms
- 5) Conflicts
- 6) Relapse

SALIENCE – preoccupation, craving

- it becomes the most important thing in the person's life
- it dominates thinking (preoccupation, cognitive biases, tunnel visioning, incomplete memory), feelings (craving), behaviours.
- Cognitive & behavioural salience
- May be more apparent when it is not accessible

MOOD MODIFICATION - euphoria

- To make oneself to feel better
- High, buzz, escape stress, escape boredom, relax,...
- It may have different effects in different situations – mood management
- Coping strategy

TOLERANCE

- More and more of the thing needed to achieve previously experienced positive feelings
- Potentially more problematic in substance addictions – overdose
- Not always apparent in behavioural addictions

WITHDRAWAL SYMPTOMS

- Negative feelings when the substance or behaviour are out of reach, reduced or terminated
- Strong physiological reaction only in substance addictions BUT substitute treatment can be used
- Mild physiological reactions (somatization) connected to psychological reactions – headaches, sweating & chills, upset stomach,... but also psychological reactions like stress, anxiety, depression, burst of anger

RELAPS and reinstatement

- Returning to problematic behaviour after period of some control and even after acknowledging negative consequences
- Temporal satiation – temporal period of not being interested
- Addictions can displace one another

CONFLICT – negative consequences

- Quid pro quo
 - Physical consequences
 - Social conflicts - personal relationships, profession, school
 - Intrapsychic conflicts – feelings of self disgust, shame,...
-
- Is conflict a necessary part of addictions?

addiction vs dependency

- Addiction: repeated powerful motivation to engage in a rewarding but harmful behaviour
- Dependency: physiological adaptation to a substance that needs to be taken to prevent adverse withdrawal symptoms
- We often use these terms interchangeably and what term is the official one is often *a political* decision: e.g. APA used dependency till 1964 then started use addiction that was replaced by dependency again in 1980 to be replaced by addiction in 2013. One of the reasons for these changes was an attempt to remove stigmatizing label

Addiction vs intoxication

- Substance poisoning (e.g. drunk in alcohol, high in cannabis) - condition that follows the administration of a psychoactive substance results in disturbances in the level of consciousness, cognition, perception, judgement, affect, or behaviour
- If serious, a syndrome that can be diagnosed
- Intoxication and addiction share the substance – but is intoxication a necessary part of addiction?
- In 1990s tobacco companies tried influence the public and professionals to include intoxication as a necessary part of addiction – cigarettes would not fall into addiction category

Addiction vs compulsion

- Compulsion – a strong urge to do something
- Obsessive-compulsive disorder - anxiety disorder that includes recurring, unwanted thoughts, ideas or sensations (obsessions) that make them feel driven to do something repetitively (compulsions).
- The repetitive behaviour, such as hand washing, checking on things or cleaning, can significantly interfere with a person's daily activities and social interactions.
- Compulsion usually does not include pleasure (addiction does) and people involved in compulsion often see that as problematic while addicts often deny problems
- OCD was sometimes used (before 1950s) as a diagnose for addicts to overcome problems with non-existent addiction diagnosis

Impulse control disorders

- Disorder characterized by failure to resist a temptation, an urge, an impulse
- Unlike compulsion which is ego-dystonic it is often ego-syntonic – there is a pleasure on acting. While ICD often manifests as risk-seeking, OCD manifests as harm-avoidance
- Over time ICD also become partially unpleasant and unwanted as they bring distress into life
- Behavioural addiction are traditionally labelled as ICD - no or limited tolerance and withdrawal symptoms because there is no substance involved

An individual is addicted who

- develops a powerful need to drink alcohol in an escalating pattern of consumption
- continues to engage in a behaviour to an extent that he or she recognises as harmful despite having tried to stop
- regularly experiences a powerful desire to engage in the behaviour
- has not smoked cigarettes for 4 weeks but still experiences strong urges to smoke does not smoke every day but has tried to stop smoking completely and failed several times
- drinks alcohol in the mornings to relieve feelings of anxiety
- has his/her life dominated by using heroin and obtaining the money to buy heroin
- has not drunk alcohol for 3 months but who still gets strong cravings for it
- spends hours each day gambling online and stealing to cover the costs

An individual is not addicted who

- feels a strong motivation to try alcohol but has not yet done so
- does not feel a powerful desire to engage in the behaviour in situations when it would normally occur
- takes medication every day purely to relieve chronic pain, depression or anxiety
- feels a strong motivation to perform excessive hand-washing
- has antisocial personality disorder, Tourette's syndrome, bulimia or obsessive compulsive disorder without other behavioural problems
- takes a psychoactive drug for the pleasurable experience but does not experience a powerful desire to take the drug when it is not available
- gains satisfaction from an activity, and self-consciously decides that the benefits outweigh the costs and this analysis is largely shared by society
- drinks heavily but can easily go for several months without drinking
- gambles heavily but not to a point where it is causing significant harm is powerfully motivated to harm others