

Addiction

"Always bear in mind that your own resolution to success is more important than any other one thing." Abraham Lincoln

Drugs, drink, food, gambling, sex, shopping — each can become an addiction.

What is addiction? Addiction can best be defined as a result of adaptations in the brain, which leads to changes in behavior, and, in turn, translates to an inability to control intake of a drug¹. Addiction is a disease of the brain; it disrupts the brain chemistry responsible for how you think, feel and behave. It is a common myth that an addicted person can just stop using by will power alone. In reality, addiction can be overcome, but often requires the help of professionals and a supportive community. Addiction is real. It lives in one's brain and bloodstream just like any medical illness. This Chapter will explore the causes and treatment for addiction.

A young female patient of mine I admitted to the in-patient unit many times had on each admission been involved with alcohol and drugs. She aspired to work in Manhattan's fashion world and often complimented me on my designer suit. She had a loving and loyal mother who had no clue how to help her achieve recovery. One day I walked into the unit and was told that the young woman had been brought in by ambulance but died in the emergency room. My heart sank at the news. I later agreed to meet with her mother and help her understand the autopsy report, which to her seemed written in a foreign tongue. We set a time to

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meet. When she came in we sat together and she shared with me how hard the last weeks had been. I felt her pain but nonetheless wanted to keep my professional role. I'd agreed to this meeting to console her — not for her to console me, though I too felt the loss. I have lost other patients since then. I know that we can lead someone to recovery one step at a time. Treatment works for those that choose to seek it. Regardless of which stage of recovery you are in, you can be supported to the next step, remember that readiness for change is an unstable state. If you or your loved one wants to seek treatment today, don't wait until tomorrow — you may well be back in the claws of your drug of choice by then.

CAUSES

Why do people use drugs or alcohol? The three leading reasons that human use euphoric drugs are, first, for the dopamine release to lift one out of everyday life. Second, to dull or drown emotional or mental illness. Many times what seems a benign drug only leads into poor coping with hardships and becomes infinitely hard to abandon. Some will drink or look for a marijuana high to escape what seems a hopeless state. Others might reach for tobacco or sugar or go to the track or Atlantic City. All have a common theme of anesthesia, putting problems to sleep, or grasping for phantoms and hoping to overcome unwanted feelings. Lastly, one might get high to sharpen one's skills. Parents at times ask me about

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stimulants for a child because they think the child has Attention Deficit Disorder — and, hey, the neighbor’s kid is on it and gets top grades.

Substance use among college students rises each year, according to the National Center on Addiction and Substance Abuse at Columbia University — most noticeably is the rise in use of the prescription painkillers Percocet, Vicodin and OxyContin, stimulants like Ritalin and Adderall, and tranquilizers like Xanax and Valium¹.

Genes and the environment both contribute to the development of an addiction. Some people are born with genetic vulnerability to addiction while others are not. Therefore, if your father was an alcoholic, you may want to stay away from alcohol and drugs. You have a higher chance of becoming dependent and addicted to both drugs and/or alcohol. Don’t kid yourself. Having the predisposition to addiction and a couple of drinks to “unwind” at the end of your workday may seem innocent enough but it may also catapult you into a struggle with addiction. One’s environment can also have a significant impact in triggering substance abuse. **Factors like stress, trauma, violence and drug availability in one’s surroundings put one at higher risk for addiction.**

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BIOLOGY

We have of late begun to uncover a biological basis of addiction that Dr Nora Volkow, Director of the National Institute on Drug Abuse, elegantly demonstrates in her research. We now know that there are changes in the brain's reward circuitry: the brain gets "hijacked" with ease once these changes take place and the grooves are dug. Dopamine is the chemical in the brain tied to our experience of pleasure. Simply put, the more dopamine flooding the brain, the greater feeling of pleasure. Dopamine assures our survival as a species since the release of dopamine links to eating and sexual reproduction. These pleasure-reward pathways undergo rewiring in result of excess dopamine and leave one with altered brain chemistry and open to slips when fighting stress.

Thus, addiction results partly from these changes in the brain. In the first few months of abstinence, the rewired brain is less sensitive to feeling pleasure. This leaves the person vulnerable in those beginning months of sobriety. What use to bring pleasure in the past seems unpromising now. Before addiction, the movie or the walk on the beach use to be such fun but now seems a chore. What makes it even more challenging is the fact that the part of the brain that is responsible for putting the brakes on when there's a drug urge, is not working properly. It has lost the ability to say "NO" to the drug, which makes getting triggered by people, places and things doubly dangerous². If an alcoholic only sees a picture of their favorite beer add, the pleasure pathways light up.

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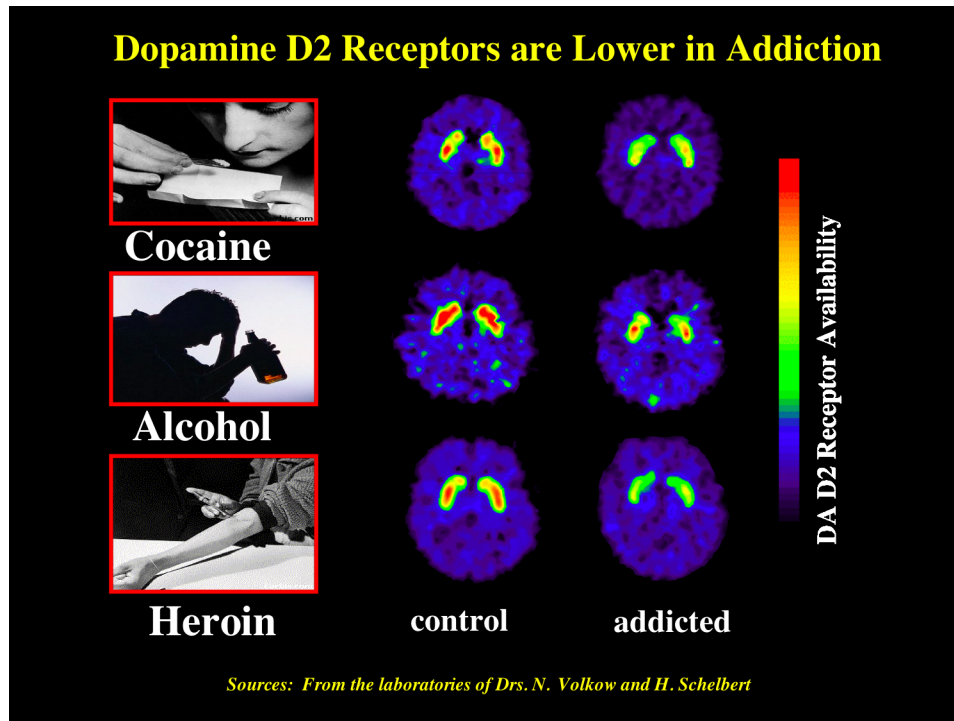


Figure 1 Drs. N. Volkow and H. Schelbert demonstrate that dopamine receptors are lower in addicted brains versus non-addicted brains

The basic brain process looks like this: person takes drug → dopamine (the stuff that makes you feel good) is released in excessive amounts → the brain says “hey, we have way too much dopamine in here,” and reduces dopamine receptors. Now, let’s say the person gets abstinent. She or he has fewer dopamine receptors and as a result → feels less pleasure about day-to-day activities living the sober life. This decreased ability to feel pleasure in the initial months of sobriety is one of the main players in relapse.

The old idea of I-can-do-it is short sighted and does not account for the re-wiring from prolonged use of a drug or alcohol. It also does not account for

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social or spiritual supports that play a strong role in abstinence and recovery. Abstinence is just that, abstinence. If you are abstinent, then you simply don't drink or drug. Acts toward recovery assure us that we are better off not indulging and that restoring a meaningful life is possible. Abstinence and recovery are fragile alone but together best light up the path to sobriety.

Abstinence + Recovery = Sobriety

In the first steps of sobriety, the addicted brain—the changed brain— has a lower ability to feel pleasure from daily life. Why does this happen? The brain has changed! It does not have the control it once used to have.

Bottom line, the abused brain has worn flat its Dopamine receptors and has lost the ability to say no! This means less pleasure in daily life in the absence of drugs and poorer impulse control. The activities that uplifted and gave pleasure are not what they once were. And this leads to a leaning toward a relapse, especially in the first ninety days, especially when stress arises. The threshold of meaningful improvement is seen as three months. Those able to stay abstinent for ninety days are less likely to slip — the changes have begun to reverse! However, the first ninety days are only the beginning of recovery. In the long run, the dulled dopamine receptors do reawaken as physical and mental recoveries take hold. The brain now slowly returns towards normality, never

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forgetting what 2000 miles per hour felt like. **WE MUST REMAIN CAUTIOUS.**

TREATMENT

There are some basic principles of substance abuse treatment³:

- **No single treatment is appropriate for all individuals.** Matching treatment settings, interventions, and services to each patient's problems and needs is critical.
- **Treatment needs to be readily available.** Treatment applicants can be lost if treatment is not **immediately available** or readily accessible.
- **Effective treatment attends to multiple needs of the individual, not just his or her drug use.** Successful treatment often addresses one's drug use and associated medical, psychological, social, vocational, and legal problems.
- **Remaining in treatment for an adequate period of time is critical for treatment effectiveness.** The time depends on an individual's needs. For most patients, the threshold of significant improvement is reached at about **3 months** in treatment. Additional treatment can produce further progress. Programs should include strategies to prevent patients from leaving treatment prematurely.
- **Individual and/or group counseling and other behavioral therapies are critical components of effective treatment for addiction.** In therapy, patients address **motivation, build skills** to resist drug use, **replace drug-**

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using activities with constructive and rewarding non-drug-using activities, and **improve problem-solving** abilities. Behavioral therapy also facilitates interpersonal relationships.

- **Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.**
- **Recovery from drug addiction can be a long-term process and often requires many episodes of treatment.** As with other chronic illnesses — such as diabetes and hypertension — not following treatment leads to reoccurrence of the disease state. Prevention is the key and links to being in treatment. Those in treatment will be less likely to slip back than those going at it alone. For example, joining mutual-help groups during and following treatment often helps stay abstinent.

RECOVERY

Recovery took a unique turn when it attracted spiritual reform into its treatment. Bill Wilson and Dr. Bob Smith gave birth to Alcoholics Anonymous (AA) in 1934. Both had found sobriety through fellowship, or helping each other avoid the first drink. They founded their fellowship and embraced fresh drunks into the group. Wilson's book *Alcoholics Anonymous* — known by AA's as The Big Book — spelled out the new group's program of recovery through fellowship and gave the organization its name and odd platform of anonymity. Why anonymity?

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Well, who would want it known that he or she had joined a group that says you have to be a drunk to join it?

Also, how unwise would it be to have members known far and wide as AA's who might at times have slips in public and so disgrace the group?

Strangely enough, anonymity became a force for fellowship. The Big Book describes a twelve-step program that has members **admit powerlessness over their addiction, encourages their need for moral inventory, and helps them search for higher meaning.**

Sobriety springs from a sense of fellowship that lifts one out of an I-can-do-it-alone state, and into an I-can-do-it-with state. To date this powerful fellowship remains the key to recovery for millions — and has saved millions who died sober. Is such success hard to measure? Harvard professor of psychiatry George E. Valliant, a member of the Board of Trustees of Alcoholics Anonymous World Services, undertook two multi-decade studies where he followed 600 men from youth to old age and examined various aspects of their alcoholism. He found that achieving long-term sobriety usually involved finding a meaningful program, such as attending a fellowship where one forms new ties and receives social support or some source of inspiration and hope. Other factors that played a role in long-term abstinence include the hard consequences of drinking, such as legal problems, jail time and divorce. Valliant finds that AA channels all these features to help bring members to recovery. He also supports a

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disease model of alcoholism that allows the addicted person to become aware of *the disease* and of the need for treatment.

One patient told me, “Doctor, my heroin takes away every bad feeling I’ve ever had.” I said, “That may be true but we want to deal with the source of your bad feelings, we want to deal with the problem at the core, not just neutralize it with drugs and alcohol while the rest of your life falls apart (or in some cases stays the same).” Many walk gray streets and forever strive to make up for losses and fight against looming relapse while hunger for release gnaws at them and cries out for booze and brain-lifting smoke. Most foolish is in trying to fight off these big-toothed rats alone without the input of either addiction professionals and/or others in sobriety that have learned to find great pleasure in meeting life face to face. **Treatment offers psychological and spiritual support without drugs — why fight alone?**

Another addicted person told me how he attended AA meetings for years before sobriety took hold. “I’d get sober for two or three months and then slip.” Readiness for change wavers — though each time an addicted person gets treatment, it might be the turning point at which he or she makes the final choice to quit.

Early months of sobriety bring up emotions that have been put on hold. One must deal with the realities created by one’s acts as an addicted person. Legal issues could be pending — or is it a damaged marriage long ignored? Well,

meeting these challenges with frankness, honesty and transparency does clear the woods and bring focus to what must be done — it's always nice to know what you are doing and where you're headed. I remind those who are addicted that they have to hone new skills for coping and build forbearance for passing failures.

Our thoughts and feelings are clues about how our minds work. If one is tempted as he walks past the local dealer on the corner, then let some self-awareness kick in — such as: “If I walk down Avenue B and not Avenue A where the drug dealers hang out, I may not be led into temptation — maybe I should stay out of bars too.” Ladies and gentleman, bars are unlikely places for romance. Just knowing what leads to slips lets you start the day on the right foot and with your compass pointed north with no magnetic waver to the needle. It takes time to get to know yourself; you may find that you are gifted with excuses and fancy self-deception, but that knowledge will come when you commit yourself to the long-term healing before you. What about that first date when the waiter asks what you'll be drinking — ?

RELAPSE

The following is a brief summary of some of the common causes that lead to relapse (It is not meant to be an exhaustive list rather an informative one).

The Top Three Reasons Addicted Persons Relapse:

1. **The Drug Itself:** Many are fooled by the fallacy that “I can use it just one time and then stop” only to find themselves in the grips of the dark side of

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addiction once again. Note that even one-time drug use can lead to a full-blown relapse.

2. **Stress:** This one is pretty straightforward. The more the stress, the more our old ways of coping with stress emerge. It is critical to have worked on building your coping skills so that when stress does come, you can have different options and not feel railroaded into old behaviors.
3. **Cues or Triggers (people, places and things):** This is something that many will claim to know but few can disassociate from. There is clear evidence that the brain becomes conditioned, both biologically and psychologically. When environmental cues appear old neural pathways light up and the brain is triggered to crave the substance. For example, a patient of mine had been in the habit of injecting heroin in a Dunkin Donuts bathroom. He is a year sober now but still tells me that even now, each time he enters a Dunkin Donuts, he actually senses a physiological craving for heroin.

PHASES OF CHANGE

I find that addicted persons move through similar stages toward recovery. At first, the patient may not even think about his or her addiction but more or less enjoys it and has no interest in upgrading his or her life. In this stage the counselor offers empathy, warmth, genuineness, and staying in the moment with the patient by joining him or her in a resolve to get better. As the resistance to

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healing weakens, the counselor encourages her or him to think about and weigh the wins and losses of her or his actions. What are the pros and cons of being clean and dry? What would life be like when finding oneself in touch with a life-vision and achieving rewarding goals? What will happen if you don't stop using?

In weighing things over, the addicted person may be ambivalent about change but closer to change than earlier just by virtue of stopping to evaluate his or her behavior. I remind them of their gifts and talents that for now lie sleeping and dormant, waiting to be reawakened. I do this with some force yet in a kind and caring manner and by now the addicted person may have on some level committed to change. Resistance may still hamper action but thoughts are deepening toward resolve.

One client of mine stopped using his drug for two weeks and had a rehab bed reserved for him. His family brought him in to speak with me because he was still hesitant and felt that he could handle sobriety alone. I got through to him in the simplest way by making clear that the more time he had sober and the greater his repertoire of coping skills, the greater the likelihood he would stay drug and alcohol free.

I said he could go to rehab for three days and then decide if he wants to stay or leave but he complained that then his parents would want him to stick out the full twenty-eight days if he went at all. I told him that his family had agreed to his going for any amount of time — any step in the right direction! I wanted

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him to see that his parents were not roadblocks to his getting clean but that he was himself the roadblock. I further shared that I believed in him and in his ability to change. Still, he fought starting rehab the next day. I encouraged him to take it one day at a time and that he needn't make a decision this very moment.

I closed our session with a question: "So if you go and use again, then do you think it will be time to go to rehab?" He said, "I don't know." He was not ready to take the advice about rehab — but I told him, "The choice is yours and if and when you need support, I'll be here for you."

So, despite his resistance to rehab, he did agree to go to an outpatient recovery program three days a week. After this session, his mother said to me, "I guess that didn't make much of a difference?" I told her that I'd planted many seeds good and deep, seeds he might not forget overnight, that we'd see which ones take hold and that getting and keeping sober a twenty-year old can be complicated. What's more he may be headed in the right direction: He *did* agree to outpatient care and that's meaningful in that he admits at least partially that he has a problem.

He eventually had to leave his house as his parents told him he would not be allowed to live there as long as he was getting high. He moved down South and after some jail time and living on the street made his way back home. He still struggles with his addiction but his mother tells me that his periods of abstinence have grown. No matter how hard *I* work with a person, he or she nonetheless has

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to fight through a troop of phantoms and false ideas before he or she wants to get sober more than anything else on earth.

Once the addicted one has thought about and prepared to take action, the real work begins. For three-to-six months the newly abstinent person now starts to practice a new self-awareness. I help him or her build skills to deal with challenges and feelings of guilt and anxieties about what's ahead. In this mid-repair phase, the addicted person or alcoholic shows recommitment to his or her life. I confirm one's progress and shore up the new strengths sobriety brings. .

I find that some can move through the steps of recovery with unexpected urgency once self-understanding breaks through and hope rises that this may be a lasting state. I always encourage building a support system of others in recovery and make clear that a relapse can come on — like a thief in the night.

PREVENTION

A common question from parents is, “What can we do to make sure that our child doesn't end up using drugs or alcohol?” The best thing they can do, I tell them, is to **spend time with their children**. The study below shows us that merely having dinner together as a family lowers the level of substance use in adolescents.

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	0-2 Family Dinners per week	5-7 Family Dinners per week
Alcohol	47%	30%
Cigarettes	26%	10%
Marijuana	25%	8%
Prescription Drugs	7%	2%
Other Drugs	7%	2%

**PERCENTAGE OF 12-17 YEAR OLDS WHO HAVE USED
SUBSTANCES⁴**

I don't mean Dad should hover over the child while he or she surfs the web. What a child needs are supportive parents on whom the kid can dump the weird turns of adolescence and gain a sense of safety from parental wisdom. But

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let's be frank. Adolescents often see their parents as out of touch with stuff here and now. A good thing, even so, is to offer and somehow engage the child into heart-to-heart talks that both parent and child may find rewarding. Perhaps the child can help resolve a problem — say about a new issue in your life you are not sure about and in fact have some anxiety about. “What do you think I should do?” “What would *you* do?” “Do you ever have feelings like this?”

One way to go about this is first to reveal something about oneself, such as problems at work or social problems. I want to encourage the reader to stay away from self-disclosure of drug use as this will unnecessarily complicate the task at hand. If your child insists on discussing your past drug or drink use, share from a place of leadership and not a rite of passage. A leader would talk about the cons of drug and drink use and avoid glorifying past short-lived experiences.

Growing up is a roller coaster without handlebars especially in today's money-based society. Young folks need help — and guidance if you can put the right face on it. Earning the family income can cut short time with the kids. Some parents work two jobs to put food on the table. Sometimes parents commit to “the next best thing” — to satisfy their lusts they absent themselves more and more from the kids. Doing better means you have to put the kids first, if you can bring yourself to it.

One needs time with friends, perhaps a Friday or Saturday night. But if this is every Friday *and* Saturday night with an added weeknight tossed in for

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bridge or bowling, the scales are tipped and the kids learn that friends and fun rate higher with you than family. Is that the message you want sent to your kid? Is it too great a sacrifice to be less self-centered?

It is a wise parent who is aware of his kids' friends and speaks up about the bad apples. If your gut flips about one of your children's friends, explore your intuition. A poor choice in friends can often lead to early drug use. The younger the person first smoking marijuana or drinking his first beer bong, the more likely that a habit will take hold. Often, though, those who reach twenty-one without using drugs or drink are less likely as an adult to form an addiction⁵.

The best one can do who struggles with a youngster already substance dependent is to get the youth into treatment. Some treatment works better than no treatment. You must prompt them to get into and stay in treatment, both of which can be hard. They will resist you but keep in mind that once they turn eighteen you may have little say. Waiting to address the problem will not make it go away and carries great risk. **An intervention requires loved ones to have that heart-to-heart talk I spoke of and may bring a heaven-sent shot at change.**

FAMILY DYNAMICS AND ADDICTION

Some parents come down hard on their kid, call the kid a loser or slut, and point out the youth's gift for failure. This only leads to more bad actions and hinders recovery. Other parents at times even belittle their young for getting clean and dry. One of my patients while in his sixth month of recovery, after a six-year

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drug habit, tells me that his mother reminds him of all his past poor choices even though he shares with her that this only weakens his resolve. She wants him to slip? That can't be true. Why would she, especially with the youth engaged in treatment?

This leads us to the issue of self-identity within a family system. Each family member has a role within the system. An illness in one member over a long period affects the roles of other family members. An addicted person in the family has parents “whose kid is always getting in trouble.” Once the child becomes abstinent, it changes the identity and roles for everyone in the family system.

So when the young adolescent/adult achieves a sober state, the role and identity of each family member changes. This provokes anxiety and unconscious resistance by family members and often leads to a celebration when the young adolescent/adult first gets clean and dry but then the family goes through imbalances and meets forces that want to stay at the “set point” — or at a place all have become used to. The system wants predictable behavior with the least possible anxiety. It wants roles and identities to stay where they are because the possibility of change brings anxiety and discomfort. A new family set point eventually arises — but not quickly.

One significant reason the mother of my client above belittled his sobriety is because of the deep anxiety she felt about his change of identity as a

result of her son's new and long awaited sobriety. I don't suggest that this happens in every family. But family members of a person recovering need to keep in mind these forces that are out-of-awareness (unconscious).

QUITTING

Quitting is not easy. Many forces want to suck you back into the old habits. Most important to recovery is to be in treatment and / or a fellowship. Going at it alone is ignorant and is unlikely to yield long-term sobriety. The addicted person has to re-train his neural pathways with a pleasure you do not smoke or drink.

Coping skills arise from a support network you can turn to with a phone call when unwanted feelings have you wanting to run. Why did you drug or drink in the first place? Knowing this can save you from faltering. If you have worked the recovery end of sobriety, you'll have some insight as to why and what you're running from. The exact answer(s) may take years to name — something heart-deep was missing in you or at least you thought something was missing and you're a fake. Perhaps you never felt you were worthy enough and now your feelings of unworthiness reemerge. In others, relapse may be triggered by biology alone.

In preparing to quit, decide on a quit date while you begin to cut down on the booze, drugs or whatever your vice is. Find out what where and when support group meetings take place in your area. Get connected with a treatment center, even if only as a resource. If you slip, get back up fast as possible. If you can't

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do it alone — go to an in-patient detoxification unit. If that doesn't do it, go to a rehab for a stay. If you don't know what to do and feel helpless, call 911 and ask for help.

LAST THOUGHTS

Some will find the way out alone while others will stay stuck and unable to find sobriety. Addiction has a biological base even though it begins with conscious choices. An unfulfilled mind gathers onto itself the whole deck of reasons for staying sick. A fulfilling life without drugs or alcohol does exist. You will not find it overnight. You will never find it buddying with active drug users and drinkers — those hindered from fully living in the flow of purpose and meaning! What's really nice is to know some people who can tell you, "Look! We have come through, you can do it."

The good thing about addiction is that recovery can lead to a second chance at life, a life empowered by a wind in its sails never before known by the addicted person. The fantasy that somehow life will be better with the substances on board is just that, a fantasy. If you examine it carefully, the euphoria that does come with the substance abuse or dependence lasts maybe for the first 20-30 minutes of the high. It's all downhill from there.

For some abstinence may be enough to pull them out of substance dependence. Abstinence without psychological insight is a good start and alone can ground the addicted person. Yet, slips come like that thief in the night — but

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there is much wisdom around to help keep that thief out of your house.

Treatment works. Help is available. GET SOME HELP! If left untreated, the unconscious mind may leave a back door or window unlocked for a thief to sneak in and rob you once again.

¹ Wasting the Best and the Brightest: Substance Abuse at America's Colleges and Universities; (March 2007) National Center on Addiction and Substance Abuse at Columbia University

² Volkow ND, Fowler JS, Wang GJ, Baler R, Telang F. *Neuropharmacology*. (2009) Imaging Dopamine's role in Drug Abuse and Addiction; 56 Suppl 1:3-8. Epub 2008 Jun 3. Review.

³ Principles of Drug Addiction Treatment: A Research Based Guide (Second Edition) NIH Publication No. 09-4180 Printed October 1999; Reprinted July 2000, February 2008; Revised April 2009

^{4, 5} Califano JA, *How to Raise a Drug-Free Kid, The Straight Dope for Parents* (Fireside; A division of Simon and Schuster. Inc., 2009)

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