

NARCOTIC EDUCATIONAL FOUNDATION OF AMERICA

Drug Abuse Education Provider of the:

California Narcotic Officers' Association

AM I ADDICTED OR DEPENDENT?

QUICK FACTS:

No matter what kind of drug a person is using, no one begins taking drugs thinking he or she will become addicted. The fact is, some people can try drugs and not become addicted. They can experiment with drugs and then stop, but many others cannot. The genetic predisposition to alcoholism has been well established, while other psychoactive drugs have been less defined. While scientists cannot predict who will and who will not get in trouble with drugs, they do know some of the steps along the path of addiction. Knowing the signposts along this route may help some recognize when they have gotten (or are about to get) in over their heads.

WHAT IS A DRUG?

The understanding of what a drug is and how it works is necessary to understand the terms of addiction and dependency. The true scientific definition of a drug must be objective and descriptive. It must not make assumptions about proper or improper use, social factors, or value judgments. A basic pharmacological definition is: "A drug is a substance which by its chemical nature affects the structure and function of the living organism."

This definition is workable because it includes prescription drugs, over-the-counter drugs, illicit drugs, recreational drugs, chemicals, and food. It is further workable because it reminds us that a drug is a drug, no matter what we call it. Example: nicotine is a central nervous stimulant drug even though we down-play it by calling it cigarettes. Drugs all operate according to the same basic pharmacological principles.

One of the largest group of prescribed drugs is for modifying mood and feelings, the minor tranquilizers and the related drugs. Some people use these wisely. Some choose to abuse them.

There is a distinction between the use and abuse of drugs. Almost everyone uses a psychoactive substance of some kind. Not everyone misuses or abuses drugs.

INSTINCTS and DRIVE STATES

Higher organisms, such as man, have inherent instincts that drive them to:

- ◆ Seek / obtain food
- ◆ Seek / have sex
- ◆ Protect their young
- ◆ Seek / obtain water
- ◆ Seek / make shelter

Each Drive/Instinct has two aspects:

1. If the drive is frustrated or cannot be met, the organism experiences dysphoria, anxiety, irritability and anger.
2. If the drive is achieved, the organism experiences reward, which humans recognize as pleasure, satisfaction, and a sense of well-being.

Each drive state is located in a specific part of the brain. Attached to each part is a connection to the reward/pleasure centers of the brain.

When the drive is achieved, there is a complex interaction of neurotransmitters that leads to the release of dopamine and endorphin. in the reward/pleasure center. This creates a feeling of pleasure, satisfaction, a sense of well-being.

WHY USE DRUGS?

The most popular drugs used today are nicotine, caffeine, and alcohol. This is true on every significant measure: number of people who have ever used, number of regular users, number of daily users, number of man-hours spent under the influence of the drug, and money spent for the drug. The amount of harm done to the human body by nicotine and alcohol vastly exceeds the physical harm done by all the other psychoactive drugs put together.

Further, the amount of damage done by alcohol to the human mind, as measured by mental hospital admissions, vastly exceeds the mental harm done by all the other psychoactive drugs put together.

Drugs make most people feel good. This is why they want to take drugs more than once or twice. In scientific terms, drug use is a "rewarding behavior" because the high or pleasure it induces tends to reinforce the drug-taking activity. But for other people, this reinforcing experience in learning about the pleasures of drug use may lead from experimentation to more regular, social use of a drug.

Many people start to use drugs at parties and with friends. Some people

(Continued on page 2, column 1)

Why Use --(Continued from page 1, column 1)

stay at this second level of use for many years and never get into trouble. There are, for example, social drinkers who never had a problem controlling their level of alcohol consumption.

For some people, drug use does get out of hand. These people learn to take drugs for emotional support - one person had a tough day, another's boss yelled at her, still another has not done his homework and knows he will be in trouble at school. People get bored, lonely, or just do not like their world very much. Taking drugs in an attempt to solve problems like these help set the stage for addiction.

At first a person might say, "Well, I didn't do my homework tonight. I feel really guilty, so I'm going to get stoned, forget about it, and go to bed." Then it progresses — snorting cocaine in the stockroom, having a few drinks at lunch, or sneaking a drink or smoking dope in the bathroom to deal with stress. If this continues, physiological changes will begin to take place.

What is happening is that the person has become tolerant to alcohol. If it normally took one or two drinks for that person to get high, after a period of time it takes three or four drinks, then five or six. Similarly, the dose needed to get high from marijuana, heroin, or crack also escalates. So the drug user is not only taking drugs more frequently, that person is exposing his or her body to higher doses.

As regular drug use continues, a second related kind of change begins. The body of a habitual drug user begins to need the drug to work normally. The person cannot function without it. When the drug is not available, the person experiences symptoms of withdrawal.

Deprived of the drug, the individual may feel anxious, generally lousy, or sick. Using the drug again alleviates these symptoms. Until a person goes into withdrawal, there may be little if any evidence that the user is physically dependent on a drug.

(continued column 3, this page)

DEFINITION OF ADDICTION

The following are components of addiction:

1. COMPULSION

- Loss of control
- The user cannot not do it. He/she is compelled to use
- Compulsion is not rational
- One does not plan to be compulsive

2. CONTINUED USE DESPITE ADVERSE CONSEQUENCES

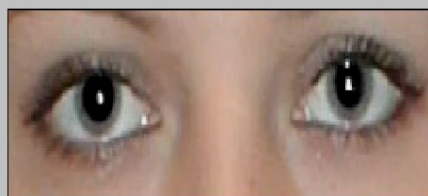
- An addict is one who uses even though he/she knows it is causing problems. They cannot not do it.

3. CRAVING

- In the daily symptom of the disease, the user experiences intense psychological preoccupation with getting and using the drugs.
- Craving is dysphoric, agitating, and it feels very bad.

4. DENIAL

- A true distortion of perception caused by craving.
- The user, under the pressure of intense craving, is temporarily blinded to the risks and consequences of using.



"THE EYES TELL IT ALL"

Why Use - (Continued from column 1, this page)

Avoiding withdrawal is a powerful force motivating people to keep using drugs. The user now has entered a new stage in his or her relationship with drugs. The user not only needs drugs to produce pleasure, but the person must have them to avoid the pain and discomfort of withdrawal.

Physical dependence is not necessarily addiction. For example, people who take opiates to relieve chronic pain can become physically dependent on their pain killing medication. They would experience withdrawal if they suddenly stopped taking their medication, but the drug is not the focus of their existence. The drug just assists them in leading a normal life.

Addicts, by contrast, have no life without their drugs. This difference may be why virtually all pain patients have no trouble giving up their opiates if their pain is relieved. In contrast, addicts tend to relapse into drug use even after they have been withdrawn and put in treatment for their addiction.

Addiction is more than drug tolerance and physical dependence, though these may be necessary preconditions. Experience with pain patients has revealed that the defining conditions for addiction also include an psychological dependence on the drug.

The addicts perceive themselves as connected to the drug and their behavior. The focus of life is obtaining drugs, taking drugs, getting high, and then getting more drugs.

Everything else - family, friends, and their job, falls by the wayside. The addict may get fired because he or she cannot function while high. The addict's family may throw the person out because the individual has stolen their money to support a drug habit.

At the same time, the addict now needs the drug not only for pleasure, but also to avoid the sick feeling associated with withdrawal.

(Continued on page 3, column 1))

Why Use -(Continued from page 2, column 3)

Thus, the addict's ability to choose whether or not to use a drug has been severely compromised because only drugs bring pleasure. The solution to most of life's problems has become drug use, and doing without drugs brings the anxiety and sickness of withdrawal.

Animal studies indicate that the destructive behavior associated with addiction is not unique to humans. Rats given free access to cocaine will eventually kill themselves taking it, foregoing even food and drink. They just keep taking cocaine until they die.

Some humans stop or seek help before their habit kills them, but others cannot. To make it worse, intravenous drug users run the risk of infecting themselves, their spouses, and their unborn children with various infectious diseases such as AIDS, Hepatitis C virus, and others. AIDS, a fatal disease of the immune system, is increasing most rapidly among intravenous drug users, including prostitutes who shoot up and then spread the disease among their customers.

"EQUAL OPPORTUNITY" AFFLICTION

Addiction is found in all races, religions and social levels of life. Addiction is the "equal opportunity" affliction. The only difference is that some social classes have a greater percentage of addiction to various types of drugs.

It seems simplistic, but people use drugs because they want to and people will only stop drug use when they want to. To understand this, there are some principles that must be applied to understanding drug use practices:

(continued column 3, this page)



WHAT IS CHEMICAL DEPENDENCY?

NEUROADAPTATION

- Neuroadaptation is the process by which receptors in the reward/pleasure centers of the brain adapt to the high concentration of neurotransmitters. The receptors become insensitive to normal levels of neurotransmitters.
- Under stimulated conditions, without drugs, there is profound interference in the ability to experience pleasure. The users instead feel as if they were experiencing an unmet instinctive drive, dysphoria, anxiety, anger, frustration, or craving.
- When sober, the damage caused by neurotransmitter insensitivity leads the user to feel the opposite of high. For the user, sobriety becomes the opposite of euphoria.
- Length of use and intensity of the drug are factors predicting the extent of the damage.

CHEMICAL DEPENDENCY

- When the user stops the drug, physical illness occurs.

ABSTINENCE SYNDROME

- The name of the illness caused by withdrawal symptoms.

TOLERANCE

- Neuroadaptation forces the user to escalate the dose to maintain the euphoric drug effect.
- Using an inadequate dose causes withdrawal. Symptoms occur if the amount used is less than the tolerance level.

Equal Opportunity-

(Continued from Column 1, this page)

1. People take drugs because they want to.
2. People use drugs to feel better or to get high. Individuals experiment with drugs out of curiosity or hope that using drugs can make them feel better.
3. People have been taught by cultural example, media, etc., that drugs are an effective way to make them feel better.
4. Feeling better encompasses a huge range of mood or consciousness changes; including such aspects as oblivion-sleep, emotional shift, energy modification, and visions of the divine, etc.
5. With many mind or mood altering drugs, taken principally for that purpose, individuals may temporarily feel better. However, drugs have substantial short and long term disadvantages related to the motive for their use. Drugs tend to be temporary, relatively devoid of satisfying transition to the ordinary non-drug state of life, and siphon off energy for long term constructive growth.
6. Basically, individuals do not stop using drugs until they discover something better.
7. The key to meeting problems of drug abuse is to focus on the something better, and maximize opportunities for experiencing satisfying non-chemical type experimentation or, more likely, keep experimentation from progressing to dependency.

