Chemical Dependency

What is chemical dependency?

Chemical Dependency is a physical or psychological dependency upon a particular substance. Many are dependent upon more than one substance.

Chemical dependency is among the most costly of public health problems in the United States. The American Medical Association and World Health Organization recognize substance addiction, including alcoholism, nicotine addiction and drug addiction as a disease.

The National Council on Alcoholism and Drug Dependence offers the following definition: A primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal and is characterized by continuous or periodic: impaired control over drinking/substance use, preoccupation with the drug/alcohol, use of alcohol/drugs despite adverse consequences, and distortions in thinking, most notably denial.

“Primary” refers to the nature of alcoholism/chemical dependency as a disease entity in addition to and separate from other symptoms that may be associated with it.

“Disease” means an involuntary disability, with discrete and identifiable symptoms, which are used to identify it.

“Often progressive and fatal” means that the disease persists over time and that physical, emotional, and social changes are often cumulative and may progress as drinking/drug use continues, leading to premature death if untreated.

“Impaired control” means the inability to limit alcohol/drug use or to consistently limit on any drinking/using occasion the duration of the episode, the quantity consumed, and/or the behavioral consequences of drinking/using.

“Preoccupation” in association with substance use indicates excessive, focused attention given to the drug/alcohol, its effects, and/or its use.

“Adverse consequences” are problems or impairments in various life areas as a result of substance use. For example, physical health (alcohol withdrawal syndromes, liver disease, gastritis, anemia, neurological disorders); psychological functioning (e.g., impairments in cognition, changes in mood and behavior); interpersonal functioning (e.g., marital problems and child abuse, impaired social relationships); occupational functioning (e.g., scholastic or job problems); and legal, financial, or spiritual problems.
“Denial” includes a range of psychological maneuvers designed to reduce awareness of the fact that alcohol/drug use is the cause of an individual's problems rather than a solution to those problems. Denial becomes an integral part of the disease and a major obstacle to recovery.

**Suspected causes of chemical dependency**
Although the exact cause remains unknown, there is substantial evidence to suggest that the following factors are significant contributors in the development of chemical dependency.

**Drug chemistry**
Some substances are more addictive than others, either because they produce a rapid and intense change in mood (cocaine and other stimulant drugs); or because they produce painful withdrawal symptoms when stopped suddenly (heroin, and other opiate drugs). Alcoholics often develop physical dependency, which can lead to life threatening withdrawal symptoms.

**Genetic factors**
Some people appear to be more vulnerable to dependency because their body chemistry increases their sensitivity to drugs. Some forms of substance abuse and dependence seem to run in families; and this may be the result of a genetic predisposition, environmental influences, or a combination of both. Numerous twin studies have been done to suggest a strong genetic factor in alcoholism/dependency.

**Social learning**
Social learning is considered by many to be an extremely important factor. It includes patterns of use in the addict's family or subculture, peer pressure, and advertising or media influence.

**Availability**
Inexpensive or readily available tobacco, alcohol, or drugs produce marked increases in rates of addiction.

**Symptoms of addiction/diagnosis**
- Loss of willpower
- Harmful consequences
- Unmanageable lifestyle
- Tolerance or escalation of use
- Withdrawal symptoms upon quitting.
- Blackouts (periods of time spent under the influence which an individual is unable to recall)
Treatment
Treatment generally involves both medical and social approaches. Substance addicts may need a hospital detoxification program to help manage withdrawal symptoms. Individual and/or group psychotherapy is often helpful, but only after substance use has stopped. Medications, such as methadone and naltrexone, are also commonly used to help reduce cravings.

The most frequently utilized social treatment for addiction/alcoholism are twelve-step programs, such as Alcoholics anonymous and Narcotics Anonymous. Such programs are also frequently combined with psychotherapy. There are twelve-step groups for all primary substance and process addictions.

Acupuncture and homeopathy have been used to treat withdrawal symptoms. Meditation, yoga, and Reiki healing have been recommended for process addictions, however, the success of these programs has not been well documented through controlled studies.

Prognosis and prevention
Alcoholism/addiction is very treatable. However, the prognosis for recovery from any addiction depends on the substance or process, the individual's circumstances, and underlying personality structure. Polydrug users have the worst prognosis for recovery.

The most effective form of prevention appears to be a stable family that models responsible attitudes toward mood-altering substances and behaviors. Prevention education programs are also widely used to inform the public of the harmfulness of substance abuse.
A Personal Checklist Concerning the Use of Alcohol and Other Drugs

Note any of the following statements that fit you.

___ Once or twice a day I find that my conversation centers on drug or drinking experiences.

___ I drink or get high to deal with tension or physical stress.

___ Most of my friends or acquaintances are people I drink or get high with.

___ I have lost days of school/work because of drinking or other drug use.

___ I have had the shakes when going without drinking or using drugs.

___ I regularly get high or take a drink upon awakening, before eating or while at school/work.

___ I have been arrested for Driving Under the Influence of a substance.

___ I have periods of time that can't be remembered (blackouts).

___ Family members think drinking or other drug use is a problem for me.

___ I have tried to quit using substances without success.

___ I often double up and/or gulp drinks or regularly use more drugs than others at parties.

___ I often drink or take drugs to "get ready" for a social occasion.

___ I hide my alcohol/drug use from those close to me so that they will not know how much I am using.

___ I often drink or get high by myself.

___ My drinking or drug use has led to conflict with friends/family.

The above items are drawn from the clinical experiences of mental health professionals who have worked with people having alcohol or drug abuse problems. In general, the more items noted, the more likely there is a problem with using substances.

If you noted three or four of the statements you should be suspicious about the way you use substances.
If you noted five you may have the beginnings of a problem and perhaps should start looking for some kind of help.

If you noted more than five, it would probably be a good idea to talk about your use of substances with a professional counselor.

It is important to work with behavioral health professionals who can specifically assess your situation and tailor treatment to your particular needs. Please call CONCERN at 513-891-1627 for confidential assistance with assessment, short-term counseling or referral to an appropriate treatment provider in your insurance network.

**What Should I Tell My Child About Drinking and Drug Use?**

Children see drinking all around them - at home, in restaurants, at family celebrations and on television - and they are naturally curious about alcohol, and drugs and the way they affect people. You should always answer your child's questions honestly, but you also should be prepared to initiate discussions about alcohol/substance use.

Some parents say that because alcohol is a legal drug, it's hard for them to think of it as being dangerous. Other parents say they find it difficult to talk about alcohol or other substances because they drink or may have experimented with drugs themselves when they were younger. Yet, alcohol is the drug most often used by young people and the consequences of its use can be harmful to your child in many ways.

It's never too early to start talking with your child about drinking or substance use. Some children start asking questions when they're four or five years old. Many parents make the mistake of waiting until their child has begun drinking or has experimented with substances - but if you listen and respond to your child sensitively, you may be able to help prevent problems from developing later.

First of all, prepare yourself to discuss this issue. Educate yourself with basic information concerning alcohol and other drugs of abuse, including the warning signs of a problem.

Let your child know that alcohol is a drug.

Let your child know the risks associated with alcohol use and abuse, including the dangers of drinking and driving, potential health risks and possible dependency, especially if there is a family history of alcoholism.

Discuss various scenarios with your child and practice responses to peer pressure.
Practice what you preach. Avoid abusing alcohol in front of your children and don’t encourage underage use by offering sips of alcoholic beverages to children at family gatherings or social events. Do not allow your teenage children to drink in the home, under the assumption that this is “safer” for your child.

If your teenage child admits to experimenting with alcohol or other drugs, don’t panic. Do not condone the use, but try to avoid becoming angry or disrespectful. Express your reasons for concern based upon the guidelines above and communicate respect for your child’s honesty. Encourage him/her to make healthier decisions concerning alcohol or substance use in the future and clarify that, if your child does choose to drink or use again, under no circumstances it safe to drink and drive, even if it means calling home and asking for a ride.

Suggested Reading

*I’ll Quit Tomorrow* by Vernon Johnson

*Under The Influence* by Dr. James Milam and Katherine Ketcham

*Staying Sober* by Terrence Gorski

*It Will Never Happen To Me* by Claudia Black

*Co-Dependent No More and Beyond Co-Dependency* by Melody Beattie

Links/Organizations

**Adult Children of Alcoholics**
A Twelve Step program of women and men who grew up in alcoholic or otherwise dysfunctional homes who meet to find freedom from the past and ways to improve today. [www.adultchildren.org](http://www.adultchildren.org)

**Al-Anon/Alateen**
Whether the alcoholic is still drinking or not, Al-Anon offers hope and recovery to all people affected by the alcoholism of a loved one or friend and support for friends and families. [www.al-anon.alateen.org](http://www.al-anon.alateen.org)

**Alcoholics Anonymous (AA)**
An international fellowship of men and women who have had a drinking problem; it is nonprofessional, self-supporting, nondenominational, multiracial, apolitical, self-help group open to anyone who wants to do something about their drinking problem. [www.aa.org](http://www.aa.org)
**Narcotics Anonymous**
(NA) An international, community-based association of recovering drug addicts.  
[www.na.org](http://www.na.org)

**National Black Alcoholism and Addictions Council** (NBAC)  
Provides leadership for the prevention and treatment of alcohol abuse,  
alcoholism, and other drugs of abuse. Represents a cross-section of the larger  
black community, interested citizens, recovering alcoholics, counselors,  
administrators, politicians and businesspersons.

**National Institute on Drug Abuse** (NIDA)  
Part of the [National Institutes of Health](http://www.nih.gov), leads the nation in bringing the power of  
science to bear on drug abuse and addiction. [www.nida.nih.gov](http://www.nida.nih.gov)

**Secular Organizations for Sobriety** (SOS)  
A non-profit network of autonomous, non-professional local groups dedicated  
solely to helping individuals achieve and maintain sobriety through an alternative  
recovery method for those alcoholics or drug addicts who are uncomfortable with  
the spiritual content of widely available 12-Step programs.  
[www.secularhumanism.org/sos](http://www.secularhumanism.org/sos)