

Love First

A New Approach to Intervention for Alcoholism and Drug Addiction

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with a foreword by George McGovern

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Section 1 Insights into Alcoholism and Other Drug Addictions

What Does It Take to Get an Alcoholic or Addict to Accept Help?

“I don’t know much about this problem, but one thing I know is that you can’t help an alcoholic until he’s ready for help.” We’ve heard this statement hundreds of times. We’ve even heard it from recovering alcoholics and addicts, counselors and doctors. You’ve probably heard it from people you know, and maybe you’ve said it yourself. It’s the most unchallenged myth about addiction and the one that stops us from responding to a deadly and destructive disease. It leaves us standing at the sidelines while addiction runs through our families like a freight train.

When we say, “One thing I know is that you can’t help an alcoholic until he’s ready for help,” what we’re silently thinking is: “Therefore, there’s nothing you or I or anybody else can do about this problem.” This is simply not true.

Take a look at what happens when we challenge this myth with a well-placed question: “If alcoholics and addicts won’t accept help until they’re ready, what will it take to get them ready?” When you ask yourself this question—*what will it take?*—you change the way you think about the problem and, in turn, change how you approach the problem. Can you remain resigned to the idea that there is nothing anybody can do, or does this question propel you to search out an answer? As James Allen reminds us in his book *As a Man Thinketh*, “Let a man radically alter his thoughts, and he will be astonished at the rapid transformation it will effect in the material conditions of his life.”

Alcoholics and addicts get help not because they see the light, but because they feel the heat. Something comes along that shakes them up so sufficiently, they’d rather accept help than continue drinking and drugging. We call this shake-up *intervention*. Most intervention is an unorganized, grueling jumble of personal tragedy for the alcoholic and the family—divorce, job loss, financial ruin, domestic violence, child neglect, jail, cirrhosis, insanity, and, ultimately, death. Something tragic intervenes before the alcoholic or addict seeks recovery. However, intervention can be an organized, loving act performed by friends and family. One type of intervention takes years and years of suffering; the other, a few weeks of planning.

The reasoning behind the widely repeated phrase *hitting bottom* is that we must wait for negative consequences to overrun the alcoholic or addict’s life before he will accept help. Prior to the development of intervention techniques in the 1960s by

Dr. Vernon Johnson, families had no other recourse than to wait for the alcoholic to hit bottom. But hitting bottom comes with a big price tag. The destruction of the family is one price many people pay. Hitting bottom can also mean jail, insanity, or death. Intervention is a way of *raising the bottom*. Intervening with *love first* helps an addicted loved one find recovery without going through years of affliction and loss. The family, too, is saved from heartbreak and pain that can endure for decades.

The fact that you have this book in your hands means you are probably ready to make a commitment for positive change. Roll up your sleeves and learn what needs to be done. You will be amazed at how things come together. As Napoleon Hill, researcher and writer on the philosophy of American achievement, discovered while observing successful people, “The moment you commit and quit holding back, all sorts of

unforeseen incidents, meetings, and material assistance will rise up to help you. The simple act of commitment is a powerful magnet for help.”

So trust the process, and take one step at a time. If, along the way, someone says, “You can’t help an alcoholic until he’s ready to accept help,” politely ask what they think it’ll take to get the alcoholic ready to accept help.

A Word about Terms We Use

Addiction is the same disease regardless of the drug used. Our society commonly differentiates mood-altering drugs by placing them in three major categories: alcohol, prescription drugs, and illegal drugs. Inhalants can be added to this list, but are substances not usually categorized as drugs. They are ordinary household solvents and substances that produce a high when sniffed. We describe addiction to these various drugs in different ways: alcoholism, drug addiction, and chemical dependency. All three words describe the same disease and are interchangeable. The recovery process is the same regardless of the drug of choice. While illegal drugs get the most attention from the media, alcoholism is the number one drug problem in the United States.

As you read this book, you will notice that we freely interchange the words alcoholic, addict, and chemically dependent. When we use the term *alcoholic*, we are talking about all addicted people regardless of their drug of choice. When we use the terms *addict* or *chemically dependent*, we are referring to people addicted to alcohol in addition to other drugs. Inhalants also are included when we use these terms.

Chemical dependency is an equal opportunity disease. It does not discriminate on the basis of race, age, education, economics, or sex. Keep in mind that addiction happens to both men and women, and to convey this, we have alternated the use of the pronouns *he* and *she*.

Are You Barking Up the Wrong Tree?

Just about everybody we talk to tells us they’ve tried everything to help the alcoholic and nothing works. But let’s ask ourselves, what do they really mean when they say they’ve tried everything? Probably, *everything* means things such as reasoning, pleading, begging, rescuing, arguing, threatening, cajoling, bribing, ignoring, reprimanding, or punishing. Many of us have spent tremendous energy without making an inch of progress, because these efforts don’t work—at least not for long.

So what’s the problem? First of all, no one teaches us the right way to help someone suffering from alcoholism or other drug addictions. Turn on your television, pick up a newspaper. You’ll see stories about drunken drivers, drug arrests, kids shooting heroin; but you’ll rarely, if ever, see accurate, worthwhile information that prepares you to help your relative or friend. We ask our children to “just say no,” but we don’t teach them what to do if they marry an alcoholic or if their best friend becomes an addict. As a society, we focus on the problems of addiction but ignore solutions for the family. We have to change that, because chemically dependent folks aren’t from another planet but from our families, our neighborhoods, our world. They are our friends and relatives. With the right information, we can make a huge difference.

Not long ago, we were at a grant-writing workshop in Lansing, Michigan. The instructor looked around the room and said, “You people who are working with alcoholics and addicts will have a tough time getting grants because people have no

sympathy for alcoholics.” He went on to explain that if we wanted financial support for our work, we needed to put a twist on what we do, such as helping children of alcoholics, preventing kids from using drugs, stopping drunken driving. Say anything, but don’t say you want to help alcoholics. This illustrates the prevalent attitude we see throughout our country. We turn our backs on alcoholics and addicts and, when we do so, we turn our backs on the people who love them.

Is it any wonder that families are left empty-handed when it comes to coping with this disease? Renowned individuals step forward to educate us about breast cancer, AIDS, heart disease, diabetes, and Alzheimer’s disease. On television commercials, a former presidential candidate is educating us about erectile dysfunction. But stop and listen for a word or two of sensible advice on how families can help an alcoholic, and you’ll hear very little. You’re left to your own devices, dreaming up ways to solve this problem on your own, randomly pulling ideas out of thin air. If one thing doesn’t work, you try another. When that doesn’t work, you come up with something else. You hope and pray the next thing works, but you end up frustrated again and again. It’s no wonder you’ve come to the conclusion that nothing can be done. You’re trapped in a catch-22: No one is teaching you the right approach, yet no one can expect you to know the right approach unless someone teaches it to you.

When You and the Alcoholic Are Speaking Different Languages

How many hours have you spent talking to your cherished loved one, trying to prevent him from sliding further into the quagmire of addiction? How did it feel when you saw that your best efforts were backfiring? Did a good intention look more like World War III? Alcoholics undoubtedly come out ahead, and you walk away scratching your head, trying to figure out what went wrong. Talking sense to an alcoholic is one of the most frustrating things you will ever do.

You probably don’t realize that you and the alcoholic are speaking two different languages. To you, alcohol is the obvious problem and sobriety is the logical solution. If the alcoholic would listen, you know he would put the bottle down forever. Of course, it rarely works that way. To the alcoholic, alcohol is not the problem, it’s the solution. The problem is anybody or anything that gets in the way of his consumption of alcohol. You’re talking about alcohol as the problem; he’s talking about you as the problem. See the problem?

To illustrate this point, consider Jeff’s story. At twenty-six years old, Jeff was already in the latest stage of alcoholism. He couldn’t hold down a job, eat solid food, or go more than four hours without a drink. He was living in a San Francisco city park when he couldn’t panhandle enough money for a room in a flop house. He was bleeding internally and couldn’t walk more than a short distance because of a nerve disorder caused by the toxic effects of alcohol. In the face of all this evidence, Jeff still didn’t think he had an alcohol problem; he thought he had a cash flow problem. He wasn’t thinking about recovery; he was thinking about suicide. Although his family tried many times to convince him to stop drinking, he didn’t have the foggiest idea what they were so worked up about. He argued and saw them as the problem. Subsequently, he moved as far away from his family as he could. Jeff, another faceless alcoholic, almost died in the streets. It was only after his family learned how to speak to him differently that Jeff had a moment of clarity and accepted help.

As Dr. Vernon Johnson, the father of intervention, explains in his book *I'll Quit Tomorrow*, "The reason alcoholics are unable to perceive what is happening to them is understandable. . . . For many reasons, they are progressively unable to keep track of their own behavior and begin to lose contact with their emotions. . . . Alcoholics don't know what is happening inside of them."

The solution for addiction cannot come from a mind controlled by alcohol or other drugs. It must come from an outside source. Because we are the people who clearly see the problem, it is our job to bring a moment of enlightenment to the alcoholic. But first, we need to learn a language the alcoholic will understand.

When Keeping You Off Balance Is a Good Thing for an Alcoholic or Addict

How many times have you approached an alcoholic with your concerns, only to be blamed for everything? Suddenly, you're defending yourself, and the drinking problem gets lost in the shuffle. Every family we've talked with can relate to this blame game. Alcoholics and addicts use the blame game to deflect unwanted attention. It's a very effective technique. While you are busy defending yourself, the alcoholic is making his getaway. Keeping you off balance is a good thing for an alcoholic.

The alcoholic will do anything to keep you off his back. *Promise them anything* is one of his defenses. Alcoholics are very adept at convincing people they can handle the problem on their own, and you've probably been through this many times by now. The addict tells you that he'll change, and you hope with all your heart that this time he keeps his promise. However, because of his addiction, he's lost his ability to consistently keep promises.

"I'll stop using the hard stuff," the alcoholic may promise. She promises to drink wine instead of hard liquor, or the addict says she'll drink beer rather than smoke pot. She's switching to something that is perceived as less harmful, therefore, less problematic. There's a catch, of course. Switching to wine doesn't work, because alcohol is alcohol regardless of how it is delivered into the body. The formula for alcohol content is: One ounce of 86 proof liquor = twelve ounces of beer = four ounces of wine. Each delivers the same amount of alcohol, so switching from one to the other is nothing but a shell game.

If the drug of choice is marijuana, cocaine, or some other illegal drug, the addict may appease you by promising to drink alcohol instead. Again, everybody is relieved because their treasured loved one is finally off "drugs." However, it's all chemistry to the brain. The brain doesn't say, "Oh, this is alcohol, a legal drug. Since we're not doing street drugs, we're not addicted anymore." When you switch one drug for another, it's called *switched addiction*. An addicted person cannot use any mood-altering drugs, including alcohol, without running into problems.

Another popular promise the alcoholic makes is, "I'll cut back." Most alcoholics, unless they're in the later stages of addiction, are capable of cutting back for periods of time. In the early and middle stages of addiction, the alcoholic doesn't lose complete control over his alcohol or other drug use. Instead he has periodic loss of control. For example, an alcoholic may cut back to two beers a day for a month. Then, one day, he can't stop at two beers and loses control. He contends that the month of responsible drinking proves he has control over his drinking when he sets his mind to it. However, as

long as alcohol is entering his body, he will eventually have problems with the drug. Cutting back is never more than an unreliable, temporary fix for the alcoholic.

When an alcoholic finds herself in big trouble, she may take extreme measures to reconcile with you. She may promise: “I can prove I’m not an alcoholic. I’m going on the wagon.” For the same reasons discussed above, chemically dependent people can be very successful at going on the wagon for varying lengths of time. Let us tell you the story of a man we worked with recently.

Bill began by telling us about the many wonderful years he and his wife have had together. However, near retirement, his wife’s alcoholism had progressed to the point of destroying their relationship. He convinced her to visit a marriage counselor who rightly said that the relationship problems couldn’t be dealt with as long as alcohol was still in the picture. The wife vigorously denied having an alcohol problem. The marriage counselor suggested something to the wife that made perfect sense to the untrained ear, but nonetheless was misguided and ill-advised: “If you’re not an alcoholic, prove it to us by not taking a single drink for an entire year.” With that, the wife left the counselor’s office and obliged him by not drinking for one year. On the one-year anniversary, she opened up a bottle of wine and drank until she was inebriated. She proceeded to get drunk every day thereafter.

What happened here? First of all, the counselor didn’t understand the concept of periodic loss of control—that only late-stage alcoholics have total loss of control over their drinking. His suggestion to go on the wagon implied that if the wife successfully stopped drinking for a twelve-month period, she wasn’t an alcoholic. Contrarily, an alcohol and drug counselor would tell you that going on the wagon is a symptom of a drinking problem. It’s called an attempt to control. Nonaddicted people don’t strive to control their drinking, because they haven’t lost control in the first place.

The wife, desperate to prove she wasn’t addicted to drink, sacrificed alcohol for one year. Once the year was up, she felt she had her retribution and a well-deserved freedom from future accusations. Then she did what she’d been waiting to do all year—opened a bottle of wine, started drinking, and never looked back.

The husband, Bill, is once again living with an intoxicated wife, who reminds him that she had stopped drinking for the required amount of time and had proved she wasn’t an alcoholic. The husband is left in a worse position than before he sought help. In this case, doing something was worse than doing nothing. The professional he consulted was a marriage counselor who didn’t have sufficient knowledge about treating chemical dependency.

Be aware of why the alcoholic makes promises. The nature of addiction forces alcoholics and addicts to engineer escape routes whenever they feel threatened. Many of their promises are escapes. Remember, the alcoholic is protecting access to his solution—alcohol or other mood-altering drugs—while keeping you, “his problem,” at bay. The more educated you become, the less likely it is you’ll be persuaded by the alcoholic’s diversions.

What Science Has Learned about the Genetics of Addiction

We often hear people blame their loved one’s alcoholism on low self-esteem, stressful lifestyles, or marital problems. While all these may be reasons why people drink, they aren’t reasons why people become alcoholic. If we look at people’s drinking patterns,

we'll probably see that they drink for different reasons at different times: beer is part of the fun with friends on weekends; scotch relieves stress after work; wine reduces inhibitions during a romantic date; martinis feel sophisticated at a fancy party. Which of these reasons—having fun, relieving stress, reducing inhibitions, feeling sophisticated—causes alcoholism? None of them, of course. Reasons for drinking can't cause addiction. If they could, everyone who drank for those reasons would be at high risk for alcoholism.

The majority of behavioral scientists and geneticists studying alcoholism agree that it's a genetic disease passed down from generation to generation. In 1990 researchers announced they found the gene that causes severe forms of alcoholism. The resulting media blitz led to wide public acceptance that the "alcoholic gene" had been discovered. Since that time, however, genetic researchers have announced that the study was not properly designed. Using correctly designed studies, geneticists find no evidence that this gene is responsible for alcoholism. Alcoholism and other addictions are more likely attributed to multiple genes rather than any one gene.

Dr. Robert Karp, program director for genetics in the National Institute on Alcohol Abuse and Alcoholism's Division of Basic Research, explains that alcoholism is one of the most complex diseases we know and a great challenge for scientists. Although researchers are making progress, Dr. Karp says that science must develop new scientific methods to meet the demands of studying the disease.

Dr. Karp goes on to say that even though researchers have not located the genes responsible for alcoholism, there is an overwhelming amount of evidence that alcoholism is inherited. This evidence has been gleaned through decades of adoption and twin studies that ask the question: "Does alcoholism run in families because children *learn* to become alcoholic; do they inherit genes that cause alcoholism; or *both*?" These studies consistently come to the same conclusion: alcoholism is an inherited disease, not a learned behavior.

Twin Studies

Twin studies separate genetics from environment by focusing on the differences between identical and fraternal twins: identical twins have the identical genes and fraternal twins have some of the same genes. If alcoholism is genetic, then identical twins should be equally predisposed to alcoholism because they have identical genes. In other words, if one identical twin is alcoholic, then the other is likely to be alcoholic; if one is nonalcoholic, then the other is likely to be nonalcoholic. Fraternal twin pairs should exhibit more differences in their predispositions to alcoholism because each twin has a different genetic makeup. In other words, more fraternal twin pairs will have one alcoholic twin and one nonalcoholic twin than will identical twin pairs.

If the influence is environmental, however, the probability that a pair of twins will match each other's predisposition to alcoholism will not change based on whether they are identical or fraternal twins. The probability of a match will be determined solely by the similarity of environments, not by the similarity of genes. So identical and fraternal twin pairs should show equal rates of matching each others' predispositions to alcoholism if each pair lives in the same environment.

After studying twins for decades, researchers find that differences exist between identical and fraternal twins. Identical twin pairs are much more likely to match each other in their predisposition for alcoholism than fraternal twins. Pairs of fraternal twins

are more likely to differ in their tendency to be alcoholic, one twin being alcoholic while the other is not. This indicates that genes, not environment, determine alcoholism. It's inherited, not learned.

Researchers have also used twin studies to determine if addiction to other mood-altering drugs is genetic. The outcomes show that vulnerability for abusing marijuana, sedatives, heroin and other opiates, and hallucinogens is highly heritable. Some studies show different susceptibilities for different drugs. Dr. Ming Tsung, a researcher at Harvard, reports that "the genetic influence for abuse was greater for heroin than for any other drug." Researchers also find that abusing one type of drug is related to an increased vulnerability to every other type of addictive drug.

Adoption Studies

Adoption studies are another way researchers have separated genetics from environmental influences when studying alcoholism. Since the 1920s, researchers have studied people born of alcoholic parents but adopted at infancy into nonalcoholic homes. These studies may be the most effective at separating nature from nurture, genetics from environment. If environmental factors are responsible for alcoholism, adoptees born of alcoholic parents who grew up in nonalcoholic homes should show low rates of alcoholism. If genetics are responsible, adoptees will have higher rates of alcoholism regardless of their nonalcoholic upbringing. Researchers have found that adoptees born of alcoholics but raised by nonalcoholic parents are four times more likely to become alcoholic than adoptees whose biological and adoptive parents are nonalcoholic.

Animal Studies

Animal studies are also used to research the genetics of alcoholism. Scientists have genetically altered rats to develop strains of *alcohol-preferring* rats from rats who normally avoid alcohol. Alcohol-preferring rats will choose alcohol over water. Alcohol-avoiding rats will not drink alcohol even when deprived of water. When alcohol-preferring rats are bred, their offspring prefer alcohol too. When alcohol-avoiding rats are bred, their offspring avoid alcohol. This indicates that a low or high preference for alcohol is heritable. The American Psychological Association reports in the *APA Monitor* that "other trait models [using rats and mice] developed by researchers include . . . strains that sleep for a long time after drinking; strains that sleep a short time after drinking; strains that develop severe alcohol withdrawal symptoms after chronic alcohol exposure; and strains that develop mild withdrawal symptoms." Behavioral scientists say that the ability to breed animals to exhibit specific traits proves that these traits are genetically influenced.

Research consistently finds that the modeling of parental behavior does not account for the transmission of alcoholism. Children do not become alcoholic by watching the behavior of an alcoholic parent; they become alcoholic because they are genetically predisposed to the disease. But genetics alone don't account for alcoholism. A person must drink alcohol to activate the disease. For this reason, the National Institute on Alcohol Abuse and Alcoholism has issued statements recommending that people in alcoholic families abstain from alcohol use. Of course if family members don't know alcoholism runs in their family, they can't make an informed decision about whether or not to use alcohol. For this reason, hiding information about family alcoholism from

children puts them at greater risk for becoming alcoholic. Be open with children. Tell them that alcoholism runs in your family and that they may have inherited the disease. Let them know that the only reliable way to prevent alcoholism is to choose not to drink. Moreover, be sure your words and actions are congruent. If you say “don’t drink” but your actions say “drinking is terrific,” your kids will probably follow your actions, not your words.

Animal, twin, and adoption studies consistently establish addiction as a genetic disease. Understanding addiction as a disease is not a new idea, however. In 1877 *Scientific American* published an article titled “Inebriety As a Disease.” The article states: “Science . . . draws a broad distinction between drunkenness as a vice and drunkenness as a disease. The man who drinks for pleasure, it holds, may look for benefit in the counsels of others or in his own strength of will; but he who drinks because he cannot help it, being led by an irresistible impulse, is a sick man, and needs not a temperance pledge but a physician.”

Eleven Misconceptions about Chemical Dependency

There is so much misinformation circulating about addiction, but not enough space here to discuss each myth in detail. Instead, we’ve selected the eleven most common myths. For each one, we’ll give a synopsis of why it is not true. See how many of these you’ve accepted as fact:

1. *An alcoholic or addict must be ready for help before he can be helped.* We’ve already addressed this myth in the first section. A recent Hazelden survey of recovering addicts found that 70 percent found help after a friend, family member, employer, or co-worker intervened.
2. *You’re not alcoholic if you don’t drink daily or in the morning.* Patterns of alcohol or drug use can vary widely from person to person. While one alcoholic may drink every day, another may drink only on weekends or binge drink once every few months. It is not when or how much someone drinks, but what happens when they drink that will inform us if they have an addiction.
3. *You’re not alcoholic if you still have a good job and never miss a day of work.* When someone has a problem with addiction, they’re out to prove to themselves and to others that they are not addicted. Since one of the commonly accepted signs of addiction is absenteeism from the job, alcoholics often diligently go to work every day. Most addicted people are employed and many never miss work.
4. *Illegal drugs are more dangerous to the human body than alcohol.* Although illegal drugs are not safe, alcohol is the most dangerous drug to the human body. It affects virtually every organ of the body. Although there are studies as to the health benefits of alcohol, those benefits exist when alcohol is used in very small amounts and only for certain populations. For many people, the risks outweigh the benefits. Some studies counter the well-publicized findings as to how significant these benefits really are.
5. *Illegal drugs are the biggest addiction problem in our country.* Addiction to alcoholism far outweighs the problems associated with addiction to illegal drugs. Death from alcohol problems claims 100,000 people per year while drug-related deaths are approximately one-fifth that amount. Alcohol abuse costs

businesses eighty billion dollars per year as compared to sixty billion dollars for all other drugs. Approximately eighty-seven million people are related to or living with an alcoholic, whereas about fifteen million are related to or living with a drug addict.

6. *Addiction is the result of a lack of willpower.* Chemical dependency is a complex disease that affects a person physically, mentally, emotionally, and spiritually. Willpower is not an effective therapy for this disease any more than it would be for cancer, diabetes, and heart disease. Addiction happens at a physical and psychological place that is beyond the reach of the will.
7. *A recovering cocaine (heroin, marijuana, speed, Valium) addict can still drink alcohol.* Alcohol is a mood-altering drug; therefore, no chemically dependent person can use alcohol and be in recovery from addiction. If a cocaine addict, for example, uses alcohol, it may set off cravings that will lead him back to cocaine use. If his use of alcohol continues, he will begin to show alcohol problems. This is called a switched addiction.
8. *An alcoholic can use Valium if he follows the doctor's directions.* A chemically dependent person should never use any addictive, mood-altering drugs even when prescribed by a doctor, except when absolutely necessary. Use of Valium or other mood-altering drugs on a regular basis activates addiction. Alcoholics may need a mood-altering drug if, for instance, they are in acute pain or going into surgery, but nonaddictive drugs or drug-free techniques are recommended for long-term medical needs. (Note that mood-elevating drugs or anti-anxiety drugs are not the same as addictive drugs.)
9. *If drugs are prescribed by a doctor there is no danger of becoming addicted.* While prescription mood-altering drugs have an important role to play in medicine, some people using these drugs become addicted to them.
10. *Addiction is the addict's problem, not mine.* Addiction is a family disease. Every chemically dependent person directly affects, on average, five to eight other people. Beyond the emotional and financial price paid by families and friends, addiction costs society billions of dollars.
11. *Treatment doesn't work.* For every dollar spent on treatment, we save society four to seven dollars. Treatment dollars are more effective at getting results than interdiction dollars (patrolling the borders for drugs) or law enforcement dollars. To get the same results as we get from treatment, the dollar amounts work out like this: It takes 246 million dollars in law enforcement or 366 million dollars in interdiction to get the equivalent results of 34 million dollars in treatment.

Myths and misconceptions originate from many sources. Please make a mental note that many health care providers, doctors, social workers, therapists, and psychiatrists are not trained in the field of chemical dependency. We recently read an article in one of the most respected newspapers in the country that was filled with erroneous information about addiction. A social worker told a friend of ours that her brother wouldn't need heroin if he lost weight and found a job he enjoyed. A book by a diet guru promises to cure alcoholism through nutrition. A doctor we know refers to alcoholism as a lifestyle choice. Don't grasp too quickly at the opinions presented by people who do not have proper training in the field of addiction.

