

Quick Start Guide for Video Chapter 2: What Is Addiction?

Materials and Preparation Needed

- Prepare to show the video on a TV or monitor.
- Print the chapter 2 fact sheet, “Addiction,” for each client.

Step 1: Introduce the Topic (2 minutes)

Tell clients: After viewing this video chapter, you will be able to

- explain the difference between harmful use and addiction
- identify the symptoms of substance use disorder
- acknowledge that addiction is a primary, chronic, genetic, progressive, and potentially fatal disease
- recognize that people can have multiple (cross) addictions

Step 2: Play Video Chapter 2: What Is Addiction? (15 minutes)

Step 3: Discuss Video Chapter 2: What Is Addiction? (12 minutes)

Ask: The video talked about the difference between harmful use and addiction. Can you name some of the differences?

Explain: The progression from harmful use to addiction varies in terms of noticeable signs and the time it takes for the progression to happen. *Harmful use* is when a person using alcohol and/or other drugs begins to experience negative consequences from their use but still has the ability to change their using behavior and even stop their use. Some negative consequences from harmful use include: frequently missing work or school, having relationship problems, choosing to drink or get high instead of following a normal routine, getting sick more often, or even losing the trust of family or friends because of substance use. *Addiction* occurs when substance use becomes compulsive and behaviors become more erratic and irrational, with serious, significant consequences. This includes the person becoming physically and psychologically dependent on substance use, needing more and more of a substance to make them feel the high that they are looking for (this is called *tolerance*), and experiencing extreme physical and physiological distress when stopping their substance use (this is called *withdrawal*).

Ask: Addiction is often called substance use disorder. What does it mean to have a substance use disorder?

Explain: *Substance use disorder* is the term used by the American Psychiatric Association (APA) and treatment professionals to describe the disease of addiction. Because substance use disorder is a disease, people with the disease show a number of common symptoms or signs. The exact symptoms may change depending on the type of drug a person is addicted to. Some of the symptoms that are common to most substance use disorders are

- trying unsuccessfully to quit substance use
- experiencing cravings or a strong preoccupation to use a substance
- taking more of the substance over a longer period of time than was intended
- spending a lot of time trying to get the substance and recovering from its effects
- giving up other things for substance use
- continuing to use the substance despite knowing you are harming yourself and others
- experiencing tolerance, or a need to take more and more of the substance to get high
- experiencing withdrawal symptoms (which are relative to the substance used)
- taking the substance to relieve or avoid withdrawal, such as drinking beer in the morning to get rid of a hangover

The APA goes on to qualify the severity of a substance use disorder as *mild*, *moderate*, or *severe* depending on how many symptoms a person has. Someone with *moderate* substance use disorder has four or five symptoms, and someone with *severe* substance use disorder has six or more symptoms. According to the Surgeon General's 2016 report, in 2015, 20.8 million people in the United States met the criteria for a substance use disorder.⁴

⁴ U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* (Washington, DC: HHS, November 2016), v 1-3, <https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf>.

Ask: What did you learn in the video about addiction as a disease?

Explain: Addiction is a disease that is primary, chronic, progressive, genetic, and potentially fatal. It is *primary* because it is not secondary to another underlying illness, such as a psychological disorder like anxiety or depression. People may start using alcohol or other drugs to mask their depression or anxiety, but once the person with an addiction starts using alcohol or other drugs, addiction emerges as the primary disorder, separate from psychological disorders. It is *chronic* because there is no cure; it is a lifelong disease that must be treated and managed. It is *progressive* because it gets worse over time; for most people, addiction becomes progressively more severe causing more physical, social, and emotional problems in their lives. It is *genetic* because 40 to 60 percent of a person's predisposition to addiction is attributed to their genetics (physical makeup inherited from their family).⁵ Finally, addiction is *potentially fatal* because, if left untreated, the result of addiction as a progressive disease is premature death.

Ask: What does it mean to have a cross-addiction?

Explain: *Cross-addiction* means that a person who is dependent on one drug, be that alcohol or other drugs, replaces their drug of choice with a different drug and develops an addiction when switching to the different drug. This can happen when a person in recovery from using their drug of choice thinks that using a different drug will be harmless to their recovery. This often leads to relapse back to their drug of choice, or worse: developing an addiction to the new drug. An example of cross-addiction is a person in recovery from alcohol use who decides to smoke marijuana and begins to use marijuana regularly. Eventually, the person's drug of choice becomes marijuana, they slide back to alcohol use, or they end up using both alcohol and marijuana. Cross-addiction can also be related to behaviors that don't involve substance use such as gambling, compulsive sex, compulsive eating, or compulsive shopping.

Step 4: Give Each Client the Chapter 2 Fact Sheet: "Addiction" (3 minutes)

Take Home: Urge the learners to take the "Addiction" fact sheet with them and prepare to discuss it in the next session.

In Group: If time allows, have learners take turns reading sections of the fact sheet aloud and discuss any questions that arise.

Note: This may add 10 minutes to your planned session time.

⁵ National Institute on Drug Abuse, "Drugs, Brains, and Behavior: The Science of Addiction," last updated July 2014, www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction.

Quick Start Guide for Video Chapter 5: How Does Addiction Affect Thinking?

Materials and Preparation Needed

- Prepare to show the video on a TV or monitor.
- Print the chapter 5 fact sheet, “Denial,” for each client.

Step 1: Introduce the Topic (2 minutes)

Tell clients: After viewing this video chapter, you will be able to

- describe the negative impact of addiction on one’s emotional development
- describe the negative impact of addiction on one’s ability to think and reason, particularly among adolescents
- explain addictive thinking and addictive thinking patterns

Step 2: Play Video Chapter 5: How Does Addiction Affect Thinking?

(13 minutes)

Step 3: Discuss Video Chapter 5: How Does Addiction Affect Thinking?

(12 minutes)

Ask: How is emotional and cognitive development impacted by substance use and addiction?

Explain: Addiction has a significant impact on a person’s emotional growth. Substance use can become a form of escape and avoidance, leaving the person without the coping and relationship-building skills that come with adulthood. For adolescents, the negative effect of early substance use on their emotional and cognitive (thinking) development is even greater. Research shows that the part of the brain that processes feelings of reward and pain—which are crucial drivers for drug use—is the first to mature during childhood. The part of the brain responsible for making decisions and managing impulses isn’t completely developed until around age twenty-five, making impulsive, reckless, and rebellious behaviors part of an adolescent’s normal brain development. In other words, teenagers have a fully functioning reward system and poor ability to control it! During this time, the brain also acts like a sponge, soaking up a lot of information as well as the impulse to engage in some risky behaviors. By engaging in alcohol and other drug use while the brain is still developing, in addition to typical emotional and social growth, it’s

no wonder that adolescents who use substances at an early age will be at a higher risk for developmental difficulties. These difficulties can include: trouble with school and academic performance; impaired memory and thinking ability; having low self-esteem; showing signs of aggressive or violent behavior; tending to seek out peers who also use substances; getting into trouble with the law; experiencing depression, anxiety, and other mental health issues; and having a higher risk of developing an addiction.

Ask: What is addictive thinking, and how does it happen?

Explain: People with an addiction have a unique style or pattern of thinking. This pattern is called *addictive thinking*, and it is a big part of what keeps them using substances, despite the negative consequences they experience. In general, addictive thinking involves (1) having distorted or irrational thoughts that reinforce negative attitudes and (2) being in denial, which makes accepting reality extremely difficult resulting in (3) intense fear and resistance to change. Addictive thinking is also heavily influenced by cravings, or messages that come from the survival part of the brain. These powerful messages distort logic and help rationalize-away facts, in spite of clear evidence to the contrary. In other words, you say “The sky is blue”; they say “No, it’s not.” Taking a closer look, *distorted and irrational thinking* means having thoughts that don’t follow logic and ignore any evidence of facts. “It’s okay to use as many drugs as you want, as often as you want” is an example of distorted and irrational thinking. *Denial* is refusing to admit or acknowledge something that is obvious to others. For the person who abuses alcohol, saying “I can have just one drink and then I’ll stop” is a denial of the facts. The person is resisting any change that would challenge their substance use. Research shows that addictive thinking patterns may come from cognitive (thinking) differences in people with addiction and how their brains process the long-term consequences of their substance use.

Ask: What is denial, and how does it keep people stuck in addiction?

Explain: *Denial* is refusing to admit or acknowledge something that is obvious to others. When it comes to substance use disorders, denial occurs when people refuse to accept or acknowledge the problems created as a result of their addiction. They might deny dependence on a substance, their lack of control over use, their ability to stop using, and the physical, emotional, and social consequences of their use. People with an addiction might use denial to sidestep shameful, uncomfortable, or painful events. They might use denial to minimize deep feelings of guilt, shame, anxiety, fear, and inadequacy. In cases of prolonged or severe addiction, denial means that the brain has been rewired to prioritize

substance use over the basic survival needs of food, water, and safety. In effect, the brain is denying your survival, saying “you need alcohol or drugs or else you will die.”

Denial is something that happens to the person with the addiction, but also within families and the community at large. Family members often deny that someone within the family circle has an out-of-control problem and isn’t behaving like people in other families because of fear or it being too painful to admit that a family member has an addiction. It is easy to see why denial keeps people stuck in the cycle of addiction.

Step 4: Give Each Client the Chapter 5 Fact Sheet: “Denial” (3 minutes)

Take Home: Urge the learners to take the “Denial” fact sheet with them and prepare to discuss it in the next session.

In Group: If time allows, have learners take turns reading sections of the fact sheet aloud and discuss any questions that arise.

Note: This may add 10 minutes to your planned session time.