



ASAM

American Society of Addiction Medicine

Terminology Related to Addiction, Treatment, and Recovery

Background

Terminology in Addiction Medicine has presented challenges to clinicians, patients, family members, policy makers, the media, and the general public. Even the name of the American Society of Addiction Medicine has evolved from previous terms found in the titles of predecessor organizations: alcoholism, alcohol and other drug dependencies, addictionology, and addiction medicine.

ASAM has adopted policies which define Addiction and Treatment of Addiction. The ASAM Board has endorsed the establishment of a Descriptive and Diagnostic Terminology Action Group (DDTAG) to develop additional terms to clarify matter for the various stakeholders in clinical and policy approaches to substance use, addiction, treatment, and recovery. Inherent in terminology challenges are variations in assumptions about what constitutes the desired outcomes of recovery, whether facilitated by professional treatment or not. When conceptualizing addiction as a chronic disease, one can view symptom reduction and symptom stabilization as desirable outcomes, where self-management and mutual support are common elements, with or without a formal treatment process. Many patients, family members and health care providers remain concerned when symptoms are reduced but full remission is not achieved; thus, continuing care in a chronic disease framework would be desirable, with interventions tailored to the individual's needs and willingness for treatment plan adherence.

ASAM also recognizes that Maintenance Treatments and other versions of Medication Assisted Recovery are viable treatment options that can be consistent with abstinence-based or harm reduction based approaches.

In light of the need to clarify terminology, the DDTAG has drafted and the ASAM Board has approved the following terms.

Recommendations

ASAM recommends that the following definitions be used to describe various terms related to addiction treatment and recovery.

1. **Addiction** (see ASAM Public Policy Statement: Definition of Addiction)
2. **Treatment of Addiction** (see ASAM Public Policy Statement: Treatment of Addiction)

3. Recovery

A process of sustained action that addresses the biological, psychological, social and spiritual disturbances inherent in addiction. Recovery aims to improve the quality of life by seeking balance and healing in all aspects of health and wellness, while addressing an individual's consistent pursuit of abstinence, impairment in behavioral control, dealing with cravings, recognizing problems in one's behaviors and interpersonal relationships, and dealing more effectively with emotional responses.

An individual's recovery actions lead to reversal of negative, self-defeating internal processes and behaviors, allowing healing of relationships with self and others. The concepts of acceptance and surrender are also useful in this process. Since some prescribed and non-prescribed medications can interfere with recovery, it would be prudent to consult with an Addiction Specialist Physician in selected cases.

4. Remission

A state of wellness where there is an abatement of signs and symptoms that characterize active addiction. Many individuals in a state remission state remain actively engaged in the process of recovery. Reduction in signs or symptoms constitutes improvement in a disease state, but remission involves a return to a level of functioning that is free of active symptoms and/or is marked by stability in the chronic signs and symptoms that characterize active addiction.

5. Relapse

A process in which an individual who has established abstinence or sobriety experiences recurrence of signs and symptoms of active addiction, often including resumption of the pathological pursuit of reward and/or relief through the use of substances and other behaviors. When in relapse, there is often disengagement from recovery activities. Relapse can be triggered by exposure to rewarding substances and behaviors, by exposure to environmental cues to use, and by exposure to emotional stressors that trigger heightened activity in brain stress circuits. The event of using or acting out is the latter part of the process, which can be prevented by early intervention.

6. Abstinence

Intentional and consistent restraint from the pathological pursuit of reward and/or relief that involves the use of substances and other behaviors. These behaviors may involve, but are not necessarily limited to, gambling, video gaming, spending, compulsive eating, compulsive exercise, or compulsive sexual behaviors.

7. Sobriety

A state of sustained abstinence with a clear commitment to and active seeking of balance in the biological, psychological, social and spiritual aspects of an individual's health and wellness that were previously compromised by active addiction.

8. Craving

A state of desire to use substances or engage in addictive behaviors, experienced as a physical or emotional need for reward and/or relief.

Craving generally refers to conscious craving, involving subjective awareness of preoccupations or even obsessional thoughts to impulsively or compulsively seek reward and/or relief through substance use and other behaviors. Some have also hypothesized the existence of unconscious craving, in which motivation and drive are increased as part of the neurobiology of addiction. Craving may perpetuate active addiction or lead to relapse in an individual who has been in remission.

9. Maintenance Treatments

Pharmacotherapy on a consistent schedule for persons with addiction, usually with an agonist or partial agonist, which mitigates against the pathological pursuit of reward and/or relief and allows for remission of overt addiction-related problems. Maintenance Treatments of addiction are associated with the development of a pharmacological steady-state such that addictive substances are no longer sought for reward and/or relief. Maintenance Treatments of addiction are also designed to mitigate against the risk of overdose. Depending on the circumstances of a given case, a care plan including Maintenance Treatments can be time-limited or can remain in place life-long. Integration of pharmacotherapy via Maintenance Treatments with psychosocial treatments generally is associated with the best clinical results. Maintenance Treatments can be part of an individual's treatment plan in abstinence-based recovery activities or can be a part of harm reduction strategies.

10. Harm Reduction

A treatment and prevention approach that encompasses individual and public health needs, aiming to decrease the health and socio-economic costs and consequences of addiction-related problems, especially medical complications and transmission of infectious diseases, without necessarily requiring abstinence. Abstinence-based treatment approaches are themselves a part of comprehensive Harm Reduction strategies. A range of recovery activities may be included in every Harm Reduction strategy.

11. Medication Assisted Recovery (MAR)

A transitional term to help the general public, recipients of health care services, and professional health care service providers understand that pharmacotherapy can be helpful in supporting recovery. The manifestations of addiction-related problems are addressed in their biological, psychological, social and spiritual dimensions during addiction treatment, in treatment approaches that are abstinence-based, and in treatment approaches that are harm-reduction-based. MAR is one component of the treatment and recovery process.

Medication Assisted Treatment (MAT), another variation on the concept of MAR, may involve pharmacotherapy alone. It is essential that addiction treatment and recovery approaches address the various aspects of biological, psychological, social and spiritual dimensions for optimum health and wellness. It is hoped that as the public and professionals recognize that recovery and treatment need to be holistic, appropriate pharmacotherapy would be well accepted as part of treatment and recovery, such that the terms MAR and MAT would be deemed unnecessary.

Adopted by the ASAM Board of Directors July, 2013.

© Copyright 2013. American Society of Addiction Medicine, Inc. All rights reserved. Permission to make digital or hard copies of this work for personal or classroom use is granted without fee provided that copies are not made or distributed for commercial, advertising or promotional purposes, and that copies bear this notice and the full citation on the first page. Republication, systematic reproduction, posting in electronic form on servers, redistribution to lists, or other uses of this material, require prior specific written permission or license from the Society. ASAM Public Policy Statements normally may be referenced in their entirety only, without editing or paraphrasing, and with proper attribution to the Society. Excerpting any statement for any purpose requires specific written permission from the Society. Public Policy statements of ASAM are revised on a regular basis; therefore, those wishing to utilize this document must ensure that it is the most current position of ASAM on the topic addressed.

American Society of Addiction Medicine

4601 North Park Avenue • Upper Arcade Suite 101 • Chevy Chase, MD 20815-4520

TREAT ADDICTION • SAVE LIVES

PHONE: (301) 656-3920 • FACSIMILE: (301) 656-3815

E-MAIL: EMAIL@ASAM.ORG • WEBSITE: [HTTP://WWW.ASAM.ORG](http://WWW.ASAM.ORG)