

EXPLAINING ADDICTION

WHAT IS ADDICTION

The word addiction has been used a lot lately, but most people do not have a clear idea of what the word really means. We will use a definition of addiction from a book by Charles Carroll.

Drug Addiction is:

"A pattern of behavior characterized by overwhelming involvement with using a drug, securing its supply, and with a tendency to relapse after quitting or withdrawal." (Carroll, 1989, p. 89).

In the remainder of this booklet, we will cover the various facets (behaviors) which constitute (make up) drug addiction.

REASONS FOR GETTING "HIGH"

From a psychological (mental) viewpoint, there are seven reasons why people abuse (misuse) psychoactive (mind altering) drugs. All of these reasons involve changes that the drug causes in the way a person thinks, feels, behaves, or perceives (thinks). Some of the major reasons people choose to use drugs are:

1. People use drugs to reduce pain. The preferred (most liked) drugs for killing pain are from the class of drugs called opiates. This class of drugs has the effect of reducing pain. Some members of this family of drugs include heroin, morphine, and methadone (FBP, 1991).
2. People use drugs to reduce uncomfortable or unwanted activity levels or feelings of anxiety or nervousness. Any central nervous system depressant can do this for most people. A central nervous system depressant is a drug which slows down the central nervous system or nerve transmission (CNS). The CNS is composed of (made up of) the brain and the spinal cord. Drugs that are in the depressant class are alcohol, barbiturates like Seconal, Valium, and hypnotics (drugs that induce sleep) like Quaaludes. These drugs are also known as sedative hypnotics (FBP, 1991 / Carroll, 1989, p. 9, 77, 483).

Opiates such as heroin, diluadid, demerol, tylox, talwin, and percodan also have a sedating (calming) effects in addition to their pain killing functions (FBP, 1991).

3. Some people use drugs to stay awake and to feel stimulated or powerful. A person using stimulant drugs would be attempting to reduce feelings of fatigue, depression, or sleepiness. A stimulant user might also be attempting to artificially increase feelings of confidence. Any central nervous system stimulant (a drug which speeds up the CNS) such as caffeine, amphetamines, cocaine, or a variety of synthetic (man-made) drugs are often used for the purposes mentioned above (FBP, 1991 / Carroll, 1989, p. 9).
4. Some people choose to use drugs to change help them change their social status and gain acceptance in a group of friends. Many drug users have a normal need to belong to a group. The culture of drug users can offer acceptance support, and recognition to lonely or isolated people. Drugs offer a common language and topic of conversation between users. Drug users may feel that they are part of a special group. They

may come up with rituals (practices) surrounding drug use that involve friends getting together and traditions (established practices) which may tend to bind users together and increase their sense that they are different and special. Many users begin using drugs when a friend or relative offers them a drug and sometimes pressures them into trying it. Drug users want to be around other drug users, and there is pressure within the group for everyone to use and keep using drugs. This peer group pressure to use drugs can begin when the person is a teenager or even when he or she is a pre-teen. Drug users tend to discredit (ignore) evidence about the damaging or dangerous effects of drugs. They generally feel that they are capable of using their drug of choice safely. They do not think they will get addicted or overdose. One example of this kind of thinking is the many claims that alcoholics make that they are more sociable and get along better when they are drunk (FBP, 1991).

5. Many drug users use drugs to experience feelings of euphoria (pleasure). People sometimes describe "getting high" as feeling like they are full of energy, floating, sensuous (sexy), or having a dream-like feeling. Any psychoactive (mind-altering) drug can cause some form of "high" if it is taken in a large enough quantity. Many times, the type of "high" drug users get may depend on what is available, pressure from friends, what their personality is like, and their first experience with a particular drug (FBP, 1991).
6. Drug users often use drugs to become intoxicated and to forget problems. Some people who are disturbed by serious social or emotional problems use drugs to interfere with their brain to such a degree that memory is disturbed. Chronic alcoholics and those who use PCP often fit into this category. They actually try to "mess up" or fog out their brain in order to escape unpleasant thoughts. This can be very dangerous because large amounts of alcohol or other drugs are needed to cause this level of intoxication. The higher the drug dosage, the more the damage to the brain and body (FBP, 1991).
7. Drug users use drugs to relieve boredom. Boredom is a problem for many people, and is partially due to a lack of athletic activities and other useful things to do. Young people often turn to drugs for something to do in order to relieve the boredom in their lives. In some areas of the country, there are few useful or positive things to do other than to use drugs. Finding interesting things to do and supporting recreational programs is essential to preventing drug abuse in our communities (FBP, 1991).

Study Questions

1. **What are the seven psychological reasons for getting high?**
 - (1)
 - (2)
 - (3)
 - (4)
 - (5)
 - (6)
 - (7)
2. **What is a Central Nervous System Depressant?**
3. **What is a Central Nervous System Stimulant?**

- 4. Is a barbiturate such as seconal a stimulant or a depressant?**
- 5. What does the drug culture offer a lonely or isolated person?**
- 6. How do many people begin using drugs?**
- 7. How do some people describe getting high?**
- 8. How does boredom impact drug use?**

THE DIFFERENCE BETWEEN MEDICAL AND NON-MEDICAL USE OF DRUGS

Some drugs such as antibiotics and heart pills are non-psychoactive (they do not effect the mind). These drugs are used to repair or bring balance back to the body. Many medicines are used only to restore the natural balance of the body. This natural balance is called homeostasis. Such things as body temperature, blood pressure, and sugar level have to be kept within narrow ranges or the body will die. Even some psychoactive (mind altering) drugs such as morphine can be used to help restore the body's balance. Often, pain killers are given to help cancer patients or people recovering from surgery to feel normal. The correct use of drugs by a doctor is to help the patient reach homeostasis (FBP, 1991).

They are most often used for pain relief, reduction of excess anxiety, and the restoration of energy levels for people who are low energy or depressed (FBP, 1991).

A doctor gives a patient a drug to restore the body's natural balance. A drug abuser destroys the body's natural balance and throws the body out of kilter. Medical drug use helps repair damage to the body and helps the body to regain balance. Drug abuse disturbs this delicate natural balance within in the body (FBP, 1991).

Study Questions

- 1. What is homeostasis?**
- 2. What does drug abuse do to homeostasis?**

PSYCHOLOGICAL AND PHYSICAL ADDICTION

There are three levels of addiction: regular social use, psychological addiction, and physical addiction.

REGULAR SOCIAL USE:

This category fits the majority of drug users. It is less intense than being addicted. If this person feels that he or she cannot have fun without using a drug, he or she is probably psychologically (mentally) dependent on a drug. The person is in danger of progressing (advancing) to being physically addicted to the drug which is much more dangerous (FBP,

1991).

PSYCHOLOGICAL ADDICTION:

When a person is psychologically addicted, he or she is irritable; these people go out of their way looking for the drug. They craves it and may search intensely for a source of the drug. The person is uncomfortable (not at ease) when the drug is not available. This class of person may believe that he or she cannot function usefully unless they are under the influence of the drug. The person places getting and using the drug before his or her family, job, and health. Cocaine causes the intense craving of psychological addi in over one-third of the users who short it, and in almost all of the users who smoke it (FBP, 1991).

PHYSICAL ADDICTION:

In this type of addiction, a physical change has occurred in the body's balance. The body can not function without the drug, and the individual becomes physically sick if the drug is not available on a regular basis. This sickness is called "withdrawal." Withdrawal symptoms include seiz convulsions, hallucinations (seeing things that are not there), paranoia (unusual fear), pain, nausea, and diarrhea. Drugs such as opiates (heroin, morphine, etc), barbiturates, tranquilizers, and alcohol, when used long enough will produce changes in the user's body which will lead to a dangerous physical addiction (FBP, 1991).

Study Questions

- 1. If a person feels that he or she can not have fun without a drug, what would the person be called?**
- 2. What are the signs of psychological addiction?**
- 3. Cocaine causes the intense craving of psychological addiction in _____ who smoke it.**
- 4. In physical addiction, what happens to the body if the drug is not available on a regular basis?**
- 5. What are some of the symptoms of physical addiction when a person attempts to withdraw from a drug?**

TOLERANCE

When some drugs are used over long periods of time, something called tolerance develops. Tolerance means that the same amount of a drug does not produce the same effect as it did before. The body is now less sensitive to the drug. The drug has less of an impact on the body than when the user first started using it as the body gets "used to" the increasing amounts. As a result, the

user must take more of the drug to get the same effect than when they first started using the drug (FBP, 1991). Normally, tolerance is associated with physical addiction, but it may also be associated with psychological addiction as well (Carroll, 1989, p. 89).

Over time, as the dose gets higher, the drug may produce paranoia (feelings of fear) as in the case with cocaine. It may produce a feeling of being "normal" as is the case with the opiates. Some alcoholics have claimed that they drink themselves "sober" as their tolerance increases (FBP, 1991).

There are different types of tolerance. Some of the types will be discussed here.

DISPOSITIONAL TOLERANCE:

This is when the body speeds up the breakdown of the drug. This is especially true of alcohol and barbiturates (Inaba & Cohen, 1990, p. 41).

REVERSE TOLERANCE:

Some drugs cause a reverse tolerance effect with very long term use. At first, you become more tolerant of a drug and its effects, however, as the drug damages the body and/or the person grows older, the opposite begins to happen, and the person becomes more sensitive to smaller amounts of the drug. This is true of alcohol. As a person drinks for a longer and longer period of time, alcohol will damage the liver. As the liver is damaged, it can not break down the alcohol as well as it used to. Because the alcohol can not be broken down as well, it takes less and less alcohol to get drunk than when the person started drinking (Inaba & Cohen, 1990, p. 42). When the alcohol is not broken down by the liver, it keeps recirculating through the system over and over again. This allows some alcoholics with damaged livers to remain drunk for long periods of time on much less alcohol than it took when they first started drinking.

SELECT TOLERANCE:

Over time, as the drug user continues to abuse a drug, the amount of that drug necessary to get "high" increases. This is called the tolerance effect. The longer a drug is used, the more of it is needed to get the same high. While the amount of drug necessary to get high increases, with most drugs there is a particular amount which if exceeded will kill a person. The tolerance to the physical side effects of the drug do not increase at the same rate as the psychological tolerance to the drug. What eventually happens is that the dose needed to keep getting high sooner or later comes closer and closer to the dose that can kill a person. The drug user, after perhaps abusing a drug for years, takes a dose only slightly larger than the dose he had been taking for months and ends up dead (Inaba & Cohen, 1990, p. 42).

Study Questions

1. What is tolerance?
2. What is reverse tolerance?

3. How does reverse tolerance affect an alcoholic?

4. What happens over time in select tolerance?

DRUG DOSAGE

For every drug, there are normally four dosage levels for that drug: an ineffective dose which has no desired effect, an effective dose which has the desired effect, a toxic dose, or a dose which will make you sick, and a lethal dose, or a dose which will kill you. All drugs can be broken down according to these dosage levels. This is true whether the dose is a legal one or an illegal one.

An effective and legal dose of a drug often refers to an amount prescribed by a doctor which is designed to cure or eliminate an illness, pain or bodily imbalance. This dose is designed to restore the homeostasis (natural chemical balance) of the body. An illegal dose is often much larger than a doctor would prescribe. Often an illegal dose of a drug is not taken for medical reasons. The use of an illegal dose often throws the body far out of its normal chemical balance. An illegal dose of a drug is usually taken to get "high," not to effect a cure. (FBP, 1991).

A drug which may be prescribed for a specific cure often has other actions or effects on the body beside what the drug is supposed to cure. These other actions or effects are called the drug's side effects. The side effects of legally prescribed drugs are usually known and happen very seldom. However, it is very important to understand the side effects a drug can cause, especially in combination with other drugs. It is a doctor's job to balance the benefits of a drug against the possible dangerous side effects of the drug. The ultimate (final) goal of prescribing a drug is to restore the body's natural balance with the least amount of damage possible to other areas of the body (FBP, 1991).

Most of the drugs which are sold illegally are impure (they contain chemicals other than the drug) and many times they may not contain the drug the seller says they do. The drug the seller claims to be selling are often contaminated (mixed) with other chemicals, and often a buyer does not have any idea exactly how much of the drug is in a dose. Many times strychnine or rat poison is mixed in with a street drug for an effect. What happens when this is done is that the body is being poisoned and the drug user thinks that he is getting high. Some other examples of dealers mixing drugs or selling one drug for another are when PCP is sold as THC (the active ingredient of marijuana) or LSD, and rat poison has been used to "cut" a drug dose. This has the effect of increasing the profit to the drug dealer (FBP, 1991).

In some cases, the drugs that were sold to users on the street did not contain any of the drug that they buyer claimed they did. The bottom line is that if you are buying illegal street drugs, you could be ending up putting almost anything into your body, including poison. Laboratories have been used to analyzed the drugs bought "on the street." A few years ago when mescaline (peyote) was popular, laboratory analysis of what was supposed to be mescaline showed that the samples very often contained LSD (acid) and not mescaline which is what the buyer was told was in the package. It is not uncommon for Cocaine to be cut with talcum powder or cleanser. There have even been cases where the drug had been cut with powdered plastic. Using street drugs can be extremely dangerous and could kill or cripple you for life. The buyer of street drugs may be taking an unknown drug in an unknown amount which could be deadly. This creates a tremendous risk for a user especially if the user mixes drugs and does not understand the action of drugs and the action between drugs. More than a few people have died because they have trusted drug dealers to be selling safe drugs. (FBP, 1991).

Study Questions

1. What is a legal drug dose?
2. What is an illegal drug dose?
3. What is meant by the side effects of a drug?
4. Does a drug buyer know what is actually in the drug he or she buys on the street?
5. Does a drug buyer know what dosage of a drug he or she is getting from street drugs?
6. Does a drug buyer really know what drug they are actually getting when they buy street drugs?

THE PROGRESSIVE NATURE OF ADDICTION

When we use the terms drug use, drug abuse, and drug addiction, we must keep in mind that using drugs is often a progressive (continuing to get worse) disorder. We have covered earlier the fact that there are different levels of drug addiction. Most people who use drugs feel that they are in control of their drug habits when in fact they are only fooling themselves. In normal situations, addiction becomes apparent (obvious) to the user when his or her life and feelings get out of control. Even after the drug abuser gets himself into serious trouble, many of them still feel that they can control their drug use and that they do not have a serious problem. Often these people need to try to quit using drugs and fail several times before they will accept the fact that they are addicts (FBP, 1991).

DRUG USE OR ADDICTION

When a person first starts to use an addictive drug, in the beginning, it may not seem to affect their way of life seriously. The user does not see the danger that lies ahead of him or her nor does he or she always see the serious legal problems when they get caught. At first, almost all drug users seem to have an "it can't happen to me" attitude about getting addicted to a drug. This makes it easier for them to include drug use in their lifestyle. The denial that they may be headed for a drug problem grows stronger as the drug satisfies their needs for friendship, love, warmth, sex, and even food. More often than not, addiction develops slowly. The slowness with which addiction progresses makes it much harder for a drug user to know when he or she is getting into trouble with drugs. If the user is not extremely careful, in the end, he or she may become a slave to the drug. The drug becomes the person's master, and nothing else much matters, including friends, and family, except how to get more of the drug. Due to individual difference in people's bodies, some people take longer to become addicted than others. Some realize what is happening and get out of the drug use cycle before it is too late. Just like "quicksand," the deeper a person gets into using drugs, the harder it is to "pull out." In the end, there are few who can resist the lure of hard drugs (FBP, 1991).

When the term drug addict is used, it must be remembered that we are talking about a progressive (growing) state of drug dependence that will negatively affect several major areas of a person's life. Addiction is, in the end, a behavioral (the way a person acts) and physical syndrome (a group

of signs that happen together) that is characterized by not being able to live or function without the drug (FBP, 1991).

Study Questions

1. **What is the attitude a drug user first has when he or she start using drugs?**
2. **This denial of a drug problem grows stronger as the drug satisfies his or her needs for _____, _____, _____, and even _____.**
3. **Many times, his or her addiction develops slowly so that in the end, the user becomes a _____ to the drug. The drug becomes the person's _____.**

STAGES OF DEPENDENCE LEADING TO ADDICTION

It is useful to look at addiction as a process (set of steps) in which a drug-dependent person withdraws from his or her family, job, self, and all those positive things in life which produce a "natural high." The drug abuser becomes dependent on the quick artificial feelings or the high produced by a chemical. The quickness and easiness with which a drug user can get high without doing any significant amount of work is often tempting to drug abusers whose physical state starts getting worse. The worse shape these people get into physically, the more difficult it becomes to get high naturally and the easier to abuse a drug. The whole thing is like quicksand. The more a drug is used, the less positively productive a person becomes and the more of a chemical imbalance is created in his body. The worse the chemical imbalance, the more unstable the person becomes. Approximately 97 percent of drug users hold regular jobs. A drug user can be anyone in any walk of life (FBP, 1991).

Study Questions

1. **It is useful to see addiction as a _____ in which a person withdraws from family, job, self, and all those things which produce a "natural high."**
2. **What percentage of drug users hold regular jobs?**
3. **Who could be a drug user?**

DRUG USE VERSUS DRUG ADDICTION

Addiction can be considered a physical and mental illness. It is the ultimate (final) form of dependence. It is a illness with four main features (FBP, 1991):

1. **ADDICTION IS PROGRESSIVE.** It usually gets worse if it is not

treated. If left unchecked, it will take over more and larger areas of a person's life.

2. THERE ARE SEVERAL STAGES TO ADDICTION which can be called mild, moderate, and severe or early, middle, and late stages.
3. Addiction is often lethal (deadly) if it is not stopped and treated.
4. There is often a genetic and social link through families: children of alcoholics or drug users tend to become alcoholics or drug users themselves. Children use their parents as role models. They do not do what parents say, they do what they see their parents doing. (FBP, 1991)

Study Questions

1. List the four main features of drug addiction

- (1)
- (2)
- (3)
- (4)

STAGES OF ADDICTION

As drug dependence in a person grows, there are several bad changes which take place as the various stages of drug use happen.

THE FIRST STAGE: CONTACT, EXPERIMENTATION AND OCCASIONAL DRUG USE:

This is the earliest and mildest phase of the addi process. The user is not hooked at this point and there is more freedom from the drug. Since drug use at this point tends to be small, there is less risk or danger to the drug user. This does not mean however that a drug user cannot overdose at this stage. Some users die at this stage by taking too much of a drug without knowing it or taking impure drugs. The potential to abuse the drug still exists, and it is easy to go from experimental use to compulsive use. The user during the experimentation stage, however, is still in control of making a choice as to whether or not to use the drug. During this stage, the drug often is not driving the experimenter's behavior. He most likely will not lose time from work looking for a drug or take money which should be spent on his family to compulsively buy drugs. Often the user will use the drug when it is available. In addition, during this stage the drug is often used with or around other people on a more social basis. Drug use in this phase is spontaneous and not planned. The major reason for continued drug use is social. The user may start using at parties or to fit in with the group. Most people at this stage of use do not go on to become regular users or addicts. For a healthy person, drug taking is not very important when it is compared to other experiences and activities in a person's life like recreation and family. As the user becomes sicker, drug use becomes much more important (FBP, 1991).

THE SECOND STAGE: THE MIDDLE STATES OF ADDICTION

In this stage, family, friends, and self are neglected and the person would rather search for drugs and get high.

At least one major area of a person's life is badly affected such as work, school, health, family, relationships, legal status, financial status, etc because of drugs. The drug or alcohol user starts hiding his drug use as he knows deep down it is starting to get out of control. He grows increasingly concerned about what other people will think. Using drugs and alcohol in private and in secret becomes common. Getting high alone is also more common. Personal guilt about drug use begins to develop. The more guilty the user feels, the more he tends to use drugs to blot out this guilt, in turn, the guiltier he ends up feeling. The whole process again, is similar to being stuck in quicksand. The more guilty the user feels, the more "touchy" he becomes. The abuser often becomes angry or irritable when anyone talks to him about the amount of chemicals he is putting into his body. He may explode or start a fight just to scare away anyone who might try to help him understand that he is starting to loose control. The more abusive he becomes toward others, the more isolated he becomes. In order to cope with this increased isolation, he again turns to the drug which in turn again increases his sense of isolation. He loses all his old friends and starts to search for people who are abusing chemicals like he is. This often results in drugs becoming more available and the quicksand gets deeper. The earlier a person can pull out, the easier it is to get clear of the drug. However, by the middle stage, pulling away from a drug is becoming increasingly more difficult. The drug is starting to become everything. Physical addiction is beginning to set in as the person falls closer to the late stages of addiction which is called by some "hitting bottom" (FBP, 1991).

THE LATE STATES OF ADDICTION

This phase of the addictive process has also been called the terminal stage because physical addiction may be starting to develop or already has developed. There may be a deterioration (decay) of several important areas of the person's life. The family of the substance abuser is hurt very badly and the psychological damage done to the wife and children is often very severe and long lasting. Serious financial and legal problems often become much more common during this stage. Often the health of the individual starts to deteriorate and the chances of getting a life threatening disease such as AIDS or hepatitis becomes much greater. During this phase of drug use, the drug abuser's health also deteriorates due to his lack of proper nutrition (proper eating). Eating right becomes secondary (less important) to getting high. Many times the drug hides the pain that is a symptom of a serious illness such as hepatitis or endocarditis (infections of the heart and liver). Drug users may end of dying from these diseases while their minds are clouded by the drug (FBP, 1991).

During the late stages of addiction, the user has lost his freedom of choice over the drug. The drug is now controlling his behavior and driving him. He is now chained to a drug which is often slowly killing him. Increasingly large amounts of physical damage is also being done to the user's body as the person continues to abuse the drug. The person is becoming increasingly ill because of his or her drug abuse. At this point, the person is engaged in a destructive drug abusing behavior that will cause him eventually to lose his loved ones, his money, health, and self-respect. In the end, there is a good chance that the addict may die if he or she is not treated. At this point in the addiction process, the person is devoting a lot of time, thought, and energy into getting the drug, taking the drug, discussing the drug, and almost totally associating with others who are using the drug. The person is

physically dependent on the drug, or as in many cases, on several drugs (polydrug use). The person is addicted (FBP, 1991).

Study Questions

1. What are the three phases of addiction?
2. In the earliest phase of addiction, drug use is _____ and _____.
3. What is the major reason for continued use in the mild phase of addiction?
4. For a healthy person in the first stage of addiction, is drug use important as compared to other experiences in a person's life?
5. In the middle stage of addiction, what happens to friends, family, and self?
6. Are any major areas of life affected in the middle stage of addiction?
7. How are drugs and alcohol used in the middle stage of addiction?
8. What is the late stage of addiction called and why?
9. At this point, the person is engaged in a _____ - _____ behavior that will cause loss of _____, _____, and _____.

FACTORS WHICH CAUSE DRUG ABUSE

A. THE EFFECTS OF THE DRUG ITSELF OR GETTING HIGH

Drugs can be put on a scale with regard to their ability to cause a user to become addicted. Cocaine and the opiates types of drugs such as heroin, morphine, etc. are examples of drugs which have a strong addictive power. Other drugs such as aspirin, chlorpromazine (thorazine), laxatives, etc have very little, if any, addictive power. The addictive power of a drug depends on the physical and mental effects it has on the person using the drug. The way these drugs chemically work in the body is not fully known. All of the psychoactive drugs (depressants, stimulants, or hallucinogens) infl the feelings and experiences of the user. In all cases, the drug is taken for its desired effect. Some people may choose drugs which speed them up, others may choose drugs which slow them down. What the desired effect is depends on the person taking the drug. (FBP, 1991). One thing is for sure, if the drug is taken without the advice of a doctor, in most cases the effect of the drug will be to throw the body out of its delicate chemical balance. This will cause problems.

B. PERSONALITY FACTORS OF THE USER MAY LEAD TO DRUG USE

Personal factors can also make a difference as to whether or not a person starts abusing drugs. On one end of the spectrum are people who seem to have a strong tendency toward excessive drug use and addiction. On the other end are those who seem to be able to "take a drug or leave it." The "addictive personality type" appears to have an increased risk of abusing any drug even prescription and over-the-counter drugs. These people seem to have a common set of personality features (FBP, 1991):

Traits of People who seem to be addictive personality types:

1. These types of people are very sensitive to feelings of discomfort, tension, anxiety (worry), and displeasure. (FBP, 1991). They do not seem to be able to deal with physical discomfort as well as most people.
2. These people are often in physical pain or are very sensitive to pain. In order to cope with this pain they may try to self-medicate (give themselves drugs without first asking a doctor) (FBP, 1991). They may self-medicate with alcohol or illegal drugs in order to cope with pain.
3. Excitement/Stimulation Seekers - These are people who get bored easily (FBP, 1991). They take drugs to pick up the tempo in their lives or to speed things up.

The risk of getting addicted to a drug can be stronger at certain times in a person's life than at others times. Age is an important factor. During puberty and the teenage years, the risk of drug abuse appears to be much greater. This is because the desire for excitement and change is higher for this age period, and group pressure has a strong influence as well (FBP, 1991). In addition, most teenagers think they are invincible and will never die or get hurt. Many teenagers don't even think of death as a possibility. Some teenagers have to end up getting seriously hurt before it starts dawning on them that they are mortal and can be hurt or killed if they are not careful.

Physical and psychiatric (mental) sickness can also influence a person to use drugs in order to cope. Many of these types of people should be under the care of a doctor, but they use alcohol and/or drugs as a way to self-medicate themselves (they get high or drunk to try to cure their problems) (FBP, 1991). What happens much of the time is that the more they drink or take drugs to cope, the worse their problems become, and the more unstable they get. Using the drug to cure the initial problem is like drinking salt water. It may taste good at first to a person thirsting to death, but in the long run, it will kill you. Any drug that a person takes, including drugs as mild as coffee or tea effect the natural balance of the body. Often the stronger the drug, the more it throws the chemical balance of the body off. When the chemical balance of the body is not right, both your body and your mind are effected and are not working normally.

C. The social meaning and value of using a drug may start some people on the road to drug abuse.

Drug use is sometimes a way to join a group and to be accepted into a group. The process of using drugs often includes the ritualization (doing the same thing in the same way) of drug use. Seeking, buying, and using drugs may become a social event with rules, regulations, and procedures. Drug use can become a way of meeting people who think in the same way. A special slang language may develop around drug use. Using language

such as "going to cop" or going to "cocaine parties" may be a part of the ritual (pattern) which helps some people feel that they belong to a special group (FBP, 1991). Everybody wants to belong somewhere; however, the short term friendships may not be worth the long term pain and problems.

Drugs can take on a special meaning for a group. As an example, the open smoking of marijuana during the 1960's was looked upon as a political symbol or as a protest against the establishment. Cocaine use may be thought of as "elegant, cool, and fast." Cocaine users may see themselves as ambitious, energetic, and enlightened. Status may be gained from drug use, even among different drug groups. Cocaine users sometimes see themselves as the top of the drug abuse pecking order. Heroin users are sometimes seen as detached or passive. PCP users are sometimes seen as more impulsive (act on the spur of the moment). Drug users feel that people who choose alcohol as a drug of choice are really no better than they are. This line of thinking may be an attempt by drug users to justify their use of drugs by comparing what they are doing with the legal and social use of alcohol. Rationalizing (justifying) or denying a problem is a common sign of addiction and dependency whether the user is using legal drugs such as alcohol or illegal drugs (FBP, 1991).

Study Questions

1. What are two examples of drugs which are strongly addictive?
2. The addictive power of a drug depends on the _____ and _____ effects it has on the body.
3. In all cases, the drug is taken for its _____.
4. The "addictive personality type" has an _____ risk of _____ any drug even _____ and _____ drugs.
5. What are the three personality features of "addictive personality types?"
 - (1)
 - (2)
 - (3)
6. Why is the risk of drug abuse higher during teenage years and during puberty?
7. Drug use is sometimes a way to _____ and to be accepted in a _____.
8. What was the open smoking of marijuana looked upon as in the 1960's?
9. What do drug users say about people who drink alcohol socially and what may this be an attempt to do?

THE ADDICTIVE DISEASE MODEL

This model says that the disease (illness) of addiction is a chronic (continuing), progressive (gets worse), relapsing (start and fail), incurable, and potentially fatal (deadly) condition. This model believes that addiction results from genetic (what you inherited from your parents) defects in brain hormones and/or neurotransmitters (the chemicals that make the brain work). This model also proposes that this whole addictive process may happen when a person experiments with a drug. The experimenter may be a willing person who falls in with people who are abusing drugs or a person who may end up at a party where drugs are misused. This person who might never otherwise have been exposed to drugs, once he tries them feels a much stronger pull or motivation to use the drug than most people who have tried the drug only once. This person quickly experiences a compulsion (irresistible drive) to use drugs and quickly loses self-control over the use of the drug. Unlike most people, he or she will quickly start abusing the drug and continue to use drugs despite their harmful physical and emotional results (Inaba & Cohen, 1990, p. 218). In short, this person seems to have a natural or genetic inclination to become addicted. All many of these types of people have to do is to experiment with a drug a few times, and they start becoming addicted very quickly.

Several studies of twins separated from their natural parents at birth, strongly support the addictive disease theory that says that heredity (the passing of physical traits from parents to their children) and not environment determine uncontrolled, compulsive drug use. For example, the children of alcoholics are at a much greater risk of becoming alcoholics than are children of non-alcoholics. They seem to chemically change differently in their body's and are born with lower levels of certain brain chemicals than are those people who are not genetically at risk. Some researchers think that similar genetic effects may be found for compulsive use of other psychoactive chemicals, not just alcohol. This theory proposes that these differences in a person's body chemistry and genetic make up cause addicts to react differently from non-addicts in ways which lead more quickly to addiction. These people appear to be different from others who are exposed to the same drug or experience in life and do not become addicted. From the following description, addictive disease is characterized by (Inaba & Cohen, 1990, p. 218):

p 249 Impulsive drug abuse is marked by intoxication (being drunk or high) throughout the day and an overwhelming need to continue drug use.

p 249 Addiction is: Loss of control over the use of a drug with an inability to reduce the amount of the drug which is taken or to stop the use of it.

p 249 Addiction is characterized by: Repeated attempts to control drug use with temporary efforts to stop which are interrupted (broken) by relapse (return) into compulsive, continual drug use.

p 249 Addiction is characterized by: A continuation of drug abuse even though there is a progressive development of serious physical, mental, or social problems which are made worse by the use of the drug.

p 249 Addiction is characterized by: Periods of complications which result from intoxication such as an alcoholic blackout, opiate overdose, loss of job, breakup of a relationship, arrest, heart attack, or any other disabling condition. (Inaba & Cohen, 1990, p. 218)

What this model proposes is that if a person with an addictive personality type starts using drugs, the effect on the person will be much more severe than on a person who does not have an addictive type personality.

THE ROAD TO ADDICTION

Mild	----->	Moderate	----->	Severe
social use		family neglected		health neglected
acceptance of drugs		secretive use		compulsive use
party mentality		financial pressure		work neglected

THE EFFECTS OF ADDICTION ON FAMILY MEMBERS

Drug addiction has a large negative impact on family members. The further the individual progresses on the path to addiction, the more the family is neglected. As the addiction progresses (advances), family members often become part of the problem. Spouses often cover for the other's addiction by making excuses to family, friends, and employers for the drug abuser. This "enabling" process protects the user and allows the substance abuse to continue for a longer period of time (FBP, 1991).

"Enabling" is action by others which protects the drug abuser from the consequences of his or her drug use. A substance abusing family member is rescued from problems with his or her boss when the enabler, often a wife or girlfriend calls in sick for him. The enabler could also be a male who makes excuses for a drug abusing wife or girlfriend. The enabler may also enable the drug user to continue using substances by saving the drug user from jail by paying the fine. The enabler also does things like getting the drug abuser to leave a situation when the abuser is drunk, drugged up or out of line. Enablers do things which allow the substance abuser to keep abusing. Another example of the kinds of things an enabler might do is to buy a substance abuser who is in trouble the best possible attorney, and even become a witness in court to protect the abuser (FBP, 1991).

The family and children are usually hurt the most when a father or mother is addicted to drugs. The time and money an addict spends in getting and using drugs often would have ordinarily been spent on his or her family. Once a drug abuser is addicted, he or she becomes extremely self-centered and often ends up tuning everyone else out in preference to using drugs. Child neglect often produces long-lasting effects, and can damage not only the child's health, but it can also leave deep emotional scars. Children feel hurt and develop a poor self-esteem and self-concept when their father or mother prefers drugs to being with them. A child that feels unloved and abandoned will seek attention in extreme ways. They may end up joining gangs or doing inappropriate things to draw attention to themselves. Also, a child that grows up seeing constant drug use will learn drug use as a way of life, and has a much greater chance of becoming involved with drugs in the future (FBP, 1991).

The family is often very important even to a person who is addicted and has neglected loved ones. A desire to improve the emotional and financial health of their families has motivated many men and women to change their drug-oriented destructive lifestyle. People who are addicted or are becoming addicted must eventually choose which is more important, their drug life or their family (FBP, 1991). This kind of hard core, realistic choice could provide the motivation necessary for a person to get back onto the path to recover.

Study Questions

1. The family is _____ more and more as the addiction

- _____.
2. Do family members become a part of the problem and if so how?
 3. Define "enabling."
 4. What are some of the things the enabler does for the drug abuser?
 5. The _____ and _____ are usually hurt the most when a person is addicted to drugs.
 6. What do children feel when their father or mother prefers drugs to them?
 7. What could happen to a child who grows up seeing constant drug use?
 8. What must those who are drug addicted eventually choose between?

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