Understanding Addiction: Getting Help for a Loved One with Alcohol or Drug Problems

Brought to you by Elements Behavioral Health, Promises Treatment Centers, and The Recovery Ranch

Elements Behavioral Health aims to fill the gaps in mental health treatment between inpatient and outpatient psychiatric services; in co-occurring mental health and substance abuse disorders; and between traditional and alternative settings to help clients that are underweight or overweight due to eating related and other issues. The goal is for full recovery and well being with permanent life change and lifestyle improvement and not just symptom reduction. Our focus is not only on the patient, but on the health and support of the family system.

Elements Behavioral Health offers the following treatment programs:

**Promises Treatment Centers | Malibu and West LA, California | www.promises.com | Visit Promises.com | Call 866-449-3591**

- Alcohol and Drug Addiction Treatment
- Dual Diagnosis Treatment: Anxiety, Depression, OCD, Process Addictions
- Treatment of Substance Abuse with underlying Trauma/PTSD
- EMDR for Trauma
- Neurofeedback
- Equine Therapy
- Pain Management

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- Alcohol and Drug Rehab (Dual Diagnosis: Process Addictions)
- Eating Disorder Treatment (with or without substance abuse)
- Trauma/PTSD Treatment (with or without substance abuse)
- Depression Treatment
- Adventure Therapy
- Equine Therapy
- EMDR for Trauma
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What Is Addiction?

Addiction, according to numerous sources, including the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health (NIH), is a primary, progressive, chronic, debilitating, and often fatal, disease. A person can become addicted to, or dependent upon, substances, including alcohol, illicit drugs, or prescription drugs used nonmedically; nicotine, caffeine, or food; or behaviors, including sex, gambling, work, shopping/spending, or relationships.

The development and manifestation of addiction is influenced by genetic, psychosocial, and environmental factors. Without treatment, addiction becomes progressively worse and, in the case of substance addiction, can result in death.

Addiction is characterized by impaired control over the use of an addictive substance, distorted thinking, preoccupation with use of the substance, and use of the substance despite mounting adverse consequences. When someone is addicted, they have lost all control over their ability to refuse the substance. Their lives are consumed by compulsive drug-seeking behavior, or the pursuit of the addictive substance, or behavior beyond all rational thinking.

In addition, addiction affects more than just the addict. Addiction is also called a family disease, since everyone close to the addict is affected by the addiction.

Addiction has Many Factors

Addiction is a complex and chronic disease similar to other chronic diseases like Type II diabetes, cancer, and cardiovascular disease.

Like other chronic diseases, addiction has a tendency to run in families (heritability), has an onset and course of development that is influenced by both environment and behavior, and responds to appropriate treatment, which may include significant and long-term lifestyle changes.

Genes play a role in an individual’s vulnerability to addiction, and genes can also play a role in protecting someone from addiction. As with all chronic diseases, environmental risk and protective factors interact with genetics to determine addiction’s course and outcome. It is important to note that no one chooses to be an addict – just as no one chooses to have heart disease or cancer. However, a person’s choice of behaviors can and does influence the development of addiction, particularly if the person deliberately and consistently chooses behaviors that have undesirable effects.

Addiction Leads to Other Medical Conditions

Addiction, by itself, is bad enough. But it often leads to deterioration in a person’s physical condition. This is particularly true in the advanced stages of drug or alcohol addiction, where liver and kidney functions shut down, or other major organs suffer irreversible damage. The combination of multiple system failures, malnutrition,
cognitive impairment, loss of motor control, and other debilitating symptoms often leads to death.

**Addiction is Treatable**

Addiction doesn’t need to be a death sentence. It is treatable, and millions of recovering addicts are living proof that appropriate treatment works. While addiction can be treated, and the patients can learn to overcome their addiction and go on to enjoy fully productive lives, it can never be cured. Once you are an addict, you are always an addict. Maintaining a life of sobriety requires constant vigilance, adoption and practicing of healthy coping behaviors, changing to a positive lifestyle, and creation of and reliance upon a strong and caring support network.
Why Does Someone Become Addicted?

When you have a loved one or someone you care about who is addicted, it’s often frustrating and confusing to figure out why. What caused the addiction? You worry that it may be something that you did or didn’t do. You rack your brain trying to think of what happened recently that may have contributed to the addiction. You agonize over whether you could have seen the clues ahead of time so that you could have done something to prevent it.

So, why does someone become addicted? Here are some answers.

No One Chooses to Be Addicted

Addiction is not a choice a person makes, just as no one chooses to have cancer or heart disease. And addiction is a chronic disease, with symptoms, onset, course or progress, and outcome. One thing you don’t want to do is ascribe blame to the person who is addicted, since he or she did not make the choice to become addicted.

It is true, however, that the decision to take drugs in the first place is generally a voluntary decision. But drug use changes the structure and functioning of the brain so that, over time, repeated drug use can affect a person’s self control and ability to make the right decision. At the same time, the brain, which is now changed, also sends strong impulses to seek and take drugs.

Many people mistakenly believe that if a person wants to quit drugs, they should just be able to do so. It’s not that simple. If it were, no one would remain addicted. Quitting drug abuse is much more than just a matter of willpower.

Risk Factors for Addiction

There is also no single factor that explains why one person becomes addicted to drugs, alcohol, or compulsive behaviors such as gambling, sex, work, or shopping – and another doesn’t. There are, however, several risk factors which play a part in addiction.

• Genetics and Biology

Scientists have discovered that the genes people are born with, along with environmental influences, account for about half of their vulnerability to addiction. In addition, gender, ethnicity, and presence of other mental disorders and/or physical conditions may influence risk for drug abuse and addiction.

• Environment

Environmental influences that may increase the risk for addiction include family and friends, socioeconomic status, and quality of life, among others. In addition, peer pressure, parental involvement, stress, physical and/or sexual abuse greatly influence the onset and course of addiction and drug abuse in a person’s life.
**Developmental Stages**

Environmental and genetic factors interact with a person’s developmental stages to affect in a critical way their vulnerability to addiction. Adolescents are faced with a double whammy. Research shows that the earlier a person starts drinking or using drugs, the more likely they are to become addicted, or to have problems with substance abuse and addictive behavior later in life. And because adolescents’ brains are still developing in areas that govern decision-making, judgment, and self-control, they are especially prone to risky behavior. This includes the temptation and pressure to try drugs.

**Addiction is Treatable**

Instead of agonizing over why your loved one became addicted, take comfort in knowing that addiction is treatable. With appropriate professional addiction treatment, a full recovery is possible. It does take time, and the affected individual must commit to the process. Following treatment, your loved one will require strong support from family and friends, since early recovery is the time when they are most vulnerable to relapse.

*Visit Promises Treatment Centers or Call 866-449-3591*
How Does Addiction Affect the Family?

It’s often said that addiction is a family disease. That means that everyone in the family is affected by one member’s addiction. How can that be? Addiction can’t hide in the closet, hidden from view of other family members. Whether the loved one with addiction is an alcoholic, does illicit drugs, takes prescription drugs for nonmedical purposes, or engages in compulsive behaviors such as gambling, work, sex, shopping, or eating, these actions and behaviors affect everyone in the family.

Addiction is also a progressive disease. Without treatment, it only gets worse. So, too, do the effects on the family. Addiction affects the stability of the home, the unity of the family, mental and physical health, and the overall family dynamic.

If the addict is a parent, the children suffer in multiple ways. Not only are their basic needs for food, shelter, and nurturance unable to be met, the children may be subjected to bouts of rage, emotional, physical, and even sexual abuse. The children of alcoholics or drug addicts may withdraw, become alcoholics themselves, or fail to develop into normal, functioning adults. In fact, studies show that children of addicts often follow the same pattern of abusing alcohol or drugs. The earlier a child starts drinking or doing drugs, the more likely it is that they will have a problem with substance abuse and dependence as adults.

Spouses or partners of addicts go through various stages: denial of the problem, covering up the problem, lying to others about the problem, overcompensating to make up for the shortcomings and failures of the addict, and enabling the addict to continue his or her addictive behavior. Sometimes the spouse or partner is also an addict. These situations cause massive family dysfunction and threaten lifelong problems for affected children.

When addiction is chronic, family finances are often in shambles. Many families lose their homes, go into bankruptcy, or face serious economic consequences when bills can’t be paid. If the addict is the breadwinner and he or she loses their job, the burden falls upon the remaining spouse to shore up the family. Often this proves to be a losing battle. There may be serious legal problems, even resulting in jail time for the addict as a consequence of his or her actions. Frustration, anger, bitterness, betrayal, shame, guilt, and hopelessness set in – not only with the spouse, but also other family members. They often feel that they should have seen the problem and been able to do something about it.

Family addiction requires treatment just as the addict requires treatment. You can’t overcome the effects of the addiction if you don’t learn all you can about the disease, and about coping mechanisms, effective strategies for dealing with the disease, and how to take care of yourself. Most of all, family members need to understand that they aren’t to blame for the actions and behavior of the addict. In Al-Anon they call this the three C’s: you didn’t cause it, you can’t cure it, and you can’t control it.

When an addict goes into treatment, family members – in the best circumstances – go into family therapy. This helps them prepare for when their loved one completes
treatment and returns home. Many times behaviors need to be changed. Alcohol must be removed from the home, for example, or the environment cleared of any drugs. Prescription medications need to be locked up. Schedules need to be altered to accommodate the recovering individual’s attendance at counseling and/or 12-step group meetings such as Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous, or other support groups.

Family members also need to recognize that recovery is a lifelong process. The addict will always be in recovery. It isn’t a one-time stint at rehab and then life continues on as before. To give the recovering individual – and the family – the best possible outcome, family members should be supportive, loving, and encouraging.

If you have an addicted family member, can you ever again return to normal? With treatment, both the addict and family members can go on to live full, happy, and productive lives. For the addict, this will be the new normal. For family members who have learned how best to support their loved one in recovery and how to take care of themselves, it may well become the better normal.
What Is Alcoholism?

Alcoholism is not a topic many of us want to think about, let alone deal with. In fact, if you ask anyone to define alcoholism, you’ll probably wind up with various answers. There are many definitions of alcoholism, and they’re all more or less true. Whichever definition you prefer, the simple truth is that alcoholism is a serious disease that threatens to completely undermine the affected individual’s health, family, and social standing.

Here are some of the many definitions of alcoholism.

- **Journal of the American Medical Association (JAMA)**
  First published in 1992, this definition of alcoholism by the Journal of the American Medical Association (JAMA) had also been approved by the Boards of Directors of the National Council on Alcoholism and the American Society of Addiction Medicine (both in 1990):

  According to JAMA, alcoholism is: “a primary, chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations.” The definition further adds that alcoholism is “often progressive and fatal” and is characterized by continuous or periodic symptoms such as “impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably, denial.”

- **Mayo Clinic alcoholism definition**
  Alcoholism is defined by the Mayo Clinic as “a chronic disease that makes your body dependent on alcohol.” Mayo further defines alcoholism as an obsession, one that makes you unable to control your drinking, even at the expense of serious relationship, health, work and financial problems. Alcoholism is a treatable disease, however; inpatient treatment, medication, counseling, and self-help groups as some of the effective therapies.

- **National Institute on Alcohol Abuse and Alcoholism (NIAAA)**
  The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines alcoholism, also called alcohol dependence, as a disease involving four symptoms: craving (experiencing a compelling urge, desire or need to drink), loss of control (inability to stop once drinking has begun), physical dependence (nausea, sweating, shakiness and anxiety during withdrawal) and tolerance (needing to drink more to get “high”).

  According to the NIAAA, alcoholism is a disease and, like many other diseases, is chronic, that is, it lasts a lifetime. The disease follows a course that is predictable and has recognizable symptoms. Genetic predisposition (family history of alcoholism) and lifestyle can contribute to a person’s becoming an alcoholic. Other contributing factors include increased stress and the availability of alcohol.

**Alcoholism: The Bottom Line**

What matters in the end is that alcoholism is a state of habitual intoxication, where an individual consumes alcohol in a progressive and excessive manner, and thus paves the way to an inevitable breakdown in health (physical and mental), family, social, job, and financial situations.
It’s also important to note that the risk for developing alcoholism based on family history does not mean a person is destined to become an alcoholic. While there is no cure for alcoholism, it can be treated. The primary goal is abstinence.

Call 866-449-3591 to learn more
Physical Effects of Alcoholism

Alcoholism is a serious problem in America today. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) estimates that about 18 million people in the United States either abuse alcohol or are alcoholic. Across all age groups, men are four times as likely as women to be heavy drinkers. But the truth is that alcoholism at any age can cause major health-related problems, and some 100,000 people die each year from alcohol-related problems.

The harmful physical effects of alcoholism are well documented and include liver disease, lung disease, compromised immune system, endocrine disorders, cancer, and changes to the brain. In adolescents, particularly those who begin drinking at an early age (at or before age 14) and continue to heavy drinking, harm can result to the liver, bones, endocrine system, and interfere with brain growth. It is important to note that adolescents’ brains are still in the process of developing during the teenage years.

Major Physical Effects of Alcoholism Occur in Late Stages

While alcoholism is a chronic and progressive disease, the early symptoms are generally behavioral and not physical. The majority of medical problems typically occur in the later, or chronic, stage of alcoholism. If you are waiting to see if these physical signs to appear to make a determination that your loved one is an alcoholic or has alcoholism, it may already have progressed to a serious debilitating condition.

Fortunately, diagnosis of alcohol abuse or dependence can be made earlier and treatment can be initiated to get the affected individual on the road to recovery.

Problems Caused by Late-Stage Alcoholism

Following are some of the problems – general symptoms and major body systems – that are involved in late-stage alcoholism:

General Appearance

- Hand tremors - part of alcohol withdrawal, can begin within hours after stopping drinking
- Irritability, nervousness, excitability
- Jaundice – a result of liver damage
- Dry, red, itchy skin
- Swelling of parotid gland, resulting in a mumps-like appearance
- Finger clubbing – the result of alcoholic cardiomyopathy
- Drinker’s nose

Gastrointestinal Tract

- Dyspepsia and gastritis
- Nausea and vomiting
- Persistent diarrhea
• Recurring abdominal pain – due to inflammation of the stomach and colon from alcohol
• Acute and chronic pancreatitis – acute pancreatitis is most often seen in men, 25-65 years of age, with a minimum of 5-10 years of active drinking
• Hypoglycemia and hyperglycemia – rapid changes in blood sugar caused by alcohol
• Gastrointestinal bleeding – destruction of the stomach lining due to an increase in stomach acids; may also result in ulcers, causing additional bleeding
• Liver problems – fatty liver, cirrhosis, alcoholic hepatitis, and ascites (accumulation of fluid in the abdominal cavity)

Cardiovascular

• Palpitations – irregular heartbeat
• Cardiomyopathy – one out of every 36 alcoholics develops this medical condition
• Anemia
• Blood vessel dilation

Respiratory Systems

• Chronic obstructive airways disease (COAD)
• Recurring chest infection and pneumonia

Central Nervous System

• Damage to brain cells
• Blackouts
• Short-term memory impairment
• Seizures
• Peripheral neuropathy (nerve disease)
• Loss of balance
• Insomnia
• Nightmares
• Hallucinations
• Delirium Tremens (DTs) – occurs during late-stage withdrawal
• Wernicke-Korsakoff Syndrome (late-stage alcoholism) a.k.a. “wet brain”

Musculoskeletal

• Muscle atrophy
• Muscle cramps and weakness
• Inflammation of the kidneys
• Loss of menstruation
• Impotence

Genitourinary
• Increased urine flow
• Electrolyte imbalance

In addition, heavy drinking during pregnancy can result in Fetal Alcohol Syndrome (FAS), causing a range of physical, behavioral, and learning effects in the developing fetus.
Mental/Emotional Effects of Alcoholism

We’ve all seen the stumbling drunk character mumbling incoherently in movies and on TV, but it’s another thing entirely when the alcoholic is someone you know and care about. It may even be you. The classic depiction of drunkards has more than just a little basis in fact. Alcoholism changes the brain to such an extent that thinking processes are clouded, emotions are all out of whack, and what seems right and normal to non-drinking individuals is totally alien to the alcoholic.

But it’s not just the alcoholic who’s affected. Everyone around the drinker suffers to some extent as a result of that person’s addiction to alcohol. Here are some of the specific mental and emotional effects that are the direct result of alcoholism.

Loss of Memory

The cumulative effects of chronic alcoholism result in damaged or destroyed brain cells, broken synapses, and circuits that no longer fire or do so in wrong sequences. A person who drinks heavily over a long period of time may suffer brain deficits that persist long after he or she achieves sobriety. Heavy drinking may have extensive and far-reaching results, ranging from simple memory slips to permanently debilitating conditions that require long-term custodial care.

After heavy or binge drinking – large amounts of alcohol over a short period of time – a person can experience blackouts, or periods where they can’t remember what they did, said, or thought while they were drinking. Studies of male and female alcoholics also showed significant brain shrinkage, which caused the memory loss as well as learning problems. Other more recent studies have shown that women’s brains may be even more vulnerable to alcohol-induced damage than men’s.

Other studies have shown that alcoholics have deficits in the frontal lobe deficits, which are responsible for many functions associated with memory and learning, and also the cerebellum, which controls coordination and movement.

Difficulty with Learning

Along with memory loss, other cognitive impairment common in alcoholics is difficulty learning. Serious and persistent changes to the brain may be the direct result of alcoholic intake or may indirectly result from poor overall health or severe liver disease. Thiamine deficiency, a nutrient essential to all tissues, including the brain, is common in alcoholics (up to 80 percent have thiamine deficiency). It is caused by poor nutrition.

Many alcoholics with thiamine deficiency develop serious brain disorders, consisting of two separate syndromes. Wernicke syndrome is a short-lived and severe encephalopathy. Its symptoms include mental confusion, eye nerve paralysis, and difficulty with muscle coordination. Up to 90 percent of those with Wernicke syndrome also develop Korsakoff’s psychosis, a chronic and debilitating condition.
characterized by persistent memory and learning problems. Sometimes these conditions are referred to as “wet brain.”

**Poor Judgment and Loss of Inhibition**

Excessive alcohol in the brain’s cerebral cortex affects thought processes, leading to the individual exercising poor judgment. The more alcohol a person consumes, the more they lose their inhibitions. This may result in them becoming overly talkative and/or more confident. Poor judgment may lead to DUIs, fights, inappropriate behavior, illegal behavior, or unintended sex.

**Emotional Effects of Alcoholism**

When someone who is an alcoholic is intoxicated, they may resort to crying jags, bouts of hysteria, become angry and physically or verbally abusive. In short, their moods are wildly erratic and unpredictable.

Attempts at abstinence, even for short periods, result in depression and anxiety – often leading the alcoholic to quickly return to drinking. Alcohol blunts or blocks out emotional pain and allows the drinker to tolerate situations he or she may not want to deal with.

In personal relationships, especially in the home, alcoholism causes serious disruption, even irreparable damage. The alcoholic is often regarded by other family members as untrustworthy, unreliable and unworthy of respect. Normal, everyday activities and conversation are impossible around the alcoholic, since a word or a look may be perceived by the drinker as a provocation. Family members tiptoe around the house, afraid to speak, fearful of what may happen next. Violent arguments and physical abuse may occur, further fracturing the family dynamic.

Children of alcoholics often have low self-esteem; suffer from depression, anxiety, and stress; and tend to do worse academically than their peers. In addition to potentially inherited risks for later alcoholism, children of alcoholics, according to studies, may have lifelong coping problems. As adults, they are at higher risk for divorce and psychiatric symptoms.

**Improvement after Abstinence**

The good news is that most alcoholics show at least some improvement in brain structure and cognitive functioning within a year of abstinence. Clinicians use a variety of treatment methods to help alcoholics stop drinking and recover from alcohol-induced brain damage. Of course, such treatment must be tailored to the individual. Brain-imaging techniques help clinicians monitor both the course of treatment and its success. Imaging reveals biochemical, structural, and functional changes in patients over time. There are also new medications in place and being developed to help prevent the harmful effects of alcohol and promote the growth of new brain cells to replace those that have been damaged by alcohol.
With effective treatment, follow-up, and a dedication to remaining sober, many alcoholics can go on to live productive and fulfilling lives. Some end-stage alcoholics, however, may not be so fortunate, having lost too much in terms of physical, mental, and emotional deterioration. Still, treatment may offer some amelioration, although it requires going through withdrawal, detoxification, psychological rehabilitation, and dedication to living a healthier lifestyle. This must be coupled with a firm commitment to living sober.

Addiction recovery experts say that the sooner an alcoholic gets treatment, the quicker he or she can be on the road to recovery. The bottom line is that it is never too late to get treatment. Making improvements in the alcoholic’s quality of life – and that of those around him or her – is a goal worth pursuing.
How Alcoholism Impacts Work & the Family

Alcoholism wreaks havoc on more than just the individual’s physical, mental, and emotional health. It also results in profound and often devastating effects on the alcoholic’s work and family life.

**Alcoholism Is Progressively Debilitating**

No one chooses to become an alcoholic or to be dependent on alcohol. Regardless of the underlying causes of alcoholism (which may include genetic, environmental, family history, and other factors), the fact remains that alcoholism results in progressive debilitation. *The longer a person has been diagnosed with alcoholism and goes untreated, the worse his or her situation is likely to get.*

**How Work Is Affected**

Chronic alcoholics often lose their jobs, get demoted, or fail to win promotions because they lose so many days – unable to get up, still hung over, suffering the after effects of alcohol addiction, or just plain not caring.

Relationships with coworkers, supervisors, and bosses suffer as alcoholism progresses. The alcoholic – whether initially recognized with alcoholism or not – is gradually seen as untrustworthy, unbelievable and unreliable. He or she is not included in new projects or assignments, is often deliberately excluded from meetings, not copied in on memos, and not considered worthy of general inter-office communication – formal or informal. In effect, the alcoholic becomes more and more shut off from the main lines of communication, increasingly relegated to minimal-responsibility projects.

If Human Resources gets involved and tries to get the employee into an alcohol rehab or treatment program, there may be some hope for the individual to be able to keep his or her job upon successful completion of the program. If not, the individual may be fired, laid off, demoted, or have other employer-mandated penalties.

Since a stable work situation is so important to effective recovery following treatment, if you or a loved one is an alcoholic, the most important thing is to get him or her to accept and go into treatment before their work is significantly impacted. Use all the resources available to the employee through work, as well as any available federal, state, or local assistance.

**How the Family Is Affected**

Alcoholism literally crushes the life out of the family. When one person in the family is an alcoholic, everyone in the family suffers. There is no escaping the tentacles of this deadly and devastating disease as it causes the alcoholic to spiral out of control. Violence, physical and/or sexual abuse may result. Other common consequences of alcoholism include bankruptcy or foreclosure, inability to pay bills, inattention to the needs of family members, and lack of care in personal appearance. The alcoholic is
also prone to frequent arguments, often heated, and is suspicious, jealous, and quick to judge, irrational, illogical, demanding, and unremorseful.

At first, before alcoholism is diagnosed, the individual may have few or no telltale signs. The more he or she continues to drink, however – and especially if there’s a genetic predisposition to alcoholism – the quicker alcoholism will progress. The time from alcohol abuse to alcoholism differs for each person, since there is no single cause of the disease. Once the person is diagnosed as an alcoholic, he or she will always be an alcoholic. There is currently no cure – but the disease can be managed with treatment.

Here are some signs that your family member has alcoholism. Remember, only a few of these signs have to be present to diagnose alcoholism. Many people treat the disease before it progresses to the more dire signs and consequences.

- Unable to limit the amount of alcohol consumed
- Feels a strong compulsion or need to drink
- More alcohol needs to be consumed in order to feel the same effects – known as tolerance
- Starts to have legal problems, problems with relationships in the family, at work, social problems
- Financial problems escalate
- Drinks alone or in secret
- Physical withdrawal symptoms - nausea, sweating, shaking – occur when stopping drinking
- Unable to remember conversations, activities, or commitments – called “blacking out”
- Engaging in a ritual of having drinks at a certain time, place, circumstances, and being extremely annoyed when this ritual is questioned or disturbed
- Irritability when the usual drinking time nears, especially if there’s no alcohol available
- Losing interest in family and other activities that used to bring pleasure
- Stashing alcohol in hideaways around the home, garage, car, office or elsewhere
- Ordering doubles, gulping drinks, deliberately becoming intoxicated, or drinking to feel “normal” again

Help for the Alcoholic and the Family

Encourage your loved one or family member to go into treatment for alcoholism – or go yourself if you are the alcoholic. Never allow the fear of not being able to pay to get in the way of treatment. There is always a way. For treatment facilities in your area, call the Treatment Referral Helpline maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) at 1-800-662-HELP.

Family members also can benefit from family treatment, which is often a component of residential treatment programs for alcoholism. While the alcoholic is undergoing treatment, family members attend family therapy, lectures, and group discussions.
This helps prepare family members for when their loved one returns home following treatment.

After treatment, the alcoholic is encouraged to attend Alcoholics Anonymous (A.A.), a 12-step fellowship group. Attendance at A.A. meetings is likely to begin during treatment.

Family members have an A.A. counterpart in Al-Anon/Alateen groups. Al-Anon is for people who are affected by someone else’s alcoholism. During the meetings, through sharing of stories, participants gain a greater understanding of how alcoholism affects the entire family. Al-Anon uses the 12-steps of Alcoholics Anonymous, and also emphasizes the need for forgiveness and detachment. In many areas, Alateen groups are available for teenage children of alcoholics. Your doctor or counselor can refer you to these groups. They are also listed in the phone book, local newspaper, or on the Internet.

Don’t allow alcoholism to ruin the life of your loved one and everyone in your family. Get treatment now.

Visit Promises Treatment Centers or Call 866-449-3591
Societal Effects of Drunk Driving

By any estimates, drunk driving wreaks a staggering toll on society. First, there’s the incalculable loss of human life. Who can put a dollar estimate on that? Besides an actuary, no one would dare say how much a human life is worth – certainly not in terms of what that individual’s loss of life means to surviving family members and loved ones. Still, there are some statistics that we can reasonably point to that help paint a picture of the societal effects of drunk driving.

Sobering Statistics

No one is immune to the effects of drunk driving in society.

- According to the National Highway Traffic Safety Administration (NHTSA), 37,261 people died in traffic crashes in 2008 (the latest data available), including 11,773 people who were killed in drunk-driving crashes involving a driver with an illegal blood alcohol content (BAC) of .08 or greater.
- Today, each of the 50 states and the District of Columbia has laws that prohibit driving with a BAC of .08 percent or above. This is due, in large part, to the efforts of organizations like Mothers Against Drunk Driving (MADD). All states also now have laws mandating 21 as the legal age to drink.
- It is estimated that about 3 in every 10 Americans will be involved in an alcohol-related crash at some point during their lives.
- Someone is killed every 45 minutes in the United States by a drunk driver.
- **Traffic crashes are the number one killer of teens** (ages 15 to 20), and 31 percent of teen traffic deaths are alcohol-related.
- A staggering 50 to 75 percent of drunk drivers whose licenses are suspended continue to drive.
- A first-time drunk driving offender has driven drunk 87 times, on average, before being arrested.
- A 2008 poll by AAA found that 80 percent of those surveyed supported requiring drivers who have been convicted of a DWI (driving while intoxicated) or DUI (driving under the influence) to use equipment that tests them for alcohol (an ignition interlock device). That same poll showed that 88 percent thought drunk driving is a serious traffic safety concern.
- According to statistics published by NHTSA, in 2000, alcohol-related crashes in the United States cost society an estimated $114.3 billion dollars. This included $51.1 billion in monetary costs and an estimated $63.2 billion in quality of life losses. People other than the drinking driver paid $71.6 billion of the alcohol-related crash bill, which is 63 percent of the total cost of the crashes. More than a decade later, the costs are likely many times greater – even though total drunk driving arrests are down, due to many reasons, including an increased focus on reducing drunk driving, punishing offenders, stricter sentencing, efforts at educating young people about the dangers of drinking and driving, and alcohol use.
Millions of Lives Ruined

Beyond dollar estimates, the loss of human life for surviving family members and friends is a pain that never really goes away. Some families are shattered by the death of their loved one. Others try to bury their grief and stumble through life as if half-dead themselves, refusing to allow themselves to ever feel joy again.

Another point to consider is the after-effects or consequences of drunk driving to the drunk driver. He or she has to live with the knowledge that their actions resulted in serious injury or death of others. There may be a rupture in the family dynamic as the individual has to serve jail time, may lose a job, spouse, or custody of children. In addition, the convicted drunk driver faces fines, court costs, treatment costs, and increased insurance – if he or she doesn’t lose their driving license temporarily or permanently.

In short, many lives are ruined – or severely impacted by drunk driving.

Efforts to Curb Drunk Driving

Various efforts have combined to help reduce the number of drunk drivers and drunk driving traffic accidents. These include, but are not limited to:

- Education programs
- Restrictions on alcohol advertising
- Increased use of sobriety checkpoints
- Increasing the number of police stops of suspected drunk drivers during high-risk periods (holidays, summer vacation, and weekends)
- Use of breathalyzers
- Suspension or revocation of driver’s license
- Imposing a graduated system of licensing for young drivers
- Impounding, confiscating or immobilizing vehicles of drunk drivers
- Confiscating license plates of drunk drivers or, in some states, issuing special license plates to convicted drunk drivers
- Requiring installation of ignition interlock devices on vehicles of convicted drunk drivers
- Requiring alcohol assessment, counseling, or treatment programs for convicted drunk drivers
- In lieu of incarceration, confining drunk drivers to their homes
- Closely monitoring high-risk drunk drivers
- Reducing the consumption of alcohol
- Suing servers in establishments for serving alcohol to obviously-intoxicated patrons who then go on to injure or kill someone in a motor vehicle crash
- Enforcing laws prohibiting serving of alcohol to minors and persons who are intoxicated
- Providing alternative transportation to drivers who have been drinking
- Increase severity of penalties for drunk driving
• Incarcerating convicted drunk drivers
• Fining convicted drunk drivers
• Recovering costs from convicted drunk drivers
• Requiring drunk drivers to listen to victim impact panels
Drug Addiction (Illegal Drugs)

Drug addiction involving illegal drugs often begins as substance experimentation that progresses to abuse. Addiction can also occur when a person uses prescription drugs for nonmedical purposes and builds up tolerance which leads to dependence (addiction). Addiction to illicit drugs occurs when the person has no control over whether or not he or she uses. Addicts feel they have to have the drug. Addiction may have physical or psychological symptoms, or both.

Some experts in the field of addiction treatment consider drug addiction to be a behavior disorder characterized by drug-seeking behavior and the use of drugs for nonmedical reasons, while others characterize it as a pathological state. According to the American Academy of Pain Medicine, the American Pain Society, and the American Society of Addiction Medicine, addiction is defined as follows:

“...a primary, chronic, neurobiological disease, with genetic, psychosocial and environmental factors influencing its development and manifestations.” Their definition goes on to say that addiction is characterized by behaviors that include impaired control over drug use, compulsive use, continued use despite harm, and craving.

The Mayo Clinic defines drug addiction as involving an emotional, psychological and/or physical dependence. Drug addicts, according to the Mayo Clinic, may have intense drug cravings, wanting to use it again and again despite potentially negative physical, social, and psychological consequences. Certain drugs are more likely to cause dependence and addiction than others.

Types of Illegal Drugs

Illegal drugs are drugs that are controlled substances under Federal and State laws. They are monitored and enforced by the Drug Enforcement Agency (DEA). Illicit or illegal drugs are those that are prohibited and labeled Schedule I Controlled Substances:

- Schedule I Controlled Substances: High potential for abuse, and which has no accepted medical use in the United States or lacks accepted safety for use in treatment under medical supervision. Examples include: LSD, heroin, marijuana, MDMA (Ecstasy), mescaline (constituent of Peyote cacti), and methaqualone.

The 2008 National Survey on Drug Use and Health (NSDUH), from the Substance Abuse and Mental Health Services Administration (SAMHSA), found that marijuana has the highest rate of dependence with 4.2 million Americans aged 12 or older dependent on or abusing marijuana or hashish. This is followed by 1.7 million dependent on or abusing pain relievers, and 1.4 million dependent on or abusing cocaine (both of which are Schedule II Controlled Substances, for which there is a high potential for abuse but has currently accepted medical use, and abuse may lead to severe psychological or physical dependence.

Physical Addiction

During physical addiction, the human body actually becomes dependent on a particular substance. Users may also develop a tolerance to the substance so that they require increasingly larger doses in order to achieve the same effect or “high.”
Addicts who abruptly stop using substances may experience withdrawal symptoms such as nausea, diarrhea, shaking, and seizures. These may be moderate or severe, and may require medical supervision.

**Psychological Addiction**

Equally troubling are the effects of addiction on a person’s psychological makeup. In psychological addiction, users experience compulsive and uncontrollable cravings for a particular drug that are both emotional and psychological. Overcome by the relentless desire to have the drug, addicts may lie and steal in order to get it.

**When Substance Abuse Becomes Addiction**

Abusers of illicit drugs say they often take drugs to have fun or get high. Addicts, however, can no longer control whether or not they use. Mentally and physically, the addict feels compelled to have the drug and that there no longer any choice in the matter. Prolonged usage of illicit drugs has serious consequences to brain functioning and behavior. For addicts, even after long periods of abstinence, addition is chronic, with the possibility of relapse an ever-present possibility.
**Is There Such a Thing as Marijuana Addiction?**

Maybe you think smoking a little weed now and then is harmless. Perhaps your children told you this or perhaps you smoked marijuana when you were growing up. What’s wrong with getting a little buzz to take the edge off? Marijuana isn’t addictive, is it?

Well, contrary to proponents of legalization of marijuana, the truth is that smoking marijuana can lead to an addiction to the substance in some individuals. But not everyone who tokes on a joint becomes addicted. Let’s look at the facts.

**THC and Other Ingredients**

The main component of marijuana is delta-9-tetrahydrocannabinol or THC. Marijuana is a mind-altering drug that also contains some 400 additional harmful chemicals, including known carcinogens. And much of the marijuana available on the street is laced with addictive drugs such as PCP. Unless you’ve got a prescription for medical marijuana, you never really know what you’re getting.

But the THC in marijuana today is much more potent than that available in the 1970s. Today’s pot delivers the desired effect in record time. Beyond elevating mood and relaxation, and depending on the level of THC in it, marijuana today may cause users to experience euphoria, hallucinations, and paranoia.

**Marijuana is the Most Commonly Abused Drug**

Marijuana is the most commonly abused illicit drug in the United States today. Despite calls for legalization, raw marijuana remains a Schedule I Controlled Substance. That makes it against the law to possess or use marijuana – although penalties and enforcement vary. Adolescents are generally introduced to marijuana by their friends in elementary or junior high school. Many graduate to smoking pot from using inhalants. Peer pressure plays a big part in adolescents’ use of marijuana.

But it feels good – and everyone’s doing it, say your teens. Don’t buy it.

**Marijuana, Alcohol and Other Drugs**

After being introduced to marijuana, many teens use it in combination with alcohol and other drugs. Any one of these can prove addicting, especially in individuals with a vulnerability to addiction (a genetic predisposition); taken together, the combination can increase the risk of addiction.

**Marijuana’s Therapeutic Use**

In a number of states, marijuana is available with a prescription for medical use only. There are stringent requirements for medical marijuana dispensaries, and much controversy surrounding the issue. Nevertheless, there are therapeutic benefits from smoking marijuana or taking prescription THC in pill or suppository form for people who have chronic diseases causing intense and unremitting pain such as cancer or...
for cessation of nausea in those undergoing chemotherapy. There are other conditions that are considered appropriate for marijuana prescription, and these are spelled out in state laws.

**Long-Term Use Can Lead to Addiction**

Drug craving and withdrawal symptoms can make it extremely difficult for a marijuana smoker to stop using the drug. Just saying you’ll stop smoking is one thing. Going through with it is another. Users report feeling irritable, anxious, unable to sleep, and increased feelings of aggression.

To avoid unpleasant withdrawal symptoms, users resume smoking marijuana. The longer a person uses marijuana, the more likely he or she is to use more of it and more often. This is classic addiction, according to many scientists and researchers.

**Marijuana Abuse Can Be Treated**

Most marijuana abusers or those who are addicted can benefit from professional counseling, including behavior modification therapy. This may occur in residential treatment or in outpatient individual and/or group sessions. There is currently no medication approved for treating marijuana abuse.

"I was given the foundation and tools to begin my recovery.”

Call Promises at 866-449-3591 to learn more
Drugs and Crime – the Impact of Drugs within Societies

Drugs and crime are inextricably linked. The damage they do within societies – whether in the United States or countless countries worldwide – is widespread and seemingly unstoppable. Just look at the violence spreading across the border as Mexican drug cartels wage bitter war against each other in a death-grip for control of lucrative drug trafficking routes between Mexico and the U.S. – specifically the bloodshed in and around Arizona border towns.

More than 40 percent of marijuana coming into the United States is from Mexico. Marijuana is the Mexican drug cartels’ biggest and most lucrative export. The illicit marijuana trafficking is so enticing – representing $8.6 billion annually – that the two biggest Mexican drug cartels, the Sinaloa and the Juarez, are waging nonstop war over control of the Juarez/El Paso drug trafficking route. This has resulted in thousands of murders and kidnappings in the past couple of years, spiking most recently and involving innocent bystanders. Juarez today is the world’s murder capital – not an enviable accolade. More than 25,000 people have died as a result of the drug wars in Mexico since 2006 – another grim statistic. Most of these cases remain unsolved.

Kidnapping of relatives of rival drug gang members, tourists, wealthy Americans, government officials, and members of the news media has become commonplace. Of cause for concern to the citizens and governor of Arizona is that Phoenix has experienced increased drug-related kidnappings and has a murder rate more than two times the national average.

But it’s not just marijuana that accounts for the pervasive damage of drugs and crime. There’s also methamphetamine, another cash cow with Mexican origins. And heroin, black tar heroin, cocaine, street peddling of prescription drugs (painkillers, sedatives, tranquilizers) floods into the U.S. from countries around the world – all with ties to huge and well-funded drug trafficking organizations.

From the street peddler to the mules who carry vast quantities of illegal drugs into this country, to the area gang leader who controls his soldiers, to the kingpins back in their home country raking in the profits and continuing the cycle, drugs and crime are big business. Estimates of the annual value of the worldwide illicit drug trade put the number at $360 billion. And, make no mistake about it, this big business, when threatened, turns violent to the extreme.

The various attempts to stem the flow of drugs only seem to temporarily thwart distribution and get some drugs and weapons caches off the streets. Drug raids net a few low-level criminals, and there are occasional arrests of big-name cartel go-to bosses. However, where one is taken down, another two or three quickly spring into action to take his place. The drug business continues unabated. Think of the reach of drugs and crime in society as a multi-tentacled beast devouring people and ruining lives, fostering decay and destruction everywhere in its path.
**Relationship of Crime to Drugs**

From the perspective of individuals in society, there are three different types of relationships between drugs and crime. These are drug-defined offenses, drug-related offenses, and drug-using lifestyle.

- **Drug-defined offenses**: By definition, these are violations of laws that prohibit or regulate the possession, use, distribution, or manufacture of illegal drugs. Examples include drug possession or use, marijuana cultivation, methamphetamine production, and sales of cocaine, heroin, or marijuana (among others).

- **Drug-related offenses**: These are offenses motivated by the user’s need for money to support continued use, offenses connected to drug distribution, and offenses to which a drug’s pharmacologic effects contribute. Examples include stealing to get money to buy drugs, violent behavior resulting from the effects of drugs, and violence against rival drug dealers.

- **Drug-related lifestyle**: This refers to a lifestyle in which the likelihood and frequency of involvement in illegal activity are increased due to the fact that individuals (drug users) may not participate in the legitimate economy and are exposed to situations encouraging crime. A drug-related lifestyle may include criminal skills learned from repeat offenders, opportunities to break the law because of contacts with criminals and illegal markets, and, in general, a life orientation with a focus on short-term goals supported by illegal activities.

**Violent Crime and Drugs**

Violent crime has always been associated with trafficking of drugs. The reasons for this association include: ongoing competition for drug customers and markets, disputes among those involved in the illegal drug market, and the tendency toward violence among individuals involved in drug trafficking.

In addition, the locations where drugs are available are often disadvantaged economically as well as socially, legal and social controls tend to be ineffective against such violence and crime, and the proliferation of lethal weapons makes drug-related violence more likely and deadly.
How Drug Trafficking Funds Terrorism

Drug trafficking and terrorism, long recognized by the United Nations Security Council as being linked, is a growing issue of concern to member countries. Consider the sheer magnitude of the illegal drug trafficking trade in terms of annual revenue – an estimated $360 billion. Terrorist groups, well-funded from a variety of sources, most underground, and branching out into every country in the world through secret cells, are an increasing threat to the stability of the United States and other democratic nations. Despite the difficulty in assessing the links between drug trafficking and terrorism, the evidence is there to indicate that funds from the illegal drug trade are making their way into terrorists' hands.

This problem is not going without notice. The United Nations Office on Drugs and Crime (UNODC), for example, is pushing for a thorough understanding of these links in order to develop effective strategies to prevent and disrupt the crimes of drug trafficking and terrorism.

Reports from UNODC show that drug trafficking organizations provide funds for insurgency and those who utilize terrorist violence in various parts of the world, including in transit regions that are poor and vulnerable, such as the Andes, Central America, the Caribbean, West Africa, the Balkans, and Central Asia. UNODC points to the fact that drugs are even used as currency in the commission of some terrorist attacks, as was the case in the Madrid bombings.

Breaking the links between drug trafficking and terrorism – and, thus, thwarting the funneling of funds to enable terrorism to flourish – involves using existing tools as well as developing new ones. At the international level, there is a common legal framework consisting of 16 universal anti-terrorist instruments. There are also relevant UN Security Council resolutions. Examples of such resolutions include those imposing sanctions – such as freezing of assets, a travel ban, and an arms embargo on members of the Taliban, Al-Qaida, and their associates.

Although drug trafficking organizations and terrorist groups seem like mysterious entities, they are composed of individuals who operate in ways that can be understood, identified, tracked, and, in the end, disrupted. Through the efforts of UNODC, the U.N. Security Council, and other organizations in member countries – including the Drug Enforcement Agency (DEA), the Federal Bureau of Investigation (FBI), and Department of Justice (DOJ), among others in the United States - more integrated, efficient, and effective networks need to be built up to bring down the illegitimate and destructive drug trafficking and terrorist organizations.

In a report issued in April 2010, the UNODC said that the agency’s efforts to spearhead the global war against trans-national criminal networks as part of an integrated strategy to combat drugs, crime, and terrorism is woefully short of resources. The report stresses that advances in globalization have helped strengthen trans-national crime. By taking advantage of innovations in technology, communication, and transportation, loose networks of terrorists and criminals can
easily connect with each other, as well as with organized international criminal
groups. The common thread linking these groups is drug trafficking.

The success of drug trafficking operations is wholly dependent on a continued
demand for those drugs, and U.S. citizens seem to have an insatiable appetite for
illegal drugs.
Prescription Drug Addiction

As previously noted, a person can become addicted to prescription drugs – whether used for a medical condition for which the drugs have been prescribed, or used for nonmedical purposes (to get high).

Prescription drug addiction occurs often among the young and old – for very different reasons. Young people may feel the need to experiment, to go along with the crowd (peer pressure), or may want to numb out or lose their inhibitions. They may try prescription drugs because they’re easier to get (readily available in their parents’ medicine cabinets or in the homes of friends), cheaper to buy (friends often sell or trade among themselves), and don’t subject them to buying illegal drugs off the street in questionable areas. Elderly individuals may suffer from cognitive impairment as a result of age-related medical conditions, such as Alzheimer’s disease, and may double-up doses, take them in the wrong sequence, or take medications in conjunction with alcohol or other medications, amplifying dangerous side effects.

No one, however, chooses to become addicted to prescription drugs. Addiction can follow as a result of an accident, injury, or surgery. Here’s how it happens. Many times patients are prescribed medications following surgery to help alleviate pain and to promote the healing process. When used for a certain period of time, the effect (numbing of pain, for example) wears off, and the person needs to take more of the medication more often to achieve the desired effect. This is called tolerance. As the individual takes the prescription drug for longer periods of time, and in increasing amounts and frequency, dependence or addiction occurs.

Commonly Abused Classes of Prescription Medications

The National Institute on Drug Abuse (NIDA) lists the classes of medications that are most commonly abused. These include:

- **Opioids or pain relievers** – Examples include: hydrocodone (Vicodin), oxycodone (OxyContin), propoxyphene (Darvon), hydromorphone (Dilaudid), meperidine (Demerol), and diphenoxylate (Lomotil).
- **Central Nervous System Depressants (CNS)** – for anxiety and sleep disorders. Examples include: barbiturates, such as pentobarbital sodium (Nembutal), and benzodiazepines such as diazepam (Valium) and alprazolam (Xanax).
- **Stimulants** – for ADHD and narcolepsy. Examples include: dextroamphetamine (Dexedrine), methylphenidate (Ritalin and Concerta), and amphetamines (Adderall).

Many of the commonly abused prescription medications are classified as Schedule II Controlled Substances under Federal and state guidelines, monitored and enforced by the Drug Enforcement Agency (DEA). A Schedule II controlled substance has a high potential for abuse, has currently accepted medical use for treatment in the
United States or has currently accepted medical use with severe restrictions, and abuse of the substance may lead to severe psychological or physical dependence.

**Prevalence of Prescription Drug Addiction**

The 2008 National Survey on Drug Use and Health (NSDUH), from the Substance Abuse and Mental Health Services Administration (SAMHSA), found that 15.2 million Americans aged 12 or older had taken a prescription pain reliever, tranquilizer, stimulant, or sedative at least once during the year prior to being surveyed.

In 2008, according to the same study, 1.7 million Americans aged 12 or older were classified with dependence upon or abuse of pain relievers. Those who sought treatment for substance abuse in 2008 included 601,000 for abuse of pain relievers, 336,000 for stimulants, and 326,000 for tranquilizers.

Prescription drugs have surpassed illegal drugs as a cause for emergency room visits due to overdose.
What Are Process Addictions? Are They Real Addictions?

Process addictions are addictions to an activity or process, such as gambling, eating, spending, sex, and work. As to whether they are real addictions, the prevailing view is that they are. At the very least, they share commonalities with substance abuse addiction. Let’s look at each of these process addictions briefly.

Pathological Gambling

Pathological or compulsive gambling, which is categorized as an impulse control disorder under the Diagnostic and Statistical Manual IV (DSM-IV), published by the American Psychiatric Association (APA), is increasingly viewed as part of the family of addictions. In fact, the DSM is currently being updated, and DSM-V will likely clarify the issue.

Individuals diagnosed with this disorder are frequently highly competitive, prone to other addictive-type disorders, and overly concerned with others’ approval. The symptoms of pathological gambling include persistent gambling despite mounting difficulties and problems with financial, vocational, and interpersonal functioning. The most effective treatment is professional counseling and an adaptation of the Alcoholics Anonymous model for alcohol and drug addictions. As for the prognosis of the individual diagnosed with pathological gambling, some say there is no cure – just as there is no cure for alcoholism or drug addiction. However, prolonged or continued abstinence is possible.

There are biochemical and etiological commonalities for pathological or compulsive gambling and substance dependence. There is also a relationship between pathological gambling and food, sex, and work addictions. Co-morbidity has also been found between pathological gambling and other psychiatric disorders, including clinical depression and other mood disorders, anxiety, personality disorders, and attention deficit hyperactivity disorder (ADHD).

Sexual Addiction

The current edition of DSM-IV does not have a specific category for sexual addiction but, under the listing of “Sexual Disorders Not Otherwise Specified,” it describes sex addiction as “distress about a pattern of repeated sexual relationships involving a succession of lovers who are experienced by the individual only as things to be used.”

Symptoms of sexual addiction, according to DSM-IV, include compulsive searching for multiple partners, compulsive fixation on a partner who is unattainable, compulsive masturbation, compulsive love relationships, and compulsive sexuality in a relationship.

The Society for the Advancement of Sexual Health defines sexual addiction as a persistent and escalating pattern (or patterns) of sexual behaviors acted out despite increasingly negative consequences to self or others. Sexual addiction is a very real
– and very serious -problem affecting an estimated three to six percent of adults in the United States.

Behaviors associated with sexual addiction include out-of-control, repetitive actions such as:

- Masturbation
- Simultaneous or sequential repetitive affairs
- Multiple anonymous partners
- Unsafe sexual activity
- Visits to strip clubs and adult bookstores
- Cyber sex, phone sex
- Pornography
- Objectification, partner sexualization
- Sexual aversion
- Prostitution

Treatment for sexual addiction, unlike treatment for alcohol or drug addiction, does not have the goal of abstinence. Rather, the goal is elimination of compulsive, unhealthy sexual behavior. Since many individuals who have sexual addiction also have other types of addiction (alcohol, drugs), many addiction treatment centers have components in their treatment programs to simultaneously address/treat sexual addiction.

**Eating Disorders**

Another type of disorder associated with addictive behavior involves eating. There are two basic types of eating disorders: anorexia nervosa and bulimia nervosa. Eating disorders affect an estimated 10 million women and 1 million men in America.

In essence, individuals who have an eating disorder may either eat too much, not eat enough, or eat in a manner that is extremely unhealthy (such as stuffing yourself and then vomiting or purging to get rid of the food).

Research suggests that there is a strong familial as well as biological component with eating disorders. Individuals with anorexia, for example, may come from families with a parent or sibling who also has an eating disorder, or where nurturing is lacking, replaced by over-control. Studies also show that sexual abuse survivors are more prone to the disorder.

Treatment for eating disorders focuses on improving the individual’s health, restoring normal body weight, and counseling therapy to help the individual learn how to maintain normal eating habits and explore thinking that led to faulty or distorted body image and excessive need for control.

Eating disorders are treatable, but can result in death if left untreated. Hospitalization or inpatient care may be required in cases where the individual is reluctant to seek treatment.
Work Addiction

The process addiction involving work is a compulsive and repetitive pattern of working that ignores or denies increasing negative consequences. Like other process addictions, work addiction does not meet the clinical definition for addiction, and is not recognized by the APA as an addiction. Nevertheless, work addiction does share similarities with other related compulsive or impulse control disorders.

Workaholics are those individuals who are obsessed with work, striving to work longer and harder than others, constantly bringing work home, working while on vacation, and tied to their cell phones, Blackberries, and computers.

Symptoms of work addiction include low self-esteem, approval seeking, control and authority issues, perfectionism, escapism, preoccupation with work, and lying.

Treatment for work addiction may be offered in conjunction with a co-occurring substance abuse problem, or through individual and group therapy. Individuals may also get help by attending Workaholics Anonymous, a 12-step fellowship group that operates under principles established by Alcoholics Anonymous.

Spending Addiction

Spending addiction is not a single instance of out-of-control shopping. When a person is a compulsive spender, he or she cannot get enough of spending. Instead, the individual is consumed with an insatiable desire to spend, spend, and spend – despite lack of money in the bank, maxed out credit cards, inability to pay bills and other household expenses. Like other addictions, a spending addict may experience guilt, shame, remorse, and lie constantly to cover up the addiction, deny there is a problem, or seek to shift blame to others.

At the root of spending addiction are deep-rooted feelings the individual is trying to avoid. It may be the person doesn't feel loveable for who they are. Or they may be trying to buy approval, friendship, or love with lavish gifts. They may not be able to stand who they are themselves, feeling unworthy, a failure, a fraud – without the façade of the "big spender." To numb themselves, they engage in non-stop spending which, for a brief period, makes them forget about their underlying issues.

Treatment for spending addiction involves individual and group therapy as well as attendance at 12-step fellowship groups such as Spenders Anonymous.
What Is an Addiction Intervention?

Many people are confused and frightened by the idea of an addiction intervention. They don’t know what it is or what it can and cannot do. All they know is that someone they love or care about is destroying their life because of addiction — to alcohol, illicit drugs, prescription drugs used nonmedically, or due to compulsive behaviors such as gambling, sex, work, spending, or eating. Many addicts have multiple addictions. Some have co-occurring mental health disorders.

Simply put, an addiction intervention is the first step on the road to recovery. It doesn’t matter if the affected individual is the addict or if it is the family of the addict. Addiction intervention seeks to help everyone concerned.

But what is an addiction intervention, specifically? Who performs the intervention and what happens? Let’s take the mystery out of it. In the formal sense, an addiction intervention is a process where a trained and certified interventionist is called in to help concerned family members and friends convince their loved one with addiction to accept help and go into treatment. Beyond that, an addiction intervention often helps family members understand the disease of addiction, gives them tools to help them get rid of shame and guilt, and helps them regain or rebuild self-confidence.

Here’s what happens:

- You make a call to the organization offering addiction intervention services. Then you are put in touch with a licensed interventionist, a professional who helps you determine if an addiction intervention is the right course of action at this time.
- Preparations begin to get family members/close friends ready for the intervention. These include providing clear direction and instructions for the parties who will be present and involved in the intervention, keeping the family’s personal circumstances in mind, initiating contact with treatment facilities, and communicating throughout the process.
- Family members next meet with the interventionist in a “pre-meeting” where you obtain more information about the disease of addiction that’s affected your family and how to end the cycle of destruction addiction has caused. You also learn that the individual addict’s actions are not the fault of anyone, how to create healthy boundaries, and agree on the options to be presented to the addict during the formal intervention. In addition, the date, time, and location for the formal intervention is set.
- During the formal intervention, each family member, close friend, coworker, boss or other concerned individual, addresses the addict and says how that individual’s destructive behavior affects him or her personally. Each declaration, which may be read from a sheet they’ve prepared in advance, usually ends with a plea for the addict to accept help and go into treatment. After everyone has shared, the interventionist explains the options available to the addict and, when the addict agrees to accept treatment, the interventionist facilitates entrance to the treatment facility.
Why can’t family members do their own intervention? In some instances, perhaps they can, but it is extremely difficult and prone to failure. Why is that? Addicts often find it hard to accept that they have a problem they cannot control. They are experts in denial. Even if others think they have a problem, addicts may feel that they have adopted a lifestyle that perfectly suits them and one that they don’t want to change. This isn’t the person talking, it’s the disease. Once they’ve become dependent on alcohol or drugs or compulsive behaviors, they’re no longer in control. No amount of family coercion or persuasion is likely to break through the barriers of denial and lack of understanding of the addict’s disease.

Another problem with doing your intervention without the help of a professional is that the family is often very compromised by years of coping with the addiction. The addict has become expert at compartmentalizing information and manipulating various family members. The professional interventionist who does thorough pre-intervention work with the family will be able to keep the intervention on track and help family members stay focused on the goal: getting their loved one to accept treatment.

A formal intervention by a credentialed interventionist offers families the best chance to get an addict to get help and get on the road to recovery.

Is an addiction intervention right for you and your family to consider at this time? Ask yourself the following question: Has everything else you’ve tried failed? You could go through years of threats, promises, and cycles of letting things slide followed by active attempts to get your loved one into treatment. Nothing works, or it works only for a short period of time before the addict resumes his or her self-destructive behavior – perhaps even worse. Now is the time for an addiction intervention.

The important point to remember about interventions is that they don’t have to be voluntary to be effective. Chances are the loved one does not know that an intervention has been scheduled and shows up to a meeting completely clueless. He or she will adamantly deny there’s a problem, right up to the final minute where they agree to go into treatment. Does everyone go into treatment? Unfortunately, there are some who refuse the assistance. They will not be convinced and do not accept the help they are being offered. This does not mean that they won’t do so later, or that the intervention has been a complete failure. Sometimes it takes a while for the awareness of the problem to really hit home.

If nothing else, addiction intervention helps family members realize that they don’t own the addict’s actions. They are not responsible for what the addict does. They can change their own behaviors and go on to live their lives, whether the addict continues to drink, do drugs, gamble, or engage in other compulsive behaviors. Family members learn they have to stop enabling the addict and allow him or her to face the consequences of their actions.
An intervention allows for a fundamental shift in family dynamics and puts all the cards on the table. The addict can no longer play family members off each other because they are all focused on the same goal.

For a list of credentialed, experienced interventionists, go to the “Getting Treatment” chapter of this book.

To Learn More, Call The Ranch at 866-684-7721
What is Detoxification?

If you're considering treatment for you or a loved one who has an addiction, you may be a bit confused or even frightened by the mention of detoxification. Don't be. Whether you've ever gone through a cleanse to rid your body of toxins or just went on a vigorous exercise regimen where you ate nutritious foods and drank plenty of fluids, you've got the general idea of what detoxification – or detox – is. In essence, it's ridding your system of the traces of alcohol and drugs.

Detox is the First Step

For those with alcohol dependence or addiction, or individuals who are addicted to or abuse drugs (illegal substances and/or prescription drugs used nonmedically), detox is the first step on the path toward recovery. Getting rid of these harmful substances is necessary before any active treatment phase can begin.

How Detox Works

Taking the mystery out of detoxification is essential. How can someone realistically approach treatment without understanding that you need to go through a bit of discomfort if you want to heal? Actually, anyone who’s already tried – and failed – to give up drinking or doing drugs knows what withdrawal feels like. When you abruptly deprive your body of a harmful substance to which it has become dependent upon, you suffer symptoms of withdrawal – which can range from mild to moderate to severe, depending on your type of addiction, how long you’ve been addicted, whether you’re addicted to multiple substances, have other medical conditions, and other factors.

All detoxification should be carried out under medical supervision. This is vitally important, since, without 24-hour medical monitoring, detox can be dangerous, even fatal, especially for long-term alcoholics.

It’s also important to note that some detoxification procedures may be different for different types of substances. Others are general procedures that apply pretty much to all detoxification.

Some detoxification occurs in hospital-based settings, often as emergency treatment following an overdose. Usually this entails only a day or two in a hospital setting, except in the case of severe sedative-hypnotic dependence, certain other addictions, and/or severe psychiatric problems. Detoxification can also occur on a nonhospital residential, partial day care, or ambulatory basis.

Alcohol Detoxification

Most alcohol detoxification takes between 3 to 5 days, again, dependent on other factors. Those patients with medical problems of a debilitating nature will likely take longer to detoxify.

Symptoms of acute alcohol withdrawal may include:
- Anxiety, agitation, irritability, restlessness
- Anorexia, nausea, vomiting
- Tremor, elevated heart rate, increased blood pressure
- Insomnia, intense dreaming, nightmares
- Impaired concentration, judgment, and memory
- Increased sensitivity to sounds, change in tactile sensations
- Delirium (disorientation to time, place, or situation)
- Hallucinations (visual, auditory, or tactile)
- Delusions (usually of the paranoid kind)
- Grand mal seizures
- Elevated temperature

For moderate to severe withdrawal symptoms during detoxification, the on-duty physician may prescribe medications to help ease the patient’s discomfort. A number of medications have proven successful in mitigating or ameliorating moderate to severe withdrawal symptoms. For alcohol withdrawal, these include benzodiazepine, carbamazepine, propranolol and other beta-blockers, phenytoin, phenobarbital, and naltrexone. In addition, patients with alcohol addiction may be deficient in thiamine, and may be given thiamine in conjunction with high-potency multivitamins.

**Opiate Detoxification**

Getting clean from opiates involves the same constant 24-hour medical monitoring. All opiates – heroin, morphine, hydromorphone (Dilaudid), codeine, and methadone – produce similar withdrawal signs and symptoms. They can generally be placed in four distinct classes: gastrointestinal distress (including nausea, vomiting, and diarrhea), pain (including abdominal cramping), anxiety, and insomnia.

Symptoms of withdrawal from morphine or heroin begin 8 to 12 hours after the patient’s last dose and last between 5 to 7 days. Methadone withdrawal begins about 12 hours after the last dose, peaks on day three of abstinence, and subsides gradually, although symptoms may linger 3 weeks or longer.

Medications approved by the FDA for opiate withdrawal include clonidine, methadone, and buprenorphine.

**Stimulant Detoxification**

Detoxification from stimulants – cocaine, crack cocaine, amphetamines and methamphetamines – involves the patient experiencing similar withdrawal symptoms. Symptoms of withdrawal after a 2 to 3 day binge (of cocaine and methamphetamines, for example) are different than those following chronic, high-dose usage. Binge cocaine patients may also have taken alcohol, marijuana, or even heroin with the cocaine. Some of their withdrawal symptoms may be in response to the combination of drugs. They’re usually exhausted and sleep for 24 to 48 hours. They may also be dependent on more than one substance.
In contrast, withdrawal from chronic stimulant abuse and dependence results in irritability, difficulty sleeping, and intense dreaming. These patients often experience symptoms of withdrawal from multiple drugs. Symptoms usually subside over a period of 2 to 4 days of abstinence.

**Polydrug Withdrawal**

There are protocols to follow when a patient is detoxing from multiple drug dependencies or abuse. In fact, polydrug abuse is quite common, since addicts rarely use just one substance. For alcohol and stimulant abuse, the patient is treated for alcohol abuse. If the patient has cocaine and opiate dependence, the opiate dependence is treated during detoxification.

**Is Withdrawal Dangerous?**

Rarely is withdrawal dangerous, but it can be if undertaken without appropriate 24-hour medical supervision. This is especially true in the case of alcoholism, where abrupt cessation of alcoholic consumption can prove fatal. Why take the chance? Patients attempting to get clean on their own are too tempted to end the discomfort of withdrawal by going back to the harmful substance. The frustration of the yo-yo effect – trying to get clean on their own and falling back into using – may discourage them from a serious effort toward abstinence.

**What Happens Next?**

After successful detox, the patient then enters the first phase of active treatment. During this time, the patient will learn about the disease of addiction, how to identify and recognize triggers, learn and practice coping mechanisms, and participate in individual and group therapy.

Recovery is the end goal in any treatment for addiction. You can’t get on the road to recovery without first going through detox – if appropriate. It’s the first step on the journey toward healing.
What Is Drug Rehab Like?

The decision to go into treatment for drug abuse or addiction is a big step – both for the individual who wants and needs the treatment as well as his or her family. Many people who suffer from a dependence on drugs or alcohol say they want to get better, but they never go forward to even investigate treatment, fearing that drug rehab is some awful, scary process involving a lot of pain, intense emotions, and no real guarantee of success.

Let's remove some of the mystery right now by answering the question: What is drug rehab like?

Drug Rehab is Safe

If you’ve thoroughly checked out the licensing of the drug rehab centers and facilities and the credentials of the staff and satisfied yourself through personal inspection, asking questions, and checking independent reviews, you don’t need to be worried about the safety of you or your loved one.

In fact, drug rehab in licensed facilities with fully-credentialed staff specializing in the particular drug abuse or behavior disorder you need, is the only evidence-based way to give yourself the best chance of overcoming your addition. From detoxification with 24-hour medical monitoring to individual and group counseling, medical interventions as necessary (prescriptions to ease withdrawal symptoms, for example), to the physical amenities and recreational or therapeutic activities – you can be assured that everything has been checked and evaluated to meet the highest professional standards.

Drug Rehab is Tailored to Your Needs

Every person’s needs are different. Therefore, a personalized treatment plan will be created that meets your specific needs. There is no one-size-fits-all treatment program. Many individuals abuse more than one type of drug. They may have problems with alcohol abuse and prescription drugs, or alcohol and illicit drugs. They may have a substance abuse and mental health disorder (known as co-occurring disorder or dual diagnosis). Effective treatment involves using an integrated and coordinated approach so that each condition is treated simultaneously during the active treatment phase (after detoxification, if necessary).

Length of Drug Rehab Varies

Depending on the type of addiction, how long you’ve been addicted, whether or not you have multiple addictions or co-occurring substance abuse and mental health disorder, the length of your time in drug rehab will vary. The length of time may also be determined by how much your insurance will cover or other financial arrangements you may be able to make with the drug rehab facility. Some drug treatment programs are 30 to 60 days, while for some addictions it may take 6
months to a year of continuing treatment (possibly transitioning to a sober living facility, halfway house, or treatment on an outpatient basis).

**Many Drug Rehab Choices**

Depending on your budget and insurance coverage, there are many drug rehab treatment choices available. These include residential treatment centers that range from modest to luxurious, hospital inpatient or outpatient facility, and intensive outpatient retreats. To get an idea what types of drug treatment facilities are available in your area, check the Treatment Facility Locator offered through the Substance Abuse and Mental Health Services Administration (SAMHSA) ([http://dasis3.samhsa.gov/](http://dasis3.samhsa.gov/)). You can also call their 24-hour toll-free treatment facility referral helpline at 1-800-662-HELP. You can also view some treatment options in the “Getting Treatment” chapter of this book.

**Drug Rehab Requires a Commitment**

The most luxurious drug rehab facility won’t be able to deliver positive results without a genuine commitment on the part of the individual to becoming clean and sober. While it’s true that you don’t have to voluntarily enter treatment for it to be effective (as in the case of court-ordered drug treatment), the only way a person can overcome addiction is to put him or herself wholeheartedly into the program.

Drug rehab isn’t easy. It’s not something you can do on a week-end and be done with it. Once you enter treatment, you learn about the disease of addiction, how to avoid triggers, and overcome cravings and urges, and how to change your behavior to a healthier lifestyle. But treatment is only the first step into recovery. You will be in recovery for the rest of your life, and recovery is where you want to be – able, finally, to live your life to the fullest, free of alcohol and drugs.

What is drug rehab like? It’s the first step to the rest of your life.

Call Promises at 866-449-3591 to learn more
Dual Diagnosis Drug Rehab

Many people are confused by the term “dual diagnosis” and what that means in terms of drug rehab. Dual diagnosis, as the term implies, means having a diagnosable addiction and the presence of psychological or behavioral conditions at the same time. It is also referred to as co-occurring disorders. In fact, dual diagnosis is quite common. Some estimates are that more than half of substance abusers also have some form of mental illness. In fact, the substance abuse may be a form of self-medication for an undiagnosed or undertreated psychiatric disorder.

Many Different Forms

Dual diagnosis comes in many different forms. Any combination of addiction (such as alcohol and/or drugs) and psychological or behavioral disorder (including anxiety disorder, depression, bipolar disorder, eating disorder, attention deficit disorder and/or personality disorders, mood swings, trauma, insomnia, sexual compulsivity, and so on) can qualify an individual as having dual diagnosis.

High-Risk Patients

As you might assume, some dual diagnosis patients are high-risk. In addition to coping with mental illness, the complications resulting from addiction may tip the scales, leading the patient to have suicidal tendencies, or to be prone to violent and self-destructive behavior.

Difficult to Treat

When a patient is admitted to a treatment facility – most often for substance abuse - and diagnosed with dual diagnosis, it’s often difficult to determine if the mental illness – depression, for example – is the result of the addiction or the cause of it. Depression is a symptom common to many conditions, so it requires a skilled practitioner to be able to ascertain the root cause of the mental illness and then to treat it.

Integrated Treatment Required

Recent studies have shown that the most effective treatment for dual diagnosis is treatment that is integrated and comprehensive. That is, both the addiction and the mental illness are treated simultaneously, not separately.

When treated in the same facility, or coordinated by a single facility, dual diagnosis drug rehab has a greater chance of success. By providing a comprehensive array of services in a central or single location, the patient’s progress can be more closely monitored and treatment adjusted as needs require.

Various treatment modalities and services are utilized in dual diagnosis drug rehab. These include – but are not limited to - detoxification from the addictive substances, assessment by an addiction psychiatrist, a combination of individual psychotherapy and group treatment, medication as required, education, an emphasis on healing the
mind-body-spirit, helping patients understand and develop a commitment to the recovery process, 12-step work and group meetings, family therapy, and aftercare.

Unfortunately, not all drug rehab facilities are equipped to handle dual diagnosis patients. Not only must the facility have a psychiatrist available throughout the stay, but they also should specialize in treating dual diagnosis patients. Be aware that many facilities claim to specialize in dual diagnosis. Be specific in your questioning: how many times will they see a psychiatrist, what therapeutic modalities are used (neurofeedback, EMDR, equine therapy, CBT, DBT), and how do they assess for issues that might require medication (for example, bipolar disorder).

**Treatment Takes Time**

Another important point to understand is that there’s no quick fix for the dual diagnosis patient – either in the addiction or the mental illness. Improvement will not occur overnight, although it may begin to appear sooner in some patients than others. Improvement in mental illness may require months or years of ongoing treatment.

It’s also vital that treatment be tailored to the unique needs of the individual. There is no one-size-fits-all approach to treatment for dual diagnosis patients, just as there is no single approach that works for any addiction.

Recovery from substance abuse and co-occurring disorder is possible. With appropriate treatment, measurable improvements do take place. Treating the whole person – and not just the addiction or psychological or behavioral disorder – is the only proven way to provide patients the opportunity to achieve lasting recovery.

To Learn More, Call The Ranch at 866-684-7721
Treatment Resources

The Addiction Primer is sponsored by the following Addiction Treatment Programs

Promises Treatment Centers | www.promises.com
The nation’s leading addiction treatment provider, Promises offers top-notch addiction treatment in Malibu and West Los Angeles, California.

Call: 866-449-3591

The Recovery Ranch | www.recoveryranch.com
A unique and powerful environment, a working horse ranch, sets the stage for this drug rehab a short drive from Nashville, Tennessee.

Call: 866-684-7721
Interventionists

These interventionists are certified and highly trained. In researching interventionists, look for those who are board-registered (BRI-I or BRI-II) or certified (BCI), and those who are certified chemical dependency counselors (CCDC, CADC).

**Hightower Intervention**

Earl Hightower (BRI-II, CCDC) has performed over 2,000 interventions over the last 25-plus years. Earl is a certified interventionist with a phenomenal record of successfully getting resistant family members to accept treatment for addiction. Offers full-service case management from intervention through aftercare. Hightower Intervention will travel throughout the country to facilitate interventions.

[www.hightowerintervention.com](http://www.hightowerintervention.com)

Call Hightower Intervention: 877-642-0225

**Jane Eigner Mintz**

Jane Mintz (BRI-II, MA, BCPC, CMFI-II) and Realife Intervention Solutions specialize in crisis interventions and crisis management. She developed the Field Model of Intervention and trains other interventionists in that model.

Call Realife Intervention: 216-407-4500

**Recovery Found**

Roger Canevari (CADC, BCI) has been a nationally Certified Alcohol and Drug Counselor and Family Systemic Interventionist since 1985. Does interventions throughout the United States, Europe, Australia, and South America. Offices in Southern California, Oregon, and Tennessee.

Call Recovery Found: 866-477-8777

**CAST Recovery**

Mike Bayer (CADC-II) specialties include adolescent, dual diagnosis, mental illness, crisis, GLBT, and drug/alcohol interventions.

Call CAST Recovery: 866-597-3422
Author Credit: Suzanne Kane is a Los Angeles-based freelance writer specializing in addiction prevention, treatment, and recovery as well as mental health and wellness. She is also a screenwriter with 17 completed screenplays and has received numerous screenwriting/writing awards, including the Alfred P. Sloan Foundation Fellowship in Screenwriting for Sanctuary. Married and with four grown children, she believes strongly in the healing power and strength of the family.