

Section 1

*W*hat are the Signs and Symptoms
of Chemical Dependency?

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*Spiritual growth results from absorbing and digesting
truth and putting it to practice in daily life.*

-White Eagle

Section Topics

Section 1: What are the Signs and Symptoms of Chemical Dependency?

1. What is an Alcohol and Other Drugs Problem?	22
2. What is Binge Drinking?	27
3. What is Alcohol and Other Drugs Abuse?	31
4. What is Alcohol and Other Drugs Dependency?	34
5. What are Negative Consequences of Using and Abusing Alcohol and Other Drugs?	37
6. What is Meant by Preoccupation with Alcohol and Other Drugs?	40
7. What is Meant by Denial?	44
8. What is Meant by Loss of Control?	47
9. What is Meant by Tolerance?	51
10. What is Meant by Withdrawal?	54
11. What is Relapse?	58

The information in this book is provided for the sole purpose of informing the reader. The information provided in this book is not intended to be a substitute for a healthcare provider's consultaion. Please consult your own physician or appropriate healthcare provider about the applicability of any opinions or recommendations with respect to your own symptoms or medical conditions.

1) What is an Alcohol and Other Drugs Problem?

Dear Dr. Steve:

I need you to help me get my wife off my case. She's gotten it into her head that I'm an alcoholic and has made my life a living hell as a result. She's moved out and taken my two daughters with her. She says she won't let me see the kids until I do something about my "problem." I put that in quotes because I don't believe I have a drinking or drug problem. Sure, I like to occasionally get high so I smoke a little pot. It loosens me up after a hard day at work or allows me to be a little more spontaneous with friends. I've been known to use coke every once and awhile, but really I think she's just overreacting. It's not like I go into withdrawal when I haven't used it for awhile. I don't drink that often or that much and when I do it's only beer. Compared to some of the guys I work with, I'm a teetotaler. How can I convince my wife that she's wrong about my alcohol and drug use?

Although it's true that not all people who drink and drug are alcoholics or drug addicts, it's also true that you don't have to be an alcoholic or a drug addict in order to have a problem with alcohol and other drugs. So let me clarify for you what an alcohol and other drugs problem is.

An alcohol and other drugs problem is a condition that exists when an individual continues to use alcohol

and other drugs despite experiencing adverse consequences to one's financial, legal, occupational, familial, interpersonal, emotional, psychological, physical, and/or spiritual well-being as a result. Examples of this would be:

- 1) *Physical health* e.g., withdrawal syndromes, liver disease, TB, neurological disorders, immune system problems, gastrointestinal problems, anemia
- 2) *Psychological functioning* e.g., impairments in cognition, changes in mood and behavior
- 3) *Interpersonal functioning* e.g., impaired social relationships, relationship problems, family problems, inability to get along with co-workers, child abuse
- 4) *Occupational functioning* e.g., problems at work or school, unemployment
- 5) *Legal* e.g., DWI, arrested for criminal behavior related to sustaining alcohol and other drugs use
- 6) *Financial* e.g., overextended credit, inconsistent job history leading to insufficient income, bankruptcy
- 7) *Spiritual* e.g. alienation from Self, others and divine creator

Alcohol and other drugs problems exist on a continuum of severity ranging from occasional binge drinking to alcohol and other drug abuse to alcohol and other drug dependence (alcoholism or drug addiction).

Binge drinking is one type of problem drinking most often engaged in by young people in the 18-21 year old age range. Within this age group binge drinking is more prevalent among college students than non-students. Binge drinking can be defined by the consumption of five or more drinks at one sitting for males and four or more drinks at one sitting by a female. Common consequences of binge drinking are: 1) damaged property, 2) trouble

with legal authorities, 3) hangovers, and 4) injuries to one's physical being.

Alcohol and other drug abuse is another type of alcohol and other drug problem. Alcohol and other drug abuse occurs when an individual continues to drink and drug despite the knowledge that drinking and drugging causes them recurrent and significant occupational, interpersonal, legal, emotional, and behavioral problems. Typically problems from alcohol and other drug abuse manifest themselves as absence from and/or impaired performance at work or school, neglect of parental responsibilities, and legal and/or financial problems.

Alcohol and other drug dependence or alcoholism and drug addiction is a primary, chronic, progressive, and often times fatal disease that is prone to relapse. Alcohol and other drug dependence or alcoholism and drug addiction has a generally predictable course, recognizable symptoms, and is influenced by a complex interplay of genes, psychological factors such as the influence of family members and friends, and the effect of culture on drinking behavior and attitudes. Signs of alcohol and other drug dependence are a strong need to drink and drug despite repeated social or interpersonal problems such as losing a job or deteriorating relationships with friends and family combined with these symptoms:

Neglect of other activities: Important social, occupational, or recreational activities are given up or reduced because of alcohol and other drug use.

Excessive use: Alcohol and other drugs are consumed in larger amounts over a longer period than intended.

Impaired control: Ongoing, unsuccessful efforts to cut down or control alcohol and other drug consumption.

Persistence of use: Alcohol and other drug consumption is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely caused or exacerbated by the consumption of alcohol and other drugs.

Large amounts of time spent in alcohol related activities: A great deal of time is spent in activities necessary to obtain, use, or recover from the effects of alcohol and other drugs.

Withdrawal: Withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety when alcohol and other drug use is stopped after a period of heavy drinking.

Tolerance: The need for increasing amounts of alcohol and other drugs in order to feel its effects.

A diagnosis of alcohol and other drug dependence or alcoholism and drug addiction can be made when at least three of the seven symptoms listed above have been present within the last year. As I said above, you don't have to be an alcoholic to have an alcohol problem or a drug addict to have a problem with alcohol and other drugs. Remember one thing. For those who do have a problem with alcohol and other drugs, the problems tend to get worse over time and can grow into alcohol and other drug dependence or alcoholism and drug addiction.

I suggest you consult a qualified healthcare provider to help you make the most informed decision about your consumption of alcohol and other drugs. The evaluation may include a behavioral and/or medical evaluation.

The behavioral evaluation focuses on the history of an individual's drinking and drugging, the pattern of one's drinking and drugging, the circumstantial and environmental stressors related to one's drinking and drugging,

the interplay between one's interpersonal world and their drinking and drugging, as well as the individual's attitudes and beliefs about their drinking and drugging.

The medical evaluation focuses on the physical well-being of an individual and determines the presence of physical markers that are signs and symptoms of alcoholism.

Alcohol and other drug problems which do not involve physical dependence can be treated through interventions such as education, counseling, and a reduction in the amount of alcohol consumed on a regular basis. A variety of treatments exist for alcohol and other drug dependence including self-help groups, medication, detoxification, and rehabilitation on either an in-patient or out-patient basis. Remember, in the end it only matters what you believe to be true about your drinking, for you are the only one who can do anything about it.

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional and spiritual development.
- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.
- 3) Alcohol and other drug problems exist on a continuum ranging from binge drinking to alcohol and other drug abuse to alcohol and other drug

dependence.

- 4) Alcohol and other drug problems are not measured by how much or how often one drinks or what type of alcohol one drinks, but by the consequences of one's drinking. The best way to determine whether you have an alcohol and other drug problem is to be evaluated by a qualified professional.
- 5) There are different modalities of treatment available, depending on the nature and severity of one's alcohol and other drug problems.

G.B.U.

Steve

2) What is Binge Drinking?

*D*ear Dr. Steve:

I'm concerned about my nineteen-year old son. He's a freshman in college. He recently was arrested for underage drinking on campus. This is his fourth alcohol related arrest in the last two years. First he was arrested for disorderly conduct at a frat party. Next he was arrested for attempting to steal a case of beer from a convenience store. A third time he was arrested for a DWI. He insists that he doesn't have a problem with alcohol because he doesn't drink that often. I agree, he doesn't drink that often. He lives at home and it's easy to tell when he's under the influence of alcohol. However, I insist that he does have a problem with alcohol because the

times that he does get into trouble are the times when he's under the influence of alcohol. What do you think?

I agree with you. You don't have to be an alcoholic to have a problem with alcohol. You don't have to drink everyday to have a problem with alcohol. The criteria I use to determine whether somebody has a problem with alcohol and other drugs is the following: Does a person continue to drink despite experiencing adverse financial, legal, social, occupational, and interpersonal consequences from their use of alcohol and other drugs?

There are three types of alcohol and other drug problems that we focus on: 1) binge drinking, 2) alcohol and other drug abuse, and 3) alcohol and other drug dependence. For the sake of what may be relevant to your son's drinking, let's discuss binge drinking.

Binge drinking is defined as the consumption of five or more drinks in a row on at least one occasion. Binge drinking may result in an overdose of alcohol or alcohol poisoning—a medical emergency that requires immediate medical attention. Binge drinking increases the risk for alcohol-related injury, especially for young people, who often combine alcohol with other high-risk activities, such as impaired driving. According to the Centers for Disease Control and Prevention, the four leading injury-related causes of death among youths under age of 20 are: 1) motor vehicle crashes, 2) homicides, 3) suicides, and 4) drowning. Alcohol is involved in many of these deaths.

While national surveys have documented a significant decline in the use of other drugs by high school seniors and college-age youths, there have been only modest

declines in the numbers reporting binge drinking. In national surveys about a third of high school seniors and 42 percent of college students reported at least one occasion of binge drinking within the previous 2 weeks. Binge drinking increases the risk for alcohol-related injury, especially for young people. Researchers from the Harvard University School of Public Health published survey results from a study of 17,600 students at 150 colleges and universities. Among the findings:

- 1) 44 percent of students binge drank during the two weeks preceding the survey. (For men, binge drinking is defined as consuming five or more alcoholic drinks in a row; for women, four drinks in a row)
- 2) Half of binge drinkers reported at least three episodes of binge drinking within a two-week period.
- 3) Among men, 62 percent of frequent binge drinkers reported driving under the influence of alcohol at least once; for women, the figure was 49 percent.
- 4) Students in fraternities and sororities were four times more likely to binge drink than other students.

Binge drinking can produce serious consequences and undermine student success. According to the Core Institute at Southern Illinois University, 29 percent of college students surveyed complained that drinking on campus interrupted their studying. Sixty-four percent of students who experienced physical violence were under the influence of alcohol at the time. Among students who experienced unwanted sexual intercourse, 79 percent had been drinking.

Sexual encounters with their inherent risks of pregnancy, sexually transmitted diseases, and HIV exposure,

as well as date rape and other violence, can and do occur more frequently while students are consuming large amounts of alcohol.

Your letter provides significant evidence that your son does have an alcohol and other drug problem. However, it is critical that you seek the informed opinion of a qualified healthcare provider.

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional and spiritual development.
- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.
- 3) Educate your child about the dangers of binge drinking.
- 4) Have your child evaluated by a qualified healthcare provider.
- 5) Consult with a qualified healthcare provider about a plan of action necessary for helping your child deal with his alcohol and other drug problems.
- 6) Attend Al-Anon meetings so that you can learn as much as possible about how family members can cope with a family member who has an alcohol and other drugs problem.

3) What is Alcohol and Other Drugs Abuse?

*D*ear Dr. Steve:

I was recently referred to my Employee Assistance Counselor by my supervisor. In my written referral to the Employee Assistance Counselor she wrote that there has been "a sharp increase in absenteeism, a pattern of returning from lunch late at least once a week and leaving work early on paydays, a decline in production output, an increase in production of waste materials, and a noticeable decline in how well I get along with my co-workers." I told my counselor my supervisor has it in for me. She watches me like a hawk and pounces on every mistake I make. I have an explanation for every time I've missed work—explanations my wife can verify. I think my supervisor is trying to get one of her "friends" transferred to our team, but to do so, she has to first get rid of me. It's clear to me that she and my Employee Assistance Counselor are trying to make me out to be some kind of an "alkie," which I'm not. I function just fine. I have a full-time and a part-time job. I pay my bills on time. I raise my children. In fact, when it comes to alcohol, I can take it or leave it. There's no way I'm an alcoholic. How can I get her off my case?

You can have a problem with alcohol and other drugs without being diagnosed as an alcoholic. It is pos-

sible that you abuse alcohol and other drugs without being physically and/or psychologically dependent on them. Alcohol abuse is the continued use of alcohol and other drugs despite experiencing adverse interpersonal, emotional, behavioral, occupational, legal, and/or spiritual consequences as a result of your drinking and drugging. So let me answer your question with a question of my own. Do you continue to drink and drug despite:

- 1) Experiencing adverse consequences to your financial, legal, occupational, familial, interpersonal, emotional, psychological, physical, and/or spiritual well-being as a result of your drinking and drugging?
- 2) Your friends, workmates, and/or family members experiencing adverse consequences to their financial, legal, occupational, familial, interpersonal, emotional, psychological, physical, and/or spiritual well-being as a result of your drinking and drugging?

If you answered yes to one or both of these questions, it's safe to say at the very least that you abuse alcohol and other drugs.

There are two important points for you to consider. First, I asked you whether or not alcohol and other drugs are a problem for you based solely on whether or not you continue to drink and drug despite experiencing adverse consequences as a result of your drinking and drugging. For instance, do you continue to drink despite getting a DUI, being written up at work for drinking, being warned about losing your job if certain behaviors continue, suffering health problems caused, or inflamed by repeated use of alcohol and other drugs, being told not to mix certain prescriptive drugs with alcohol and/or other prescriptive drugs, the realization that your drink-

ing and drugging is inflaming an interpersonal situation with family, friends, and/or work place relationships?

Simply put, alcohol abuse can be determined by evaluating specific, concrete, empirical, measurable data—namely, the adverse consequences of your drinking and drugging and the continued use of alcohol and other drugs despite those adverse consequences to your legal, financial, occupational, interpersonal, physical, emotional, psychological, and spiritual well-being.

My second point is to be inferred from what I did not ask you. I did not ask how much and how often do you drink and drug. The point I want to make in doing so is that alcohol and other drug abuse is not measured solely by how often and how much one drinks but by what happens as a result of one's drinking and drugging.

For the sake of emphasis and at the risk of being redundant, you are abusing alcohol and other drugs if you continue to drink and drug despite experiencing adverse consequences that occur as a result of your drinking and drugging. Adverse consequences can occur whether you infrequently drink and drug small quantities of alcohol and other drugs, or you frequently drink and drug large quantities of alcohol and other drugs.

It is best that a qualified healthcare provider make the appropriate evaluation of your drinking and drugging.

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional and spiritual development.
- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependen-

cy, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.

- 3) Learn as much as you can about the disease of alcoholism and drug addiction.
- 4) If you do have a problem with alcohol and other drugs, contact a qualified healthcare provider to help you develop a plan for how to best treat it.

G.B.U.

Steve

4) What is Alcohol and Other Drugs Dependency?

Dear Dr. Steve:

Please help me help my brother. We've always been close. I'm concerned about what I see happening to him. In college, we both smoked marijuana regularly. It's been five years since we graduated. I gave it up long ago. But not only has he continued to smoke, over the years he's smoked with greater regularity. He insists that marijuana is not addictive, that he can quit anytime he wants, that I've always been an alarmist, etc. Can you advise me as to how to reach him?

One of the difficulties in recognizing alcohol and other drug dependence as a disease is that it just plain doesn't appear to be a disease. It doesn't look, sound,

smell, or act like a disease. To make matters worse, generally the person who suffers from the disease denies that it exists and resists seeking treatment. Below are six signs that suggest an alcohol and other drug dependency.

- 1) *Adverse Consequences.* All addictions are destructive to the individual. Directly or indirectly, one's drinking and drugging can destroy relationships, whether it be family, friends, or work. The health, job, self-respect, and reputation of the active addict and/or alcoholic can be destroyed.
- 2) *Absorbing Focus.* All addictions consume time, thought, and energy. They are not mere pastimes. They are obsessions and preoccupations that demand more and more from the person addicted.
- 3) *Loss of Control:* The inability to limit one's ingestion of a mood altering substance(s) on any given occasion.
- 4) *Increasing Tolerance.* A person needs increasing amounts of their drug of choice to maintain the same effect. Drug addicts need more crack to get the same high. Alcoholics need more alcohol to maintain the "buzz" that came so easily at first.
- 5) *Increasing Denial.* Denial is the mechanism that enables an individual to continue to drink and drug. Individuals in denial are convinced they can stop whenever they want. They learn to live in two worlds by becoming accomplished actors.
- 6) *Painful Withdrawal.* When an alcoholic or drug addict is unable to drink or use, they experience emotional and physical withdrawal. Angry outbursts, agitation, anxiety, panic attacks, tremors, and depression are all symptoms of withdrawal.

If you believe your brother exhibits most of the signs above, encourage him to contact a qualified healthcare provider so that his alcohol and other drugs use can be evaluated.

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional and spiritual development.
- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.
- 3) Contact a qualified healthcare provider.
- 4) Contact your local chapter of Alcoholics Anonymous or Narcotics Anonymous.
- 5) Read as much as you can about the disease of alcoholism and drug addiction, and recovery.
- 6) Your brother will need to learn how to integrate the Twelve Steps of Alcoholics Anonymous or Narcotics Anonymous into his life.

G.B.U.

Steve

5) What are Negative Consequences of Using and Abusing Alcohol and Other Drugs?

*D*ear Dr. Steve:

My daughter is twenty-seven years old. She's been wild her whole life. She started drinking at thirteen, and smoking marijuana at fifteen. Promiscuous sex has led to three abortions. She got married when she was nineteen and pregnant. She was divorced by age twenty-five. Her ex-husband divorced her because she wouldn't quit running the streets and settle down. Her husband now has sole custody of their six year-old daughter, because he was able to so thoroughly demonstrate how irresponsible and dangerous she was due to her alcohol and drug use. Her drunken binges coupled with extra marital affairs transformed her marriage from love and genuine affection into one of deceit, deception, and betrayal. She recently turned up positive for marijuana and cocaine on a random drug test performed at work. As it turns out this was the third time she's tested positive, and so she was terminated after having been suspended six months earlier for her second positive test result. If it weren't for me, she'd be homeless by now. I've given her more money than I care to think about. She tells me she needs it to pay the rent but I know where the money is going. She has a legal case hanging over her head—the charge being possession with the

intent of distributing. I don't see how she's going to avoid doing some kind of time for this offense. Despite all of this, my daughter refuses to seek treatment, insists that she can take it or leave drugs and alcohol and flat out doesn't have a problem.

Based solely on the facts recited in your letter, your daughter clearly has a problem with alcohol and other drugs. You list negative consequence after negative consequence your daughter has experienced as a result of her alcohol and other drug use. An alcohol and other drug problem by definition is continued consumption of alcohol and other drugs despite experiencing negative consequences to one's financial, legal, occupational, familial, interpersonal, emotional, psychological, physical, and/or spiritual well-being as a result of one's consumption of alcohol and other drugs. Examples of this would be:

- 1) *Physical health:* e.g., withdrawal syndromes, liver disease, TB, neurological disorders, immune system problems, gastrointestinal problems, anemia
- 2) *Psychological functioning:* e.g., impairments in cognition, changes in mood and behavior
- 3) *Interpersonal functioning:* e.g., impaired social relationships, relationship problems, family problems, inability to get along with co-workers, child abuse
- 4) *Occupational functioning:* e.g., problems at work or school, unemployment
- 5) *Legal:* e.g., DWI, arrested for criminal behavior related to sustaining alcohol and other drug use
- 6) *Financial:* e.g., overextended credit, inconsistent

job history leading to insufficient income, bankruptcy

- 7) *Spiritual:* e.g. alienation from Self, others and divine creator

It is incredibly difficult to watch someone you love self-destruct before your eyes. The feelings of powerlessness your situation evokes can be overwhelming. There's an old saying, *When the student is ready, the teacher shall appear.* Although this offers little comfort in your current situation, there's little you can do until your daughter surrenders. Until then, the best thing you can do for you and your daughter is take care of yourself. Learn as much as you can about the disease of alcoholism and drug addiction, and about Recovery from friends and family members of people who have a problem with alcohol and other drugs. Attend Al-Anon meetings. See pages 212-213 for contact information.

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional and spiritual development.
- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books, *From Insanity to Serenity*. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.
- 3) Consult with a qualified healthcare provider in

order to assess and evaluate the extent to which you've been affected by your daughter's alcoholism and drug addiction.

- 4) Contact your local chapter of Al-Anon.
- 5) Read as much as you can about the disease of alcoholism, drug addiction, and recovery.
- 6) Meet as many people as you can at Al-Anon meetings.
- 8) Integrate the Twelve Steps of Al-Anon into your life.

G.B.U.
Steve

6) What is Meant by Preoccupation with Alcohol and Other Drugs?

Dear Dr. Steve,

I've been drinking and drugging since age fourteen. First it was a few beers on weekends with friends. Next, it was reefer. By age nineteen I was dealing reefer and cocaine to help pay for what I used myself. I'm now twenty-three. My life is about getting high, recovering from the four night binges, swearing I'll never do it again, and then hitting the streets so I can get more money to get high. All I think about is figuring out when and how I can get high next. I'm running so many schemes, shooting so many different angles, I can barely keep it all straight. The paranoia that all of the plotting and scheming creates is unbelievable. But no matter how

much I try and get out of the life, it keeps pulling me back in. I feel driven by something within me that isn't a part of me. Even when I don't want to, I keep going back out for more. It's on my mind day and night—being high, getting high, how to get over on whom-ever in order to stay high. I feel like I'm losing it, like I'm under some kind of mind control by an alien from a parallel universe.

One sign of chemical dependency is spending large amounts of time in activities necessary to obtain, use, or recover from the effects of alcohol and other drugs. This is because all addictions consume time, thought, and energy. They are not mere pastimes. They are obsessions and preoccupations that demand more and more from the person who uses alcohol and other drugs. The obsession and preoccupation with obtaining, using, and recovering from the consumption of alcohol and other drugs intensifies over time because:

- 1) As the disease of chemical dependency progresses, one experiences an impaired ability to control their consumption of alcohol and other drugs. Impaired control leads to the increased consumption of alcohol and other drugs.
- 2) As the disease of chemical dependency progresses, tolerance for alcohol and other drugs consumed increases. This leads to the increased consumption of alcohol and other drugs to achieve the desired effect.
- 3) As the disease of chemical dependency progresses, the onset of withdrawal begins. This leads to the

increased consumption of alcohol and other drugs to prevent the onset of withdrawal.

- 4) As the disease of chemical dependency progresses, mental obsession—a thought process over which one has no control—develops. This mental obsession creates a physical compulsion to consume alcohol and other drugs.
- 5) As the compulsion to consume more alcohol and other drugs is satisfied, impaired control over the consumption of alcohol and other drugs as well as physical dependence (increased tolerance and onset of withdrawal symptoms) develops and/or increases. This leads to the increased consumption of alcohol and other drugs.

These five factors combined explain the web of chemical dependency in which an individual becomes ensnared. As a practical and logistical matter, once an individual becomes entrapped by: 1) impaired control over consumption of alcohol and other drugs, 2) the mental compulsion to consume alcohol and other drugs, and 3) the physical addiction that fuels the continued consumption of alcohol and other drugs, they must necessarily spend more time planning when and how to get more alcohol and other drugs, spend more money on alcohol and other drugs, spend more time in the acquisition of money to buy more alcohol and other drugs, and expend more mental energy to ensure that they are not caught in the activities required to continue consuming alcohol and other drugs.

The way out of this vicious circle of self-destruction is total abstinence from all mood altering substances. If you are unable to quit by yourself, consider seeking treatment

for your condition. Contact a qualified healthcare provider who can help you assess and evaluate the extent of your problem and the treatment necessary to help you manage it. Contact Alcoholics Anonymous or Narcotics Anonymous to find the time and place of support group meetings in your community. See pages 212-213 for contact information.

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional and spiritual development.
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- 3) Contact a qualified healthcare provider.
- 4) Contact your local chapter of Alcoholics Anonymous or Narcotics Anonymous.
- 5) Read as much as you can about the disease of alcoholism and recovery.
- 6) Meet as many people as you can at Alcoholics Anonymous or Narcotics Anonymous meeting.
- 7) Integrate the Twelve Steps of Alcoholics Anonymous or Narcotics Anonymous into your life.

G.B.U.

Steve

7) What is Meant by Denial?

Dear Dr. Steve:

Never have I met anyone as pigheaded as my brother. I've tried every way imaginable, but I can't get through to him. His life is crumbling around him. Everyone sees it but him. No matter how I try to get him to deal with the facts of his drug use, he has an uncanny ability to sidestep the truth. Does he just not care? Is he just stupid or is his head buried too deeply in the sand to even notice?

There is nothing more frustrating than banging one's head against the brick wall known as denial. Denial enables a person to continue using despite negative consequences and failure to recognize the overt and covert changes in his or herself. It's been said that chemical dependency is the only disease that tells you that you don't have a disease. The chemically dependent individual wants to hold onto the belief that drinking and drugging is the solution, not the problem, and that their alcohol and other drugs still work. Alcohol and other drugs use may temporarily provide relief from some problems, but it always results in generating new, more serious problems. Denial allows addicts to hold onto such ideas as:

- 1) Their drug use isn't contributing to, or responsible for, the problems in their lives.
- 2) Their drug use isn't that bad or causes them to compare themselves to someone else or a stereotypical image of an addict.
- 3) They can quit anytime they want.

- 4) They can handle it.

This self-deception becomes deeply entrenched as the chemically dependent individual seeks to capture what alcohol and other drugs once provided, protecting their right to continue using. Because denial is an ever increasing narrowing of perceptions, you can see how a narrowing of your brother's perceptions would make it difficult for him to fully comprehend the scope and breadth of the problem his alcohol and other drug use may be causing.

Denial presents itself in many forms, many of which I imagine you have already encountered. He may out and out deny that he has a problem with drugs and alcohol—he lives his life much like the three monkeys who see no evil, hear no evil, speak no evil. He may minimize the severity of his drinking and its impact on him and others. He may rationalize his drinking by creating alibis, justifying, and/or making excuses. For example, he drinks as a way of relaxing or to fit in with his peer group or workplace. He may blame others as a way of justifying his drinking—blame an unreasonable boss, a wife who doesn't understand him, children who don't respect him. He may lie to hide the extent of his drinking. There is nothing more frustrating than dealing with the intellectualization of a person in denial—the avoidance of the truth by dealing only with generalizations or theories. Is your brother an expert at deflecting the subject of his drinking every time you bring it up?

As the disease of chemical dependency progresses and his drinking begins to cause more problems in his life, what you're experiencing first hand is how your brother's denial increases as well. Despite the fact that his life is spinning out of control, despite the problems that his drinking may be causing him, he continues to deny that

the current circumstances of his life have any connection to his drinking and drugging.

At the same time, his acts of denial—whether they be lying, hiding, keeping secrets, or just refusing to discuss his drinking—is evidence of how troubled he is deep down inside about his drinking. Your brother is covering up because at some level of his being he is aware that there is something different or wrong about him and his drinking. Somewhere inside he realizes that his drinking means more to him than he is willing to admit.

There's a saying that *You're only as sick as your secrets*. For your brother, only the rigorous honesty of Recovery can relieve him of the burden he has created by his denial and secretiveness.

As for you, only the admission that you are powerless over an alcoholic can return sanity to your life. Until you acknowledge that you are powerless and that your life has become unmanageable, your frustration will build as you attempt to dismantle the walls of denial, deceit, and blame that your brother has constructed. Your will is no match for the willfulness of an active alcoholic. Your sanity relies on your own admission of powerlessness.

Pathfinder's Checklist

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- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically depen-

dent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.

- 3) Read a copy of Al-Anon's handbook.
- 4) Go to an Al-Anon meeting.
- 5) Get yourself an Al-Anon sponsor.
- 6) Read Dr. Frisch's, Psy.D. columns about enabling and detaching with love.

G.B.U.

Steve

8) What is Meant by Loss of Control?

Dear Dr. Steve:

I'm so confused I don't know what to think. I'm convinced my wife is an alcoholic. We go round and round about this all the time. She says I worry too much, and that I can't point to anything that would prove she is an alcoholic. All I can say is, I know what I feel. Granted, she usually only drinks beer and wine. And I must admit, it's not as if she is rip roaring drunk every day. I can think of people who drink more than she does. But when she drinks, she's not herself. I never know what she'll do once she starts. She usually becomes offensive and embarrasses herself. When she sobers up she's remorseful, but she goes right ahead and digs the same holes the next time she

drinks—only to repeat the cycle of remorse and promises to never do it again. When we sit down to dinner who knows if she'll drink a few glasses of wine or the whole bottle. When we go on picnics, I'll suggest she stop after three beers, but she just keeps drinking. She's always the last to stop. I don't think it's an act of defiance. I think she just can't stop.

When evaluating whether or not an individual is chemically dependent, what one drinks, how often one drinks, and how much one drinks are not as relevant as other factors. More relevant factors include: 1) loss of control, 2) increased tolerance, 3) preoccupation with using, 4) withdrawal symptoms when individual stops consuming alcohol and other drugs.

What seems most relevant to your situation with your wife is loss of control. For most individuals, the consumption of alcohol and other drugs is a voluntary act. However, for some people, the consumption of alcohol and other drugs can cease to be a voluntary act when their ability to control their alcohol and other drug intake becomes impaired. Once this happens, they can no longer consistently limit how much or how often they will consume alcohol and other drugs. As a result of their impaired ability to control their alcohol and other drug consumption, they also are unable to control their behavior and the consequences of their behavior.

As an individual loses control over their alcohol and other drug consumption, they are unable to successfully:

- 1) Decrease or discontinue consuming alcohol and

other drugs.

- 2) Control when or how much alcohol and other drugs that they will consume.
- 3) Predict their behavior and the consequences of their behavior once they have consumed alcohol and other drugs.

Fear of loss of control is a given. To acknowledge that they've lost control over their consumption of alcohol and other drugs is difficult. To admit to loss of control begs even larger questions such as:

- 1) If I am not in control of my use of alcohol and other drugs, then who is?
- 2) If I can't regain control of my use of alcohol and other drugs, then I must accept that my addiction to alcohol and other drugs is chronic and therefore incurable.
- 3) What does it say about who I am as a person if I can't control my use of alcohol and other drugs?

To admit to having lost control over one's consumption of alcohol and other drugs is to admit to being powerless. The admission of powerlessness is often equated with weakness. To admit to being weak is to admit to being ineffectual, flawed, and perhaps morally reprehensible.

What an individual must understand is that the admission of loss of control means nothing about the quality of a person's character. Admitting to loss of control over one's consumption of alcohol and other drugs only means that an individual can't intend to:

- 1) Use a specific quantity of alcohol and other drugs and not exceed that amount
- 2) Use just enough to reach a desired state and not exceed that amount

- 3) Use for a specific time period and not exceed that time period
- 4) Spend only a specified amount of money on a substance and not exceed that amount
- 5) Use only what is not one's drug of choice without using their drug of choice as well
- 6) Quit tomorrow, without using again anyway

Chemical Dependency is a disease that, once established, cannot be overcome by exerting Herculean willpower in order to maintain self-regulated, healthy use of alcohol and other drugs for extended periods of time. This is because the disease is not solely a disease of quantity and frequency of use. It is a disease of loss of control and cannot be managed until the user acknowledges that they have lost control of their consumption of alcohol and other drugs. This requires that the illusion of control be revealed as just that—an illusion. Sadly, this often does not occur until the individual is brought to their knees and the acknowledgement of illusion of control becomes inescapable. This conclusion must be based upon accepting without reservation or qualification that one:

- 1) Has experienced a loss of control.
- 2) Is unwilling to control their use of alcohol and other drugs.
- 3) Is unable to control their use of alcohol and other drugs.

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional and spiritual development.

- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.
- 3) Consult with a qualified healthcare provider about alcoholism and drug addiction.
- 4) Educate yourself about the disease of chemical dependency.
- 5) Develop a plan to help your wife address the issues surrounding her alcohol and other drug use.
- 6) Develop a plan of self-care to help you cope with the affects of your wife's alcohol and other drug use.
- 7) Contact your local chapter of Al-Anon—a support group for friends and family of people who abuse and are dependent on alcohol and other drugs.

G.B.U.
Steve

9) What is Meant by Tolerance?

*D*ear Dr. Steve

Over the last 10 years I've noticed my sister drinks more alcohol more often than when we were in high school. Back then I could keep up with her. Now, she drinks me under the table. When I've had my fill, she's barely begun, though we will have had the same

amount. The following night, while I'm still hung over from the night before, she's ready to go back out there. What's most bizarre is that whereas I become incapacitated after my third drink, twice that amount barely fazes her. Am I just a wimp or is she superhuman?

You're not a wimp and your sister isn't superhuman. It seems that alcohol affects you the same way it affects most normal drinkers. At the same time, it's likely that your sister has developed an increased tolerance for alcohol.

What that means is, your sister's body has had to adapt to her chronic alcohol consumption. Tolerance means that continued consumption of a constant amount of alcohol produces a lesser effect and increasing amounts of alcohol are necessary to produce the same effect.

As you know, alcohol consumption affects behavior and interferes with many bodily functions. However, after a period of chronic alcohol consumption, the drinker often develops tolerance to at least some of alcohol's effects. Tolerance develops when an individual's brain functions adapt to compensate for the disruption alcohol causes in both their behavior and their bodily functions.

Chronic heavy drinkers display functional tolerance when they show few obvious signs of intoxication even at high blood alcohol concentrations, which in others would be incapacitating or even fatal. Because the drinker does not experience significant behavioral impairment as a result of drinking, tolerance may be an explanation for why an individual begins to consume increasingly more alcohol. This can result in physical dependence and alcohol-related organ damage.

Tolerance is a symptom of alcohol dependence. Do not ignore your concerns about your sister's drinking. Alcoholism is a progressive disease. You can be assured that your sister's drinking problem, if indeed she has one, will only worsen with time.

Pathfinder's Checklist

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- 3) Consult with a qualified healthcare provider about chemical dependency.
- 4) Educate yourself about the disease of chemical dependency.
- 5) Develop a plan to help your sister address the issues surrounding her alcohol and other drug use.
- 6) Develop a plan of self-care for yourself to help you cope with the affects of your wife's alcohol and other drug use.
- 7) Contact your local chapter of Al-Anon—a support group for friends and family of people who abuse and are dependent on alcohol and other drugs.

G.B.U.
Steve

10) What is Meant by Withdrawal?

Dear Dr. Steve:

Can you please help me with my husband? I can't go through this again. The last time he tried this he almost died. My husband goes through periods where he decides he's no longer going to drink. To his credit, he quits cold turkey and actually doesn't drink for a while. But the last time he tried quitting, something went horribly wrong. I had to rush him to the hospital. They told me that we almost lost him. He's at that point where he intends to quit again. I've begged him to see a doctor first to discuss his intentions. But he won't listen. Can you tell me why he would be better off quitting under the care of a doctor than by himself?

When somebody quits drinking after heavy consumption of alcohol over a long period of time, they are vulnerable to experiencing alcohol withdrawal syndrome, a set of symptoms people experience when they suddenly stop drinking after using alcohol for a long time. Symptoms include tremulousness, seizures, and hallucinations. Other signs of withdrawal include becoming hot, sweaty and flushed, and developing nausea with or without vomiting. When an individual experiences simple withdrawal, they may have a rapid heart beat (sometimes 100 beats per minute or more), elevated blood pressure, and/or may run a temperature. They may appear to have the flu. These symptoms typically present themselves

within 6-48 hours after the last drink.

More serious symptoms referred to as delirium tremens (DTs), involve profound DTs can be very serious if not treated by a doctor.

A second withdrawal syndrome is known as withdrawal delirium (also known as delirium tremens or D.T.'s). Think of delirium tremens as an exaggerated form of simple withdrawal. An individual experiencing withdrawal delirium gets physically sick, as described above, but will also become confused and disoriented. Confusion, hallucinations, and severe autonomic nervous system overactivity are the hallmark symptoms of withdrawal delirium. These symptoms typically begin between 48 and 96 hours after the last drink, if they present themselves at all.

Alcohol withdrawal delirium is a potentially life-threatening medical emergency. If your husband indeed has a history of withdrawal delirium, he is vulnerable to re-experiencing withdrawal delirium the next time he attempts to quit drinking. Insist that he be evaluated by a qualified physician before he attempts to quit drinking.

One more potentially life-threatening symptom of alcohol withdrawal is a seizure. Any chronic consumer of larger quantities of alcohol who attempts to quit drinking is at risk for experiencing seizures. Individuals who have previously experienced a seizure or suffered a head injury are at even higher risk. This is another reason your husband should consult his doctor before attempting to quit drinking without medical monitoring.

Your husband's doctor needs to know: 1) your husband has a drinking problem (if he doesn't already know), 2) your husband experienced a near fatal episode the last

time your husband tried quitting (if he doesn't already know), 3) the current overall physical well-being of your husband so as to decide whether to medically detox your husband on an inpatient or outpatient basis, 4) your husband's doctor needs to decide how closely your husband needs to be monitored as he withdraws from having alcohol in his blood system.

The goals of treatment are to treat the immediate withdrawal symptoms, to prevent complications, and to begin long-term preventive treatment. Immediate treatment involves symptom relief, constant observation, and frequent monitoring of physical functions and condition. Hospitalization is often required. Heart function, respiratory function, and general physical condition are monitored by frequent measurements of vital signs (temperature, pulse, rate of breathing, blood pressure) and fluids and electrolytes (chemicals in the body such as sodium and potassium).

Symptoms may progress rapidly and become an emergency condition. Central nervous system depressants and sedatives may be required, often in moderately large doses, to reduce symptoms. Treatment may require maintenance of a moderately sedated state for a week or more until withdrawal is complete. Benzodiazepine medications such as diazepam are often useful to reduce symptoms. Clonidine may reduce cardiovascular symptoms and helps reduce anxiety (this medication is commonly used for symptoms of narcotic drug withdrawal).

Because your husband has experienced withdrawal a number of times without getting the right treatment, he is at risk for his symptoms to worsen. Because of the near fatal outcome of his last withdrawal, it's more important than ever that he see his doctor before attempting to quit

again. You didn't mention whether he has any other existing medical conditions, but if he does have an existing medical condition(s) such as infections, heart, lung, liver and/or kidney disease, and/or a history of seizure, it's critical that he see a doctor.

You have a role in the management of your husband's withdrawal. If the decision is made to detox your husband on an outpatient basis, it's helpful that he have a quiet, safe place to stay until the withdrawal is over. As your husband withdraws, his urge to drink may become very strong. Being in a safe, supportive environment can make all the difference if he develops a strong desire to drink. Once the withdrawal symptoms subside, it's important that he take advantage of having quit by enrolling in a treatment program or attending a support group such as A.A.

Pathfinder's Checklist

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- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.
- 3) People who consume large quantities of alcohol over a long period of time are at risk for experiencing alcohol withdrawal syndrome if and when they decide to quit drinking.

- 4) People can experience mild discomfort such as nausea or potentially fatal symptoms such as a seizure.
- 5) Anybody who has consumed large quantities of alcohol over a long period of time should consult a doctor before attempting to quit drinking.
- 6) A doctor can manage the symptoms of alcohol withdrawal syndrome through use of medications.

G.B.U.

Steve

11) What is Relapse?

*D*ear Dr. Steve:

I am so angry with my son I can hardly see straight. Three inpatient treatment programs and \$45,000 later, he's still drinking and drugging. I've been to all of the lectures. I've sat in on more family sessions than I care to remember. I've been told countless times by very nice people that my son has a disease, that he's not to be blamed, and that there are no guarantees. Anytime I press for hard answers as to why he walks out of a treatment program and goes straight to his dealer they tell me I have to *let go and let God*. That's all fine and well. But five years after the fact, my son can't stay straight for more than six weeks at a time. And then it's back to the same old thing—lots of good intentions, followed by lots of empty words, fol-

lowed by broken promises, unpaid bills, and eviction notices, followed by some emergency room crisis, followed by my wife and I putting my son back in rehab, followed by short periods of abstinence, followed by lots of good intentions... Why can't he just quit?

You deserve an answer to your question. However, I'm afraid the complexities of the answer still won't be enough to lessen the hurt and fear that is overwhelming you. Factors that contribute to relapse are as many and varied and interrelated as the strands of metal that are woven together to make a cable wire. In this column, I'll address only one aspect of what contributes to relapse: the unique stressors that confront somebody in their first year of attempted abstinence. Those stressors are: 1) protracted withdrawal, 2) safely facing the emerging facts and awakening feelings about one's life, 3) internalizing an identity that acknowledges one's inability to control their drug and alcohol intake, 4) mastering a series of life skills that support the newly abstinent individual's choice of sobriety.

As you know, chemical dependency is a primary, chronic, progressive disease that is prone to relapse. Although a recovering alcoholic and drug addict will always be vulnerable to relapse, people in their first year of abstinence are particularly vulnerable to relapse. There are physical and psychological reasons that people are especially vulnerable to relapse in their first year of abstinence. One reason has to do with the phenomena of withdrawal. Although symptoms from the acute withdrawal from alcohol and drugs manifests themselves for a

relatively short period once an individual has become abstinent, there is another phenomena that an abstinent individual must contend with. That phenomena is called protracted withdrawal. The period of time that protracted withdrawal affects an abstinent individual varies from individual to individual. Some of the variables that affect how long someone is vulnerable to symptoms of protracted withdrawal are frequency, duration, and types of drugs an individual used. The reason that protracted withdrawal makes an individual vulnerable to relapse is because of the physical and emotional effect it has on that individual.

You can see how protracted withdrawal may make someone vulnerable to relapse. Most people, once they go through the initial pain of withdrawal, believe they should feel as good as new. However, if an individual doesn't feel that way, they're vulnerable to disappointment, resentment, and disillusionment. If they don't take time to factor in the phenomena of protracted withdrawal and if they haven't developed the necessary skills of abstinence, they are prone to medicate their discouragement with drugs and alcohol. Their old way of thinking may kick in and they'll justify taking a pill that will finally allow them to sleep or help them feel re-energized. Or their discouragement will get the best of them, so they give up altogether and go back to drinking and drugging.

In addition to protracted withdrawal, there are other stressors that people new to abstinence are particularly vulnerable to. Awakening feelings that were previously medicated can be very disturbing to the newly abstinent individual. An expanded awareness of what their lives have become is another stressor that newly abstinent indi-

viduals must learn to deal with. Until they develop fundamental coping skills to deal with stress without the use of alcohol and other drugs, their raw emotions, their fragile psyches, and their reliance on new untested behaviors as coping mechanisms makes newly abstinent individuals vulnerable to relapse. These vulnerabilities can be successfully overcome in time through: 1) education about global relapse risk factors, 2) identification of personal set-ups for relapse, and 3) the mastery of alternative behavioral strategies.

A third reason people in early abstinence are vulnerable to relapse is that not all people who attempt abstinence intend to remain abstinent. There are individuals who attempt abstinence to appease a family member, save a job, comply with the legal system or some medical dictate that requires abstinence so as not to inflame or worsen a co-existing medical disorder, and/or to attempt to learn how to become a controlled drinker. These individuals may experience short periods of abstinence accompanied by long periods of relapse. Usually, these individuals plan a relapse once the crisis that precipitated their abstinence has passed.

Relapse also occurs because the individual is in a relapse mode. There is a saying that relapse doesn't occur when you pick up the drink. It started a day ago or a week ago when some behaviors or attitudes became more prominent in the newly abstinent individual's mindset. Examples of this would be: 1) failure to fully internalize the belief that an individual is powerless over alcohol and drugs, 2) the reemerging belief that the newly abstinent individual can return to controlled drinking and drugging, 3) spending time with old drinking and drugging

buddies, 4) lessening or ceasing altogether one's involvement in their recovering community, 5) failure to develop drug-free recreational activities, 6) returning to old habits connected with one's prior drinking and drugging.

The fact that chemical dependency is a primary, chronic, progressive, and prone to relapse disease does not mean that it can't be managed. Your son is not to be blamed for contracting his disease, but he is certainly responsible for managing it. The degree to which your son takes responsibility for managing his disease will determine how successful he will be in negotiating the long and winding road of relapse.

Pathfinder's Checklist

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- 3) Chemical dependency is a primary, progressive, chronic, potentially fatal disease that is prone to relapse.
- 4) In the first year of abstinence there are specific stressors that makes an individual particularly vulnerable to relapse.
- 5) Protracted withdrawal is a phenomena where the

newly abstinent individual continues to experience withdrawal symptoms up to a year after becoming abstinent. These symptoms may continue to negatively impact one's mood, cognitive functioning, and physical well-being.

- 6) The newly abstinent individual must internalize a set of coping skills that will enable them to remain sober rather than use alcohol and other drugs.
- 7) Not every person who attempts abstinence does so with the idea that they intend to remain abstinent over the long haul.

G.B.U.
Steve