WHAT IS ADDICTION?

Including Various Theories From Top Addiction Authorities

Written by Alan Boyd & Sharon Therien & Dr. Dina Macaluso Psy.D, L.M.H.C
WHAT IS ADDICTION?

Everyone has a basic idea of what addiction is, yet it’s a complex and involved topic that goes far beyond common knowledge.

Nonetheless, it’s worth delving deeper to learn more about addiction if you or someone you know is affected by it – or if you're trying to determine whether the person does in fact have an addiction.

Arguably, you could be addicted to different kinds of activities, but this guide refers directly to an addiction to substances, whether to drugs or alcohol.

If you start researching what addiction is, you will notice disparate definitions and theories on the cause of addiction across various professionals and fields. Different people and groups see it as one of the following:

- A medical disease
- A psychological state
- A behavioral problem
- A social or experiential issue
Nonetheless, a common thread between viewpoints seems to be that a person is considered addicted when he is either unable or unwilling to stop using the substance. He continues to use the substance even when it is causing consequences in his life – he may or may not be aware of this cause and effect relationship.

**SIGNS AND SYMPTOMS OF ADDICTION**

Certain signs and symptoms are associated with addiction to a substance:

1. **Less Control**

One of the main signs you might notice is that you or your loved one has less control over the use of drugs or alcohol. So you might be addicted if you are using a substance more or for a longer period of time than you meant to. Maybe you even decided that you were going to cut back or stop, but that didn’t happen.

2. **Physical Symptoms**

Various physical symptoms can show themselves. For example:

- Substances can alter your appearance.
- An addiction can make you focus less on your personal hygiene and looks.
- Your body can become tolerant to a substance so you no longer get the same effects unless you have more of the drug or alcohol.
- If you do decide to stop using your substance of choice, you go through withdrawal effects that could include irritability, trouble sleeping, sweating and other symptoms.
3. **Behavioral Changes**

It’s also likely for you to change your behaviors if you are addicted. You might not spend as much time as you previously had on certain activities, including:

- Work
- Family time
- Hobbies

Instead, getting and using your chosen substance takes precedence over these activities. You might spend time hiding your drug use or related aspects such as how much you used or where you went. And you might also end up engaging in risky behaviors to get your drug or because you’re on a substance.

4. **Additional Signs**

There are various other signs and symptoms associated with both drug abuse and drug addiction, which include:

- Mood changes
- Changes in your eating habits
- Isolating yourself
- Talking quickly or erratically

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**WHAT CAUSES ADDICTION?**

As previously mentioned, various theories exist on how and why addiction starts. What are some of the prevalent viewpoints on addiction?
Addiction as a Disease

One idea that’s generally accepted in the medical field is that addiction is a disease that involves your brain. If you have an addiction, this viewpoint follows the idea that you are not capable of simply quitting, but instead need medical help to manage the disease.

The definition for addiction on the National Institute on Drug Abuse website follows this model, saying that addiction alters the brain’s functioning. In addition, the institute explains that these changes to the brain can lead to various mental concerns, including mood swings and difficulty with decision-making.

The American Society of Addiction Medicine, or ASAM, website goes deeper into this viewpoint, explaining that this chronic disease involves dysfunction in various parts of the brain, including the centers of reward, memory and motivation. You could notice these problems showing themselves in a myriad of ways through mind, body, spiritual and social applications.

The ASAM definition notes that because of an addiction, you are likely to:

- Have cravings for the substance
- Be unable to continually refrain from using the substance
- Have difficulty controlling your behaviors, responding with healthy emotions and realizing when you have a problem

Also, the ASAM website explains that addiction is included with other chronic diseases in part because it is characterized by relapse and remission periods, and because it worsens in the absence of treatment.
A Psychological Addiction

The Psychology Today website discusses psychological addiction, in addition to acknowledging two types of physical addiction:

1. The body developing a tolerance to drugs or alcohol
2. The brain reacting too strongly to substances or certain cues related to the substance

Psychological addiction, according to the website, is where you would compulsively use a substance or perform a certain activity because you are emotionally stressed – this can coincide with a physical addiction or not.

Psychology Today mentions that with this type of addiction, you could switch from one kind of drug to another or even to a behavior separate from drugs, such as gambling or shopping.

A Viewpoint on Morals and Willpower

Some people believe that those who are addicted to drugs do not have the strength or the morals to stop taking drugs. This viewpoint follows the idea that people could just stop using drugs if they simply had the desire to do so.

Those who hold this viewpoint tend to demonize and attack people who have a problem with substances. Meanwhile, health professionals and scientists generally do not agree with this viewpoint, but instead feel that other factors are at play with addiction.
The DSM Viewpoint and Its Critique

The latest version of the Diagnostic and Statistical Manual of Mental Disorders, used by professionals in mental health, changed its discussion of addiction from the previous version.

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<th>How do they differ?</th>
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<td><strong>The last version:</strong> referred to this problem as dependence.</td>
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<td><strong>The current version (the DSM-5):</strong> calls it addiction. This better encompasses the extent of addiction, which goes beyond just a physical dependence on the drug.</td>
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This new classification goes on to say that addictive substances affect people in a unique biochemical way that is different from activities that were previously thought of as addictive. In the same vein, it removes most behaviors from being considered addictive.

Separate from addictive substances, this new version only acknowledges gambling as being addictive, referring to it as a behavioral addiction. However, it does not consider sex, eating and other behaviors as addictive if a person’s compulsion to them greatly interferes with his life.

Is there a problem with the current version?

In a Psychology Today article, addiction professional Stanton Peele takes fault with the current DSM-5’s classification of addiction. Peele feels that the true characteristics of addiction have to do with how much drug use negatively affects your life and how much you don’t want to or can’t stop using the substance.
A Social Theory

Another viewpoint on the cause of addiction that has been gaining traction recently is that the chemical addiction theory might not have as much credence as previously thought. In an article for Huffington Post, Johann Hari, author of Chasing the Scream: The First and Last Days of the War on Drugs, brings up a social theory on addiction.

Peele notes that imaging technology does show effects of drugs on the brain, but that people go to treatment because of how harmful the substance is to their lives and how they can’t seem to stop in spite of that harm.

He also believes eating, sex and other behaviors can be addictive in the same way as gambling and substances.

In addition, Peele finds it problematic that the DSM-5 connects its classification of addiction so closely with the chemical effects of substances and the claim that someone could be addicted to just one substance. He notes that these claims are especially problematic because people tend to show a pattern of becoming addicted to different substances and activities, opening the idea that there is more to addiction than how this DSM-5 version classifies it.

Hari provides numerous examples to back up this theory and points out problems with the idea of chemical addiction in the process. In the article, he discusses that one of the main studies backing up the chemical addiction theory was a rat experiment where the
rats would repeatedly go back to a water bottle with cocaine or heroin in the water rather than drink from a separate water bottle filled with just water.

Inevitably, the rat subjects continued returning to the water bottle with drugs until they died.

But a different rat study, conducted by psychology professor Bruce Alexander, pursued the idea that there could be more to the story than just the effect of the drugs on the brain. Alexander noticed that the previous studies featured a single rat in a cage; he wondered if a change in the rat’s life might also change the rat’s desire to go for the drugged water.

His study provided Rat Park to the rats, which included top-notch food and plenty of areas and features to keep the rats active and amused, in addition to putting numerous rats together instead of leaving them isolated.

The result: rats who had more to their lives in Rat Park went for the plain water for the most part, drinking under one-fourth of the amount of drug-laced water the isolated rats took in. The rats in Rat Park all lived through the study.

In a later test, the same professor conducted the isolated rat experiment for 57 days in an effort to get them addicted. Then, he transferred the rats from a cage by themselves to Rat Park, where they experienced some signs of withdrawal yet stopped heavily using the drugs as they had been in the cage. This part of the experiment addressed the question of whether you could get over the addiction once it starts.

Hari notes a similar example of the Vietnam War, which coincided with the Rat Park experiment. This case is even more relevant because it involves people instead of rats. Hari explains that about 20 percent of American soldiers developed a heroin addiction in Vietnam, and then about 95 percent of them stopped using the drug, most without rehab, when their environment changed.
Another human example is medical patients who are given medical heroin for pain for extended periods of time; when their treatment is over, instead of being addicted and pursuing the drug, these people are able to halt their drug use instantly. Hari related this case to the others in that a heroin user on the street tends to not have the same social support or positive environment as the medical patient going back home.

This social theory addresses additional problematic aspects of the chemical addiction approach, highlighting that gambling is another example of an addiction that doesn't involve chemicals in the brain.

The chemical theory seems to have difficulty addressing how other types of addiction work, and goes back and forth on whether abuse of certain behaviors falls under the classification of addiction at all.

A Lack of Professional Consensus

As you can see, there is not a consensus on what addiction is or how it starts. Not all professionals agree that it is a disease or that chemical effects in the brain are the main component of it.

In addition, treatment programs often approach addiction and recovery from a certain viewpoint. But even though there are different views on the subject, treatment is still possible and effective.

If you need treatment, you might want to find a program that lines up with your beliefs. Also, consider that many treatment programs provide a multi-faceted approach that addresses numerous causes or components of addiction, so one of these programs could potentially help address the cause even if it’s unknown.
There are also other possibilities, such as that a number of factors are at play at once, or that substances create addiction in varying people for different reasons. For instance, perhaps a drug affects one person’s brain but another person is addicted because of social isolation.

**IS ADDICTION THE SAME AS ABUSE OR TOLERANCE?**

The terms addiction, abuse, dependence and tolerance are often used interchangeably, yet they have different meanings.

- **Tolerance**

  Tolerance is where your body gets used to the substance you’re using, so you need to use more of it to get the same effects you previously got from a smaller amount. Tolerance is a component of addiction, yet there is more that addiction encompasses, such as the consequences to your life from not giving up drugs or alcohol.

- **Physical Dependence**

  In the same way, physical dependence on a substance is generally a part of addiction, but addiction encompasses more features. Plus, dependence can also happen with medical drugs when the person is not considered addicted.

- **Abuse**

  Drug or alcohol abuse is a little different than addiction. This is where you use too much of a substance, but it doesn’t control your life quite so much as with an addiction. With abuse, you are able to cut back or stop using the substance, and it may not have the same level of consequences to your life or create the same level of dependence. Nonetheless, abuse often progresses into addiction.
The pattern of drug use and addiction shows that some people are more likely to become addicted than others. If you and your friend use the same drug on an ongoing basis, it's possible for you to become addicted while your friend does not, or vice versa. There are many theories on what makes someone more likely to become addicted, including:

- Genetics
- Family history
- How old you were when you began using drugs
- How often you use drugs
- How long you’ve been using a certain substance
- How connected you are to other people and society

What addiction is and what causes it is not a cut and dried issue. It's easy to gain a different answer depending on who you talk to. In addition, the definitions sometimes change, as you can see by the revised versions of the DSM in psychology.

Nonetheless, professionals do seem to agree on the essence of addiction: you don't or can't stop using drugs or alcohol despite how much it negatively affects your life.

Another agreed-upon viewpoint is that treatment exists that can help you gain control of an addiction, no matter the cause.
Continue reading this guide to learn more about various facets of addiction, including risk factors, withdrawal and recovery.

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RISK FACTORS OF ADDICTION?

Who's Really At Risk Might Surprise You!

Written by Alan Boyd & Sharon Therien & Dr. Dina Macaluso Psy.D, L.M.H.C
In reality, it doesn't work that way because there is more to addiction than a substance being addictive.

As mentioned in the first part of this guide, “What Is Addiction?,” numerous risk factors are associated with addiction that can give one person higher chances of becoming addicted to substances than another person. Generally, one risk factor doesn’t mean you’ll become addicted, but your chances go up with the more risk factors you can check off the list, explains the National Institute on Drug Abuse.

At the same time, it's possible to avoid addiction despite risk factors, especially if you can lower your risk through protective factors. Also, keep in mind that addiction professionals have varying viewpoints on these risk factors just like they do on the definition and causes of addiction, which are covered in the first part of the guide. Nonetheless, these different biological, environmental and other risk factors might increase your risk or the risk of your children.

So what are these risk factors, and how could they affect you and your loved ones?
Various biological and psychological risk factors are associated with a higher risk of addiction. The main one you could face is genetics, while others such as a co-occurring disorder and chemical deficiencies in the brain can also play a role. The National Institute on Drug Abuse also lists ethnicity, gender and development stages as biological risk factors of addiction, and this is not a complete list of potential risk factors.

Genetics

Heredity is one of the major factors associated with an increased risk of becoming addicted to substances. “Scientists estimate that genetic factors account for between 40 and 60 percent of a person’s vulnerability to addiction,” notes the National Institute on Drug Abuse. Nonetheless, this figure also encompasses how risk factors from your environment affect your genes.

Even if the addiction doesn’t exhibit itself in the same way as it did in your family member(s), you could still be prone to some type of addiction. You might not develop the addiction to cigarettes that your father had, but you could end up addicted to gambling, cocaine or alcohol instead.

“A person with an ‘addicted personality’ may be at risk for a wide range of addictions,” explains Mara Tyler on Healthline.

Just like other traits skip generations, it's also possible for an addiction that your mother or father has to skip you and show itself in your children, according to the University of Pennsylvania Health System.
How do genes affect addiction?

The Genetic Science Learning Center provides certain theories and evidence. The center explains that biological traits can cause you to have genes that make it more difficult than other people to stop using a substance after you've started. Part of the problem could be that your withdrawal symptoms are worse than someone else's.

Nonetheless, the genetics of addiction is complicated. People with addictions are not all affected by the same genes, and you could have a gene that makes you susceptible to addiction yet not show that trait. At the same time, certain genes have been associated with specific addictive characteristics.

Example 1

The Genetic Science Learning Center cites that research has shown that mice more interested in cocaine and alcohol than their counterparts did not have the serotonin receptor gene Htr1b.

Example 2

Mice that had a defective Per2 gene consumed triple the normal amount of alcohol.
Additional Examples: Other examples show genes or gene variations that encourage against addiction by making an animal or person feel sick from an addictive substance, having a lower risk of becoming dependent or creating a similar condition that would ward against addiction.

The University of Pennsylvania Health System provides a deeper explanation. It notes that there is not one sole gene that creates an addiction, but instead says, "We believe that multiple genes play a role in the transmission of addiction from one generation to another. It is called Polygenic inheritance."

Is there a consensus on the genetics of addiction?

Most addiction professionals do believe genetics are a factor in addiction, but similar to the idea that addiction is a disease, not all agree that they have such a prominent role. Even the National Institute on Alcohol Abuse and Alcoholism says, “Studies of specific families have not proven a genetic contribution."

Professor of developmental psychology and neuroscience, Marc Lewis, PhD, says, “There is simply no gene or combination of genes that is linked with addiction as a trait."

He does concede that genes are a part of the addiction equation, but he adds that, "the genes that are correlated with addiction are genes for traits like impulsivity. And even these correlations are often weak or inconsistent." Further, he notes that these predispositions are not necessarily connected to just addiction, but instead to numerous experimentations or problems.

In addition, Lewis says that “brains rewire themselves with experience…these brain patterns were not preformed in the womb: they emerged over time.”
He agrees that there is a link between genetics and addiction, but that many other factors, both biological and environmental, come into play. In his article, he gives the example of a man who came from a family where both parents were continuously addicted to substances, yet the man never once tried drugs himself because he was afraid to do so.

Nonetheless, a common thread between viewpoints seems to be that a person is considered addicted when he is either unable or unwilling to stop using the substance. He continues to use the substance even when it is causing consequences in his life – he may or may not be aware of this cause and effect relationship.

Co-Occurring Disorders

Another important potential contributor to addiction is a mental disorder, which when present along with addiction is called one of the following:

- A co-occurring disorder
- A dual diagnosis
- Comorbidity

Having a mental disorder puts you more at risk of substance abuse or addiction. At the same time, the addiction can make your mental disorder worse and even cause new ones.

Thomas G. Durham, PhD, LADC, explains that “most patients entering substance abuse treatment programs have symptoms of psychiatric illness at the time of admission.” Nonetheless, there are different kinds of cases, and one of the problems of addiction or a mental disorder does not always cause the other.
Personality and Behavioral Factors

There are also attributes about each individual that can help determine whether or not you become addicted. In the example by Marc Lewis where the man didn’t become addicted, the reason was at least in part because he was afraid to try drugs. It was his own decision not to do drugs that stopped an addiction.

In a similar way, various personality and behavioral traits, as well as coping skills and personal decisions, could play a role. For instance, a lack of social skills can contribute to addiction, while learning and using coping skills can ward against it. Also, some people are considered to have an addictive personality because of their personality traits, which lead them to various kinds of addictions.

While these kinds of traits come from inside yourself, they are also affected by environment and experiences, which shows how complex risk factors of addiction are.

ENVIRONMENTAL RISK FACTORS

While many studies show a role of genetic factors in addiction, there is often much more to the equation. The environment and experiences you are exposed to are also able to boost your chances of developing an addiction. These factors include what you face:

- In your home environment
- In your wider neighborhood and community
- In your school

Exposures in your early life play a particularly large role, in part because, “Addiction is a developmental disease – it typically begins in childhood or adolescence,” according to the National Institute on Drug Abuse.
You could be surrounded by a wide range of these environmental risk factors. When your family has a history of addiction, it doesn’t only affect you on a genetic level. At the same time, numerous sources report that being around family members, especially when you’re young, who are abusing substances can make you more likely to do so as well.

When you have social influences who use substances or see them in a positive way, you could be more likely to go down the path to addiction. It’s the same story if you are lacking a social support network and/or guidance and supervision from your parents.

Further, it matters if substances are readily available in your environments. It also makes a difference what kind of area you live in; for instance, it could affect your risk of addiction if there is pride in your community or if it’s an area of poverty with substances as part of the culture.

**DRUG USE FACTORS**

Drug use itself also affects your risk of becoming addicted. This might sound strange, but it actually makes sense because not everyone who uses drugs or alcohol abuses them or becomes addicted. Your drug use can encourage addiction in numerous ways.

Certain types of drugs, such as heroin and cocaine, can lead to an addiction more than others because they are more physically addictive and create stronger withdrawal symptoms. Injected and smoked drugs can also be especially addictive since they aren’t filtered by organs like swallowed drugs are.

Further, starting drug use at an early age can contribute to addiction, partly because it can change the development of the brain. The frequency and length of time you’ve been using a drug can also affect whether you become addicted.

Of course, abstaining from substances altogether can prevent addiction, while experimentation can contribute to it.
IS THERE ANY HOPE FOR A PREDISPOSITION TO ADDICTION?

Understandably, you might be concerned about passing on a proneness to addiction to your children. You are probably also concerned if you are the child of an addicted person and/or you are exposed to some of the environmental and other factors that can increase your chances of addiction.

The good news is that it's possible to minimize some of the risks of addiction. If you are a parent who's addicted or has been addicted to a substance, you could decrease your children's environmental risks by stopping your addiction and not subjecting your children to your usage of substances.

Also, you could teach your children healthy coping skills for life and work against other risk factors, such as not enough parental supervision and a lack of healthy social skills, while promoting protective factors at the same time.

It’s important for families to be open about addictions, especially because many keep this topic a secret. If you have an addiction, it might help your treatment to know that you had a genetic predisposition to addiction, and you could help other family members by telling them about your addiction(s).

Encourage an open dialogue between the different generations of your family to help everyone toward preventing or stopping an addiction.

Protective Factors

There is a counterpart to risk factors of addiction, and these are known as protective factors. Similar to how certain risk factors can make you more likely to develop heart disease while exercising and other lifestyle changes and actions can reduce your risk, these protective factors might make you less likely to develop an addiction.
At a young age, it can help if:

- A school has anti-drug policies instead of allowing an environment where substances can be prevalent.
- The child does well in school and has a positive school life.
- There is pride in the community where a child lives.
- The young person has healthy relationships with other people and receives supervision and guidance from parents.
- The person has or develops strong self-control and utilizes coping skills.

Most addiction professionals and resources agree that risk factors are complex. Basically, biological, psychological and environmental factors can make you more likely to become addicted, but they won’t necessarily do so.

In addition, there are protective factors that can counteract those risk factors and help keep you from becoming addicted. If you do become addicted, be sure to mention your risk factors in treatment to help direct your recovery.

Keep reading for information on withdrawal, treatment and other aspects of addiction.
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CHAPTER 3

STAGES OF ADDICTION

Understanding When Things Become Dangerous

Written by Alan Boyd & Sharon Therien & Dr. Dina Macaluso Psy.D, L.M.H.C
But why does addiction happen to begin with? How do you go from trying a substance or using it for medical purposes only to end up addicted? Like many people before you, you end up progressing through the stages of addiction.

**PHASE ONE: ENTRY POINTS**

Addiction originally starts with the moment you use substances for the first time. This can show itself in the form of experimentation with substances or taking drugs according to a prescription from your doctor. While it may or may not be your intention to continue with the substance when you begin taking it, the entry point often becomes the gateway to using the substance more.

**Experimentation**

You and your friends decide to try some alcohol or a drug to see how it will make you feel. Or maybe you even try a substance on your own so you can have the experience. These are the kinds of situations that are considered experimentation. While experimentation might seem harmless, it can lead to further use once that door is open.
David Sack, M.D., explains in Psychology Today that drug experimentation can be harmful, especially when it happens at a young age, which is when many people first experiment with drugs or alcohol. He points out that it’s easy to think experimentation isn’t a big deal and then get caught in the drug use progression to addiction.

“The problem is we don’t know in advance who will become addicted, to which type of drug and at what level of use,” Sack says.

So you might not think anything of trying a substance, but your personal risk factors (which were covered in the second part of this guide) could turn your experimentation into addiction. This is a strong reason not to give in to peer pressure.

One person might have a better ability to avoid addiction; then, that person could pressure you into using substances because he has a good experience with them, and you could end up susceptible to problem use and addiction because of a predisposition to addiction.

**Prescription Drug Use**

You’re not someone who has or would try street drugs, but you’ll take a prescription when your doctor recommends it. Your drug experience starts with an injury of some sort, when your doctor prescribes you strong pain killers.

Or maybe you are prescribed a stimulant or another type of drug that could be abused.

And before you know it, you’ve developed an addiction. This is what often occurs when people begin taking a drug only because their doctors prescribe it to them.

“Now we are at a point where prescription drugs are killing more than half of the people who suffer fatal drug overdoses. And very often, the people who are addicted and abusing these drugs started out by getting these pills from their doctors,” cites Narconon.
It perpetuates the problem when doctors prescribe certain medications, such as pain relievers, too easily or prescribe more pills than needed (although this tendency has been changing).

The Narconon site explains that the common process here is that you start taking the pills for pain (or another medical condition) and then are rewarded by the way the substance makes you feel. Once the prescription is done, you want to continue the relaxing effects of the pills, so you find a way to get more and you begin to use them illicitly.

Starting with a prescription drug does not always continue with abuse or addiction of that same drug. In some cases, this type of use can lead to using other types of substances. CNN Chief Medical Correspondent, Dr. Sanjay Gupta, points out a pattern of starting with painkillers and transitioning to heroin.

Opioid painkillers and heroin both come from the poppy plant, or some painkillers are synthetically created to resemble poppy. Because of this connection, your brain sees them in a similar way, and they create many of the same reactions in your body, including euphoria and a better tolerance to pain.

“It is precisely because there are so many similarities that pain pill addicts frequently turn to heroin when pills are no longer available to them,” notes Gupta. Further, people who start with prescription drugs can generally find heroin for less money.

**PHASE 2: SOCIAL USE OR OTHER REGULAR USE**

After you’ve started taking a substance to experiment or to follow a prescription, it can be easy to progress to using substances socially or by yourself on a regular basis. You could have a beer with some friends or say yes when people are using drugs at a social gathering.

Dinners, parties and clubs are some of the social situations you might find yourself in where substances are present. Or you might start to use a substance on your own more often.
The enjoyable way drugs can make you feel follows the pleasure principle, which was coined by Freud. When you experience some sort of pleasure, including using a drug, your brain releases the brain chemical dopamine in a certain part of the brain, the nucleus accumbens, according to an issue of the Harvard Mental Health Letter.

Addictive substances create a strong dopamine release, providing you with a great feeling of pleasure. This pleasure you feel from a substance can lead you to the next stages of problem use and addiction. This progression is more likely when you inject or smoke a drug, which gives you a more intense dopamine release in a quicker period of time than if you swallowed the substance.

“The likelihood that the use of a drug or participation in a rewarding activity will lead to addiction is directly linked to the speed with which it promotes dopamine release, the intensity of that release, and the reliability of that release,” explains the Harvard Mental Health Letter.

HelpGuide.org points out that

"People who experiment with drugs continue to use them because the substance either makes them feel good, or stops them from feeling bad."

Barry J. Everitt, in a review published in the European Journal of Neuroscience, notes that

"There is no doubt that drugs are initially taken, then repeatedly taken, because of their reinforcing or rewarding, including subjective, effects."

At this point in the stages of addiction, you are probably beginning to focus your life around alcohol or a drug, but you can stop using your substance. Nonetheless, you might start to have some signs of problem use (which is the next phase) at this point, such as binge drinking.
Nonetheless, keep in mind that not all health professionals agree that processes in the brain are the determining factor for addiction, as you can read more about in the first part of this guide on what addiction is and what causes it.

After you have been using a substance more regularly, risk factors of addiction can encourage the drug use to progress to a problematic level in vulnerable people.

**PHASE 3: PROBLEM SUBSTANCE USE**

At this stage, you have moved beyond using substances at a controlled level in social situations or on your own. Now the substance has become a problem for you.

**Scenario 1**

One way you could misuse a substance is by bingeing on it from time to time. This is where you use your substance of choice heavily once in a while. So you might not drink much most of the time, but then you have six drinks when you're out one night.

**Scenario 2**

Or maybe your problem turns into substance abuse at this stage. This is when your substance use becomes dysfunctional; it starts to get in the way of your life and possibly cause problems to your health. Your life has become more focused around the substance, and you might start having trouble at work or school, problems in your relationships and other consequences from using the substance. These concerns continue into the final phase, addiction.
When you start to use drugs more during the second stage, it’s generally because they give you pleasure or take away a negative feeling, such as pain. But HelpGuide.org notes certain scenarios that can easily turn casual use into problem use. This is when you feel like the substance fills a need or a void for you. HelpGuide.org lists examples such as taking drugs to overcome anxiety or stress, or to help you through a social encounter.

**The beginning of an addiction starts with pleasure**, and then the learning and memory parts of the brain contribute to continuing on the path toward addiction. “According to the current theory about addiction, dopamine interacts with another neurotransmitter, glutamate, to take over the brain’s system of reward-related learning,” explains the Harvard Mental Health Letter.

When you continue to use an addictive drug or alcohol, the nucleus accumbens communicates with the part of your brain that takes care of tasks, the prefrontal cortex, and they decide that you no longer just like the substance but now you want it. At this point, you are motivated to go after the substance, and this is when you can have problem behavior centered around using the substance.

Addictive substances create a shortcut to the brain’s pleasure and reward centers, whereas natural rewards take more time to achieve. The Harvard Mental Health Letter explains, “Addictive drugs, for example, can release two to 10 times the amount of dopamine that natural rewards do, and they do it more quickly and more reliably.”

While the brain enjoys the pleasure of substances at first, it actually finds these aggressive dopamine releases too much to handle over time, so its reaction is to take away dopamine receptors or create less dopamine. Now you are not rewarded so easily for taking the substance. You have developed a tolerance to it, which means that you now have to use more of your chosen substance if you want to enjoy the same level of pleasure you once experienced.

This is the point when you have a compulsion. You are not getting the same level of pleasure from the substance, but the problem is that you remember how good that pleasure
felt, so you want to get it back. Further, your brain learned certain cues to connect with the substance in order to help you get it again, which now translates into you getting strong cravings when you come into contact with those cues again.

For instance, maybe your brain learned that it gets the pleasures of alcohol when you go to a certain bar. Now, when you see that bar in passing, you get cravings for alcohol because your brain has associated the bar with the substance.

In the European Journal of Neuroscience, Barry J. Everitt explains that using drugs in a compulsive way is not just about habits. “It is instead the loss of control over habitual drug seeking that may be the important event that leads to compulsive drug use,” he notes.

**PHASE 4: ADDICTION**

After abusing drugs or alcohol, many people transition to the final stage, addiction. This is when you can’t or won’t stop using drugs or alcohol, even when the substance is creating a lot of problems in your life.

During the abuse phase, the substance use is causing consequences to your life, but you can still control your use and stop when you want to.

You have reached addiction when you're beyond stopping. The harm the substance causes to your life has escalated, yet you still don't want to stop or are unable to without help.

During this stage, your body is usually physically dependent on the substance, although dependence itself does not necessarily signify addiction.
Addiction doesn’t just start overnight. Instead, you go through a process that begins with trying substances and progresses into a full-fledged addiction. Some people progress to regular use or abuse without making it all the way to the addiction stage, but these earlier stages often keep going into a complete addiction.

While moving from one phase to another, you “can move through the stages quickly or it can take several years,” explains addiction writer and Parent Recovery and Life Coach, Cathy Taughinbaugh.

It’s not always easy to see when you move from one stage to the next; you might end up quickly addicted after not seeing the harm in trying a certain drug or some alcohol. And, of course, risk factors can perpetuate your journey from the beginning stages to addiction.

*According to the National Institute on Drug Abuse, dependence is when “the body adapts to the drug, requiring more of it to achieve a certain effect (tolerance) and eliciting drug-specific physical or mental symptoms if drug use is abruptly ceased (withdrawal).”*

You can learn more about the stage of addiction, including definitions and causes, in the first part of this guide.

**MOVING THROUGH THE STAGES**

Addiction doesn’t just start overnight. Instead, you go through a process that begins with trying substances and progresses into a full-fledged addiction.

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*Now you know more about how drug use can develop from trying a drug to abusing and becoming addicted to it. If you find yourself addicted or you know someone who is, stick with this guide to learn more about this devastating problem and solutions for overcoming it.*
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ADDICTED?
NOW WHAT?

Know That You Are Not Alone

Written by Alan Boyd & Sharon Therien & Dr. Dina Macaluso Psy.D, L.M.H.C
ADDICTED? NOW WHAT?

You have gone through the stages of addiction discussed in the third part of this guide, so now you are in addiction’s hold (or someone you know is at this point).

This is probably not what you expected for your life, but you find yourself here nonetheless.

The next question is: Now what?

When you find yourself addicted to a substance, you are basically at a fork in the road with one path taking you to recovery and the other bringing you on a downward spiral of addiction.

You might:

- Hide or manage your addiction
- Try to battle it yourself
- Reach out for help
- Have people in your life intervene and try to get you into treatment

Another possibility is that addiction beats you, causing you to lose parts of your life or your actual life.
It's up to you if you will continue on the path of addiction, whether it's what you choose to do or some of the many roadblocks to recovery are standing in your way. Or you could seek treatment for your addiction, even if it requires overcoming certain barriers.

**STAYING ON THE PATH OF ADDICTION**

If you are not getting help for your addiction, you are not alone. The National Survey on Drug Use and Health of 2013 found that 22.7 million Americans of the age of 12 or older required treatment, yet only 2.5 million people got the help they needed in the last year.

So 20.2 million Americans needed treatment for substances but did not receive it.

Why is it that addicted people do not get treatment, and what can happen when they don’t?

*First, let’s discuss the potential consequences of sticking with addiction, and then we’ll cover barriers that could be keeping you from treatment, as well as paths to recovery.*

It’s possible for some people to continue with addiction, managing its symptoms and effects on their lives. On this path, the addiction will cause problems for you, but you might be able to deal with them and continue with this way of life. Your ability to manage substances will vary and be affected by the type and quantity of the drug you use. Nonetheless, continuing on this path is likely to decline your health more and more over time, similarly to many kinds of chronic diseases.
One of the possible and probable outcomes of sticking with addiction is that you will lose the battle in some way. Your downward spiral could include disease and a lot of loss, including loss of:

- Loved ones
- Your home
- Your job
- Your hobbies
- Essentially, yourself

Your addiction could be all you have left in your life if you stay on this path.

Continuing with addiction can and will deteriorate your health immediately and over time. The National Institute on Drug Abuse lists many consequences of addiction on your mind and body, which include:

- Hepatitis
- HIV/AIDS
- Cancer
- Heart Disease
- Lung Disease
- Kidney and liver damage
- Stroke
- Prenatal problems
- Mental disorders
- More

And whether by an overdose or by the slow progression of a chronic health condition caused by the addiction, substance use can ultimately lead to death.

But treatment is available, and it can work even if it hasn't helped you in the past. It's worth trying different types of treatment and continuing despite setbacks to help you keep your life, your health, your family, your career and your interests.
Many people decide to stick with addiction or find themselves unable to continue with treatment because of various barriers that stand in the way of treatment and recovery.

All sorts of barriers exist that can cause you to stay with addiction instead of trying to jump over that hurdle or ram your car through that roadblock. If you can figure out what your barriers are, maybe the realization can help you with your treatment process.

Here are many of the barriers that affect addicted people:

**Not Thinking You Need Treatment**

As you would imagine, it’s a barrier to recovery if you don’t think you need help. Of the 20.2 million Americans who did not get the treatment they needed in the past year, 95.5 percent gave the reason that they didn’t think they required treatment for their substance use, according to the 2013 National Survey on Drug Use and Health.

If you fall into this group, maybe you think you could stop any time you want and you don’t realize the problems the substance is causing in your life. In this case, the drug could have control of your decision-making processes and your reality. It might take some self-assessment or discussions with people close to you to figure out if you do have a problem.

Another scenario is that you feel as though you like or need the substance. Maybe you believe you enjoy addiction and that the substance is making you feel good. Or maybe you think it helps you in some way, such as with pain or with handling social situations.
Social Stigma

It’s easy to experience feelings of shame, fear of judgment and embarrassment centered around addiction. Despite a lot of forward progress in the addiction field, many people still feel that addicted people have a lack of willpower or loose morals. There is still stigma around addiction, which makes many people afraid to admit they have an addiction and equally afraid to seek help for it.

You might be hesitant to tell your boss you need time off for treatment or to let your family know you are looking for help. You might even hesitate to take advantage of employee health programs for treating addiction.

Further, you might feel the need to keep your addiction a secret from friends and acquaintances, nervous about what they would think of you if they knew. Even when many people have gone through treatment, they still fear that their previous addiction will get in the way of new relationships and new opportunities, such as jobs and financing.
The main problem is that people still believe stereotypes about people with drug problems. Journalist Leo Barasi points out that “suspicion, fear and distrust of people struggling with drug problems are widespread.”

This problem can make it much harder for you to get the treatment you need for an addiction. It’s easy to keep the addiction a secret and avoid treatment rather than face the social stigma from those you know. And the lack of social support can make it much harder to recover.

Plus, if people are denied opportunities, such as work or housing, because of drug problems, their hardships can perpetuate the problem.

Many people also face stigma from health professionals. “Some find it impossible to convince doctors or nurses that they need help, even when they are in agonising pain or suffering from long-term conditions,” says Barasi.

And the stigma tends to continue even after they have gone through treatment and are no longer using substances.

“[People with drug problems] are seen as bearing a stigma, an enduring mark that defines them and which cannot be removed by their stopping using street drugs.” It can make it harder for some people to get help when they feel as though they’ll always be labeled as an addict no matter what they do.

Barasi notes that it could be possible to change this stigma within popular culture by reframing media stories and facing the problem head-on. Attitudes have been changing over time with new information on drug addiction that paints a different picture than an immoral junkie. Also, the more people are open about addiction instead of hiding it, the more popular culture can change.
Insufficient Resources

Another common roadblock to addiction treatment is insufficient resources. You might not have the extra money needed to enter a treatment program. And if you enter an inpatient facility, you might need to take time away from work, which could take away from your resources.

Also, your insurance plan might cover a portion of your care, but you'll more than likely need to pay for some of it. Or you may not have insurance to help with the costs, or your insurance plan doesn't cover the specific type of care you require.

Insufficient resources could also mean that you don't have the information you need to get help.

A lack of resources is a common barrier to treatment. Of the group of people in the National Survey on Drug Use and Health of 2013 who did not get the help they needed but did want treatment, the majority said not being able to pay for treatment and not having insurance coverage were the reasons.

To jump over this hurdle, keep in mind that different types of treatment programs exist at varying price points. You might not be able to afford a resort treatment center, but you might be able to find a low- or no-cost outpatient program. And some programs, such as 12-step meetings, are free.

In addition, health insurance under the Affordable Care Act is required to cover substance use and mental health treatment, and cannot deny you coverage because of your substance use, explains Michael Dahr.
The Affordable Care Act also helped many states expand Medicaid, which could help if you are unable to afford an insurance plan.

If information is what you’re lacking, look to websites that provide resources and/or seek help from health professionals.

**Ongoing Relapses**

Some people really try to seek treatment and overcome addiction, but the relapses that result after treatment stand in their way of full recovery. You might end up feeling like professional help doesn’t work for you, but sometimes, it can take numerous times in treatment before it finally works.

But each time, you learn new techniques and can progress toward recovery. Also, there are different kinds of treatment and different viewpoints on addiction, which you can read more about in the first part of this guide. It’s possible that one type of treatment won’t work for you, but that another type might.

*For example, perhaps you would benefit from a wilderness program or from cognitive-behavioral therapy instead of a 12-step program. You also might need a combination approach, such as medical detox along with therapy.*

Do you continue to try the same approach each time? It might be time for a change.

If relapse is a problem for you, it might help to work on coping strategies and cues, which a professional can help you with. Alternative coping strategies to substances could help you stay away from substances during times of stress.

And you might need to retrain your brain through cognitive-behavioral therapy to stop associating certain cues with your substance of choice, which is most likely one of the main factors bringing you back to addiction each time.
You might also need to break free from people that you used substances with. And everyone is different. Some people are able to enjoy a little alcohol or a cigarette, while others need to stay away from all substances to prevent a relapse of their specific substance.

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Susie Shea, owner of a drug treatment center in California, explains that it helps prevent relapse when you work on some of your own personal barriers to recovery, which could include:

- Uncertainty of what your life will be like if you do recover
- Overconfidence about your ability to stay away from substances
- Being closed to different perspectives on ways to live and strategies for overcoming addiction
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She also mentions that a mental health concern could get in your way, so it could help to be evaluated for a co-occurring mental disorder and be treated for that if needed.

**Trying to Beat Addiction Alone**

Maybe you hold the belief that you will be able to beat your addiction on your own or that you should do it on your own. This method can and does work for some people, and certain tools might help, such as:

- Faith
- Yoga
- Lifestyle changes
- A change in environment
Professionals can offer their expertise in addiction, helping you figure out your risk factors and the best way for you to fight the addiction. There are different types of treatments, so you might need to seek help from a professional trained in a certain specialty that you don't have the expertise in.

Plus, detoxing from certain substances, especially alcohol, opiates and benzodiazepines, requires professionals for your health and safety. You might need a medical detox to survive the withdrawal symptoms from these substances.

Continue reading for more on treatment.

**Barriers Specific to Certain Populations**

Certain populations can have specific barriers to treatment as well. For example, certain races, cultures and genders could have their own roadblocks. This list is not complete, but will give Asian-American Pacific Islanders and women as two examples.

- **Asian-American Pacific Islanders**

  In a study published in the Psychiatry journal in 2007, Timothy W. Fong, MD, and John Tsuang, MD, MS, discuss that there is an idea that treatment doesn't work for Asian American Pacific Islanders, but that in reality “AAPI substance dependent patients are less likely to enter substance abuse treatment as compared to non-AAPI substance dependent patients.”
In addition, Fong and Tsuang explain that this group has a tendency to try to solve problems, including an addiction, within the family instead of facing the shame of asking for help outside the family. The family will act as though everything is fine, even though they need help.

Further, this group is hesitant about treatment because of “AAPI past experience with addiction treatments in their native countries whereupon such treatments are often equated with incarceration, banishment, or long-term institutionalization.”

The authors of this study think that treatment programs need to be understanding of this culture’s beliefs and practices to provide services in a manner that will work for them. If you have trouble seeking treatment because of your culture, try to find a health professional or treatment program that speaks your native language if needed and that is sensitive to your cultural needs.

Women

In the case of gender, “Women are more likely than men to face multiple barriers to accessing substance abuse treatment and are less likely to seek treatment,” says Carla A. Green, Ph.D., M.P.H.

Women tend to have trouble leaving their home responsibilities; including taking care of children, cooking and cleaning, and possibly caring for aging parents; to enter treatment.
Further, women seem to be able to hide their use better than men, as Green shows that health providers, child protective services and employers are less likely to notice a problem in women than men.

Green notes that women often have more difficulty paying for treatment, and they are often discouraged from treatment by family members and even physicians.

To get around these barriers, Green explains that it can help to go after programs with child care services and gender-specific programs.

In addition, women tend to look for help from their primary care providers and mental health providers, but you are more likely to succeed with treatment if you go to a specialty setting for substance use.

Also, try to get the people in your life to recognize that you and the whole family will be better if you are able to dedicate some time to your recovery, and try to find a support system that can help with your responsibilities while you are in treatment.

Fear of Withdrawals

Once you are addicted to a substance, you will experience some symptoms of withdrawal when you try to quickly stop using the substance. Having gone through the pain and suffering of these withdrawals before, or knowing and imagining what they’ll be like, is enough to make many people avoid treatment.

Going off any substance will generally create some common withdrawal experiences. The National Council on Alcoholism and Drug Dependence lists these as some of the symptoms of withdrawal:
So expect to experience differing withdrawal symptoms based on your particular substance.
The withdrawal for higher amounts of substances or from certain kinds of substances, such as opiates, alcohol or benzodiazepines, can make withdrawal dangerous to your life. That’s why a medical detox is needed in some cases.

Nonetheless, the withdrawal symptoms will vary depending on the type of substance you are using, explains Mount Sinai Hospital. For example:

- Withdrawal from marijuana can take away your appetite and give you chills, among other symptoms.
- Withdrawing from cocaine can make you feel depressed, anxious and tired.
- Going off alcohol can give you hallucinations, shakes, seizures and more.

So expect to experience differing withdrawal symptoms based on your particular substance. The withdrawal for higher amounts of substances or from certain kinds of substances, such as opiates, alcohol or benzodiazepines, can make withdrawal dangerous to your life. That’s why a medical detox is needed in some cases.

But one of the worst parts, according to Dr. Marc Myer of the Hazelden Betty Ford Foundation in Minnesota, is “a severe depression and feeling that you’re never going to pull out of that state.” Because of that, he notes that, “It’s pretty well known among [treatment] providers that, because of that feeling of hopelessness, the anticipation of the withdrawal is oftentimes worse than the actual thing.”
You have to stick with recovery even when it seems hopeless, and a strong support system and effective treatment program can help you do that.

“Recovery may not happen immediately. A person may not feel all the way better immediately or on their timeline, but it does happen. It always happens,” says Myer.

Treatment can help with your withdrawal period so you can have better success with recovery. A medical detox can monitor the state of your body and possibly help with symptoms through medication. In addition, treatment can provide features that can help you get through withdrawal and stick with sobriety, including:

- Support groups
- Various types of therapy, including cognitive-behavioral therapy
- More

**SEEKING TREATMENT TOWARD RECOVERY**

Don't give up on recovery. It's something that is possible for you to achieve. If you are able to recover from an addiction, you could improve your health and your life overall.

To achieve this goal, work on overcoming the barriers that are holding you back from recovery, and consider whether addiction is helping or harming your life and the lives of those around you.

Treatment for addiction can be different for everyone. That's why it can be difficult for treatment to work, but it helps for you to figure out what will help you and seek out that kind of treatment. Don't be afraid to lean on help from a personal support system and from qualified addiction treatment professionals. If people in your life are holding you back from treatment, go after a new support system of people who will understand what you're going through.
You might be able to overcome an addiction on your own, but it's important to recognize that substances can take hold of your body and mind. Qualified addiction professionals have many tactics that might help you overcome addiction once and for all -- you just might need to search to find the right program for you.

In the end, the key to beating addiction is finding the method that works best for you and your life.
Continue reading our guide to learn more about treatment and recovery, so you can create a new life that is not controlled by substance use.

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CHAPTER 5

WITHDRAWALS

Distinguish Between Discomforting and Deadly

Written by Alan Boyd & Sharon Therien & Dr. Dina Macaluso Psy.D, L.M.H.C
WITHDRAWALS

You’ve decided to take the path to recovery from an addiction to alcohol or a drug, which is an admirable path to follow.

But this path can be difficult because of withdrawal symptoms that come when you stop using the drug, which is an important reason that recovery can be an uphill battle.

Nonetheless, withdrawal symptoms do end. It’s possible to overcome them in time and make that final climb over the mountain’s peak to the path of recovery on the other side. It has happened for many people, and it can happen for you too.

ACUTE WITHDRAWAL

What Is Withdrawal and Why Does It Happen?

Your body gets used to having a drug or alcohol in your system when you use it continuously. So when you quickly take that substance away, your body experiences a number of symptoms in response for a period of time. This initial withdrawal period is known as acute withdrawal.

WebMD explains, “Symptoms of withdrawal are caused by decreased amounts of alcohol or drugs in the blood or tissues of a person who has grown accustomed to prolonged heavy use and who then suddenly stops.”
The withdrawal process can happen with alcohol and a variety of street drugs and prescription drugs. It happens when you stop using the substance all of a sudden, or even if you cut back on your use to a large extent.

You are more likely to go through withdrawal if you are abusing substances or you’re addicted to the substance with a physical and/or psychological dependence to it, explains Mount Sinai Hospital. Also, abruptly stopping heightens the chances of having withdrawal symptoms.

**General Acute Withdrawal Symptoms**

The initial withdrawal experience varies from person to person, and it can differ based on:

- **How much of the drug you use**
- **The type of drug**
- **The extent of time you’ve been using it**

Nonetheless, you can expect some basic symptoms of withdrawal when you abruptly stop using just about any kind of substance. Withdrawal symptoms come at varying degrees of seriousness, and they can exhibit themselves in the form of emotional symptoms and physical symptoms.

It’s common to go through anxiety and depression at this stage. And according to the National Council on Alcoholism and Drug Dependence, you can have difficult physical symptoms that include:

- Shaking
- Headaches
- Sweating
- Irritability
- Nausea, and more
What Is Withdrawal and Why Does It Happen?

You should also anticipate symptoms that are specific to the type of substance you have been using.

The U.S. Department of Health and Human Services explains that symptoms of withdrawal are often the reverse of what the substance’s symptoms are. “For example, pupils constrict during opioid intoxication and dilate during acute withdrawal.”

Mount Sinai Hospital describes typical withdrawal symptoms broken down by certain substances:

**Alcohol**

By going off alcohol, you could experience sweating, shaking, seizures and hallucinations as some of your symptoms.

**Marijuana**

Marijuana withdrawal can cause chills, irritability and nervousness. You could also lose weight, lose your appetite and have different sleep patterns than normal.

**Cocaine**

Cocaine can make you feel tired, anxious and depressed.

**Prescription Drugs**

Prescription drugs also come with their own withdrawal effects.
Sometimes, withdrawal is very dangerous, requiring medical help. The Hazelden Betty Ford Foundation lists some dangerous symptoms that can occur in the withdrawal process and potentially create a risk to your life.

For instance:

- **Opioids**: Stopping opioids can cause you to have pain, tremors, muscle aches, fever, cravings and various digestive issues, among other symptoms.
- **Barbiturates**: Going off barbiturates can give you hallucinations, seizures and tremors, as well as take away your appetite and make you feel weak.
- **Benzodiazepine**: Benzodiazepine withdrawal can create a quick heart rate, abdominal pain, vomiting, seizures and more.
- **Amphetamines**: Withdrawal from amphetamines can make you irritable and depressed, in addition to changing your sleep patterns and causing aches in your muscles and pain in your abdomen.

**How Long Does Acute Withdrawal Last?**

You can expect symptoms of acute withdrawal to start pretty quickly after you stop or greatly cut back on a substance – it usually starts within hours or sometimes days.
Then, you can expect the length of time acute withdrawal lasts to vary based on the type of substance you use.

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The U.S. Department of Health and Human Services says:

- Alcohol withdrawal tends to take five to seven days
- Marijuana withdrawal takes five days
- Opioid withdrawal takes four to 10 days
- Benzodiazepine withdrawal takes one to four weeks (or three to five weeks if you cut back slowly)
- Stimulant withdrawal takes one to two weeks
- Nicotine withdrawal takes two to four weeks

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Medical Detox

If you’re somewhere on the spectrum from hesitant to completely afraid of quitting your substance because of how acute withdrawal symptoms may affect you, that’s normal. These symptoms make it very difficult to stop using the substance and easy to go back to it just to make the withdrawal period stop.

But know that there is a solution that can help: medical detoxification. Since it helps the withdrawal period, it’s also called withdrawal therapy. This process can make withdrawal easier, and in some cases, is necessary when the type of drug or amount makes the withdrawal process a threat to your life.

The detoxification process will vary based on your needs, so an addiction professional could help you figure out what you would require based on your situation.
Some people can go through detoxification through an outpatient program, while you might instead require an inpatient center or a hospital. Depending on the variety of drug you’re taking, your detoxification might be focused on slowly cutting back how much you’re taking.

Or you might need to take a medication in place of the original drug for a certain period of time. For example, you could take methadone instead of heroin. Medications can help cut your cravings or reduce your symptoms of withdrawal.

In addition, physicians might need to closely monitor your body during the detox process.

After or along with the detoxification phase, you should also engage in other treatments to overcome your addiction on other levels.

Just taking care of the withdrawal symptoms won’t help you:

- Understand why you have turned to drugs
- Come up with coping strategies to deal with stressful situations
- Learn how to avoid triggers
- Discover other ways that could help you recover from addiction

That’s why it’s important to gain additional treatment at a specialized substance use treatment center, whether an inpatient or outpatient program works best for you. You can gain help through behavioral therapy, support groups and other methods.
It might even be necessary for you to enter a residential program, or therapeutic community, for an extended period of time. The stay can last from six months up to a year, guiding you to really get your life back and learn how to live in a new way.

But what works best is the treatment method that works for you. We’ll discuss treatments more as we continue with this guide.

**POST-ACUTE WITHDRAWAL SYNDROME (PAWS)**

**What Is PAWS and When Does It Happen?**

After the initial withdrawal period, which is acute, you can experience another stage of withdrawal, known as post-acute withdrawal syndrome, or PAWS.

Some professionals instead call this stage post-withdrawal syndrome, prolonged withdrawal syndrome, protracted withdrawal syndrome or a host of other names that don’t always follow the acronym PAWS, such as chronic withdrawal or extended withdrawal.

PAWS tends to happen specifically with the recovery from certain substances, including:

- Opiates
- Barbiturates
- Benzodiazepines
- Ethanol
- Antidepressants

Nonetheless, you could experience lasting effects of other drugs, such as alcohol, when the drug changes the brain and the central nervous system during the addiction process. When these changes take place because of using the substance, it will take time for the brain and body to adjust themselves to life without the substance.
At the same time, not everyone has to go through the PAWS stage. Some people have recovered from the substance once they are through the acute withdrawal phase, so the experience varies.

**Symptoms of PAWS**

With PAWS, you can have many hard-to-handle symptoms that are mainly emotional. These could include:

- Anxiety
- Depression
- Panic attacks
- Mood swings
- Anhedonia*

*when the drug is the only thing that gives you pleasure

In addition, PAWS can make sleeping and brain processes difficult, create intense cravings for the substance and even lead to suicidal ideation or suicide.

The U.S. Department of Health and Human Services says that PAWS can both include extended symptoms from acute withdrawal and new symptoms that pop up once you’re past acute withdrawal.

Certain responses, including cravings, impulsivity, anxiety and cue-induced stress, can get worse during the PAWS stage. Just like with acute withdrawal, your PAWS symptoms can vary depending on the type of substance you have stopped using.
Why Is This Phase of Recovery So Difficult?

This phase can make it feel like withdrawal will never end and you'll never recover. But it does end and you can recover. Many people do.

“Understanding the lingering effects of substance abuse can go a long way toward educating addicts about relapse prevention and maybe most importantly, giving them hope that this, too, shall pass,” says Jeanene Swanson for The Fix.

PAWS leads many people to relapse because the period is long and difficult. Instead of feeling better from being off the drug, you're actually feeling worse, so it can be all too easy to feel as though life is better with the drug.

Instead of letting PAWS keep you away from recovery, hopefully you can know that this difficult recovery period is common, it has a name and it’s possible to get past it.

Remember the problems the addiction is causing in your life, and realize that your mind and body will start to feel better once you make it through this PAWS stage.

A professional treatment program can help you recognize when you’re in this phase and provide tools and support to help you get through it.

How Long Does PAWS Last?

The U.S. Department of Health and Human Services says, “In a pattern unique to each client, symptoms related to substance abuse may be felt for weeks, months, and sometimes years.”

This can definitely make recovery, or even the thought of recovery, feel hopeless, but the department continues, “SUD [substance use disorder] treatment providers can help clients avoid this cycle [of relapse] by helping them recognize and manage symptoms.”
It's important to keep in mind that if you do relapse, you will probably want to try to stop your addiction again, so it’s better to try to get past this hump of PAWS after you have already made it partially there, instead of starting over again and again.

Also, many of your intense symptoms will end earlier on, and then you can learn to manage many of the ongoing symptoms.

Getting Through PAWS

Unfortunately, “While there are specific treatments for acute detox, most PAWS treatments are still in the experimental phase,” explains Jeanene Swanson.

This mostly refers to medications that could potentially help with PAWS symptoms, but have not been agreed upon by medical professionals for their use during this time. Nonetheless, some medications are used, varying based on the substance you’re recovering from.

Additional treatments can help with various symptoms, such as anxiety; these include exercise, meditation, yoga, therapy and more.

And it’s important to check for signs of a co-occurring disorder, such as depression, instead of assuming that depression-like symptoms are only coming from PAWS.

Swanson quotes a person who has gone through this phase, saying, “The advice I would give is to be patient with the time it takes to heal and feel better. These tough issues weren't created overnight, and they won't disappear overnight.”

A quality treatment program can help you get through the post-acute withdrawal stage. According to the U.S. Department of Health and Human Services, some factors that can improve your chances for success include:
You can also watch for signs of this stage in yourself, and try to understand that you’re going through a common phase that does have an ending. Try to be patient at this time.

Lean on support from addiction specialists and others going through similar experiences. It’s also possible that your addiction professionals could offer medication that could help you with some of your symptoms.

Now you know more about the different phases of the withdrawal process and why it can be so difficult to stop using substances once you are addicted. But you also know there is help in the form of detox and other treatments that can help you climb over that mountain and make it to the other side.

Continue reading this guide to learn more about treatment options available to you.

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Chapter 6

Adding & Recovery
The Definitive Expert Resource Guide For You, Your Family, or Your Patients

Paths To Recovery
Choosing What Type of Help is Best For You

Written by Alan Boyd & Sharon Therien & Dr. Dina Macaluso Psy.D, L.M.H.C
You’ve gotten past your acute withdrawal from the substance through detoxification, which is generally the first component of treatment, and you might still be experiencing the longer lasting symptoms of PAWS. (See the previous part of this guide for more information about acute withdrawal and PAWS.)

Once you are past the detoxification phase, are you in recovery from an addiction?

“Detoxification alone does not address the psychological, social, and behavioral problems associated with addiction and therefore does not typically produce lasting behavioral changes necessary for recovery,” says the National Institute on Drug Abuse.

This is why you should have a professional evaluation and participate in additional components of treatment after the detoxification process. Many paths to recovery are available to you.

Depending on your needs, you might participate in one type of treatment program or in a few within a continuum of care.
And in the end, a successful recovery often comes by participating in more than one type of treatment. Instead of limiting themselves to an outpatient program, meetings or another single type of treatment, many people participate in a step-down approach that takes you in order through these stages or some version of it:

If one type of treatment program doesn’t work for you, try to learn from that experience and try again with another type.

But this can mean different things for different people. The treatment needed really depends on each individual. This might not sound very helpful, but everyone is unique and has differing experiences with substances, as well as different responsibilities, lifestyles and other needs.

Because of these differences, one treatment plan might not work for you while another one will. Many treatment centers understand this and create a customized treatment plan to try to fit your personal needs. It will help your success if you’re honest with yourself and think about what you would need from treatment, and also follow the recommendation of a professional assessment.

There are different reasons for needing one type of treatment over another. For instance, you might need an outpatient treatment program to work around your other responsibilities or you might need to enter an inpatient program because it’s the only way you’ll be able to break free of the triggers that encourage your substance use.

What does treatment look like? Overall, treatment should be "designed to enable the affected individual to achieve and maintain sobriety, physical and mental health, and a maximum functional ability," according to the American Society of Addiction Medicine.
It’s also possible that you might enter treatment at a certain level and then need to step up on the continuum of care if a more intensive level of treatment is required, explains Treatment Improvement Protocols from SAMHSA.

Let’s take a look at different treatment programs and some of their pros and cons. This gives you an idea of what to expect from each type:

- **Residential Treatment**

  This option involves staying in a specialized treatment center, which is usually separate from a hospital. While staying in the facility, you participate in intensive treatment.

  You could live in the facility for a month or have an extended stay up to a year. Short-term options usually go from one to three months, while long-term ones last from six months to a year.
Residential treatment can be a smart option if you need to get away from your life, including your friends, stresses and way of living, to be successful with recovery. It also takes you away from the substance. This is often the right choice when your addiction is severe and/or long-running, and if you have a dual diagnosis with a mental disorder. At many residential facilities, it’s even possible to start the detox process and then continue with other components of treatment in the same facility.

Plus, many people have success with residential programs if they do not succeed with outpatient ones. Steven Gifford, LICDC, LPC, says on the PsychCentral website, “Often, patients who have attempted outpatient treatment programs but have ultimately relapsed back into drug and alcohol use, or have found outpatient programs difficult to complete, achieve success in a residential program.”

The therapeutic community model provides support of a community of staff members and others staying in the facility. In addition to this social component, “treatment focuses on developing personal accountability and responsibility as well as socially productive lives.”

The National Institute on Drug Abuse explains,

“The best-known residential treatment model is the therapeutic community (TC), with planned lengths of stay of between 6 and 12 months.”
Nonetheless, this option can be difficult for many people because it requires you to leave your family, job and other responsibilities for the length of time you'll be staying in the facility. It requires a lot of effort and commitment, but it can be worth it if it enables you to finally beat your addiction.

**Intensive Outpatient Program (IOP)**

This type of treatment does not require you to live in the facility like residential treatment does, but it still requires a lot of your time and effort.

**Option 1**

You would take part in an outpatient program at a facility or you could visit with a mental health, behavioral health or addiction counselor in an office setting. You generally visit the program or counselor for a few hours a day three or more times per week.

**Option 2**

Alternatively, at this stage of treatment, you might take part in partial hospitalization, which provides continuous medical supervision if you require it, while allowing you to stay at home part of the time. With this type of program, you would generally visit the hospital for a few hours a day a few days per week.

You might find an intensive outpatient program beneficial if you need an involved treatment program but cannot stay in a residential program for a period of time. Or you could use an intensive outpatient program as a step down from a residential treatment program during your treatment process.
A plus is that you generally spend much less money on these programs compared to inpatient ones. Another benefit is that you can generally participate in an outpatient program without too many people knowing about it.

Steven Gifford explains that in an outpatient program, you
“often do not need to explain a prolonged absence to friends, coworkers, or family members.”

On the flip side of the coin, these programs don’t take you away from triggers that could encourage you to use substances, so your recovery could be more difficult or you could be more likely to relapse. Nonetheless, you do receive support that could help you get through difficult moments.

**Additional Outpatient Models**

Another option is to go to a less intensive outpatient program. These programs vary in what they offer, sometimes providing minimal services such as basic education. Many of these options put a large emphasis on group counseling, but might also offer:
On the downside, this type of outpatient care might not provide treatment that is comprehensive enough on its own to help you successfully reach sobriety. Your chances of success will depend on your needs and what the specific program offers.

These programs are a good bet if you need a more affordable treatment option or you are not able to devote as much time as you would need for an intensive outpatient or inpatient program.

Or, the National Institute on Drug Abuse explains that outpatient programs can be useful after attending a residential program, as “these programs help to reduce the risk of relapse once a patient leaves the residential setting.”

In the same way, they can work well as the next step after an intensive outpatient program.

Instead of going to an outpatient facility, outpatient care could instead involve individual counseling sessions with a counselor, such as a behavioral health counselor, in an office setting.

Your counseling would most likely include cognitive-behavioral therapy and potentially some other types of therapy as well. During your sessions, your counselor will help with problem areas in your life, coping skills and other strategies, and he or she might also refer you to additional support you might require.

The more intensive outpatient programs generally require a few visits a week. But when you’re in a less intensive form of outpatient treatment, whether you go to a program at a facility or have office visits with a counselor, you taper down to more sporadic visits with the intention of continuing your recovery and preventing relapse.

On the downside, this type of outpatient care might not provide treatment that is comprehensive enough on its own to help you successfully reach sobriety. Your chances of success will depend on your needs and what the specific program offers.

These programs are a good bet if you need a more affordable treatment option or you are not able to devote as much time as you would need for an intensive outpatient or inpatient program.

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In the same way, they can work well as the next step after an intensive outpatient program.
Sober Living Options

After residential, intensive outpatient and/or other outpatient care, you might live in a sober setting for a period of time before going back to life on your own. During this phase, you live with other people going through a similar situation and give each other support while living without substances.

Halfway Houses

One option is a halfway house, which often includes continuing rehabilitation with counseling. During your stay of up to six months, you focus on establishing a place to live and a place to work.

Sober Living Houses

Recovery residences or sober living homes are a bit different because they are intended more as a sober environment to encourage your recovery and prevent relapse than a place where you gain rehabilitation -- you might have some rules to follow during your stay. You could go to one or the other, or you might continue the step-down approach by first living in a halfway house and then a sober living home or recovery residence.

In the Journal of Psychoactive Drugs, researchers Douglas L. Polcin, Ed.D. et al. looked at sober living homes and found that there were certain benefits that put these above the established halfway house model.

For instance, sober living homes let you stay as long as you need to, which is important because “the resident is able to decide when he or she is ready to transition to more independence,” explained the study authors.

But once again, your success would depend on your needs, such as how well you can do with more freedom or whether you require more support.
Generally, people go to these kinds of houses after already participating in a rehabilitation program. Whether you choose halfway houses or sober living homes, these options can help you adjust yourself to life away from rehab before you put yourself back into everyday life where you could face various triggers.

These in-between options provide the benefit of helping prevent relapse after going through a treatment program. They also provide you with a helpful option to figure out your next steps if you’re currently out of housing.

**Meetings**

During your treatment process, you can also attend meetings that provide support and guidance. Alcoholics Anonymous is a pillar, but you can also choose from specific support group meetings based on your needs. These include Narcotics Anonymous, groups for certain professions and other options.

Some of these groups use spiritual beliefs to help with recovery, while others do not have an emphasis on that.

“A person should consider trying several different meetings prior to deciding upon the value of mutual support group participation in his or her recovery,” says A. Thomas McLellan, Ph.D.

Some people are able to recover with meetings alone, but many people will also require other types of rehabilitation that provide more professional help and intensive methods, such as therapy and medication.

This type of treatment gives you social support and can help prevent relapse after other treatment. These meetings also often give you guidelines for living without substances, such as the 12-step model.
COMPONENTS OF TREATMENT

During the treatment process, you will engage in many components that can help you recover. You will often participate in various types of therapy, including individual, group and/or family.

“Therapy can help you identify the root causes of your drug use, repair your relationships, and learn healthier coping skills,” explains Melinda Smith, M.A. and Jeanne Segal, Ph.D. in a HelpGuide overview.

Your treatment program could also include medication that provides one or more of the following actions:

- Cuts your cravings
- Helps with ongoing PAWS symptoms
- Provides help with a dual diagnosis of a mental disorder

Further, your program should give you tools, guidance and support for creating a new life that doesn’t include substances. Some programs can also help you create your new life without substances by guiding and supporting you with employment and other aspects of living.

You should also engage in some kind of continuing care or follow-up care after your treatment, so you can minimize your risk of relapse. This time can include periodic therapy sessions, which may be by telephone, and other types of support.
Whether you engage in one type of treatment or take part in a step-down program after detoxification, having a successful recovery is all about finding the right treatment program for your needs. A professional evaluation can help you accomplish this.

Also, remember that it's always possible to step up or step down in the continuum of addiction care if you need to be at a different level to find success. The important thing is that you enter treatment and stick with it.

As you can see, the many levels and types of treatment can help you meet your needs at each moment and prevent relapse. Through the many treatment options available, recovery is possible for you or someone in your life.

Continue reading this guide to learn tools and tips that can help you move toward recovery and prevent relapse.

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THE RECOVERY TOOLKIT

Proven Tools to Help Maintain Sobriety

Written by Alan Boyd & Sharon Therien & Dr. Dina Macaluso Psy.D, L.M.H.C
RECOVERY TOOLKIT

Throughout this guide, you have read about the definition and causes of addiction, as well as the paths you can take once you’re addicted.

You may have related to the risk factors and the withdrawal symptoms that addiction can cause.

In the last part of this guide, we covered various treatment options that are available to you and showed how recovery is possible. At the same time, recovery from an addiction can be difficult, especially because of:

- The two stages of withdrawal that can make it a hurdle to stop taking the drug.
- The underlying reasons you turned to drugs and continued to use them to begin with.
- The risk of relapse.

The Substance Abuse and Mental Health Services Administration, or SAMHSA, considers recovery to be "a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential."
Consider how the following tips and tools could fit into your personal recovery process to help make it more manageable and achievable for you.

**RELAPSE WITHIN RECOVERY**

Keep in mind that your recovery process might actually encompass relapse. David Sack, M.D. explains in Psychology Today that relapse is common for many people trying to recover. Acknowledging this notion and working with it might help you in the long run.

*Sack explains, “Changing the behaviors that compel the addict to use is significantly more difficult [than detoxing].”*

He elaborates that relapse often happens because of triggers that your brain has associated with the substance, making you want to use the substance again when you come in contact with the trigger.

But there is good news. “Study after study shows the first ninety days in recovery are when the greatest percentage of relapses occur,” cites Sack.

This means that if you can make it past this difficult period of time, you are much more likely to have ongoing sobriety. So if you can continue with treatment, at least at some level, through this rough patch, it can help you succeed in the long run.

Further, Sack notes that your brain can learn new healthier cues in treatment. So if you are taught to take a certain healthy action when you have a craving in treatment, your brain starts to associate that action with the craving.

“Over time the addict subconsciously dissociates the cue from the past reward of using and associates it with the new reward of sobriety,” says Sack.
Get Back on the Horse

If you do relapse, keep in mind that this happens to many people. You are not alone, and it does not make you a failure.

But if you go through relapse, try to see it as one step backward on a path that ultimately leads you forward. Be understanding with yourself that the process of overcoming an addiction is hard on many levels, and put yourself back on the path of recovery.

You have already put so much effort in to overcome addiction, so try to continue moving forward instead of giving up. “If you were able to stay clean and sober before, you will be able to do it again,” encourages Donna M. White, LPCI, CACP on PsychCentral.

And even if you were not very successful with staying sober before, you might just need another approach this time.

Learn from the relapse experience as much as you can. Ask yourself:

- Were there triggers that made recovery hard and encouraged you to go back to the substance?
  
  If so, you can work to avoid or manage them better next time.

- Did the type of treatment program you participated in not work too well for you?
  
  If not, consider another type of program or a combination of approaches to find better success this time.
How to Prevent Relapse and Have a Successful Recovery

While relapse can be common, the ultimate goal is to get past it. Fortunately, many small and large actions and ways of thinking can guide you on your recovery journey and help prevent relapse.

Here are some tips to keep in mind before, during and after treatment:

Continue to Lean on Professional Help After Treatment

After you have finished an intensive treatment program for your addiction, your recovery process will be easier and more successful if you continue with some form of treatment.

"Active participation in treatment aftercare meetings and recovery support groups...can significantly improve your chance of permanent recovery," says William L. White, M.A.

As we talked about in the previous part of this guide, it can be very helpful to go through a step-down approach to treatment where you transition from more intensive forms of treatment to less intensive ones.

So after a residential or intensive outpatient program, you could have office visits with a counselor or go to an outpatient treatment facility.

After that, you might want to enter a halfway house or a sober living home to give you an opportunity to transition from rehab to everyday life.

Once you’re done with that, you might want to continue with periodic therapy sessions with a qualified mental health, behavioral health or addiction specialist, or go to group therapy or support group meetings.
These types of follow-up care can continue to provide you with support and guidance to help you steer clear of relapse and stick with recovery.

Or for some people, these less intensive types of care will be your only treatment, as the treatment process varies from one individual to the next.

**Deal With Stress**

Stress can cause you to turn to a substance as a way to deal with the situation and calm down. This might even mean using a substance to unwind after a long day.

Rajita Sinha of the Department of Psychiatry at Yale University explains in a study, “Stress is a well-known risk factor in the development of addiction and in addiction relapse vulnerability.”

For recovery to work, you need to learn to manage stress in other ways instead of turning to your substance of choice.

Part of the problem might be your perspective on life. There might be a different way to look at problems and situations so they don’t stress you out so much. For instance, you might be following that popular phrase by making mountains out of mole hills.

You might also think that you don’t have the time to put aside for relaxation activities. But when you take away the time you spend on your addiction, you will find that you have plenty of time to put toward other things. You might also realize that there are other ways to free up more time, such as by watching TV for a half hour less or finding parts of your routine where you’re wasting time.
Another aspect is that you might need to make some changes in your life. Maybe:

- You have a relationship in your life that causes you a lot of stress. In this case, it might benefit you to openly talk to the person about the problems within the relationship, and possibly go to counseling together to work through them.
- You have a stressful job and need to find a way to manage the workload better, take some duties off your plate or even find a new occupation.
- You’ve been trying to be the handyman in your house, but it’s time to hire someone to take that off your plate.

These are just some examples of how you might need to make changes to take some of the stress out of your life.

But no matter how many changes you make to your life and your way of thinking, you’ll still experience some stress – it’s a part of life.

Because of this, it’s important to come up with some ways aside from using substances that will help you calm down. You could engage in:

- Exercise
- Deep breathing
- Meditation
- Yoga
- Laughter
- Time in nature
- Hobbies
- Other techniques that work for you
Your addiction could be all you have left in your life if you stay on this path. Continuing with addiction can and will deteriorate your health immediately and over time. The National Institute on Drug Abuse lists many consequences of addiction on your mind and body, which include:

**Face Problems**

Maybe you’re one of the people who has turned to substances at least in part as a way to deal with painful experiences and emotions in your life.

“For treatment to be successful, and to remain sober in the long term, you’ll need to resolve these underlying issues as well,” says Melinda Smith, M.A., and Jeanne Segal, Ph.D., on HelpGuide.

*It’s part of the human experience* to have problems and tough emotions, and not everyone turns to substances to deal with them. To avoid taking drugs or alcohol every time you are faced with a difficult emotion, you’ll need to learn to work through your problems and find new ways of managing them.

If you try to bottle these problems up, they won’t go away. Instead, they are likely to resurface and make it hard to stay sober. You’ll need to face them head-on and work on them in a healthier way.

It might be beneficial to talk to a counselor, who can help you with your emotional work and offer helpful techniques, such as changing your perspective and turning to methods such as journaling, to handle these emotions.

In many cases, a successful recovery is even about battling the seemingly small, everyday feelings and emotions. You could be tired and feel like you have less willpower over a substance. Other common feelings, such as hunger and anger, can also provoke substance use.
Instead of directly turning to substances, try to figure out why you're feeling the way you are at a given moment and what could solve it. For instance, simply eating a meal when you're hungry might keep you away from going back to the substance.

**Be Aware of Triggers**

To have a successful recovery and avoid relapse, it’s important to know the triggers that your brain has associated with your substance use because they could make you turn back to your substance and continue on the path of addiction. These triggers can be personal to you, although there are also a number of high-risk situations many people experience.

You might need to:

- Change your home environment by actions such as rearranging and removing triggers so you can start fresh.
- Stop going to certain places or taking certain routes, such as a way to work that takes you past your favorite bar.
- Stay away from activities and events, such as parties, that include alcohol and possibly other substances.

It’s also important to be open about your addiction with your doctors so the health practitioner doesn’t unknowingly make the problem worse with a medication prescription or medication during a procedure. Talk to your health provider about your options in these situations.

*Take triggers seriously.*
Manage Cravings

Cravings for a substance pop up sometimes and make it extremely difficult to continue on the recovery path.

On HelpGuide, Smith and Segal highlight a few ways to manage these cravings when they come. Their ideas, which they adapted from the National Institute on Alcohol Abuse and Alcoholism, include:

- Urge surfing, which involves mental imagery of surfing through the drug craving wave until it breaks
- Distracting yourself with exercise
- Eating healthily
- Engaging in an activity you enjoy until the craving passes

It also helps to reason with yourself that using the substance won’t actually help you like you might think it will and that it will instead cause harm in your life again. You might also want to talk to a supportive person about your craving when you’re going through it.

Further, working on your stress levels could help prevent cravings. "Recovering addicts who avoid coping with stress succumb easily to substance-use cravings, making them more likely to relapse during recovery," according to a study by mental health and addiction specialists.
Create New Ways to Fill Your Life

Treatment and recovery often include separating yourself from certain people and activities in your life. Because of these changes, you might be nervous about what a sober life will look like for you.

It’s important that you create a new life that fulfills you and replaces the old way of living. “The more positive influences you have in your life, the better your chances for recovery,” says Melinda Smith, M.A., and Jeanne Segal, Ph.D., on HelpGuide.

Creating a new life can include surrounding yourself with a new social network that supports your sobriety and helps you enjoy life without substances. In the process, don’t forget about the people who supported you all along or who would do so if you let them.

And it can help to have a support group of people who have gone through or are going through a similar experience so you have people to turn to for advice, understanding and accountability.

In addition, you need to come up with new activities instead of focusing so much time and attention on using a substance. There are many activities that exist that are not revolved around using substances. You might want to rediscover activities you enjoyed in the past or try some new ones to find out what you enjoy. For instance, think about:

You might want to rediscover activities you enjoyed in the past or try some new ones to find out what you enjoy. For instance, think about:

- Joining a club
- Volunteering
- Playing an instrument
- Engaging in arts and crafts
- Writing
- Starting a hobby
- Exercising or joining a sport
- Attending church
- Participating in various other activities
Try to focus on your health and on helping people, animals and the environment around you.

William L. White, M.A., says, "Recovery is more than just not drinking or using drugs; it is about putting together a new and meaningful life in which alcohol and drugs no longer have a place."

**Additional Techniques to Help Your Journey**

Here are some more techniques that could potentially help you stay sober over time:

- Be open with at least some people in your life about your plans to quit, and ask for their encouragement and understanding during the process.
- Set goals that you can measure and stick to regarding your process of quitting.
- Think about why you want to stop using the substance and go back to your reasons throughout the recovery process.
- Get assessed for a possible co-occurring mental disorder so you can be properly treated if one exists.
- Come up with a reasonable schedule that helps you stay on track and prevents too much free time or boredom.
- Be honest with yourself and others -- this will help you transition from the lying that often accompanies addiction.
- Learn to ask other people for help without seeing that as a sign of weakness.
- Take note of your routines, patterns and behaviors every so often so you know where you stand and what changes you might need to make.
- Think about aspects of your life you feel positive about and grateful for.
- Come up with plans in advance for when you get into tough situations. For instance, plan to call a sponsor if someone unexpectedly brings drugs to a get-together.

Now you know a number of tips and tools that can help you in your personal recovery process.
Just remember that treatment and recovery are different for each person, and that you might need the help of trained professionals to find your successful road to recovery, especially if you have tried to quit on your own and were unable to for whatever reason.

Don’t be too hard on yourself over becoming addicted or struggling to quit. A read through this guide shows that addiction is a struggle that keeps many within its grasp. It can change your mind and body.

Plus, your coping skills, risk factors, social support and other influences can affect your likelihood of becoming addicted and your level of difficulty in quitting.

Addiction is a complex problem that sometimes requires a complex treatment solution. But that solution exists, and in the words of Ben Martin, Psy.D. on PsychCentral, the key is to, “most importantly, be patient with yourself. Recovery takes time.”
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