Addiction

Book Reviews

TREATING SUBSTANCE USE DISORDERS WITH ADAPTIVE CONTINUING CARE

JAMES R. MCKAY
Washington, DC, American Psychological Association, 2009, 277 pp, $69.95, ISBN 13 978 1 4338 0459 5

Recent reviews of the dominant approaches to addiction treatment are filled with calls for a 'seismic shift rather than mere tinkering', a 'quantum leap' [1], a 'fundamental shift in thinking' [2], a 'paradigm shift' [3] and a 'sea change in the culture of addiction service delivery' [4]. Central to these critiques is the perceived need to shift the focus of addiction treatment from intensity (acute biopsychosocial stabilization) to extensity (sustained monitoring and support, assertive linkage to indigenous recovery communities, stage-appropriate recovery education and, when needed, early re-intervention) [5]. As 'systems transformation' efforts unfold at national, regional and local levels to achieve this shift, treatment leaders are searching for a cogent synthesis of the scientific research relevant to these redesign efforts. James McKay's *Treating Substance Use Disorders with Adaptive Continuing Care* stands as the best singular summary of such research.

McKay's text is rigorously researched and written in an accessible style that will find appreciative audiences among fellow scientists, behavioural health care policy makers and administrators, as well as those working on the front lines of addiction treatment and peer-based recovery support services. The book establishes the scientific rationale for sustained recovery management, summarizes studies to date on various approaches to long-term recovery support and suggests future directions for enhancing long-term recovery outcomes. *Treating Substance Use Disorders with Adaptive Continuing Care* notes the emergence of new service institutions (grass-roots recovery community organizations), new recovery support roles (recovery coaches), new service delivery media (e.g. telephone- and internet-based recovery support services) and new technologies of long-term care management (e.g. use of algorithms to adapt ongoing care, recovery check-ups).

A central finding in the research reviewed is that the theoretical orientation of addiction treatment may not be as important as how that treatment is delivered. According to McKay's review, treatment delivery, regardless of orientation, is best driven by the following principles: (i) duration of the service relationship matters, (ii) proactive strategies of engagement and retention are crucial, (iii) incentives elevate outcomes and (iv) assertive linkage to family and community recovery support resources elevate long-term outcomes. This book is a valuable read for anyone interested in the future of addiction treatment and recovery, and essential reading for those responsible for the planning, funding, design, delivery and evaluation of addiction treatment or peer-based recovery support services. Continuing care is not something that happens after completion of primary treatment; it is a way to conceptualize all the care and support directed towards the goal of long-term recovery for individuals and families.

References

1. Humphreys K. Closing remarks: swimming to the horizon—reflections on a special series. *Addiction* 2006; **101**: 1238–40.
2. Moos R. H. Addictive disorders in context: principles and puzzles of effective treatment and recovery. *Psychol Addict Behav* 2003; **17**: 3–12.
3. Dennis M. L., Scott C. K., Funk R., Foss M. A. The duration and correlates of addiction and treatment careers. *J Subst Abuse Treat* 2005; **28**: S51–62.
4. Miller W. R. Bring addiction treatment out of the closet. *Addiction* 2007; **102**: 863–9.
5. McKay J. R. Is there a case for extended interventions for alcohol and drug use disorders? *Addiction* 2005; **100**: 1594–610.

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ADDICTION: A DISORDER OF CHOICE

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Cambridge, MA, Harvard University Press, 2009, 216 pp, £19.95 (hardback), ISBN 10: 0674032985, ISBN 13: 978 0674032989, £12.95 (paperback), ISBN 10: 0674057279, ISBN 13: 978 0674057272

Heyman argues against the dominant current paradigm that addiction is a brain disease. The starting-point in Heyman's analysis is that addictive behaviours are self-destructive. If one assumes that people will not engage voluntarily in self-destructive behaviour, then the logical conclusion is that addictive behaviours might start with voluntary behaviours, but that people at some point must lose control, and that non-voluntary processes maintain the addiction. At that point, addictive behaviours can become self-destructive. From a brain perspective, it then makes sense to speak of a 'brain disease'. Heyman takes a different perspective. He argues that the first premise is wrong and that voluntary behaviour *can* be self-destructive. In fact, he argues, excess is the natural 'dark side' of voluntary behaviour.

Heyman's central thesis is that addiction is a disorder of choice, hence of voluntary mechanisms. According to his analysis, this not only applies to early drug use (where there is little dispute), but also to severe cases of drug addiction, where the claim becomes more controversial. Using the well-known Vietnam case, which showed that the large majority of soldiers addicted in Vietnam quit addiction successfully upon return, and narratives from addicts who quit their drug addiction successfully, Heyman observes that the commonality in these success stories is that when other goals in life (work, family, taking care of children) became incompatible with continued drug use, the former addicts decided to quit and did so successfully. The logic here is that the 'brain disease' view can be 'falsified' by cases of severely addicted individuals who quit successfully. According to Heyman, population studies show consistently that addiction is primarily a problem of the young, and that the normal pattern is remission, which he claims is about twice as high as for all other psychiatric disorders. Here, however, selective attrition may have played a role, as this conclusion is based on cross-sectional data where older participants more often than young participants report a resolved addiction. More generally, the severe cases who do not succeed in quitting their addiction despite major losses (including a minority of the Vietnam veterans) lack an explanation in Heyman's analysis.

Heyman's explanation of addiction lies in the nature of voluntary behaviour. His central claim is that voluntary choice can lead to behaviour that goes against the self-interest of the individual. More strongly, excess and voluntary choice go hand in hand. The underlying idea is that there are different ways to frame choices: a local and a global perspective. From the local perspective you always choose the option that gives the highest reward value now. From the global perspective, you take long-term consequences into account. Voluntary behaviour is only 'rational' when a global perspective is taken, but can be 'irrational' and self-destructive in the long term, when a local perspective is taken. From a local perspective the drug option always wins; from a global perspective the drug option never wins. In cases of spontaneous recovery, the costs of the drug use choice become so big that the non-drug alternative becomes more attractive. Hence, circumstances drive the addict to take a more global perspective, and this leads to remission.

Where does Heyman's analysis lead us regarding individual differences in the vulnerability to addiction? Heyman acknowledges the importance of environmental and genetic factors in the aetiology of addiction. He notes that people differ in their ability to take a global perspective, and that this requires more cognitive capacity than taking a local perspective. The critical issue is what happens in the 10–20% of people who continue their addictive behaviour despite increasing costs. However, Heyman does not make it clear why severe cases cannot be seen as a chronic brain disease because at that point there is, at least in some individuals, a demonstrable, persistent impairment of brain function in face of cues related to the addictive behaviour.

Overall, Heyman's book is thought-provoking. Primed by experiences of listening to those who also see addiction as a matter of choice and would like to return us to the moral view of addiction of the 19th century and the polemical start of the book, I began focusing on what was wrong with the arguments in the book. Gradually, I found myself focusing more on what was right and interesting. The book is well written. It challenges the idea that addiction is a brain disease and emphasizes the normal patterns of drug use and the role of voluntary behaviour. As successful quitters of hard drugs show, at least in some cases, voluntary behaviour can be an engine for change out of addiction. As noted, these examples do not prove that the 'brain disease' view is wrong in all cases, as long-term outcome studies of heroin addicts and current neurobiological research suggest. The book left me with two important insights: first, that voluntary behaviour can lead to self-destructive behaviour, and secondly, that emphasizing the role of voluntary behaviour in addiction can lead to alternative therapies for those in whom voluntary behaviour can still prevail. If alternative perspectives which emphasize the role of non-voluntary processes in addiction (incentive sensitization, automatic and compulsive processes) were given more serious consideration, a later edition of the book could become a classic.

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A THOUSAND DREAMS: VANCOUVER'S DOWNTOWN EASTSIDE AND THE FIGHT FOR ITS FUTURE

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A Thousand Dreams is a raw and often painful portrait of one of Canada's most notorious neighbourhoods, Vancouver's Downtown Eastside (DTES). Drug dependency is rife in this community, and has become the focus of an ongoing political debate about the nature of addiction and the proper approach required to address it.

The first three chapters cover the establishment of Vancouver in 1886, the subsequent influx of high-grade