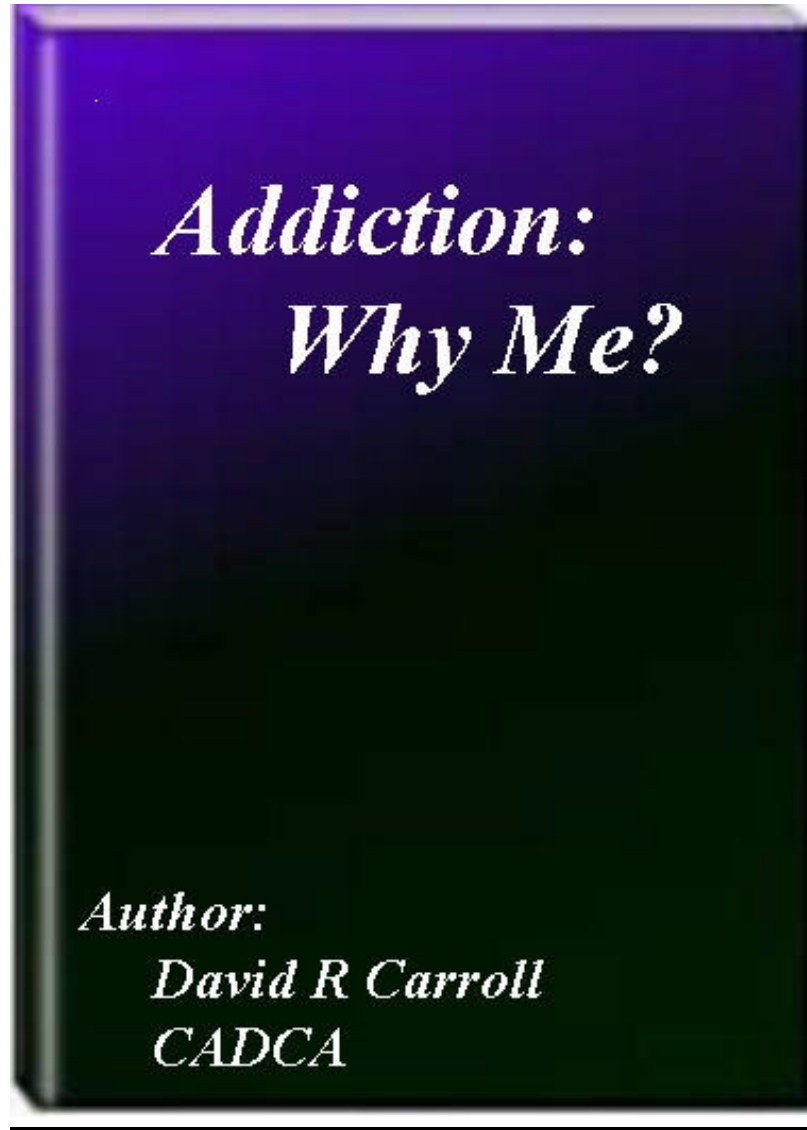


**WELCOME TO A JOURNEY INTO SELF-REALIZATION!**



**MY E-BOOK**

**by David R. Carroll, CADCA**

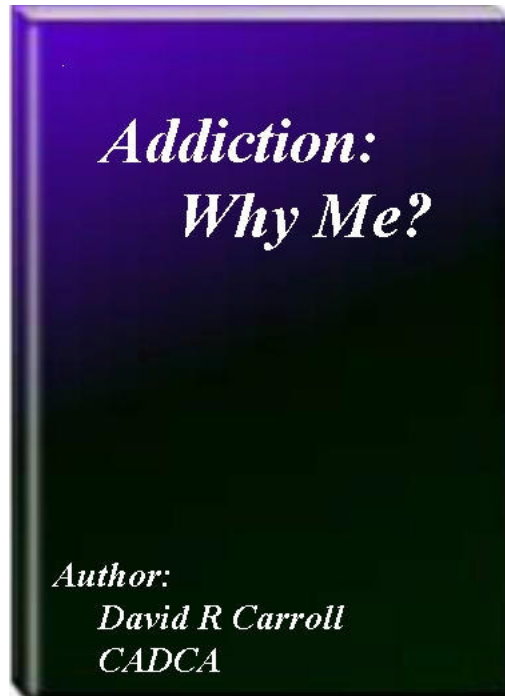
**AA – ALCOHOLICS ANONYMOUS**

**NA – NARCOTICS ANONYMOUS**

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# PREFACE:



## ***WHY ARE WE HERE?***

## ***WHY DID I WRITE THIS MANUSCRIPT?***

I spent most of my life addicted to drugs, one or another. Actually I had three periods of addiction that each centered on a different drug-or-choice. For a long time I was just a user and anything that altered my mind was OK! My first period of use exclusive to one drug featured “*Cocaine*”. Second on center stage was “*Alcohol*”. Finally, the absolute destroyer was “*Methamphetamines*”! The whole scenario covered life from ages 11 to 45! I was a full-blown addict for nearly 30 of these years. Mind you, I was for various substantial lengths of time, what is termed as a “*functional addict*”! This is actually a misconception because I only “appeared” to be functional. A lot was going on that I was able to hide from the casual observer, and even most relatively close family and friends. This is a story of it’s own! The point to be made is this... the most tragic commonality over this period of three decades in addiction was... the pain, fear and grief that I brought on those who loved me, were part of my life, or inadvertently got in the way of my using! The Victims...

## ***Why Are We Here?***

Addiction is such an annihilator of a user's life that they, users, are almost always the predominant "focus of attention"! Not only that, but, society's focus is directed at them because they wreak so much havoc on it's structure and the safety of the citizens and their property.

True enough, it's high time that this problem be addressed through an educated, open-minded method of problem solving. Treating addicts as criminals has failed for long enough. The disease concept is really the only hope for a solution that has a positive outcome for everyone involved, which is, quite frankly... everyone! Treatment programs understand the importance of who it is that is around an addict on a regular basis. The problem is that these people are being subjected to that addict for years, sometimes decades, before the first treatment episode begins. With some education, advice and concern these *victims* can help themselves while the addict's addiction and life circumstances are still only leading up to treatment. In fact, helping you, if you are reading this, I think I can safely say "you"... you will probably be helping the addict as much as you do yourself. With nothing but the best of intentions, the one's who love an addict the most, are usually their greatest enablers. That's because you are the easiest to use! Though it's often subconscious, not always but often... they can count on being able to get away with abusing your love. It's not meanness, heartlessness or carelessness... it's just addiction changing the brain into a sick one. This is how you are going to learn to protect yourself and shield yourself from much of the harm that you can inflict on yourself, or allow to be inflicted upon you! Addiction is like a beast you have encountered by surprise and you have to figure out how to fight back with what you have available, at the time. If you don't do this, you'll suffer nearly as much as the addict does!

## ***Why Are We Here?***

## *Why Are We Here?*

The one thing you have that they do not is your own mind, but it will suffer too, if you can't become open-minded and teachable. It's not rocket science, though. It's really more about being "*willing*" to learn, and "*willing*" to change, than it is about being "*able*" to do these things. We have to learn to be, objective, in our dealings with the *addict* that we love, or care about, and love and concern make objectivity a very difficult proposition.

Believe me, when you come to know what makes an addict an addict, a lot of the difficulty becomes less ominous because, for one reason, you can most often stop blaming yourself. You'll learn that "blame" doesn't need to be assigned. It doesn't matter where the fault lies, so you can even stop blaming them. Nobody needs to be the "scapegoat".

### *AA HAS A SAYING, "LET GO AND LET GOD"!*

A lot of what you've let get to you, just simply has to be let go of. Does it matter if someone is genetically predisposed to have cancer? I mean, that's not going to make you stop fighting it, is it? So what if your grandmother and your mother both had diabetes. Hell, at least you're going to have people around who know what's going on and what needs or needs not, to be done, if you end up getting it too, right!

Confrontation only works well if you know how to do it well, and with an addict confrontation not done well is usually a disaster for both parties. Pleading to love, and to common sense, never works, at least, it doesn't work until denial has been properly addressed.

Until you know "the disease" your take on things is... well... kind of... just... OFF! I'm going to explain this disease to you in a manner that will be pretty easy to absorb. Take your time! I've made things pretty concise, and well defined. I'm going to repeat some things quite often. That helps to make learning just happen without a lot of actual "studying". By the time you're done reading this you should have a new view of what's been going on!!!

## *Before Moving On...*

What I've laid out here in reasonable, common sense, language, is very current thinking about the nature or essence of addiction and of the addict.

In the last section of the book I'll go over some very direct dos and don'ts, as well as some "suggestions"! Please be open-minded if you want to help yourself and eventually be of help to the addict in your life. I've presented this, in a different form to addicts in therapy groups and often had them approach me asking for it in writing so they could give it to someone, close, involved in their life and their recovery. Now it's in writing, finally. Enjoy, and thank you for supporting my work and life's passion.

*David R Carroll, CADCA*



**ADDICTION: WHY ME?**  
**SAVING THOSE WHO LOVE AN ADDICT!**

***WELCOME TO SELF-HELP...***



**ADDICTION: WHY ME?**  
**SAVING THOSE WHO LOVE AN ADDICT!**

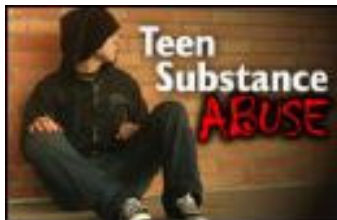
*...David R Carroll, CADCA*  
*Calif. Alcohol & Drug Counselors Associate*

*You will find that knowledge is the greatest tool that you can acquire in addressing the problem of ADDICTION! As with anything else, the more you know about something the more you understand how to deal with that particular thing... Addiction is a phenomenon that baffles those, who are not and even those who are, afflicted with this...  
Chronic, progressive and often fatal disease!*

**Enable:** To supply with the means, knowledge, or opportunity, make able...

**To Enable:** To help to make something possible...

*Alcohol is a drug, period... from this point on, when referring to drugs; Alcohol is included in the list of addictive drugs!*



*Most who access my information will be desperate to find help with a teenage addict, but this problem reaches far beyond the children. You will find that addicts, young and old, have more in common, than they have differences. Addicts, contrary to how it may seem, are predictable in stages that they go through, and ongoing behaviors!*

**The information provided here is not technical, and will be easily understood!**

You are going to need to be open-minded and willing to change your concept of what has happened to the ADDICT in your life! Traditional values and thinking about “will”, “character”, and “motivation”, will be redefined in regard to the ADDICT! They are sick, afflicted with a “disease of the brain”... control of their lives has been stolen away; much as it is in other commonly known diseases.

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## **THE DISEASE**

E. M. Jellinek published “The Disease Concept of Alcoholism” in 1960. This model has generally been adapted to address all addictive drugs. You may, but will not absolutely need to, read this reference. It serves us to say that most substance use and abuse treatment professionals accept that Addiction is a disease. It is classified as a disease by both American, medical and psychiatric professional associations, as well as the World Health Organization.

Recent advances in the field of “Neurology” have revealed a new insight into the disease of addiction. This very complicated medical science has brought to light some very practical understanding of addiction and of the addict and his thinking and behavior. Much is revealed when you see drug addiction as a **DISEASE OF THE BRAIN!**



***“E. M. JELLINEK” – AUTHOR OF  
THE DISEASE CONCEPT OF ALCOHOLISM***

**NOW WE WILL BEGIN OUR JOURNEY INTO ENABLING OURSELF TO BE OF HELP!!!**

## ***OPEN YOUR MIND AND YOUR HEART WILL FOLLOW!***

Until quite recently most people have thought of addiction as just a lot of drug use that was a matter of choice, and that addicts were either weak willed or just didn't care. Some have thought of addicts as being people who had just chosen to be criminals; lazy, non-conformist, or just "bad" people. Most people thought that you could move back and forth between addiction and being just a drug user. The truth is that the circumstances of addiction are not voluntary.

The reality is that when you reach the point of addiction with a drug, you move into a different state of mind and being. You live in the state of obsessive, compulsive, uncontrollable drug use. Barriers and limitations that socialization has instilled as acceptable no longer exist for you. In addiction you have become "at the will of the drug" period. Free will is not applicable once one has reached the point of being "addicted".

Yes, it's true that in the beginning there was a choice, but that choice disappears for the person prone to addiction. In this I mean that genetically, physically, and/or mentally, some people are pre-disposed to addiction. Most people have their original contact with drug use in peer settings, as children. Most people who try drugs do not become addicts. They are able to put them aside for reasons rooted in common sense and desire to achieve, or because they fear the consequences that occur. Very, very few people go to the state of addiction and just say "I quit" and walk away from the drugs. Truly, if you can do this you probably have not actually entered addiction. Someone who is just a user has a choice, but the addict does not.

Most people can control their initial drug use, but once addicted this is no longer possible. The addict needs help. They cannot control the overwhelming cravings. They need help in this and dealing with their compulsive, uncontrollable drug use. They need treatment as do people with any other disease.

What is the essence of addiction from a scientific standpoint? What facts support the foundation that supposes that an "addict" has no control and that free will has nothing to do with their ability to stop? What indicates that without help, they have little or no hope of recovering, from this "state of addiction" that has occurred in their brain?

## ***DRUGS ARE THE CENTER, THE “ESSENCE” OF AN ADDICTS LIFE!***

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The overwhelming, compulsive, uncontrollable use of drugs is a central factor in the life of an addict. Their need to satisfy the cravings becomes dominant in all behavior. It does not matter what drug they choose. Nothing will satisfy the overwhelming craving except their drug-of-choice. Meth users will not settle for heroin. Heroin users will not be satisfied with marijuana. Crack users have no desire for downers (sedatives, painkillers, etc.). It is not about coming down, fearing dramatic withdrawal symptoms, or anything like that, that produces continued cravings (though an addict will use these to justify and rationalize illegal, immoral thing that they do to obtain the drug). In fact, there are few withdrawal symptoms associated with crack and methamphetamines, two of the most addictive substances known. It is not the physical part that matters. It is truly the psychological aspect of addiction that produces cravings that result in continued use of and progressively, using more and more of the chosen drug. It's actually more like “the drug that chose them”, for the addict. Free will and the ability turn away from drugs is no longer an option. An addict cannot do this for his job, his health or, sadly, even his mother or his wife; not even for his own children. Physical harm, jails and prisons, and often even the possibility of death are just obstacles to be overcome in the insatiable need for, and quest to obtain, the addict's drug-of-choice!

Having lost the ability to choose not to use the drug, the addict's life progressively centers more and more on the drug. Drugs become the reason to get up and get out of bed. Drugs become the excuse not to do things that discourage their use. They are “thee pleasure” in the addict's life. Addicts in later stages of addiction will choose that, drug-of-choice, over the euphoric pleasure of sex! Use of money is prioritized with, obtaining drugs, as number one. You see, the addict **has to have that drug!** Unless his craving is appeased nothing can be all right for the addict. When they are compulsively obsessing over the need to satisfy the cravings, few barriers exist. Principles, rules and morality become non-existent. This is the truth regarding the disease of addiction that changes a user into the fiend that addicts eventually become.

How can this be?

I can't imagine anyone being that weak!

Don't they care about anything?

I just can't understand what is wrong with him!

Doesn't she see what is happening to her life?

***ADDICTION IS A DISEASE OF THE BRAIN, RESULTING IN FUNDAMENTAL,  
LONG LASTING CHANGES!!!***

## ***OPEN YOUR MIND AND YOUR HEART WILL FOLLOW!***

You are going to need to remind yourself that addiction is a chronic, progressive, fatal disease... At the same time, seeing it as a disease cannot be an excuse... its being a disease is the “reason” for many things, but not an excuse. Addiction is a “treatable” disease even though it is chronic and subject to relapses. As with most potentially fatal diseases, addiction often requires more than one episode of treatment.

Understand this; you are changed your brain. Your state over by the drug. Learn to diabetes. It is not cured. It is episodes of treatment. As with occurs that requires more than suffices most often. This is



an addict because drugs have of being has been totally taken equate this disease with held back by multiple ongoing most diseases, often a crisis the daily maintenance that most often a relapse into using.

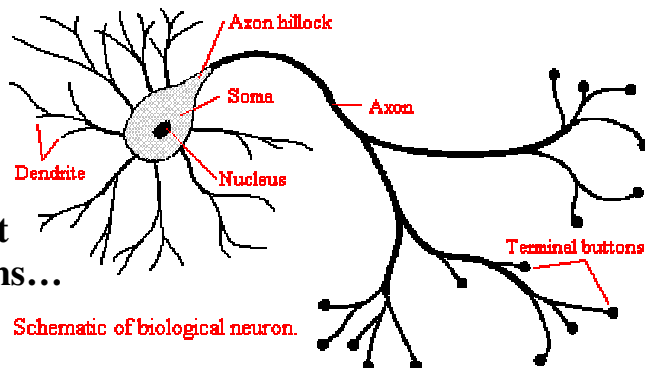
Though addiction is a disease of the brain, it is also much more that. It is far more complicated because of the fact that the human brain is the most complicated organ in any living organism. The brain controls every system in the body. Every characteristic unique to the human being is a result of our uniquely complicated brain. The human brain produces things that are mostly exclusive to humans. Conscience, remorse, morality, philosophy, religious beliefs, science, mechanics, and the list goes on... drugs have fundamentally caused long lasting changes in the addict, in the thing responsible for all of this... the Brain. Is it any wonder that you have trouble understanding the problems that result from addiction?

**NEUROTRANSMITTERS:** chemicals in the brain that are responsible for communication between the nerve cells of which the brain and all of the nervous system are composed... The cells themselves and a few very unique organs in the body produce these type of chemicals.

*Don't worry, this chemistry lesson is about as complicated as we'll get!*

### Illustration of a Nerve Cell (Neuron)

For now we want to understand just one chemical associated with neurons...



***“Dopamine...”***

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## “DOPAMINE”

THE CHANGES IN LEVELS AND AVAILABILITY OF THIS NEUROTRANSMITTER OR BRAIN CHEMICAL, SOMEHOW CAUSE CHANGES AT A CELLULAR LEVEL THAT TRANSLATE INTO COMPULSIVE, UNCONTROLLABLE DRUG USE ON THE BEHAVIORAL LEVEL! THIS MEANS THAT THESE BRAIN CHANGES, OVER TIME, GET TRANSLATED INTO BEHAVIOR CHANGES. THIS IS WHY YOU ARE BEWILDERED AT WHAT YOU OBSERVE.

### ABOUT DOPAMINE:

Initially, people take drugs because they like what they do to their brains...

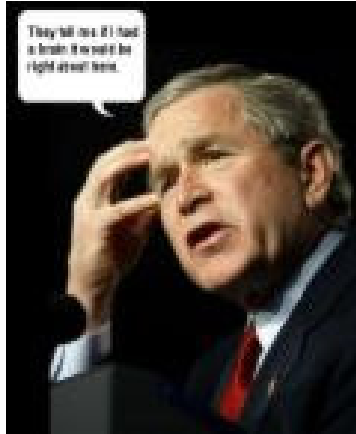
Amid a whole series of brain changes, one is a surge of *Dopamine*, that occurs when the drugs we commonly classify as addictive, are taken. When a drug produces a really sharp spike in *Dopamine* it is extremely pleasurable. The odds are very high that one will experience extreme euphoria with this drug, and it will be addictive!

It's no surprise that *Dopamine* is the brain chemical involved in signaling all of our normal pleasurable experiences, such as... Sex, eating, laughter, love, smoking, and surely, getting high. Here the problem arises!

After taking drugs for a lengthy amount of time, this includes all addictive substances we know of, the addict's *Dopamine levels are generally lowered*. This in itself will cause a nearly complete personality change. Some people experience chronic dysphoria and/or depression as a result. Major behavioral changes become apparent at this point. This then is no longer the person that you once knew. They now have a basically different brain, as if the mad scientist accidentally transplanted the “wrong” or “bad” brain. This is hard to accept if you don't know the things that you are now learning.

If you feel that you know a lot more already, you're probably right! There is much more to be explained. Take a breath and some time to digest this. This is actually scientifically derived fact. This is human physiology 101, so to speak!

As we move forward we are not going to get more complicated, but there is still much explaining to be done. This knowledge has been applied to treatment techniques for addiction that are producing better and better results. Addiction Treatment is becoming widely accepted as effective and even as a more cost efficient approach, to the problem of drug addiction in our society, than incarceration and other forms of institutionalization that have been the standard.



“THEY TELL ME, IF I HAD A BRAIN,  
IT WOULD BE ABOUT RIGHT HERE.”

### ***THESE ARE SERIOUS CHANGES. HOW LONG DO THEY LAST?***

Some of the brain changes that result from **Addiction**, are very short lived. Some of these changes that accompany addiction, though, are very persistent and last for a long time.

When we acknowledge the brain changes brought on by addiction, we are not talking about brain damage as we have customarily referred to it. Yes, some substances like inhalants do cause actual physical damage to the brain. Generally, though, drug addictions cause more subtle kinds of change that can be reversed over a period of time. Restoration of **Dopamine** levels, for example, can take from six months, up to 2 years, or more. The point is that these levels can return to a functionally normal point! The recourse is a series of environmental and philosophical changes brought about by education, counseling, and controlled environment called “**Treatment**”!

***YOU MAY, VERY WELL, NEED SOME PHILOSOPHICAL CHANGES!!!***

***YOU ARE GOING TO HAVE TO LEARN WHAT “NOT” TO DO!!!***

***YOU ARE GOING TO HAVE TO LEARN WHAT “TOUGH LOVE” IS!!***

***DO YOU WANT TO “HELP” YOUR ADDICT???***

## **DO YOU WANT TO “HELP” YOUR ADDICT???**



If you really want to be part of the “Recovery” process, then you are going to have to do some things differently. You are going to have to learn when to say, “NO!”... You will need to say “no” to many things, but you are going to have to do this calmly, very collected in your goals, with an end result always planted strongly in your mind. Later, we’ll go into detail, but for now let’s give this concept the name that it has earned and it is commonly referred to as being. **“Tough Love”!**

“Tough Love” is an approach that centers on logic and reason as an attitude learned to replace emotional responses centered in the closeness, and love, of a relationship. Tough Love was conceived in order to stop you from inadvertently “ENABLING” your addict to further harm their self! You have to be honest with yourself. This means that you are going to have to learn some of the same things that an addict has to learn in order to be able to help their self. Helping an addict with an addiction is a learning experience that requires change on their part and on the part of anyone who wants to be a part of their recovery. If you want them back and you want life to return to anything near normal, you have to “be part of” their recovery. You have to know why part of their problem is decisions they have made, and that part of their problem is the nature of the disease, addiction, from which they suffer, as do you!

Think about this concept and see if you can figure out some of the things that “you” do wrong when dealing with your addict. I’ll bet you can, if you can be honest with yourself. Like I said, I just want to get this concept of “Tough Love” up for consideration, as it is a fundamental part of you becoming part of your loved one’s life, again!

Back to your education and new understanding of how to retrieve your life as well as your loved one’s...

## ***OPEN YOUR MIND AND YOUR HEART WILL FOLLOW!***

I left the main stream of thought to introduce “Tough Love”, but we were learning about brain changes like dopamine levels. I had mentioned that in the addict, dopamine levels are lowered. This neurotransmitter, which is responsible for signaling normal pleasure experiences, is in short supply when the drug user reaches the point of “addiction”. This translates into generally lower levels of pleasure being achieved in daily life. It decreases desire for things that used to bring about some level of pleasure, but no longer fill the human need to achieve happiness. Addicts are now seldom happy with daily life. It is not pleasurable to them. It is part of human nature to seek pleasure in life. The addict has learned that there is one thing that seldom fails them, in this regard. It is their drug-of-choice... As, just a user, they coupled the drug with other things to heighten the pleasure of those other things. As an addict, they will learn to use the drug itself as a source of pleasure and, one by one, drop those “other things” from their daily lives. Again I will state that the drug has become the “Essence” or the center of the addict’s life. The brain has been changed and the person that it serves has now changed, too!



***Marijuana is an addictive gateway drug!***



***Alcohol is an addictive gateway drug!***

## ***THERE IS MUCH MORE TO THIS ADDICTION THING!***

If addiction was only a brain disease there would more than likely already be a “magic bullet” or cure for it. It’s much more complicated than that, though! The example disease, diabetes is managed by taking insulin in one form or another, and occasionally a crisis has to be managed as diet is such an important part of the disease. It’s actually fairly simple to manage, once you learn how. An addict needs tools to manage the craving and overwhelming compulsion, too. But this is a difficult to manage disease, as it results from historical, genetic, and environmental factors. These are coupled with physiology or just the individual body make-up. They all come together through the brain to produce the phenomena of addiction. Example: If treatment does not deal with some particular life problem, how can that addict return to the same life, with the same problem persisting, and not return to using? You have to deal with the brain neurologically and psychologically but also with the individual person that each addict is.



***All people of all ages have to deal with the inequities and obstacles in their lives. Young people’s peer groups are often overwhelming for some personalities, if so, this can affect their life and their future profoundly. Never underestimate the importance of anyone’s inability to cope with things in their life. These factors can influence that decision whether or not to try that first drug. They do not know if they’ll be addicted, but they will know if it makes them seem to feel better in the moment. Most any of the addicting drug commonly used can produce that illusion of “happiness” that may be hard to find at a particular time. Talking is a powerful tool. Don’t be afraid to ask questions! Understand that because something doesn’t affect you much, doesn’t mean that it can’t be devastating to someone else. It’s their brain. It’s their life experiences happening. Love is a great thing!***

## ***THERE IS MUCH MORE TO THIS ADDICTION THING!***

We know, as stated previously, that drug abuse results in a lowering of the supply of dopamine, in the addict. We believe that this depletion results in an inability to make a favorable response to what is normally a “good” experience, because the dopamine just is not in sufficient supply. So the addict generally doesn’t feel good. So, even knowing that the drug could kill him, the addict is drawn back to it, just trying to feel Norman pleasure! Think how sad it would be to be in this particular state of being! So, where the drug use originally made the user “feel good”, it becomes no less than a means of returning to normal. The heroin addict who started, feeling possibly the most ecstatic euphoric experience possible, ends up taking it just to avoid withdrawal sickness. Ask most any heroin addict and they will verify this. Junkies call it “getting straight”.

The brain, behavior, and experiences in our individual environments, interact with each modifying the other, to create a process that we know as ***LIFE!*** Every experience that you have produces this type of interaction and as a result changes you, who you are, and how you see the world. In addiction this becomes very dramatic changes. There is a common behavioral essence in addiction to heroin, cocaine, tobacco, and all other addictive substances. We believe there is also a common biological center or essence, here. We know that common mechanisms in the brain that are triggered by every major addicting substance.

Observation has told us that there are common behavioral patterns in addiction to different drugs. Compulsive, uncontrollable use is a phenomenon common to all addictions, not any particular drug. Do we not know that tobacco smokers are killing themselves with their addiction to nicotine? Do we not know that alcohol kills more people in automobiles than any other documented reason? The brain’s functionality affects behavioral patterns. Most common people know this to be true, not just research scientists and doctors.

***ALL COMMONLY USED DRUGS AFFECT DOPAMINE:  
BUT THEY ALL HAVE INDIVIDUAL EFFECTS, TOO!  
THESE EFFECTS ARE AS DIFFERENT AS THE INDIVIDUALS  
THEMSELVES BECAUSE ALL INDIVIDUALS ARE DIFFERENT!***

When we use a drug, some vital part of our being is changed, as the dopamine levels are pushed up at that immediate time, and this is very pervasive and potentially long lasting, also. These effects vary greatly in every individual.

Most of us recognize the vast difference in each individual in many ways. Accompanying these differences is the difference in the way our brain is “wired”. Thus, when drugs are used/abused, there are vast differences in the way the individual brain is “rewired” by the drug. This translates into there being a vast difference in the individual vulnerability to become addicted. It is not about weak or strong people!

**VULNERABILITY:**

Individuals handle life and its experiences quite differently and this results in living with different levels of “Stress”. Stress is a major factor in prediction of the tendency to become addicted. Genetic factors affect stress levels, determining how one may handle life experiences. Social context can encourage peer pressure induced acceptance of things. The environment in which drug use is occurring is a contributor. What the drug does, and the state that the brain is in when you start using is a very complex interaction, unique in some ways to each individual. We have established that “experience” is constantly changing the brain, correct? We know that drugs change the brain, correct? Unless you could clearly see all of the factors you are subject to, one cannot predict whether or not or how quickly they could become addicted. No addict started out by saying, “I think I’ll get addicted”! No addict believes they will get addicted and basically destroy their life when they start using. They persist in this belief into a state that treatment professionals call “Denial”. It is normal to feel this way, and think this way, though it can eventually be fatal.



## ***THE BRAIN OF THE ADDICT IS DIFFERENT FROM THE BRAIN OF THE NON-ADDICT!***

Research scientists now know that the brain of the addict is literally, different from the brain of a non-addicted person. The details of this are not yet clear enough to understand the entire process. They don't know if the vulnerable people's brains were different before they became addicted, either. They do know, though, as stated that once addicted that brain is quite different from the non-addict. They cannot pinpoint the exact point at which one moves from being just a user to being an addict, either. The most definite identification of the state of addiction is generally recognized in "behaviors" of the addict. Commonly, when the brain changes, behavior changes and those behavioral changes are easily recognized by observation of the individual. We often deny or play down these changes when we see them in a loved one, fearing the reality, as it will change our lives in a negative way. But, deny or not, those changes are coming. We become a problem, ourselves, at that point.

There is no question that all individuals, in the state of "addiction" through prolonged drug use, have changed their brains in fundamental and potentially long lasting ways. That persons "whole being" is changed as they now basically have, I state again, a changed brain.

Non-addicts cannot fully understand what it is to be an addict. It's not as simple as having one part of your life change. In their experiences, there becomes nothing in life that matters except drugs.

## ***ADDICTIVE “CRAVING” IS A UNIQUE PHENOMINA!***

There is no single motivating thing that can compare with the addict’s “craving” for the drug. When it comes down to it, little matters but the drug, for an addict. When you talk to them about their life experience you’ll find the drug taking precedence over a job, relationships and loyalties, including family, and at sometime even needs as basic and pleasurable as sex. They are consumed by, and all that matters is seeking and using the drug. This becomes very difficult to cope with when the addict is someone special to you. You just don’t want it to be true. You are hurt by it. You are angered by it. You’ll even try to pretend that it’s not happening, because it hurts and angers you. This will become part of the problem, in time. You must learn to see the “disease”. You must acknowledge the “disease” as being “drug addiction”. Why does he or she do this? What has happened to my son, husband, brother, sister, lover, father? This is happening why?

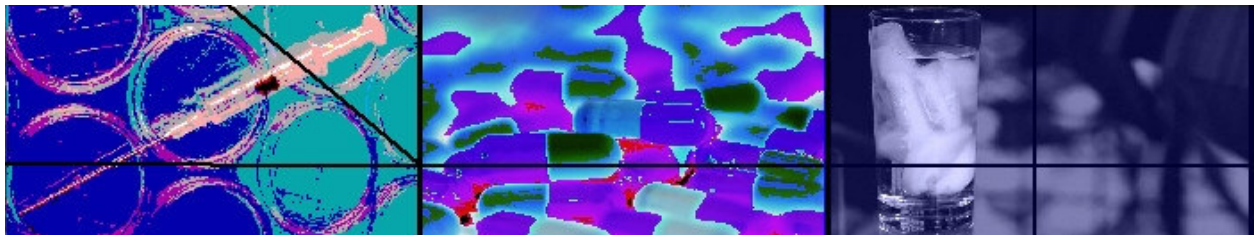
The drug has changed the brain. Yeah, I said it again. Understand this and understand it well, “The addict has a changed Brain.” When we see someone we know to be schizophrenic behave bizarrely we can easily acknowledge that it’s because there is something wrong with his or her brain, can’t we! It’s the same with ***Addiction!*** It is not the same brain that that person started out with. They are now different. Their brain is a different brain, and it is SICK just like the brain of the schizophrenic. It is not a character defect! It is a disease!

Why did they use to start with, knowing that it is an addictive drug that they are about to use? Why would someone do that? These are common questions, from most non-addicted persons who have not learned and come to believe the disease concept of addiction! Why?

## ***WHY WOULD SOMEONE DO SOMETHING SO RISKY?***

## ***WHY WOULD SOMEONE DO SOMETHING SO RISKY?***

It's because most people believe they are too strong to or are literally invulnerable. They believe that they have enough self-control and strength of conviction or just are too smart to become a slave to a drug. Truly, not everyone who tries drugs gets addicted and for those who do, it is not equally easy. It is an unbelievable risk to take, when you try "psychoactive" drugs.



## ***JUST WHO IS IT THAT BECOMES ADDICTED?***

There is really no way to know if you are or are not that person who will become easily addicted, no matter what you may think, you just can't know. Many people think that they wouldn't like being under the influence of drugs, anyway. This is not true. They are called psychoactive for a reason. Pretty much everyone enjoys having his or her dopamine levels shoot up dramatically. What do you think that amusement parks, with their "thrill" rides, are all about? It's all about "Dopamine". People even become addicted to them. What do you think that sexual orgasm is? It's dopamine! How many people don't like sex? Of course this doesn't mean it has to consume them, but watch a modern day movie, and see how many don't include an explicit sexual scene.

***LET'S STEP BACK, FOR A MOMENT:  
AND LOOK THROUGH THE EYES OF AN ADDICT!***

## ***LIFE: SEEN THROUGH THE EYES OF AN ADDICT!***

You've just come home from the doctor and you're devastated, fearful and confused. Your physician had to inform you that you have cancer. For months you've been irritable and hard to get along with. You've been lethargic and have appeared to be getting lazy. You haven't been doing things that you normally do.

People may have been becoming disappointed by or getting aggravated from your symptoms. Now you're going to have to accept that you have cancer and get on with the options presented you, to address this disease. These options are definite and amount to a prescribed course of recovery from and arrest of this often-terminal disease (there is some "percentage" that this will or will not work).

When they find out what has been wrong, every single person that knows and loves you comes to your support over the next few weeks. The hope is that the surgery will remove the cancer. If not you'll have to live with radiation therapy and it's many distasteful side effects. It is still possible that you will move from radiation to chemotherapy. People will accept your weakness and fear of going under the knife and help you to resolve your issues. The radiation will make you lose your hair, and you'll lose weight. The chemo will take away your color and your energy, to a point of dependence on others to do things for you, and all the while you can't work or support yourself in anyway, but you'll be carried through by love and mercy.

It will be nothing like that when the symptoms and side effects of addiction (many the same ) bring **your** disease to the surface (it is a disease; qualified under AMA & American Psychiatric Association guidelines). At some point everyone realizes what's been wrong with you. Those who love you most will probably get mad at you. The side effects of "your" disease will already have brought many emotions to surface, and even some or much pain to those around you.

You will be grouped into a classification with criminals who have chosen their way of life. The fact is, you didn't really choose yours.



**SUBSTANCE ABUSE TREATMENT FACILITY**

***Corcoran is the largest prison in California!***  
**California State Prison Corcoran - SATF**

None-the-less, you will have been misdiagnosed, misunderstood, and rejected before anyone aids you in getting the kind of help that you really need. You yourself won't even be able to acknowledge your problem. You'll most likely see many things as being responsible for your condition. You see, your disease is very different. You've liked many or most parts of your disease for a very long time. The primary cause of your disease, your drug of choice, will be the **love of your life**. Giving it up will be like giving up your lover. Like most any person, when faced with that scenario, you'll fight like hell to keep your lover. Your behavior in this situation will be rejected by most. The pain from your disease will become criminal. Eventually the symptoms of your disease will bring you not to a physician but to a Judge. He will probably be the first to determine that you are a drug addict. His treatment will not in any way resemble those of a healthcare professional specializing in treatment of substance abuse or chemical dependency.

***“MOST ADDICTS EVENTUALLY DIE DIRECTLY OR INDIRECTLY FROM THE DISEASE.”***

In the last 10 years we've made some ground gaining support for the treatment of addiction. Sadly, it is not proportionate to the severity of what this disease does to individuals, families, communities, and our country as a whole. Most of the funding available for treatment is awarded to and administered by the criminal justice system.

***“THAT'S WHAT ADDICTION IS ALL ABOUT!”***

## ***“THAT’S WHAT ADDICTION IS ALL ABOUT!”***

Let’s take cigarette smoking for an example. Most people trivialize smoking as being a nasty or bad habit that needs to be broken. Truth be known, people smoke because they love that dopamine surge when nicotine hits their brain.

Addiction is compulsive, uncontrollable drug seeking and use. Use is continued even when faced with negative social consequences and even severe negative health consequences.

True enough, some people break addictions without help... very rarely though, and not with complicated addictions formed to heroin, cocaine, or methamphetamines, for example. Generally, addicts need help to break addictions as is demonstrated by the countless “patches” available in today’s consumer market, for simpler addictions like smoking (maybe not so simple), and over-eating.

There is actually something like a “patch”, available for heroin, now. It’s called methadone. Yes, it is, but addiction is only detrimental when it interferes with functioning and develops anti-socially acceptable behaviors. Methadone doesn’t. More heroin addicts are recovering from their addictions than we ever thought possible, because of methadone maintenance and detoxification programs. There is a stigma attached to methadone in regard to its addictive nature, but the truth is that it is a highly effective medication for heroin addiction. Socially it is even responsible for lowering crime rates, and the clinics that dispense it become an orderly form of management of the heroin addict population, introducing counseling and routine into their daily lives.

Research is looking for other types of medication in regard to other popularly abused drugs, as that “stigma” attached to methadone has been and is so hard to overcome with the general population, not directly involved with and addict or the negative consequences produced by the addiction.

## ***“BINGING”... MORE COMMON TO SOME DRUGS THAN OTHERS!***

## ***“BINGING”... MORE COMMON TO SOME DRUGS THAN OTHERS!***

Binging has to do with the *dopamine “spike”!* Cocaine and Crack rush to the brain bringing the dopamine level up very quickly, but also it comes down quite rapidly. When addicted to this type of drug, the drug seeking and using is in more of a binge form, trying to maintain the elevated dopamine level. With methamphetamine you don't need to binge as radically and behaviors with the “crank” (methamphetamine) user are different. You don't need to binge because the dopamine level is elevated for a longer time and it comes down much more gradually. So binging may be determined by whether the particular drug keeps dopamine levels up or you need to keep taking more in order maintain the higher levels.

### ***THE “MORAL” QUESTION...***

“Anyone can become addicted, because none of are perfect.” Some of us just choose not to become part of illegal, immoral conduct, thus they never try drugs and find out if they are prone to addiction. A lot of people want to make drug use/abuse a question of morality or self-control. This is bothersome, in that it denies all that we have learned about addiction. This kind of thinking promotes institutionalization, rather than treatment of what we have come to know, as a legitimate disease that can be treated. **Treatment is more cost effective than incarceration!** People who think this way about addiction do not or will not see it as a disease. They see it as a sin, or a crime, or a weakness. Yes it's true that originally there was a choice made, but as we have come to know, we don't know just who will become addicted, and, most in generally, when someone first tries a drug they are convinced that they are not one of those who will fall prey to the insane world of addiction. People voluntarily choose to smoke, but they don't choose to get lung cancer. When so many people try drugs (as we know very many do), and some become addicted and others don't, does this not suggest that those who do aren't choosing it? Who would choose that? People have trouble understanding that it's not about choice, morality, or will. When you enter an addicted state, it's now a Disease.

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If we want to deal with addiction, achieving positive results, we must deal with it as a disease. We have proven results happening every day, everywhere on this planet, in drug rehabilitation programs and 12-Step meeting rooms.

***“What about moral accountability?”***

The number of people addicted to drugs, both illicit and prescribed, is staggering. We know this to be true, and have known it for decades. California prisons have an 80% return rate, and “coincidentally” 80% of the inmates are there on drug charges. Draw your own conclusion on that one! Socially our problem is that we need for these people to be productive members of society; not the financial burden that they now are. We can focus on their moral failure and punish them, but that return rate tells us that it doesn’t work. That is not, by any means, productive use of our resources and effort. We know that we can change the brain state. So by focusing on what we “know” works, and changes that “can” be made, we’ll have to provide “Treatment”. Treatment will help people survive their addiction, and return to full, productive life in society.

People have a tendency to view the mind as some mystical thing existing outside of, but, in some way attached to the body of humans. It is the brain, a physical part of the human being. When drugs change your mood or perceptions it is done by changing your mind. That is the brain! People like to modify their brain state... There are two ways that we commonly change our brains. One is with drugs. The other, is through behavior... behavioral treatment therapies change the brain, through learning and support. Various behavioral therapies have been compared with use of anti-depressant drugs, and they both can cause the same changes in the brain. Brain change is brain change. There is no difference between biologically produced brain change and behaviorally produced brain change.

***Will an addict’s brain go back to normal?***

## *Will an addict's brain go back to normal?*

In many cases yes, but in those other cases, the individual can learn to compensate, often through spiritual strength, sometimes by increased knowledge of the disease and/or knowing their own selves as individuals. This can be done either biologically or behaviorally or by a combination of the two.

Craving is, of course, going to be a huge part of even beginning to have changes occur. It's the result of biological change produced by prolonged use of the drug. It is an all consuming sensation that expresses the severe changes that have taken place in the brain. Craving is not just euphoric recall. It's much deeper in nature. It is a very unique emotional response that has an even more unique ability to motive behavior and behavioral changes. The best comparison I can think of is "love". Try to explain the feeling of love. Maybe, consuming? Drug addiction is definitely a "love" for the drug.

Treatment!!! This is a subject of it's own. You need to know, above all, that treatment for drug addiction is possible, and it is effective! It is, though complicated to the outsider. Most people are learning to understand that the brain is treatable with chemical interventions such as Prozac. Other drugs can help with things like craving, but most often behavior modification and education have the longest lasting effect. The big thing is returning the addict to normal functioning in society. Being an addict ruins your life!!! It takes time and patience to help someone learn how to function acceptably in the family, on the job and in the community. They have to learn or relearn normal social skills. Often, they will have to learn work skills for the first time, because they were never acquired, to start with. If this is not addressed, we can find ourselves setting them up for failure. If this is done, how can we expect that they will not return to drug use?

To accept Treatment in reality, we need a very realistic set of expectations. For example; "relapse is part of recovery." Oh, a lot of people have a hard time with that one.

***“WE NEED A VERY REALISTIC SET OF EXPECTATIONS!”***

Treatment of a mental disorder is usually accepted as a life-long process. We do not expect schizophrenics to take pills for a couple of months, and then everything is all better. Most of us know that that would be a ridiculous expectation. More commonly understood, now, is the area of depression. It is widely accepted that drug intervention is fairly successful, but that it quite often needs to be accompanied by some form of counseling, often a “group” process overseen by a qualified counselor. People who suffer from depression very seldom have only one episode of it. They cycle and become depressed over and over again. The goal is usually to increase the intervals between the episodes. Though it has physical aspects, addiction is a mental disorder. We are trying to achieve the same results with it as with depression.

People are often very critical of treatment for addicts, stating that they are often back using in “no time at all.” We don’t give up on people if they have a crisis with diabetes (often caused by eating something they shouldn’t). We just encourage and support them in their effort to abide by certain dietary limitations and to take their medicine properly. We don’t condemn them or write them off as failures. These crises usually take place throughout many years of surviving that disease. Addiction is also a chronic-relapsing disease, and most often total abstinence for the rest of life, is not achieved through the first episode of treatment. High expectations, situations that initiate cravings, and other pressures often trigger the same things that supported the original addiction. The cravings return and once again drive the addict back to the old people, places, and things!!! This is why we must recognize extended treatment as a necessary factor in success rates. They did not become an addict overnight and they are not going to recover their lives overnight, either!

For my readers, treatment is not a responsibility they will be able to supply, rather it is something they need to learn how to support.

## ***“TREATMENT”***

### ***CHAPTER THREE:***

#### ***Addressing the Disease***

Only qualified drug and alcohol counselors and therapists can provide Treatment, and only in proper settings. Residential Treatment is usually necessary. This provides not only counseling and therapy, but also a controlled environment that is conducive to rehabilitation for addicts. Residential Treatment is usually provided in two phases. Typically there is at least 90 days of restricted, intense counseling and education in a closely controlled environment, designed to limit outside influences. This is followed by 90 days of residence in a controlled environment or “Sober Living” at which time job search, working, and re-establishing a social life are promoted. This is usually accompanied by 2 to 4 counseling sessions per week, in a group setting. The group counseling may be continued for 6 months or more after leaving the residential facility.

The addict must have the will and desire to change their life. This is first and foremost to legitimately enter “Recovery”. Secondly, they need a “support system”. An understanding and indoctrinated “family” can usually play a part in this. Helpful participation, that is not harmful to them or their addict, requires ability to change, and desire to help. This is not an inherent trait and demands learning on the part of whoever becomes a part of the solution, and not the problem. If you are reading this you may very well, qualify. Open your mind and your heart will follow

Self-help is the key to long-term sobriety or abstinence from drugs. Without question, is the value of Alcoholics Anonymous and Narcotics Anonymous, in recovery from an addiction. AA has been around since the 1930’s and NA since the 1970’s. Both are the most successful solutions available for alcoholics and drug addicts. Their philosophy is a 12-step program aimed at developing “spirituality” through moral and ethical growth within the acceptable parameters of society. They are not affiliated with any religious denomination and faith, in a form of deity, is not required. It is encouraged, though!

## ***ARE THERE OPTIONS TO FORMAL TREATMENT PROGRAMS?***

ABSOLUTELY! Treatment facilities are expensive. Insurance companies usually do not support long-term treatment (over 30 days). Most funding is available only through government programs tied to Prisons and Parole Departments. This is still a very weak spot in our country addressing the Drug and Addiction problems our society has. Fortunately there are “Faith-based” long-term programs, and most have NO fees. They do, though, often have waiting lists.

**All this talk about Treatment and now you tell me it’s almost impossible to obtain!**

**Well, maybe that’s why I’ve made this manuscript available!**

What you have learned up to this point should prove to be a tremendous help in taking control of your own life and future. That is after all the point of all of this. How do you a non-addict survive having an addict in your life and heart? You can’t save them. Only they can save themselves. You can only learn how to be a part of the solution and not a part of the problem. You absolutely can do this, and your life will improve as a result.

Most all, formal treatment programs, encourage, or are based on 12-step recovery. This is something that you should learn to understand. **What is this 12-step thing?**

### ***12-STEP PROGRAMS***

***Are the most available, organized, and successful...***

***form of SELF-HELP***

## ***SELF-HELP***

12-Step programs include Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Over-Eaters Anonymous, and, believe it or not hundreds of others. Most people believe that the success of 12-Step programs is based in the development of ***Spirituality!*** They are not a promotion of organized Religion. They are, rather, promoting the concept that there is something greater than oneself. This in turn, opens up the realization that things you do, like it or not, affect more than just you. It becomes a pathway out of selfishness, by allowing one to identify the self-absorbed nature that accompanies addiction.

These programs are recognized as the most helpful and successful resources in the area of, recovery from addiction. “Alcoholics Anonymous” is the original 12-Step organization, formed in the mid 1930’s. Their book, *The Big Book of Alcoholics Anonymous*” was published on April 10<sup>th</sup>, 1939, outlining the program, with personal stories following. This is to this day, still, the content of the ”Big Book”, with some but very little change in nearly 70 years. Over the years, AA has spread into nearly every county in the world. There are over 200 12-Step programs worldwide that have their beginnings in AA. The 12-Step concept combines Spiritual development with “fellowship” amongst with a common problem. Anonymity is their root strength and principle. AA gave birth to Narcotics Anonymous, NA. NA was formed in 1953 and held its first World Conference in 1971, often, now considered the true beginning of NA as a positive force in recovery from addiction, as AA had become.

Participation in AA and/or Na is considered to be an “essential” part of recovery from drug addiction by most professionals working in the field. I certainly consider it to be the single most important component in one’s Recovery!

We’ll revisit this area later... Moving on...

***You Cannot Make Someone Want Change...  
But, Through Positive Interaction, You Can Be of Help!***

One main function of Treatment is providing “Tools”, or skills to help resist the “craving” for the drug-of-choice. In the end, though, helping the addict return to normal functioning in society can be the most important and difficult part of the recovery process. Being an addict ruins a person’s life, and it takes a lot of patience to regain the ability to work as a responsible employee, function as a family member, and just generally be a productive member of society! If an addict took drugs because of life failures (as is often true), we can’t put them back into that failure situation, unprepared, and expect them not to use drugs, again!

There is a widespread mistrust among the public and many politicians, regarding the effectiveness of *Treatment*. This is largely based on lack of understanding, because relapse rates are so high. Acceptance of a more realistic set of expectations is what’s needed to advance the approval and baking of the whole treatment concept. In other chronic disorders (diabetes, high blood pressure, etc.) we don’t give up on people because they have a relapse, we give them more or even increased treatment. Thinking that most people should achieve total abstinence in one treatment episode. Once we realize and accept that addiction is a relapsing disorder, we can reduce the drug use and lengthen the time between relapses. Then, by getting people to quickly return to some form of treatment, we can ultimately achieve the goal of total abstinence. When viewed and applied in this manner, Treatment can be, and is, very effective. It’s just simply, often, a long, difficult process, but the goal is achievable. This is a proven fact. Patience and understanding are difficult because the symptoms and effects of addiction are so harmful to people who have any direct involvement with an addict! As with cancer, depression, and other major disorders, it’s very difficult to achieve complete success on the first try. The bottom line is that there are a tremendous number of people suffering from addiction, in our society. Do we just throw them away?

***A SOCIETY IS DEFINED BY HOW IT DEALS WITH DIFFICULT PROBLEMS!***

Are we going to continue with the kind of thinking that spawned “Leper” colonies to isolate the victims of that disease?

We need to bring the same standards to treatment of addiction, that we apply to other “chronic, but treatable disorders”. It often takes months to bring diabetes or high blood pressure into a manageable state. Cancer and many other diseases can take years and unbelievable amounts of effort and money to control, but we do it anyway.

It’s difficult to achieve complete abstinence because the brain has been so changed by the drugs, but the pressures that bring on many addictions are still out there and addicts fear them. So many different things are responsible for different people resorting to drugs to cope; that it only follows that various diversified treatments can be more or less effective for different individuals. Matching treatments to individuals is imperative to be able to expect good results. We ought to bring the same standards to treating drug abuse that we apply to any other disorder. There is no cookie cutter treatment for any chronic disorder. One may try several medications, each over a nominal period of time, before bringing blood pressure under control. It can take weeks, or even months, but we don’t give up until we find the right one.

How many times have we heard a doctor a doctor, in regard to antibiotics, say “take all of the pills, even if you get to feeling better before they’re all gone”? That’s what we have to do with the treatment for drug addiction. Treatment is like taking a certain amount of pills. The behaviors that are changed in treatment change the brain (remember what I said earlier, that we can behaviorally modify the brain; pills can do the same thing, i.e., antidepressants). Well, we have to treat people long enough for the treatment to be effective, with long-lasting results.

***How are we going to approach this problem? It is complex!***

***How are we going to approach this problem? It is complex!***

It only follows that a complex problem might require complex solutions, to succeed in solving that problem! Right?

Science knows more about addiction than we would ever have thought possible in the past. We know that addiction is a complex phenomenon, involving physiology (bodily health), psychology (the brain and nervous system), and sociology (public and professional attitudes and beliefs) in many combinations. Treatment professionals know this and have a wide range of approaches available and in use currently.

John Q. Public, including policy makers and politicians, need to know what science and treatment professional know, at some level. You need to understand this, especially if you have an addict in you life. Addiction is a complex disease that won't be conquered by intuition or ideology. When we understand this, science will be able to achieve results like they have with schizophrenia, depression, diabetes, heart disease and others.

Addiction has spread so widely and so rapidly that many people hate addicts and are blinded by this. This is because addiction has such far-reaching effects on the non-addicts whose society they share. Treating addicts as criminals has failed to achieve any acceptable positive result, because it's the wrong approach. Criminality is most often a result of addiction not the cause. Until we see addiction as a health problem, families will continue to suffer, and our society will not heal. Most of the prisons could and should be replaced by treatment programs outpatient counseling clinics.

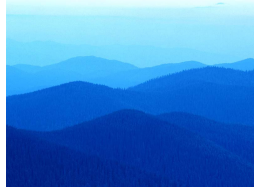
***WHAT ARE YOU GOING TO CHANGE IN YOUR APPROACH?***

**CHAPTER FOUR:  
What To Do?**

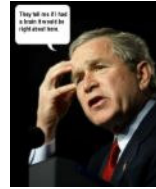
***YOU CAN...***



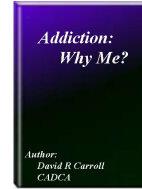
**RUN AWAY**



**HIDE OUT**



**WAIT IT OUT**



**OR DO SOMETHING!**

***HUMOR IS A GOOD THING:***

***LET'S LOOK AT OPTIONS THAT YOU HAVE, NOW!!!***

***IF YOU ARE NOT PART OF THE SOLUTION...***

***YOU ARE PART OF THE PROBLEM...***

This is not a disease that cuddling, warm blankets and pity will help! Addicts do most often respond to kindness and understanding, when it is properly given or very often, administered by a professional caregiver, or another addict, hopefully in *recovery*!

Stop giving in to your heart, at least the one that says openly, “I feel so sorry for you!” This is an invitation for disappointment and even worse, enabling. Most likely, you can’t help but feel sorry at times. But, every time you do anything that makes it easier, even temporarily, for an addict to carry on with their disease, you help the severity of the problem increase. Saying “no” is a good thing. Addicts try to avoid people who say “no”. They’re obsessed! They are acting “compulsively” or being true to the nature of addiction! There is a strong possibility that they are experiencing “craving”! Right now, you’re probably just a “resource”! Yeah, I know, “they might not even come around if I do that.” Well, are you going to keep doing the same thing, expecting a different result? There is no middle ground, here, you’re either a part of the solution or you’re part of the problem, period!

NO MATTER WHAT; don't give them money!!! This is rule number one. It's rule number two. It's the rule of all rules... If you're thinking they need to eat something, feed them, right now. Don't give them a few bucks for food. Don't send them away with a bunch of food from your cupboards. Don't take them shopping. Let them feel the effects of addiction.

### *Why we have to do things this way...*

Doing these kind of things has effects that last and will come into their minds, later. Later, when you're not around they'll think, "Man, she wouldn't even give me any food. Mom didn't feed me! She must be getting' really fed up with my \*\*\*\*!"

When they're at your house, do they follow the rules or standards that are commonly accepted in your home? I doubt it! Do you sometimes feel better just because, "At least I know where they're at and I know that they are safe?" What a false sense of security is this? The truth is, you're being a kind of, sanctuary. They are living in a world that is, yes, dangerous, cold, and even cruel. If they are provided a "safe" place to hide from that, even temporarily, it provides a way to regroup and go back out and "handle" their insane world. The sooner that life in addiction becomes unbearable, the better the chances they'll consider the possibility that they may need help. Even if they know they need help, actually doing something can be almost impossible because of the cravings and the defense mechanisms that they have learned, to be able to continue to practice the addiction. Addiction is like a dark being and it does not want to give them up. Most addicts endure unbelievable discomforts, conditions, and emotional sickness for a very long time before they can give in to the need for change in their lives. So... Don't give them a place to stay.

So far, we don't give them money.

We don't give them a place to stay.

What's next?

We do not get into confrontations with them.

## **No, absolutely no confrontation!**

Do not get into confrontations with people. This is a pretty damned good idea for everyday life regarding everyone, isn't it? You probably already conform to this with any other "sick" person. Well, guess what, you're dealing with a sick person. This definitely is not the only reason, and it's really not the most important reason. The most important reason is you. It's you because confrontation with an addict by someone close to them is very seldom productive and results mostly in getting you upset more than it does them. This is about you, not them.

Admit it! Doesn't almost every confrontation that you have with someone close to you result in an aftermath? You made a fool of yourself. You hurt them. It was all a waste of breath. Now, you're upset, shaking, mad, hurt, guilty, and sad and God only knows what pain you can bring upon yourself! If you have to turn around and walk away the instant you realize what you're doing, then that's what you have to learn to do. It's better if you can put a little of your feelings out there, though. Like maybe you could say, "I'm not going to let you do this. You are not going to ruin my day/life with your bull\*\*\*\*!" Whatever it is, it must be controlled. You have to learn to always be the one who stays in control. You must do this for your own peace of mind, and to begin calming the chaos. Addiction brings chaos into lives. It's one of the things that make you feel so helpless and hopeless. It doesn't have to be that way. When you display self-discipline you begin role modeling. This is a powerful "tool" in the kit for addiction.

The addicted mind uses any loss of control that you display as a jumping off point for rampant "*ego defense*". Sigmund Freud identified these "*ego defense mechanisms*" in the beginnings of psychiatry. Some examples are denying, rationalizing, justifying, blaming, minimizing, bargaining and so on. They are normal psychological functions blown out of proportion. The addict uses these to be comfortable with the things they do that they know are wrong, but must do to keep using drugs. You already know that you do things wrong when strong

emotions take over. Usually the main thing with confrontation is ANGER. Anger produces even more problems for you because it usually elevates your blood pressure, increases your heart rate, and even can upset your stomach. I guarantee you these symptoms will be worse on you than the addict because they are going right back to the quest to appease that “*craving*”. In no time at all they’ll forget about you and what was said and go on about the business of taking care of their drug habit. They do not mean to be callous or mean or anything like that, they just do what addiction causes addicts to do. Don’t take it to heart. When the drugs go away, this is going to be one of their biggest problems, when it all sets in, about how they have done people... about how they have done the very people who they are going to need to battle the disease of addiction. The guilt and shame from this kind of thing is tough on recovering addicts, but it is also one of the strongest motivators for change. Everything in God’s world happens for a reason. You just can always see it!

No money, no shelter, no confrontation. This is already a big order, especially when you really care about someone and it feels so mean to do this. It’s not mean if you’re not doing it to be mean, and only you really know why you do what you do. You can’t let what other people think stop you here. This is the correct way to handle this with the future in mind. You don’t have to like it, you just have to do it. Be careful, because it will bring so much relief to you that you just might *start* liking it too much.

I, in no way want you to think that I am advocating the development of cruelty in your personality. I don’t want anyone to be mean. That’s not the idea. It may feel that way at first, and it’s OK, even good to question your motives and your feelings. Mean is not good. It never is.

Once you establish parameters, known as *boundaries*, for you and for the addict, positive interaction will begin to happen, or at least can begin to happen. It’s kind of like cutting out the BS!

## *Learning things for the sake of both you and them...*

Almost anyone that is not an addict has a healthier mind than an addict. I guess that's quite a statement but I believe it's true.

Why? Are you sure?

Addicts become so possessed by the overwhelming obsession and compulsion to obtain the drug to appease the craving, that their behavior becomes almost subconsciously automatic. The "common" behavior displayed by addicts is some proof of this. Behavior has been observed over large numbers of addicts over long periods of time, now. We know that like any other disease, symptoms are predictable. So, as an educated professional in treatment of addiction to alcohol and other drugs, I hope that it will suffice with what you have previously read here, to say that addiction is a very debilitating disease. What it does to those who suffer from it is absolutely heartbreaking. And, yes I have had to develop a very rational manner of looking at the addict. Rational, I say, but neither cold nor cruel. Just be very objective. This is the only thing that can save you and your addict. Try to see the reality of what is going on. The brain has been changed and it results in producing, a different person from before taking drugs, and moving into the state of, addiction.

The "*Victims*" of addiction often become very much in the same position as the addict that they are associated with. By this, I mean that both need help with their lives. The negative effects of addiction are as infectious as any virus. You cannot have addiction in your life without it taking a toll. But, with a little effort and the willingness to learn, these negative effects can be minimized. This E-Book is a step in the right direction, and can help you very much, but human companionship has no substitute. It is not our nature, though society sometimes tries to convince us that this is not true, to be able to face life alone. I repeat, "It is not our nature to be able to face life alone!" There is nothing wrong with getting help. If you can do that, it's one more way of role modeling for an addict, that they need not be alone in this fight for self-preservation.

***Real Steps That You Can Take to Become Part of the Solution!***

Get out the phone book. Get on the Internet. Watch the Public Service ads on late night TV.

Get the phone numbers for Alcoholic Anonymous and Narcotics Anonymous. Both of these 12-Step programs usually have “Hot Line” numbers. They both usually have phone lines that give the schedules, including day, time and location of Meetings. Be sure to find “Open” not “Closed” meetings. “Closed” meetings do not allow non-addicted visitors. “Open” meetings do. Now days, they generally tell if the meeting allows smoking and if it has handicap access, too.

**Go to a meeting!**

So what, if your addict is not going to meetings yet... you’ll just be a better part of their support system when the time comes to start going. You can learn a lot from AA, NA, or any other 12-Step group. Addressing alcoholism and/or addiction is just a small part of what this self-help recovery philosophy is about. It is about addressing “Life”. That is the primary problem that an addict has once the drugs are removed. They do not know how to “do life”. You just may find that there are things going on with this outfit that you could benefit from. If so, then you will want to find “Alanon”. Alanon is specifically organized to support those non-addicts who have an addict in their lives.

Does it sound like I’m asking a lot? I don’t know... are you serious about wanting to have a life and not have to exclude your addict from that life? I said, way back in the beginning that you need to be open-minded and willing to admit to the need for change. It’s the same thing that you are, or are going to be, asking when you want an addict to go into “Recovery”.

Remember that what we are doing here, is trying to learn how to have a healthy meaningful life, in spite of having an addiction in it.

***I hope that by understanding addiction you will understand the addict!***

***I also hope that by understanding the addict you will be better for you!***

By the way, I have not asked anyone to spend any money, so far!

Now I'm going to! You need to buy two books, in addition to mine. Actually, if you've gone to an AA and an NA meeting and are considering going again (which hopefully you will do), you could probably borrow a copy. If you "share" at the meeting and they know what you are doing, someone might, and this is not uncommon, might even "give" you a copy. Much stranger things have happened at both AA and NA. My first recommended literature is "The Big Book" of Alcoholics Anonymous. Written and first published in the 1930's, credit is commonly given to Bill Wilson and Dr. Bob Smith. Being a product of the era stated, the language is somewhat of a "time dialect" or in other words, there are some words that are not used very often anymore. You might want to have a dictionary at hand, but don't let this put you off, millions of alcoholics have navigated their way through it to a whole new life. The first 164 pages are "the program" of Alcoholics Anonymous, the original 12-Step Program. The remainder of the book is testimonials from alcoholics that the program has helped. Remember that these are program of "Life", and don't be surprised if you find a whole lot of things that can help you, as a non-alcoholic/addict. Next on the literature list is the "Basic Text" of Narcotic Anonymous. All 12-Step programs, other than AA are based on the "Big Book" and the experiences of members of AA. The "Basic Text" is worded more modernly and its focus is specific to "addicts", though it does make very clear that "Alcohol is a drug, period." The format also includes testimonials from addicts who have been helped by the NA program of recovery. This book, as well, addresses living "life on life's terms" like all 12-Step programs do.

We've been through "***Do not's***" and some, more or less, physical, "***Dos***" so far in this last section.

"***Do***" is an action word, but that action is not always a physical task. In our case we're looking at things that we want to do with our thinking and behavior, much as is required of the addict in recovery.

## “Do!”

Remember that addiction is a powerfully destructive and pervasive disease. You clearly see the evidence because you are a part of the life of an addict. You also know that their disease is affecting you. Were this not true, you wouldn't even be reading this. Yeah, we're back to square one except for one thing. You've read my E-book.

Hopefully you have a completely different view, much better educated, of what's going on with someone you are close to who uses drugs or alcohol. I now should have proven that they have a disease. Assuming this, we know that most all diseases are in some way, to some degree, treatable. This disease, addiction, actually has various techniques or philosophies of treatment that have proven, positive results. These results are most often validated by testimonial from the patients or victims of the disease. To some degree sadly, a lot of information about recovery from addiction is privileged by the sanctity of the anonymity of 12-Step programs. This anonymity is crucial to the high degree of success of AA and NA in combating alcoholism and drug addiction, as there is also a strong criminal element to the effects of addiction to alcohol and other drugs. This by it's own nature has finally proven that treating addiction as a social or moral problem has been a failure of monumental proportions. Prisons are full of addicts who would be better served by treatment programs. Even the institutions that have grown into a major section of the local, state and national economic systems, realize that they are ineffective. The “War on Drugs” failed. Addicts are not the enemy. They are our sons, daughters, fathers, mothers, and other relatives. We know that in most cases if you remove the drug from the equation the crime also goes away, also.

With our philosophical changes regarding this issue being in their infancy, it's inevitable that it will come to include you, the other victims in a more structured format. We counselors already know that bringing family, and any other significant persons involved with addicts, into the recovery equation makes for more successful treatment of the disease.

I believe that it is crucial for you to recognize how very important you are. Just as human beings, all have value in the world. As a victim you are still very overlooked regarding where to get help and how to get help, and even how important it is that your mental health be guarded to limit the collateral damage of addiction on our society. To you I would say, "Help is on the way." I am trying to analyze needs to be addressed in the overall scope of the disease of addiction. I believe that every time one more person understands and accepts the "disease concept of addiction" we move closer to reclaiming a large section of our society as productive members. I believe that this disease concept will relieve much agony and suffering for those of you who are victimized, while at the same time being extremely beneficial to the ability of addicts to recover their lives and return to the family structure and society.

Addiction affects so many aspects of our lives that are not always recognized. Petty theft alone is not a petty thing. It is one of greatest overhead costs to retail sales businesses. We all know that alcohol contributes to unreal numbers of fatal traffic accidents. This definitely affects insurance rates for automobile owners. The broken families, and incarceration rates for addicts, cost in huge welfare roles, and in the maintaining of penal institutions. The courts are completely bogged by addiction related cases. Worst of all, though, is the far-reaching effect of addiction on the children. It affects their lives as children and goes on to affect their adult lives. Grandparents are raising their grandchildren and being deprived of their "golden years". It just doesn't stop.

Keep track of my Internet site, as I am going to make it an interactive, member site as soon as possible. I am also working on another E-Book

I hope that you feel you have made a good investment. Most of all I hope that I have helped you with a very difficult part of your life.

Best Wishes,

***David R Carroll, CADCA, WebMaster***

***Visit our site, Addiction: Why Me? @ [www.MyDaveCarroll.com](http://www.MyDaveCarroll.com)***