Chapter 12

Why Do I Need to Stay Abstinent From ALL Alcohol and Other Drugs?

After some time in recovery I decided that my problem was drugs and not alcohol and I started to drink “socially”. It wasn’t too long before my drinking became as out of control as my drug use had been.

-Alvin A.
I should clarify that I was not always addicted to Heroin. I was a switch-hitter. I started drinking alcohol when I was young. I drank for years and never did any other drug. I then got introduced to Rock. I became addicted to that over a period of a few years. I then started to use Heroin to function. I would get high on rock and then do Heroin to come down off the Caine. Well, as you well know I became physically dependent on the Heroin. Honestly, I would have never got off the H if I hadn’t went into Detox. It is very hard when you are addicted to a drug that makes you physically ill. With the Rock they say just stay busy and do things to keep your mind off it but, when you are sick from H and your intestines are twisting you need to use.

**Just because alcoholism** and drug addiction are a primary, chronic, progressive, prone to relapse, and oftentimes, fatal disease, does not mean that your disease must progress nor must you relapse nor must your disease be the cause of your death. Alcoholism and drug addiction are both treatable and manageable. Although there’s much for you to do to successfully manage your disease, the first step is to **abstain from the consumption of ALL alcohol and other drugs.**

Now to some that may sound like an extreme step. After all, the reasoning goes, “I’ve never had a problem with marijuana, only cocaine,” or “Why can’t I have a little wine with dinner? What does Vicodin have to do with wine?” or “I can still drink beer, I just won’t drink Jack Daniels anymore,” or
“I agreed to stop doing heroin but I never agreed to stop taking my pain medication.”

Accepting that abstinence from ALL alcohol and other drugs is a necessary part of managing the disease of alcoholism and drug addiction is a hurdle that most people must get over in order to successfully manage their disease. But let me remind you of some points that we’ve discussed previously that may help you more easily accept the need to abstain from ALL alcohol and other drugs.

- Evidence suggests that consuming alcohol and other drugs repeatedly over time changes brain structure and function in fundamental and long-lasting ways. These long-lasting brain changes are responsible for the distortions of cognitive and emotional functioning that characterize individuals who have a Substance Dependence problem, particularly including the compulsion to consume alcohol and other drugs that is the essence of addiction.
- As the chronic consumer of alcohol and other drugs develops tolerance to the alcohol and other drugs that they consume, they consume increasing amounts of alcohol and other drugs in order to achieve the desired effect. This can eventually result in physical dependence.
- As the chronic heavy consumer of alcohol and other drugs develops tolerance for a specific drug of choice, they invariably develop tolerance for other drugs in their original drug of choice’s classification.
- As the chronic heavy consumer of alcohol and other drugs develops tolerance for a specific drug, they
oftentimes develop tolerance for other drugs—no matter the drug classification of those other drugs.

• Once one’s body adapts to the frequent and/or chronic presence of alcohol and other drugs, their central nervous system will react to the discontinuation of consumption of alcohol and other drugs with an array of symptoms known collectively as a withdrawal syndrome. So as to avoid the onset of withdrawal syndrome, an individual may continue to consume alcohol and other drugs with greater frequency, which perpetuates and reinforces one’s compulsive pattern of consumption.

The interplay of the above five factors produces and reinforces the craving for and the resultant compulsive pattern of consumption of alcohol and other drugs. Therefore, the relevant question is not what drugs are you and are you not addicted to. The only question of relevance is how has the manner in which your body has adapted to the chronic consumption of ANY alcohol and other drugs impaired your ability to control your consumption of ANY and ALL alcohol and other drugs. It’s for this reason that an individual who has a Substance Dependence problem must remain abstinent from ALL alcohol and other drugs in order to effectively manage their disease for the long-term.

Let me offer you the following examples to better make my point.

Caitie C.’s husband exemplifies what oftentimes occurs. A person may stop consuming their drug of choice. After a period of abstinence, the individual may begin consuming a drug other than their drug of choice. Unfortunately for
Caitie’s husband, his consumption of marijuana led him right back to his consumption of alcohol.

In the past few years, when he wasn’t drinking, he started his own business and has been doing really well for himself. But then all of a sudden, he was into heavy weed smoking. Then the drinking started right back up again.

• Is it possible that Caitie’s husband’s return to his consumption of alcohol was activated by his consumption of marijuana?

Darrell D.’s story demonstrates how changing from one type of alcohol to another type (beer to gin) results in the same outcome—a compulsive pattern of consumption of any type of alcohol.

I was drinking about a case of beer almost every night. I would come home from work and start drinking till I got drunk and then went to bed. I did stop drinking for about four months, but then I got into gin, and well, I’ve been in the bottle ever since.

• Can you see how Darrell’s craving for alcohol does not make a distinction between beer and gin?

Gail G. hoped that her husband’s switch from whiskey to wine would result in a different outcome, but they soon discovered that his body does not make the distinction between whiskey and wine.

He went into a treatment program (only one week) and then discharged himself. He changed his drink of choice from whiskey to
wine and I thought that things would get better. I didn’t know anything about this disease back then. But he was saying all the right things. So we got back together after a year-long separation. But when the threat of losing his family was no longer imminent, he went back to drinking.

- Can you see how Gail’s husband’s craving for alcohol does not make a distinction between whiskey and wine?

Fred F.’s story is an example of someone who is not only addicted to one type of painkiller but to several different types of painkillers.

I have taken Percosets, Lorcets, Vics, Soma, Ambien and anything that I could get off on. I have been in and out of 5 detox only to get out and pick back up. I am so tired of this disease and why I was so blessed to have it. Just recently my addiction took me to doctor shopping, buying them off the street, stealing them from anyone who had them. I have been taking 40-50 lorcet 10/650, 30 soma, 6-8 xanax, 3-4 ambien a day and 5 days ago after being caught by my daughter I made a decision that I was a dog chasing it’s tail.

- Can you see how Fred’s drug dependence is not limited to one specific painkiller?

Faith F.’s ex has discovered that no matter the substance that he consumes, he consumes all substances in a compulsive out of control manner.

My ex has a drinking problem, has for a while now. He has recently been taking Percodan (I have no idea for how long) while drinking.
He'll be talking, but making no sense. He'll have smoked weed as well, and I don't know what (if anything) else he'll have ingested at the same time. Generally though, he's a beer/rye/Percodan/weed on any-given-evening-guy.

• Can you see how Faith’s ex has a Substance Dependence problem in regards to alcohol, opiate-based painkillers, and marijuana?

In the following excerpt, Hildy H.’s story demonstrates how she was able to stop her consumption of cocaine but became addicted to Percocet.

Well it’s time I get off these percs. Even now while I write this I’m high on five percs, and had 4 during the early day. I started doing them to get me off my 6 month long cocaine addiction, which they did. Thing is now I’m addicted to these. Now that I look back it was stupid for me to even start using them because I had no injury, no doctor prescribed them to me.

• Can you see how Hildy consumes Percocet with the same compulsion as she consumed cocaine?

Jackie J.’s husband demonstrates how oftentimes abstinence from one’s drug of choice can be the catalyst for the compulsive consumption of a different drug as well as participation in a compulsive behavior such as gambling.

My husband has been dry for three years. However, about a year ago he started showing signs of problems with gambling and prescription drug abuse. He began forging prescriptions for Vicodin,
which he had no medical reason to use. And the gambling, well, he’s lost over $250,000 in the last six months.

• Can you see how Jackie’s husband’s dependence on alcohol switched to a dependence on Vicodin and gambling?

In each example above, the individual may have attempted to manage their Substance Dependence problem by abstaining from their drug of choice. However, each example is a lesson in the folly of their method of managing their Substance Dependence problem. For without abstaining from ALL alcohol and other drugs, each individual developed a pattern of compulsive consumption of alcohol and other drugs with other alcohol and drugs and/or other compulsive behaviors.

Take some time and work with the following set of questions. See if you can discover what the importance of remaining abstinent from ALL alcohol and other drugs for yourself may be.

**Pathfinder’s Exercise**

1) Write about or discuss in detail the impact that your consumption of alcohol and other drugs has had on your emotional, physical, interpersonal, and spiritual well-being.

2) Write about or discuss in detail which alcohol and other drugs you’ve used and for how long you’ve used each.

3) Write about or discuss in detail whether your consumption of alcohol and other drugs has decreased, remained the same, or increased over time. Trace the history for each alcohol and other drug consumed.
4) Write about or discuss in detail how your ability to control how much alcohol and other drugs you’ve consumed has either increased, remained the same, or diminished over time. Trace the history for each alcohol and other drug consumed.

5) Write about or discuss in detail your past experiences with quitting your consumption of alcohol and other drugs. Trace the history for each alcohol and other drug consumed.

6) Write about or discuss in detail what you’ve experienced emotionally and physically when you’ve gone for periods of time without consuming alcohol and other drugs. Trace the history for each alcohol and other drug consumed.

7) Write about or discuss in detail what your previous attempts at quitting your consumption of alcohol and other drugs has taught you about your relationship with alcohol and other drugs. Trace the history for each alcohol and other drug consumed.

8) Write about or discuss in detail what you imagine would happen if you tried to use socially or otherwise control your consumption of alcohol and other drugs for the next ninety days. Trace the history of any attempts of social use or controlled use for each alcohol and other drugs consumed.

9) Write about or discuss in detail what would happen if you switched from consuming your drug(s) of choice to consuming other alcohol and other drugs that you don’t consider to be a problem for you. Trace the history for each alcohol and other drug you’ve switched to when attempting to quit your drug(s) of choice.
If deciding to abstain from ALL alcohol and other drugs is the first step in the long-term management of the disease of alcoholism and drug addiction, what is the second step? Once you’ve decided to abstain, consult with a qualified physician to see if you should have a medically supervised detoxification as you stop your consumption of alcohol and other drugs. To learn more about medically supervised detoxification, please read chapter 13, What Is Medically Supervised Detoxification?