Origins of Addictions

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Addiction

What is it?

Arrested Adolescent Emotional Development Syndrome

A Complex Condition Consisting of a Mixture of Personality, Character, and Emotional Pathology Creating Intense Internal Discomfort Manifested by Relief Sought Through Addictive Behavior.
Addiction

Definitions

- Any Pathologic Relationship with any Mood Altering Substance or Process resulting in Life Damaging Consequences
- Unhappy With it and Unhappy Without It
- I Want What I Want and I Want it Now!
Etiology of Addiction

- PSYCHOSOCIAL
- GENETIC
- SPIRITUAL
- EXPOSURE
- PHYSICAL
Addiction is a Complex Illness

Where does it actually occur?

I. Physical
II. Emotional
III. Spiritual
Neurochemistry

Mammalian Brian
Neurochemistry

Survival Behaviors - Controlled by Limbic System

- Hunger
- Sexual Drive
- Activity Level
- Thirst
- Emotions
- Risk Taking
Neurochemistry

Neurotransmitters

- Endorphin - “morphine”
- Enkephalin - “morphine”
- Seratonin - “Valium”
- Dopamine - “cocaine”
- Norepinephrine - “nicotine”
Synapse

- Presynaptic 5-HT Neuron
  - Full agonism 5-HT$_{1A}$
  - Serotonin reuptake
- Postsynaptic 5-HT Neuron
  - 5-HT$_{1C}$
  - 5-HT$_{2}$
  - 5-HT$_{2}$
  - Partial agonism 5-HT$_{1A}$
Neurochemistry

Newton’s 3rd Law of Physics

For Every Action in Nature there is an Equal and Opposite Reaction
Neurochemistry

Regulation of Neurotransmitters

- Actions
- Thoughts
- Alcohol
- Drugs

⇒ △ Neurotransmitters

⇒ △ Neurotransmitters
Neurochemistry

Prototype - ALCOHOL DEPENDENCY

Alcohol ➔ ↑ Seratonin
↓ Endorphin

Next Day: Experience = Hangover

Irritable & Low Pain Tolerance
Neurochemistry

Addictive Cycles

Euphoria

↑ Dysphoria

Depressed

Anxious

Tense

Attempts

Control

Sleep/Crash

Crawling & More Use

Attempts Limited Use

Activates Receptors
Neurochemistry

Addict’s Dilema

Euphoric

Normal

Dysphoric
Neurochemistry

Obsessive Compulsive Loop

**Obsession:**
A persistent disturbing preoccupation with an unrealistic idea or feeling.
Neurochemistry

Obsessive Compulsive Loop

Compulsion:

An irresistible impulse to perform an irrational act.
Neurochemistry

Obsessive Compulsive Loop

- Dysphoria
- Obsession
- Euphoric Recall
- Compulsion
- Use
- Relief

Conflict: Rational vs Irrational
Neurochemistry

Detoxification / Withdrawal

▸ Stop Use or Addiction
▸ Use Behavioral or Chemical Tools to Assist in Tolerating Withdrawal
▸ Allow Enough Time for Brain Chemistry to Re-regulate
▸ Manage Prolonged Withdrawal
▸ Observe for Underlying Pathology
Neurochemistry

Restoring “Normal” Brain Chemistry

- Diet
- Exercise
- Rest
- Relaxation
- Thinking
- Spiritual
Neurochemistry

Addictive Behavior

Feelings ➔ Thinking ➔ Actions
Neurochemistry

Recovery Behavior

Actions ➡ Thinking ➡ Feelings
Addictions

**TYPES**

**Chemical**
- Alcohol
- Stimulants
- Sed/Hypnotics
- Opiates
- Hallucinogens
- Cannabis

**Process**
- Gambling
- Sex
- Eating
- Work
- Spending
- Relationships
ASSESSMENT

Outpatient

Inpatient - 3 to 7 Days
TREATMENT

1. Detox
   - usually Inpatient
2. Hospital Based C.D. Unit
3. Residential
   - private insurance
   - state funded
4. Intensive Outpatient
TREATMENT

OPTIMUM CHARACTERISTICS

12 Step Based
Family Program
Long Term
Levels of Care
Treatment for C.D. & Psychiatric Problems
Treatment

Why Treatment Works

● Helps in Breaking Down Denial
● Gets Patient Through Detox and Post-Acute Withdrawal
● Provides Framework and Guidance
● Provides Emotional and Physical Support
● Can Teach in Weeks what would take Months to Pick up in AA Alone
Treatment

Targeted Therapeutic Changes in Addiction Treatment
Treatment

Behavioral Changes

Eliminate Alcohol and Other Addictions
Eliminate other Problematic Behaviors
Expand Repertoire of Healthy Behaviors
Develop Alternative Behaviors
Treatment

Biological Changes

Resolve Alcohol and Drug Withdrawal
Physically Stabilize the Individual
Develop sense of Personal Responsibility for Wellness
Initiate Health Promotion Activities (diet, exercise, sober sex, etc.)
Treatment

Cognitive Changes

Increase Awareness of Illness
Increase Awareness of Negative Consequences
Increase Awareness of Addictive Disease in one’s self
Decrease Denial
Treatment

Affective Changes

Increase Emotional Awareness of Consequences
Increase Ability to Tolerate Feelings without Defenses
Manage Anxiety, Depression and other Psychiatric Illness
Manage Shame and Guilt
Treatment

Social Changes

Increase Personal Responsibility in all areas of Life
Increase Reliability and Trustworthiness
Become Resocialized; Reestablish Sober Social Network
Treatment

Social Changes

Increase Social Coping Skills; with Spouse/Partner, Colleagues, Neighbors, and Strangers
Treatment

Spiritual Changes

Increase Self-Love; Decrease Self-Loathing
Reestablish Personal Values (Code of Ethics)
Enhance Connectedness
Increase Appreciation of Relationship with God
Treatment

Minnesota Model

Developed at Wilmar State Hospital - 1940's

Used “Disease Model”

Multidisciplinary Model (physicians, nurses, psychologists, social workers, family counselors, voc. rehab, clergy and AA members)
Treatment

Minnesota Model

Originally 6 Months
Founders moved to Hazelden and Condensed first to 4 Months, then 2 Months, then 6 Weeks
In 1980's further condensed to 4 Weeks
Lacked Individualization
4 Week “Miracle”

Week 1 - Detoxification, Break Down Denial
Week 2 - Complete Step One, Identify Unmanagability
Week 3 - Family Involvement, Steps Two & Three
Week 4 - Steps Four & Five, Discharge Planning
Treatment

Predictors of Success

Length in Treatment
Program Completion
Continuity of Care
Individualized Treatment Plans
Treatment of Psychiatric Co-Morbidity
Co-existing Psychiatric Pathology

- May Increase Risk of Developing Addiction
- May Increase Severity of Addiction
- Difficult to Distinguish Which Came First
- Requires Diagnosis, Treatment and Follow-up in Addition to Treatment of Addictive Illness
- May Lower Long Term Addiction Recovery Success Rates
Common Psychiatric Conditions

AXIS I (Major Affective Disorders)

- Major Depression
- Dysthymia
- Bipolar Disorder
- Schizophrenia
Common Psychiatric Disorders

AXIS II (Personality Disorders)

- Antisocial P D
- Narcissistic P D
- Dependent P D
- Borderline P D
- Histrionic P D
- Obsessive/Compulsive P D
Addict Behavior

- Manipulative
- Great “Actors”
- Skilled at Conning
- Demanding
- Adept at Reading Situations and People and Soliciting Support through Sympathy or Victimhood
Is Your Colleague Addicted?

Clues:

- Freq. Job Changes
- Mood Swings
- DWI’s
- Nodding Off
- Staying Late
- Long Sleeves
- Hyperkinetic / Restless
- Freq. Disappearances
- Pinpoint Pupils
- Sweating (withdrawal)
- Legal Problems
- Freq. Marital Problems
Is Your Colleague Addicted?

Clues:

- Excessive Sick Time
- Long Breaks
- Mistakes
- Sloppy Work
- Elaborate Excuses
- Isolating from Co-workers
- Job Shrinkage
- Difficulty Meeting Schedules
- Absence without Notice
- Smell of Alcohol