

# Chapter 1

## Addiction: What Is It?

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### *In This Chapter*

- ▶ Looking at use, abuse, and addiction
  - ▶ Understanding your personal risk of addiction
  - ▶ Reviewing treatment options
  - ▶ Stepping onto the road to recovery
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**A**ddiction robs you of freedom and control. You may think that you *choose* to use — but just try to stop. See if you can. See whether you have control over the addictive substance or behavior you're thinking about. If you find you do, great. Abstain for a while. Be sure that you've got the control you think you have. If you don't have control, if abstaining is unthinkable or impossible, read on.

In this chapter, we tell you about the different types of addictions, especially about substance addictions and behavioral addictions. We tell you about how the medical community views addiction and how your personal view, when it's all said and done, is what you'll most likely follow. We also briefly overview what the rest of this book can offer.

We've designed this book to help you gain an understanding of where you are right now in regard to your control over addictive substances and behaviors. This understanding can help you develop a strategy for seeking freedom, well-being, and control in your life.

## *Substance Use, Abuse, and Addiction*

A number of addiction-related terms are used throughout this book. We want to be clear about what they mean before proceeding.

## *Addiction: The definitions*

In 1964, the World Health Organization suggested the term *addiction* be replaced. The group wanted to replace it with the word *dependence*, because *dependence* describes the feeling that, physically and mentally, you *have* to use the substance. Your brain and body cry out. You gotta have it!

We however, don't agree with the World Health Organization entirely. So in this book, we use the term *addiction* to refer to a *combined* experience of mental and physical dependence. In *addiction*, as we see it, you're compelled to use a substance or behave in a certain way, even though you know you face considerable harm by going through with it.

You're addicted when you can no longer direct yourself out of harm's way. You're addicted when you continue to use a substance or engage in a behavior that *puts* you in harm's way.

Simply put, addiction causes a *change in your brain*. A change that we, and other scientists and clinicians, are trying hard to understand. Make no mistake; although this change is something of a mystery, it's still powerful. When the change occurs, you lose control over your urges to use a substance or engage in certain behaviors. The urges are irresistible. You can become so compelled by your addictive behavior that nothing else matters. It doesn't matter how smart you are, how accomplished you are, or how physically strong you are. It can happen to anyone.

Dependence is really one step along a slippery path that leads to addiction. At a certain point, a prolonged dependence results in another switch being thrown. The experience you have after that switch is thrown is what we call addiction.

It's important now to talk about both mental and physical dependence. *Mental dependence* refers to associations that develop in your mind between specific events (called triggers) and emotional and physical urges to use the substance or take part in the addictive behavior. These triggers are actually memory traces that are set off by various stimuli. When set off, they exert a powerful influence on your behavior. Moreover, they're not just in your mind — through a series of chain reactions, they induce biochemical changes in your brain as well.

What is the difference between mental and physical dependence when both cause changes in brain chemistry? The main difference is that the changes in chemistry brought on by the effects of mental dependence are due to mental associations. Put bluntly,

just thinking about getting high changes your brain chemistry. Then the brain changes affect your whole body so that you feel physically excited.

*Physical dependence*, on the other hand, doesn't require any thinking at all. It's simply related to the physical effects of the addictive substance on specific brain chemicals called neurotransmitters. Certain neurotransmitters get altered by the substance. The brain adjusts — it tolerates the drug. And then you don't feel normal or good unless you take the substance. Physical dependence describes your brain's physical adaptation to the drug.

As you can read in Chapter 10, you can detoxify your brain (get rid of the foreign chemicals) from a physical dependence relatively quickly (a few days). However, your mental dependence can last a lifetime.

We describe more of the differences between mental and physical dependence in Chapter 5.

## *The difference between abuse and dependence*

The difference between abuse and dependence is a matter of time and degree. The medical criteria for substance dependence and substance abuse are summarized below in the following sections. Essentially, the difference is that *dependence* is associated with tolerance (you need more and more of the substance to get the same effect) and withdrawal symptoms (you experience substance-specific withdrawal symptoms when you stop using), and *abuse* is associated with continued substance use despite adverse health, social, or financial consequences.



Abuse can occur without dependence but the reverse is rarely true; dependence almost always leads to abuse.

### *Medical criteria for substance dependence*

From the medical perspective, dependence is defined as experiencing at least three of the following criteria occurring within a 12-month period:

- ✓ Experiencing tolerance, which is defined as either a need for markedly increased amounts of the substance to achieve the desired effect or a markedly diminished effect with continued use of the same amount.

- ✔ Experiencing withdrawal, as evidenced by either the characteristic withdrawal syndrome for the substance or when medication is taken to relieve withdrawal symptoms.
- ✔ The substance is taken in larger amounts or over a longer time period than initially intended.
- ✔ There is a persistent desire or unsuccessful efforts to cut down or control substance use.
- ✔ A great deal of time is spent in activities necessary to obtain the substance (being preoccupied with how and when you're going to get your next fix dominates your daily thoughts).
- ✔ Important social, occupational, or recreational activities are neglected or abandoned because of substance use.
- ✔ The substance use is continued despite knowledge of having a persistent or recurrent psychological or physical problem related to substance use.

### ***Medical criteria for substance abuse***

The medical definition of abuse is one or more of the following criteria within a 12-month period:

- ✔ Recurrent substance use resulting in a failure to fulfill major role obligations at work, home, or school.
- ✔ Recurrent substance use in situations where it is physically hazardous (for instance, while driving a car).
- ✔ Recurrent substance-related legal problems.
- ✔ Continued substance use despite having persistent or recurrent social or interpersonal problems caused or worsened by substance use (for instance, arguments with spouse about the consequences of use).



If you have both the criteria for substance abuse and substance dependence, you would be diagnosed as having a substance dependence problem.

### ***Nonsubstance or behavioral addictions***

Nonsubstance or behavioral addictions are behaviors you engage in that meet many of the same criteria as substance addictions. They are behaviors that dominate your life: You feel compelled to do them. One example is pathological gambling, another is sex addiction.

When we apply the medical criteria in the preceding two sections to behavioral addictions, the definitions, however, become less clear. You can readily see how a behavioral addiction meets

criteria for abuse (for instance, pathological gambling) but the dependence criteria don't apply as readily with addictions like workaholism, overeating, and excessive sex. Still, tolerance does build up with behavioral addictions. You need to do more and more of the activity or engage in riskier and riskier aspects of the behavior to get the same high. (For more on behavioral addictions, see Chapter 3.)

## *Your personal definition*

Regardless of medical criteria, you know if you have a substance or behavioral addiction. You know because the actions involved in getting the substance or doing the behavior dominate your life.

The line between heavy use and abuse or dependence is fuzzy. The case examples of Joe and Mark in the following sections highlight just how fuzzy the line can be.

### *Case example: Is Joe abusing marijuana?*

Joe smoked marijuana every day — his first joint was in the morning. Smoking was his way of approaching the day in a mellow frame of mind. Joe was in his third year of college; he'd started smoking marijuana at the end of his sophomore year. He enjoyed college and felt in no hurry to finish, partly because he was still uncertain about what he wanted to do after college. At least, this is how he rationalized taking half the course load he should have been taking in his third year. At this rate, it would take him twice the normal time to complete college.

Joe supplemented his income from a student loan by working as an assistant in the college library on Saturdays and Sundays. He tried getting other jobs, but found that the hours of work conflicted too much with his recreation time. Other than paying for a steady supply of marijuana, he figured he had few financial needs. The student loan paid for his tuition and rent. He even had some money left over to sustain a pretty simple diet of bread, peanut butter, jam, and an occasional hamburger. The money he made at his part-time job on the weekends financed his drug habit.

Joe was a bit of a loner. He only had a few friends to get together with on Saturday nights. They often went to a bar to play pool and drink beer, and, of course, smoke a joint or two. During the week-day evenings Joe kept to himself. He rented a room in a house near campus. The other rooms were also rented out to students, but Joe didn't socialize with his roommates. What he most liked to do in the evenings was smoke marijuana and listen to music. He rarely got to bed before 2 a.m.

Is Joe abusing marijuana?

***Case example: Is Mark abusing marijuana?***

Mark's situation was very similar to Joe's. Like Joe, Mark smoked marijuana daily, and Mark was also at college. However, unlike Joe, Mark was very outgoing and sociable. He started smoking marijuana at parties (he met his girlfriend at one of these parties). He and his friends usually socialized as a group, sometimes partying at the local dance club and sometimes getting together at fraternity houses. Mark lived at home, so he seldom had the opportunity to host these parties himself. He worked on the weekends, but because his living expenses were low, he could use most of his earnings to buy marijuana.

By his third year, smoking marijuana had become a daily habit. Mark's room was in the basements of his parent's house and so he could sometimes smoke at home without being detected. However, most of the time, he had a few joints in the evenings when he went out with his buddies.

His girlfriend sometimes joined in, but increasingly she complained that she was tired of these pot parties. They had been fighting a lot lately because she wanted them to branch out and do a variety of activities. Mark didn't want to fight with his girlfriend, but he also didn't want to cut back on seeing his buddies and smoking marijuana.

Mark started to experience problems at college in his third year. He rarely got home before 1 a.m., so getting up in the morning became a big problem. He couldn't keep up with a full course load and dropped two of his classes. He kept his afternoon courses, reasoning that they were scheduled at a more reasonable time of the day. It wasn't long before his parents noticed the major shift in his sleeping pattern. Arguments became increasingly more frequent between Mark and his parents, who complained that he wasn't taking his studies seriously. He complained that they were old fashioned.

Is Mark abusing marijuana?

***The answer***

Both Joe and Mark are abusing marijuana. Because Joe is a loner by nature while Mark has a sociable personality, and because Joe's lifestyle is so closely aligned with his drug habit, the problems he's having with marijuana use may seem less obvious. Nevertheless, both young men are abusing marijuana. In both cases, marijuana

use has interfered with their school and occupational activities. The adverse consequences are more apparent in Mark's case because his drug use is causing problems with his girlfriend and family. Although his parents may not yet know the underlying cause of the shift in his schedule, they have certainly picked up on the problems he's having with meeting his school responsibilities. Thus, Mark's drug use may appear more obvious because it is affecting many areas of his life. However, in actuality, both young men's drug use meets criteria for substance abuse. In both cases, marijuana use is interfering with them fulfilling their school and occupational responsibilities.



You only need to have one of the medical criteria for substance abuse to be diagnosed as having a substance abuse problem.



The line between use and abuse can become blurred because of the gradual nature of addiction. It's very easy for you to rationalize substance abuse as normal. The first step toward freedom from addiction, however, consists of taking an honest look at how the substance you use is affecting your life.

## *The role of experimentation*

Drug use typically begins with experimentation ("Hey, try this. It will make you feel so good!"). When you're young, saying no is hard. After all, you're young only once! The good news is that in the last ten years, drug use has been declining among youth. Unfortunately, alcohol use hasn't shown a similar decline. We've heard estimates that say 50 percent of adolescents ages 12 through 17 have tried alcohol.



All people with an addiction started by experimenting. No one sets out thinking that he's going to become an addict. Substance use affects the chemistry of the brain. You may not even realize that your brain is changing just as you may not realize that your liver is changing. Before long, experimentation becomes dependence. After a while, dependence becomes addiction.

## *Assessing Your Addiction Risk*

The first step toward getting help is recognizing a problem. Part II of this book focuses on recognizing and assessing your addiction risk and what parents and friends can look out for. It also discusses many social influences that induce you to experiment with addictive substances and behaviors (see Chapter 4 for information on

these social influences). Knowing what may have lead to your addiction problem can help you avoid relapse following treatment. If your use hasn't yet progressed to abuse and dependence, this information can help you avoid developing an addiction problem.

## *Warning signs of addiction*

The defining sign of addiction is that you feel compelled to do it. In Chapter 5, we provide a tool that assists you in assessing the likelihood that you're addicted. We also discuss the risk factors for developing an addiction problem. Some of the factors that you need to be aware of are:

- ✔ **Your family history:** The attitudes, behaviors, and genetic vulnerabilities that you pick up from your family render you more or less susceptible to developing an addiction problem.
- ✔ **Your willingness to experiment with risky behaviors:** If you're a risk-taker by nature, you're more likely to experiment with drugs. Experimentation is always the first step toward addiction.
- ✔ **Your mental states:** If you have problems controlling negative mood states like anxiety, depression, and anger, you're more likely to turn to substances (for instance, alcohol) or addictive behaviors (for instance, overeating) as a way of regulating your moods.
- ✔ **Your choice of drugs:** Some drugs are more addictive than others (check out the addictive potential of different substances in Chapter 5).

## *A comment for families and friends of the addicted person*

Families often notice that something is wrong without knowing the specifics of the problem. In Chapter 5, we provide an assessment tool that helps family members and friends determine whether their loved one is battling an addiction problem. Uncharacteristic and negative changes in your loved one's moods and social habits are the real clues. But ultimately, your only way of getting to the bottom of the problem is a sincere talk.



Be careful not to enable your loved one's addiction. Family members tend to want to protect the addicted person and reduce potential harm. This may take the form of bailing your loved one out of jail, offering housing, or ensuring proper nutrition. All of



these actions, although they reduce the harm, can enable your loved one to continue to abuse substances. Helping your addicted relative prevents the person from hitting bottom. Harm reduction efforts are important, especially when addiction treatments have repeatedly failed. However, be mindful of the fact that your good intentions may be allowing your loved one to continue to abuse drugs. Get good advice from professionals about how to best handle addiction in a loved one. In Part II of this book, we talk about addiction treatment options. In Chapter 18, we provide specific information for family members and friends.



Look after your own needs. A loved one's addiction problem can quickly dominate the lives of family members and friends. Moreover, family members and friends can quickly become discouraged by their loved one's repeated failures at stopping the addiction. Thus, you need to look after your own needs. In Chapter 18, we provide information on how to protect your own welfare when battling the consequences of a loved one's addiction.

## *Exploring Methods and Models of Treatment*

Do I have an addiction problem? Am I ready for treatment? Do I need to be hospitalized to safely withdraw from a substance addiction? After I've kicked the physical dependence on the substance, can I kick the mental addiction on my own? What are my treatment options? Who typically undergoes this or that type of treatment? What treatment options are available on an outpatient basis and which ones involve residential stays? What are some of the myths about overcoming an addiction? When are self-help treatment approaches helpful?

These and other questions are addressed in Part III of this book. Fortunately, a very wide range of treatment methods and models are available for assisting you. A few of these are previewed in the following sections.

### *Treatment centers and professional help*

Shame about the addiction is the major barrier to seeking professional help. Most likely, you've tried to quit on your own and sought advice from trusted advisers (friends, family doctor, minister, priest,

or rabbi) before seeking professional help. Unfortunately, many advisers don't have the expert knowledge or resources to help you withdraw. Nor can they provide treatment for the mental aspects of addictions. However, they're often a good resource for learning about specific addiction treatment options in your community.

In some situations, you may not be seeking help on your own. Rather, it's your family or employer who is confronting you with treatment options. Thus, your initial exposure to treatment may not have been the treatment of your choice.



You must want to change to successfully recover. No amount of external persuasion will help overcome an addiction if you don't want to change. After you do get to the point of seriously engaging with treatment, seek out the treatments most suited to your needs.

## *Things to consider when deciding on your treatment*

Many treatment options are available to you. What you choose depends on a number of factors:

- ✔ Can you afford the time and money it takes to go into a residential treatment facility? Most require a minimum stay of 28 days. Can you afford not to?
- ✔ Residential treatment centers offer some advantages over outpatient programs. They get you away from many of the social and environmental triggers for your addiction. You're exposed to treatment information from the professional staff and from peers within the center. Your peers can share their firsthand experiences about what has and hasn't helped them, and they can be an unconditional source of support.
- ✔ Quitting an addiction is often easier than staying substance- or behavior-free over the long-term. Relapse rates are alarmingly high. The mental aspects of addictions are usually harder to treat than the physical dependence. Addictions affect every aspect of your life. Triggers are hidden deep within your family and social environments. Therefore, consider a variety of treatment options for help with all of the different aspects of an addiction problem.
- ✔ When it comes to treating addictions, take a variety of approaches. Most treatment options allow you the freedom to combine different approaches.

- ✓ Abstinence is usually the goal of treatment. In some cases controlled use is possible. Chapter 9 provides information on controlled drinking approaches.



If you are physically dependent on a substance like alcohol, controlled use is not an option for you. Your treatment goal needs to be abstinence.

## *The twelve-step program and other self-help approaches*

Almost everyone has heard of Alcoholics Anonymous (AA), but you may not know everything about what a twelve-step program involves. The twelve-step program is perhaps the most common treatment model for overcoming addictions. Although it started as a peer-support treatment program for alcohol addiction, it has rapidly proliferated as a treatment for both substance and nonsubstance addictions. You can find an AA program in virtually every community. Many AA groups address multiple types of addictions, so you may not need to find a specific group for your addiction. We have devoted a whole chapter (Chapter 11) to describing the twelve-step program. We also include a self-assessment tool to help you determine whether the twelve-step treatment approach is likely to work for you.



Self-help approaches generally aren't sufficient to help you get clean. You may well need to start with a residential treatment approach early in your recovery program. You can also consider combining various treatment approaches. Because addictions affect every area of your life, you may also need psychotherapeutic approaches to help you unravel the emotional and social aspects of your addiction problem. Chapter 8 provides information on some of the psychotherapy approaches to treating addictions.

## *The Ins and Outs of Recovery*

As you begin the journey of recovery (whether it is the first time or the umpteenth time), we hope that this book will help you find the means to free yourself from addictions.

The treatment of addictions involves both getting clean and restoring a normal way of living. Therefore, recovery means not just abstinence from the addiction but also repairing the damages that the addiction has brought to your life and addressing some of the vulnerabilities in your emotional makeup and social background

that rendered you susceptible to addictions. Effective recovery, therefore, also means building awareness and strategies to resist your triggers. In Part IV of this book, we focus on these recovery topics.

## *Overcoming fears and obstacles to recovery*

What will it mean to go into treatment? What will your friends and colleagues think about you? How will you cope with the loss of comfort you associate with your addiction? You need to be aware that your anxiety, shame, anticipated loss, and other issues will act as barriers to getting help for your addiction. Chapter 15 provides guidance to you in overcoming these barriers to change.

Remember that solutions you use to deal with your addiction will also need to address the specific issues in your social and psychological environment that present barriers to successful recovery.

## *What to do if you slip*



You need to know that recovery is a work in progress. As you repair and rebuild your life after an addiction, you will come face-to-face with temptations and triggers to slip back. You may slip off the wagon once, twice, or even more, but treat slips as temporary lapses in your recovery process and look for what you can learn from the situation. For example, a longer passage of time of abstinence between the slips is also positive feedback. Thus, learning about your triggers (when you feel down, for example) can help you plan how to handle the same situation (trigger) more effectively next time. Chapter 16 provides specific guidance in handling slips and relapses.

## *How to relate to family, friends, and colleagues*

By the time you find yourself in treatment for an addiction, a lot of hurtful things have probably been said and done by you to your family as well as by your family to you. If these relationships can be mended, your recovery may have an easier path. Therefore, we encourage you and your family and friends to consider actively participating in the forgiveness process. Chapter 17 deals with handling these relationships in recovery.

Recovery can also be a time for the start of new relationships. You've seen the damage that addictions can do to intimate relationships. You may feel anxious about when to trust yourself enough to start a new relationship. You may have questions about how much to disclose to new friends. These and related issues are addressed in Chapter 17.



Many successfully recovered addicts liken their process to a rebirth. It's normal and natural for you to seek new friends and relationships. Frequently, you may connect with other ex-addicts that you meet in peer group therapy settings.

### *What family and friends can do*

Addiction isn't just the problem of the person battling addiction. The personal problems of the addicted individual cause collateral damage to family, friends, and colleagues. Thus, many sections of this book provide tips for friends and family. Chapter 18 focuses specifically on guidance for families and friends.

