

# The “Syndrome” Model Of Addiction

# Conventional Wisdom

- It is common for clinicians, researchers, and public policymakers to describe certain drugs or objects (e.g., games of chance) as “addictive,” tacitly implying that the cause of addiction resides in the properties of drugs or other objects.
- Conventional wisdom encourages this view by treating different excessive behaviors, such as alcohol dependence and pathological gambling, as distinct and different disorders.

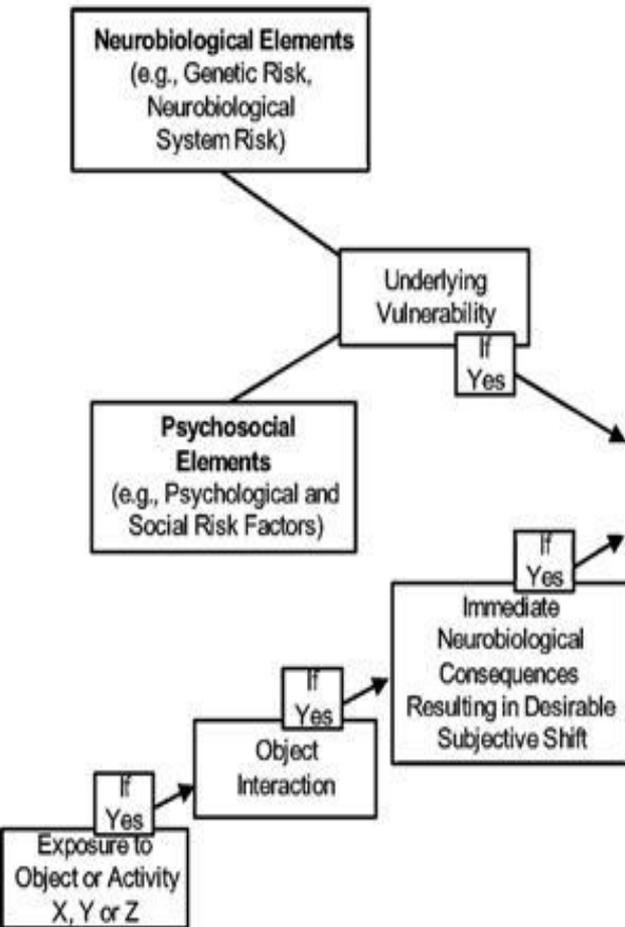
# The Current view

- The current view of separate addictions is similar to the view espoused during the early days of AIDS diagnosis, when rare diseases were not yet recognized as opportunistic infections of an underlying immune deficiency **syndrome**.

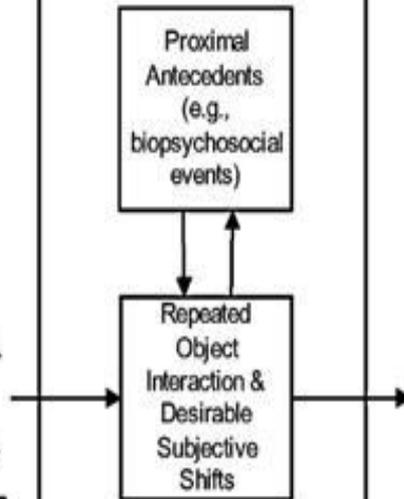
# Some Questions to answer:

- Why do some people become addicted and others do not?
- Why do some people get addicted to cocaine and others to alcohol or sex or gambling?
- How can one family member be addicted and another is not?
- Is addiction really a disease?
- Is it genetic, is there an “Addictive Gene”?
- Is every addiction different (alcohol, drugs etc...)?
- Are people born addicted?

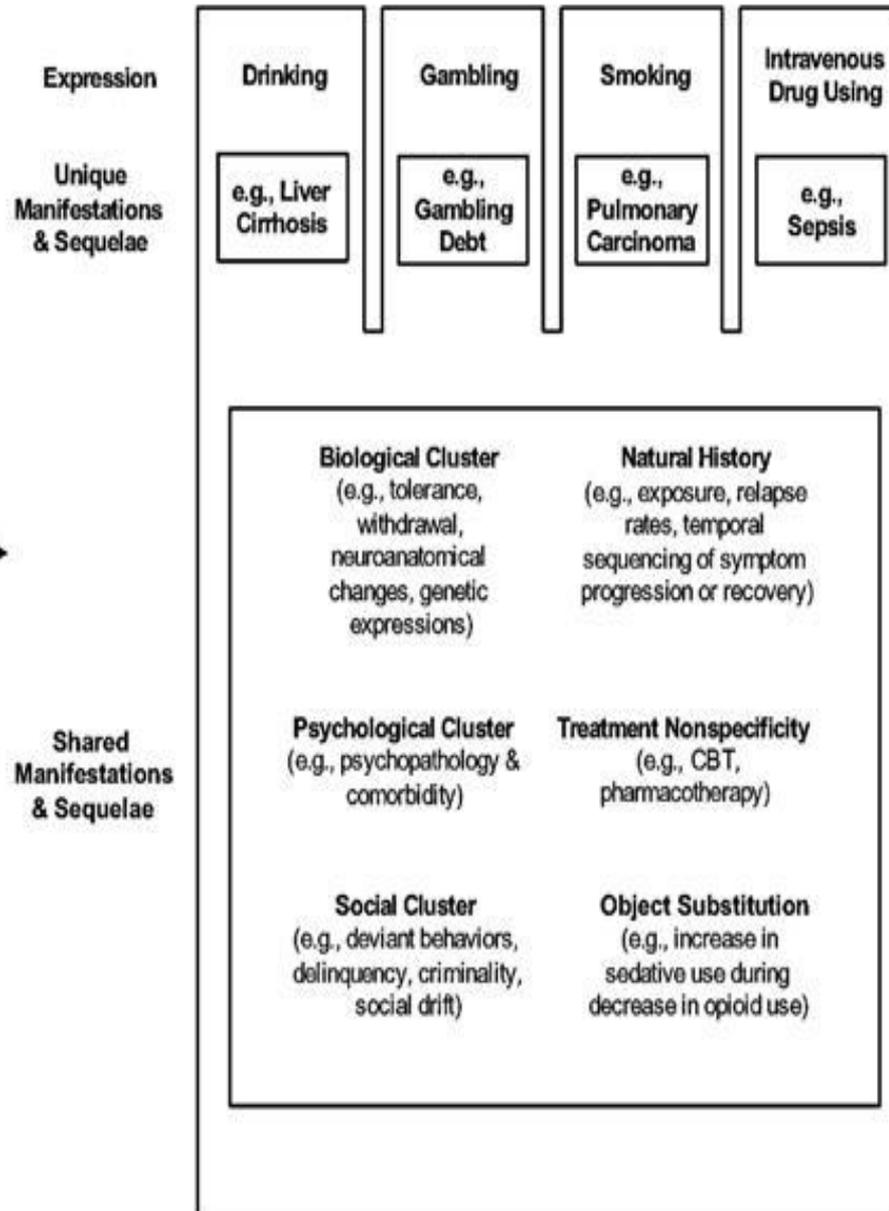
## Distal Antecedents of the Addiction Syndrome



## Premorbid Addiction Syndrome



## Expressions, Manifestations and Sequelae of Addiction Syndrome



# What is a Syndrome?

- A syndrome is a cluster of symptoms and signs related to an abnormal underlying condition; not all symptoms or signs are present in every expression of the syndrome, and some manifestations of a syndrome have unique signs and symptoms.
- Syndromes and the expressive signs and symptoms that serve as identifying characteristics of the underlying condition have a distinctive temporal progression.

# Addiction As a Syndrome

Evidence suggests that:

- (1) many commonalities occur across different expressions (alcohol, drugs behaviors) of addiction.
- (2) these commonalities reflect shared etiology: a syndrome.
- (3) it is not the object of addiction that addicts the person, rather it is the process (involving several factors) that takes place that contributes to the person becoming addicted.

# Three Phases of The Addiction Syndrome

- Distal Antecedents Addiction Syndrome  
(what happens before the addiction)
- Premorbid Addiction Syndrome  
(how the rate of the addiction progresses)
- Expressions, Manifestations & Sequelae of  
Addiction Syndrome  
(what happens as a result of addiction)

# Distal Antecedents

- This phase outlines the underlying vulnerabilities and the exposure to an addictive object or activity that interact to promote addiction.
- This is the phase before addiction where a combination of elements combine to set the stage for the addiction process.

# Distal Antecedents

## Vulnerabilities:

**Neurobiological Elements:** genetic risk, neurobiological system risk.

**Psychosocial Elements:** Psychological and social risk factors.

# Distal Antecedents

## Neurobiological Elements:

- Both psychoactive drugs (e.g., alcohol, cocaine, and heroin) and behaviors (e.g., gambling) have the capacity to stimulate neurobiological systems, in general, and the brain's dopamine reward system, in particular.
- Hence, scientists have implicated dopamine as one neurotransmitter that plays a primary role in the development and maintenance of both drug and behavioral addictions.
- For example, studies reveal that the manner in which money and beauty energize the reward system is similar to that associated with the anticipation of cocaine among users.

# Distal Antecedents

## Neurobiological Elements:

For example, scientists theorize that the “reward deficiency syndrome” is a result of dopamine-system malfunction; this malfunction is complicit in vulnerability to addiction.

RDS: defects in various combinations of the genes for neurotransmitters result in a Reward Deficiency Syndrome (RDS) and that such individuals are at risk for abuse.

# Distal Antecedents

## Psychosocial Elements:

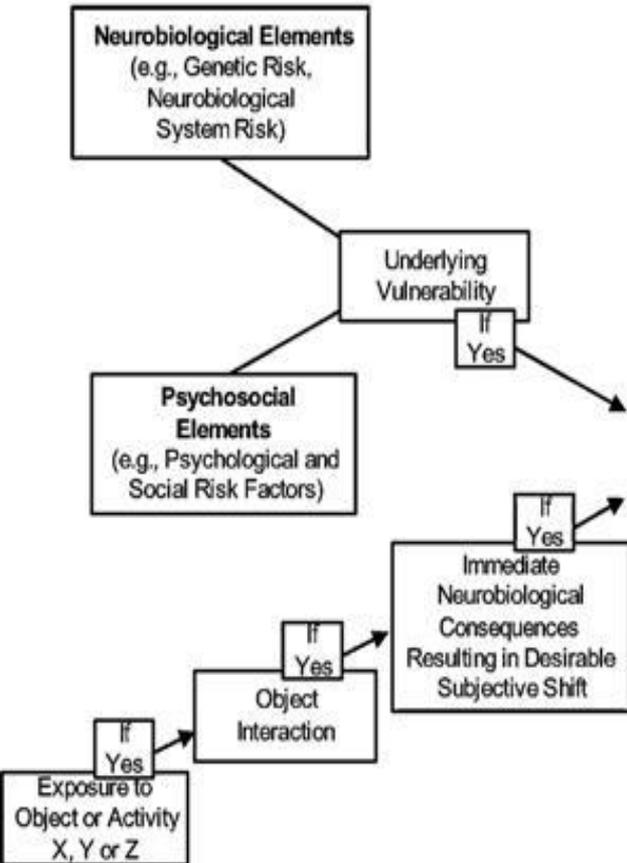
- Family of Origin (parental supervision)
- Environment (poverty, acceptability)
- Pre-existing psychological problems (depression, anxiety, PTSD or other mental illness)
- Other behavior problems

# Distal Antecedents

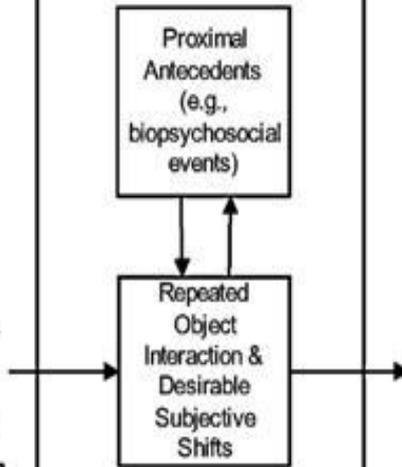
The onset of addiction becomes prevalent when you add the presence of Neurobiological and Psychosocial elements to the following:

- Exposure to Object or Activity
- Object Interaction
- Immediate Neurobiological Consequences Resulting in Desirable Subjective Shift

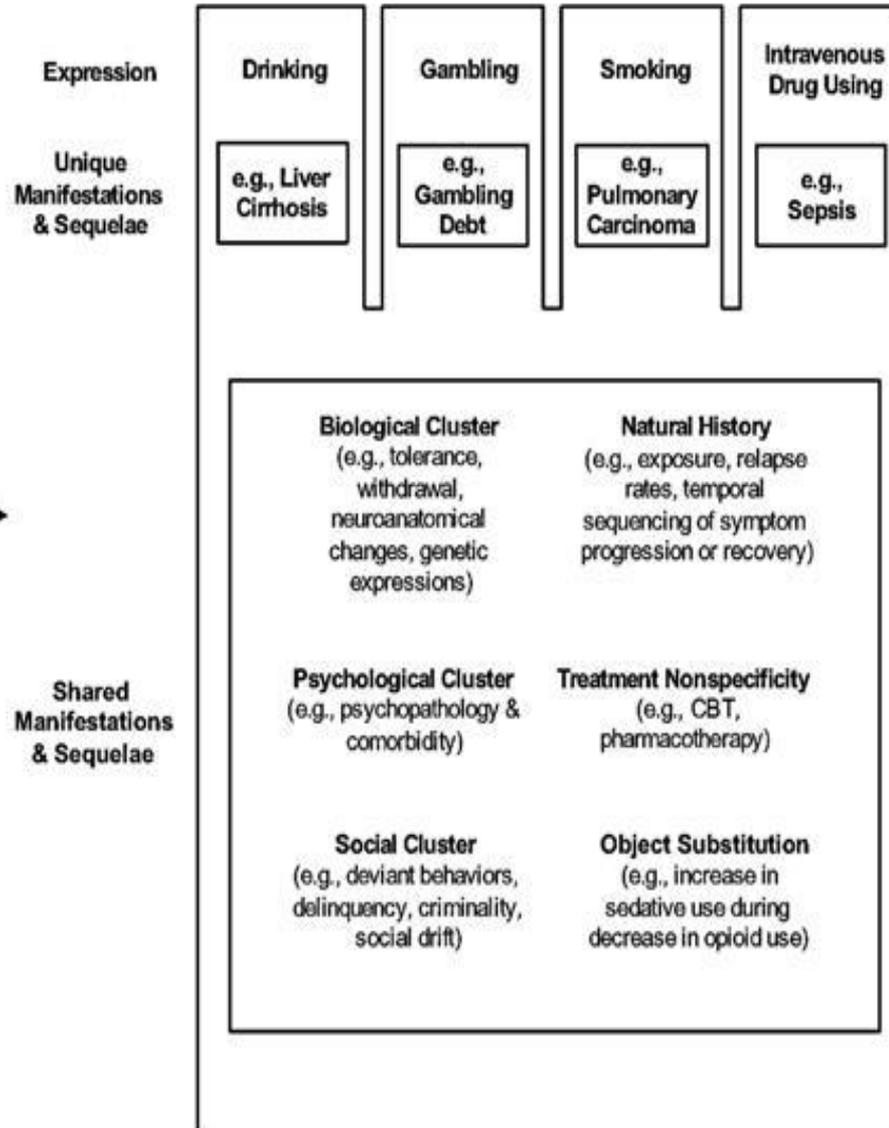
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## Premorbid Addiction Syndrome



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# Premorbid Addiction Syndrome

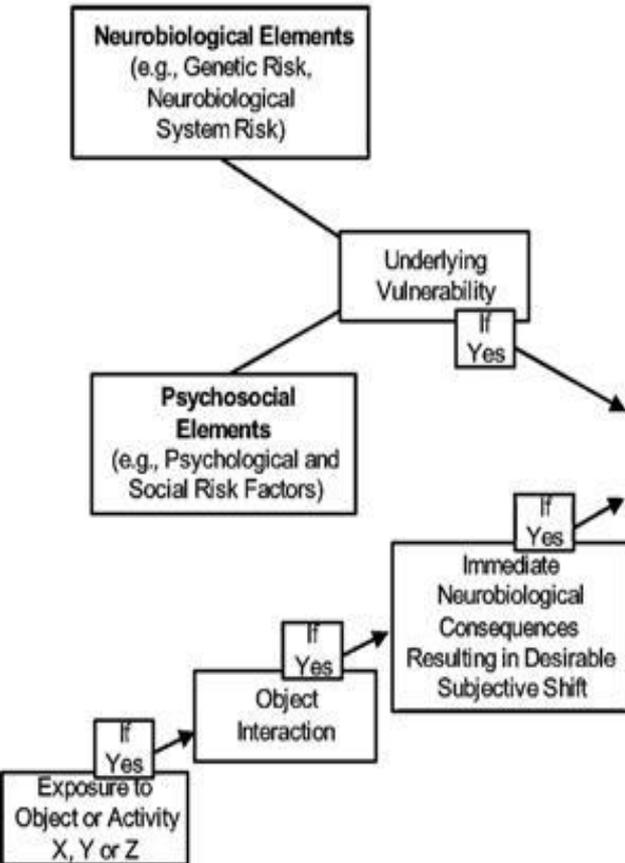
(morbidity refers to the rate of sickness)

This is what happens just before the addiction takes hold and becomes a primary condition.

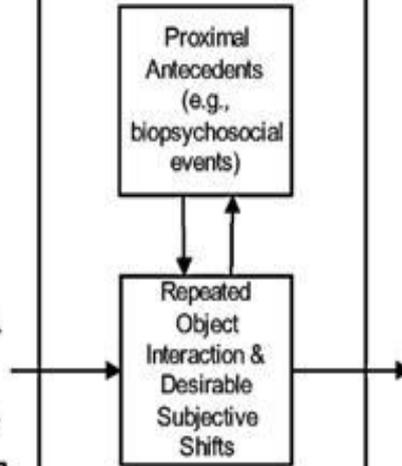
## Proximal Antecedents

- Biopsychosocial events.
- Repeated object interaction and desirable subjective shifts.

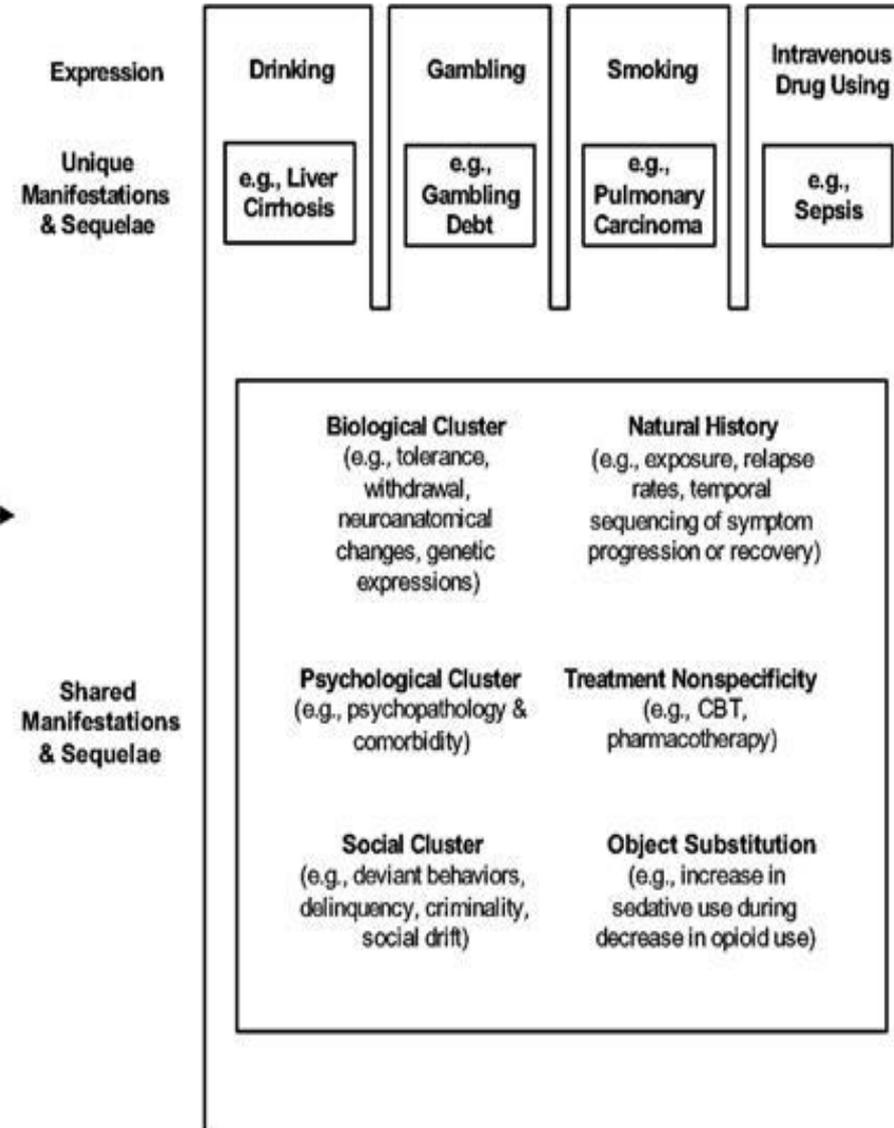
## Distal Antecedents of the Addiction Syndrome



## Premorbid Addiction Syndrome



## Expressions, Manifestations and Sequelae of Addiction Syndrome



# Expressions, Manifestations & Sequelae of Addiction Syndrome

**Sequelae (Si-Kwee-Luh) means: an abnormal condition resulting from a previous disease)**

## Expressions:

- Alcohol
- Drugs
- Sex
- Gambling
- Eating disorders
- Smoking
- etc...

# Expressions, Manifestations & Sequelae of Addiction Syndrome

## Unique Manifestations:

The consequences of the specific expression;

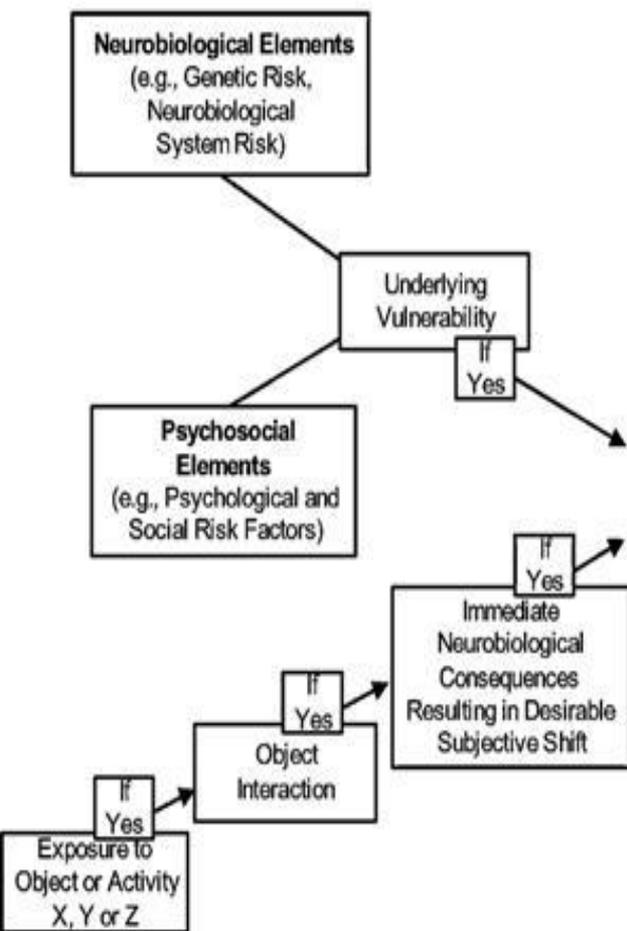
- Liver damage
- Gambling debt
- Heart disease
- STD's , HIV
- Etc...

# Expressions, Manifestations & Sequelae of Addiction Syndrome

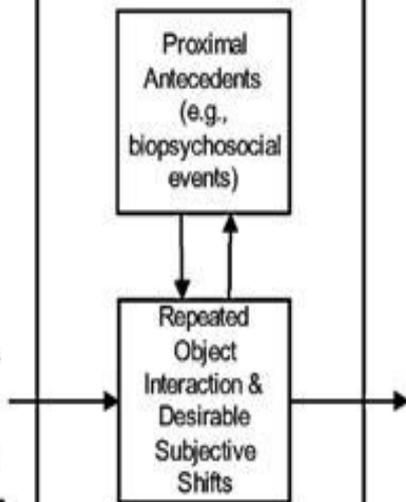
## Shared Manifestations:

- Biological- neuroadaptation, withdrawal, tolerance.
- Psychological- mental disorder (depression, anxiety), psychopathology, emotional distress.
- Social- deviant behavior, criminality, social drift.
- Natural History- exposure, relapse, time of symptom progression or recovery.
- Treatment Non-specificity- no specific treatment works best for a specific substance or behavior.
- Object Substitution- switching from one substance or behavior to another

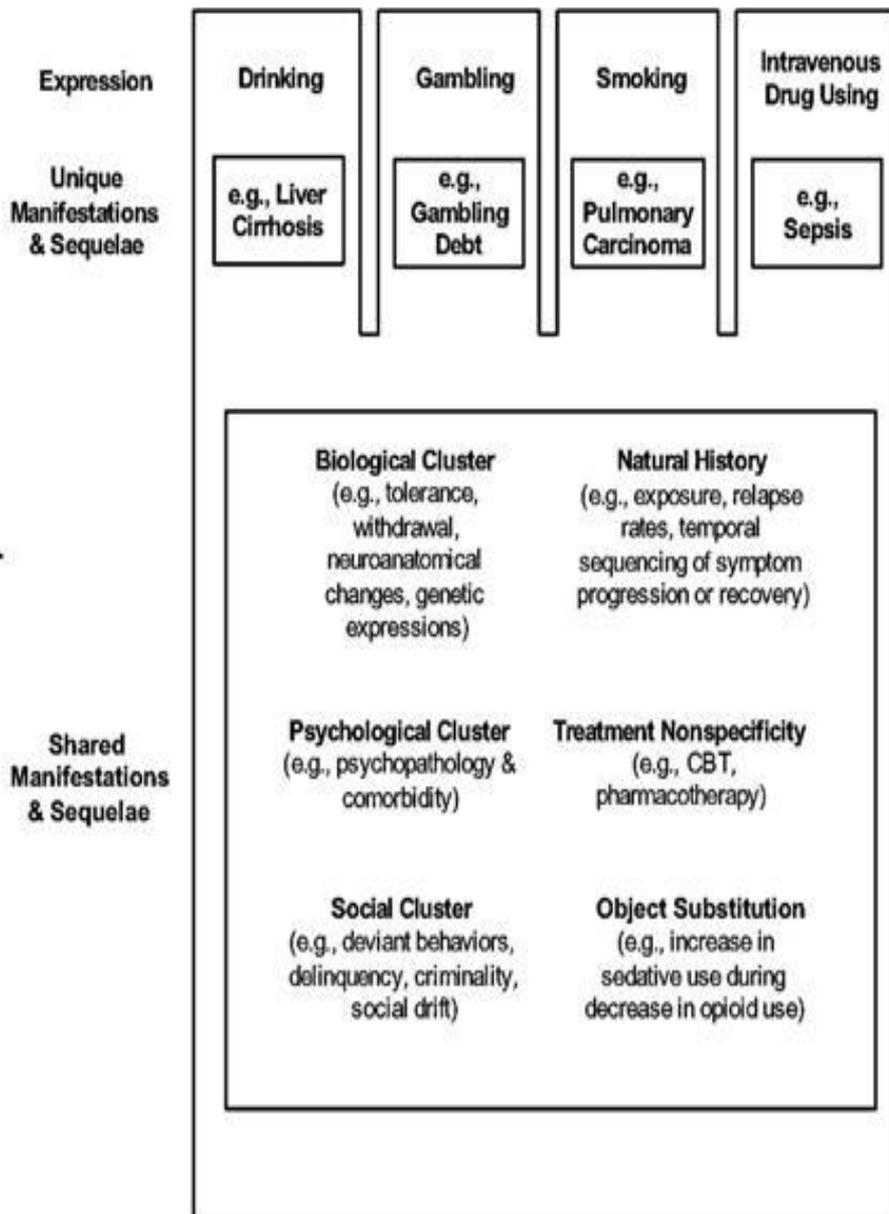
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## Expressions, Manifestations and Sequelae of Addiction Syndrome



# The Benefit(s) of The Addiction Syndrome Model

- Rethinking addiction as a syndrome also holds many direct implications for treatment. About 80 to 90% of individuals entering recovery from addiction will relapse during the first year after treatment. *This circumstance* might be due, in part, to the prevalent use of “focused object-specific” treatment approaches despite research suggesting that objects of addiction cannot sufficiently account for the dominant underpinnings of addiction.

# The Benefit(s) of The Addiction Syndrome Model

- The syndrome model of addiction encourages clinicians to recognize that patients develop new risk factors during treatment—which can interfere with recovery efforts. This model requires clinicians to develop multidimensional treatment plans that account for the many relationships among the multiple influences and consequences of addiction.

# The Benefit of The Addiction Syndrome Model

- Viewing addiction as a syndrome also obligates providers to assess repeatedly the impact of these relationships on relapse, addiction hopping, the course of the illness, and many other treatment-related outcomes.



**This information is from the work of Dr. Howard Shaffer (and others). To view this information:**

<http://www.expressionsofaddiction.com/docs/shafferetalsyndrome.pdf>