



## 2

## INDICATORS OF ADDICTION

### Signs and Symptoms

Addiction is viewed from different angles by different people. Some presume that the drug abuser's inability to restrict alcohol and drug use indicates weak willpower. Others take a moralistic stand, viewing it as a 'sinful' activity. Yet others contend that since the addict has no drive and enthusiasm for his future, he willingly permits addiction to mess up his life. As addiction hurts others around him and he seems unmindful of this, many are sure that the addict's self-centered behavior is to blame. The professional, of course, recognizes addiction as a disease that can affect many aspects of a person's life.

The conception of addiction as a disease was propagated by the World Health Organization and the American Psychiatric Association in the year 1956. Following this, treatment efforts were initiated worldwide.

It is necessary for professionals to have a clear understanding of the process of addiction — its signs, symptoms and progression so that they are able to accept the drug abuser as a sick person who needs help. This understanding in turn will enable the professionals to effectively motivate the abuser and his family to take help.

### MAIN CHARACTERISTICS

#### A Primary Disease

Addiction per se is a disease that needs to be treated and should not be seen as

the effect or symptom of some other problem. The drug abuser may be unemployed, unmarried and complain of being physically weak and depressed. Finding him a job, getting him married or treating his medical condition alone will not automatically help him overcome addiction. Addiction is a major issue that has to be treated to help him stabilize.

Addiction is directly or indirectly the cause behind many of the problems that the drug abuser faces. While help to deal with these problems is necessary, they can be sorted out only if the addiction is handled.

#### A Progressive and Terminal Disease

Slowly over a period of time, the disease progresses from bad to worse. A sudden change in life events or some crisis may help him stay abstinent for a short period of time, but the course is towards progressive deterioration.

The fact that in India thousands die every day due to addiction-related problems goes unrecognized. The cardiac or liver ailment, the accident or suicide is declared as the cause of death. We fail to see that addiction is the real agent behind these deaths.

#### A Treatable Disease

The disease of addiction can be treated. Appropriate medical and psychological

treatment will help the user to stay abstinent and also improve the quality of his life by making it more meaningful.

### A Potentially Relapsable Condition

It is not possible for an addict to limit or control his drug use. Even if he stays drug- and alcohol-free for many years, he will not be able to use them even in small quantities or on an occasional basis. At any point in his life, if he tries alcohol or drugs, he will eventually revert to the excessive and destructive pattern of drug abuse.

The only feasible option is to give up the use of alcohol and drugs totally and live a life of abstinence.

## STAGES OF ADDICTION

As in other diseases, the general progression of addiction can be traced. Symptoms which are mild in the early stages intensify as the disease progresses, though differences in terms of a few symptoms being more prominent and even absence of some may be noted between individuals.

The general course of the disease is described below.

### Early Stage

#### Increased Tolerance

As tolerance to the drug increases, more and more of the drug is required to produce the desired effects. Initially, the drug abuser does not view this symptom seriously and simply increases the quantity of intake. As he functions fairly adequately in spite of increased use, neither he nor others around him view it as a matter of concern.

### Blackout

This symptom appears only with alcohol and other depressant drugs. The user is unable to recollect events that took place while he was under the influence of alcohol or other such drugs. For example, under the influence, he would have functioned apparently 'normally', but the next day he may not remember whom he met, the conversations he'd had, how she drove back home or whether she had dinner or not. This inability to remember things makes the user feel confused while family members see it as lying.

### Pre-occupation with Drugs

Drugs become the central point in his life so much so that his thoughts and activities revolve around it. In the midst of important work or even an exam, he finds himself thinking about how, when and where he can get his next supply of drugs.

### Avoiding References to Drugs

He resists any efforts to discuss his drug use. Information about drug addiction in the mass media or even general statements during a conversation make him uncomfortable as he recognizes at this point of time that something is going wrong.

Even casual references to drug/alcohol use can trigger his guilt related to abuse and he reacts with irritation and anger. He moves away from non-drug using friends or stays isolated to avoid direct or indirect references to his drug abuse.

Family members recognize that any discussion about drugs creates a scene and they become very wary about even expressing their concern.

## Middle Stage

### Loss of Control

He finds that he is now unable to reduce the quantity of drug intake. Due to the tolerance and dependence that he has developed, even if he tries, he is unable to stop with a small amount.

While previously he restricted his drug use to certain times of the day or to particular situations, he finds that this is no longer possible. For instance, while previously he was able to restrict his use of drugs till his work was completed, he now finds himself using it even during working hours. Quite often, he tries to limit usage, but fails.

The loss of control over drugs is complete and he no longer has a choice about whether he is going to take the drug or not — he simply has to. Withdrawal symptoms set in even if he delays a single dose and he is forced to continue — not out of choice but out of compulsion.

### Changes in Thought Patterns

The changes in his personality lead to progressive deterioration in his lifestyle. There is a deep sense of insecurity and low self-worth that he tries to deal with in many ways.

He may vainly try to present a larger than life image of himself. He becomes grandiose, boasts about his achievements or tries to impress others by spending extravagantly on gifts and parties. He tends to underestimate his problem and is overconfident about his ability to handle it. Many become sullen and withdrawn.

### Justifying Drug Use

He tends to deny the problems related to his drug use. He may dismiss the issue lightly by saying that everybody uses

drugs or that drug use is actually helping him perform better.

He does not see himself as being responsible for his addiction. Instead, he blames people and situations around him. He may accuse his family of being too restrictive or lacking in affection, or may blame the stress related to his studies or work.

Due to his denial, family members are unable to deal with it in a forthright manner.

### Aggressiveness and Other Mood Changes

Angry outbursts in the form of abusive language or even violence can set in. The desperation to buy drugs can trigger off physical violence. Alcoholics are frequently violent under the influence of alcohol.

### Attempts at Abstinence

The progression of the disease may lead to one or more crises in his life. In response to a crisis like an overdose incident, a serious medical problem, loss of job or a police arrest, he may attempt to give up drugs.

Once the intensity of the crisis wears off, he tells himself that he can try drugs again. Sometimes, he changes the drug he uses. The narcotic drug abuser may try other painkillers or alcohol. This strategy too does not work.

At this point in time, he does not want to go back to excessive use, but only intends to use it on and off. Yet, soon after he gives drugs a try — of whatever kind — he is back to obsessive use.

## CHRONIC STAGE

### Continuous Use

Drug use becomes continuous, the need for a chemical 'high' is very strong and

everything else fades into insignificance. The user may try cheaper drugs or a combination of drugs to experience that 'high'. He no longer experiences any 'euphoria'. He needs drugs simply to avoid the pain of withdrawal. With the alcoholic, binges may set in; he may drink continuously for a few days, stop because he is unable to continue, only to start all over again after a while.

### Ethical Breakdown

Rules are broken, values forgotten and life goals given up. The drug-related damage alienates the user completely from others. His association is limited to drug abusers and peddlers, and he lives only for the next fix (the next intake). The family is by now bewildered and often gives up altogether. The addict may leave home and be on the streets.

### Physical and Mental Deterioration

Indefinable fear, hallucinations, paranoia and suicidal thoughts may set in, adding to the complexity of the problem.

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It is clear that the disease is progressive with symptoms and problems becoming more intense as it moves on. As with other diseases, the possibility of recovery is greater if intervention is initiated in the early stages.

Being familiar with these stages helps the counselor elicit a complete history, based on which one can make the client and his family understand the intensity of the problem and the need to give up drugs. ■