



Definitions, Terms, and Self-Assessment

Introduction

Welcome to the Definitions, Terms, and Self-Assessment session of the *Living in Balance* program. This session focuses on addiction-related terms and definitions. It includes an exercise designed to help you determine the severity of your substance use disorder, or what is commonly referred to as an addiction. It also provides useful information about the biological aspects of addiction.

What is in this session?

This session has three major parts: (1) Definitions and Terms, (2) Self-Assessment Exercise, and (3) Biological Aspects of Addiction.

- ✓ After participating in part 1, you will be able to
 - understand important terms used in addiction treatment.
 - understand the nature of substance use disorders.
- ✓ After participating in part 2, you will be able to
 - conduct an addiction self-assessment.
 - understand how the diagnostic criteria for addiction apply to you.



SESSION 1 HAS THREE MAJOR PARTS:

1. Definitions and Terms
2. Self-Assessment Exercise
3. Biological Aspects of Addiction

- ✓ After participating in part 3, you will be able to
- understand the effects of alcohol and other drugs on natural brain chemicals.
 - understand the ways that a substance use disorder affects biological processes.
 - understand the negative physical effects of a substance use disorder.

What will be asked of you?

You will need to look inside yourself and honestly address the ways that substance use has affected your life. You will be asked to explore the ways in which substances have had a negative impact on you and those around you. This will take courage, but the result of your efforts will be an increased understanding of how addiction has controlled some of your behaviors. This understanding can help you to take back control of your life.

Review the glossary.

Before you get started, you may find it useful to review important words in the glossary located at the end of this session:

A glossary is located at the end of this session.

Addiction	Psychoactive drugs
Cross-tolerance	Reverse tolerance
Denial	Secondary drug effects
Drug switching	Substance use disorder
Neurotransmitters	Tolerance
Physical dependence	Upper-downer cycle
Primary drug effects	Withdrawal symptoms



Part 1: Definitions and Terms

What Is a Substance Use Disorder?

A *substance use disorder* is the use of mood-altering drugs that interferes with or has a negative effect on a person's life. People with a substance use disorder can experience problems including physical illness; legal issues; divorce or other family problems; worsening of mental health symptoms; negative consequences at work, home, or school; and many more. The term *addiction* is also commonly used to describe the diagnosis for people who fall into the severe category of problems related to substance use.

Notice that the definition uses the phrase *mood-altering drugs* (which are also sometimes called *psychoactive drugs*). These drugs include alcohol and other chemicals, substances, and medicines that change a person's mood or feeling. There are three major types of mood-altering drugs: stimulants, depressants, and hallucinogens.



EXERCISE 1

Please answer the following questions:

1. How can the use of alcohol or other drugs mess up a person's life?



LEARNER OBJECTIVES FOR PART 1:

You will

- understand important terms used in addiction treatment.
- understand the nature of substance use disorders.



DEFINITION OF SUBSTANCE USE DISORDER:

The use of mood-altering drugs that interferes with or has a negative effect on a person's life.

2. Can you share an example from your life?

What Is Addiction?

Addiction is a term used to describe severe problems related to the compulsive and habitual use of mood-altering substances. Addiction can be described as a primary, chronic, and progressive condition with genetic, psychosocial, and environmental factors influencing its development and outcome. Addiction is recognized as a chronic disease, like heart disease or diabetes. And just like diabetes, addiction must be treated, managed, and monitored over a person’s lifetime. Addiction involves compulsion, loss of control, continued use despite negative consequences, and other symptoms. The following paragraphs will describe what this means.



DEFINITION OF ADDICTION:

A primary, chronic, and progressive condition with genetic, psychosocial, and environmental factors influencing its development and outcome. It involves compulsion, loss of control, continued use despite negative consequences, and other symptoms.

Addiction is a primary condition. What does *primary condition* mean? It means that addiction is not simply the symptom of some other problem, such as a psychological disorder. In other words, people are not addicted to alcohol or other drugs simply because the drug makes them less depressed or anxious. That may be why some people start using alcohol or other drugs, but once the addiction begins, it becomes a *primary* disorder that must be treated.

Some people have an addiction to alcohol or other drugs in addition to anxiety, depression, or some other psychological disorder. But because addiction is a primary disorder, treating the psychological disorder does not mean that the addiction is treated. For example, if people use alcohol or other drugs because of arguments with their spouses, they are still addicted even if the problems with their spouses disappear.



EXERCISE 2

Please answer the following questions:

1. Do you know people who had a psychological problem that existed before they became addicted to alcohol or other drugs?

Yes No *(If yes, please explain.)*

2. How did the psychological problem make the addiction worse?

3. How did the addiction make the psychological problem worse?



Some people have an addiction to alcohol or other drugs in addition to anxiety, depression, or some other psychological disorder.

**DID YOU KNOW?**

Untreated addiction causes increasingly worse physical, emotional, and social problems, and untreated addiction can eventually kill you.

Addiction is progressive. This means that addiction gets worse, not better, over time. Without treatment, addiction typically does not go away, nor does it stay at the same level of intensity. Rather, for most people, addiction becomes more severe over time, causing increasingly worse physical, emotional, and social problems.

Addiction causes medical and physical problems. Untreated addiction can kill a person. For example, a person can die from overdose. Alcohol and other drug addiction can cause serious medical problems in one's brain, liver, heart, and many other organs. Alcohol and other drug use has a strong role in suicides, homicides, motor vehicle crashes, and other traumatic events.

Addiction involves poor control over use. *Poor control* means that people are unable to control the amount of alcohol or other drugs that they drink or use. It also means they cannot control their behavior while under the influence of alcohol or other drugs. There are three types of impaired control:

- *Poor control over amount.* People who are addicted often have very little, if any, control over the amount of alcohol or other drugs consumed during a substance use episode. For example, an individual may intend to smoke \$50 worth of crack but smokes \$100 worth instead.
- *Poor control over stopping.* People who are addicted often have little, if any, control over their ability to cut down or stop their alcohol or other drug use. For example, individuals may try to drink less when they drink or try to stop drinking altogether (often several times), but cannot do so.
- *Poor control over behavior.* People who are addicted often lose control over their behavior when under the influence of alcohol or other drugs. As an example, some people become aggressive or violent when they use alcohol or other drugs.



EXERCISE 3

Please check the statements that are true for you:

- At times, I have lost control over how much I drank or used drugs.
- At times, I have lost control over stopping how much I drank or used drugs.
- At times, I have lost control over my behavior when I drank or used drugs.

Addiction involves preoccupation or obsession. People who are addicted often experience preoccupation or obsession with alcohol or other drugs. *Alcohol and other drug preoccupation* means that people think excessively about getting more of the substance, constantly plan when and where they will next drink or use it, and constantly think about hiding the substance use from others. They just can't get it out of their heads. This preoccupation forces people to ignore important problems and responsibilities.

People who are addicted often experience preoccupation or obsession with alcohol or other drugs.



EXERCISE 4

Please answer the following questions:

1. What are some examples of how you have lost control of your behavior while under the influence of alcohol or other drugs?

2. In what ways have you become preoccupied or obsessed with alcohol or other drugs?

Addiction involves using despite negative consequences. An addicted person uses alcohol or other drugs despite the presence of negative consequences and problems caused by the substance use. These negative consequences may include problems with physical health, psychological health, and social stability. They can include problems related to work, family, finances, the legal system, and even spirituality.

Addiction involves denial. People who have an addiction often experience distortions in the way they think, such as denial. In relation to addiction, *denial* is a psychological defense mechanism that protects people from seeing the harsh realities of their addiction. Denial is often described as an *unconscious process*, meaning that people are not intentionally lying, and they are not always aware that what they believe is not true. Thus, the denial process helps to protect addicted people from the harsh realities of their addiction; it allows them to believe that nothing is wrong or that they can take care of the problem.

Denial can take many forms. People may deny or not recognize that their alcohol or other drug use is a problem. They may not believe their addiction causes serious problems to themselves or others. They may believe their addiction is caused by other problems (such as arguments with a spouse) rather than recognizing that those other problems are caused by the addiction.



DEFINITION OF DENIAL:

A psychological defense mechanism that protects people from seeing the harsh realities of their addiction.



EXERCISE 5

Please check the statements that are true for you:

- At times, I have denied that I had a problem with drinking or drug use.
- At times, I have denied that my problem with drinking or drug use was severe.
- At times, I have denied that my problem with drinking or drug use affected others.



Part 2: Self-Assessment Exercise

The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is the primary guide used by health care professionals for the diagnosis of substance use disorders. Its fifth edition, *DSM-5*, rates substance use disorders in terms of severity, from mild to severe. According to the *DSM*, a substance use disorder is defined as a pattern of alcohol or other drug use in which an individual continues to use despite problems caused by that drug use. The following series of questions will help you better understand the severity of problems and physical symptoms related to your past use of alcohol or other drugs.

Note: *You will need to look inside yourself and honestly address the ways that substance use has affected your life. This will take courage, but this understanding can help you take back control of your life. You don't need to share this assessment with others unless you wish to.*



LEARNER OBJECTIVES FOR PART 2:

You will

- conduct an addiction self-assessment.
- understand how the diagnostic criteria for addiction apply to you.



EXERCISE 6

Please respond to the following statements:

1. Sometimes I have used more substances and for longer periods than I meant to.

Yes No *(If yes, please provide examples.)*

2. I have tried (or wanted to try) to cut down or control the amount of my alcohol or other drug use.

Yes No *(If yes, please provide examples.)*

3. I have spent a great amount of time getting alcohol or other drugs, using them, and recovering from their effects.

Yes No *(If yes, please provide examples.)*



4. I have experienced many cravings and urges to use alcohol or other drugs.

Yes No *(If yes, please provide examples.)*

5. My home, work, or school life has been negatively affected by my use.

Yes No *(If yes, please provide examples.)*

6. Even though my use has caused problems in relationships, I continue to use.

Yes No *(If yes, please provide examples.)*

7. Because of my alcohol or other drug use, I have given up or reduced my involvement in important social, occupational, or recreational activities.

Yes No *(If yes, please provide examples.)*

8. Despite realizing that my addiction was putting me in danger, I continued to use.

Yes No *(If yes, please describe.)*

9. Despite realizing that my alcohol or other drug use was causing physical and psychological problems (or making such problems worse), I continued to use.

Yes No *(If yes, please describe.)*

10. I consistently need more of the substance to get the same effect.

Yes No *(If yes, please describe.)*

11. I have experienced withdrawal symptoms after stopping my use.

Yes No *(If yes, please describe.)*

The previous self-assessment questions are adapted from the diagnostic criteria developed by the American Psychiatric Association (APA).

These questions helped you identify the type and severity of problems and physical symptoms related to your past use of alcohol or other drugs. The *DSM* says that agreement with four to five of these statements suggests that the individual meets the criteria for a moderate substance use disorder. Generally a higher level of problems related to substance use means a higher level of severity of the substance use disorder.



DEFINITION OF TOLERANCE:

The process in which the same amount of a substance no longer causes the same reaction.



EXERCISE 7

Select yes or no for the following question:

Do you feel that you meet the criteria for a diagnosis of at least a moderate substance use disorder?

Yes No

Most people with addictions spend large amounts of time trying to obtain the drug; smoking, snorting, or injecting it; and recovering from its effects. This can range from just a few hours per day to nearly the entire day.

In the self-assessment exercise that follows, one of the questions is related to *tolerance*. Tolerance describes the process in which the same amount of a substance no longer causes the same reaction. When people develop tolerance, they will need to take more of the substance to get the same effect.



EXERCISE 8

Please answer the following questions:

1. When you add up the amount of time you spend obtaining, using, and recovering from the effects of alcohol or other drugs, how many hours per day would that total?

2. Have you noticed that you need to use more alcohol or other drugs to get drunk or high?

Yes No (If yes, please explain.)

In the next self-assessment exercise, the questions relate to *withdrawal symptoms*. Withdrawal symptoms are those feelings, experiences, and physical reactions that occur when people cut down or stop using their drug of choice. These withdrawal symptoms will be different depending on your primary drug of choice, such as alcohol, cocaine, heroin, or benzodiazepines.



EXERCISE 9

Please answer the following questions:

1. What kind of withdrawal symptoms have you experienced? What have you done to relieve these symptoms?

2. Have you used alcohol or other drugs to avoid having withdrawal problems?

Yes No *(If yes, please explain.)*



DEFINITION OF WITHDRAWAL SYMPTOMS:

Feelings, experiences, and physical reactions that occur when people cut down or stop using their drug of choice.

Normal obligations at work, school, and home can get pushed to the side because of alcohol or other drug use.

Examples include these:

- Calling in sick
- Working while high or intoxicated
- Working with a hangover
- Replacing good, old friends with new, substance-using friends
- Spending more and more time alone
- Quitting hobbies or other important activities

In the following self-assessment exercise, the questions address whether normal obligations at work, school, and home are getting pushed to the side because of alcohol or other drug use. Examples of this may include calling in sick, working while intoxicated or high, working with a hangover, working while in withdrawal, or working while experiencing severe alcohol or other drug hunger.

As mentioned, addiction is progressive. Therefore, good, old friends are often replaced by new, substance-using friends. Some people tend to use alcohol or other drugs in isolation and spend increasing amounts of time alone, using these substances. In addition, using alcohol and other drugs soon replaces hobbies and activities that were once important.



EXERCISE 10

Please answer the following questions:

1. Have you ever worked or taken care of your kids while drunk or high?

Yes No *(If yes, please explain.)*

2. In what ways have your social and work activities begun to suffer because of alcohol or other drug use?

A question in the next self-assessment exercise asks you about continued alcohol or other drug use despite negative consequences. Some of these consequences are physical, psychological, emotional, financial, spiritual, and family problems.



EXERCISE 11

Please answer the following questions:

Have you often told yourself that you drank or used drugs because of various family problems?

Yes No

Do you now believe that those problems were actually caused by the alcohol or other drugs?

Yes No (If yes, please explain.)



Part 3: Biological Aspects of Addiction

Although many people are familiar with the words *dependence*, *tolerance*, and *withdrawal*, most people don't fully understand how these physical issues can have a tremendous influence on the addiction process. To understand these terms, you need a basic understanding of brain chemistry, because addiction involves the brain's neurotransmitters.



LEARNER OBJECTIVES FOR PART 3:

You will

- understand the effects of alcohol and other drugs on natural brain chemicals.
- understand the ways that a substance use disorder affects biological processes.
- understand the negative physical effects of a substance use disorder.



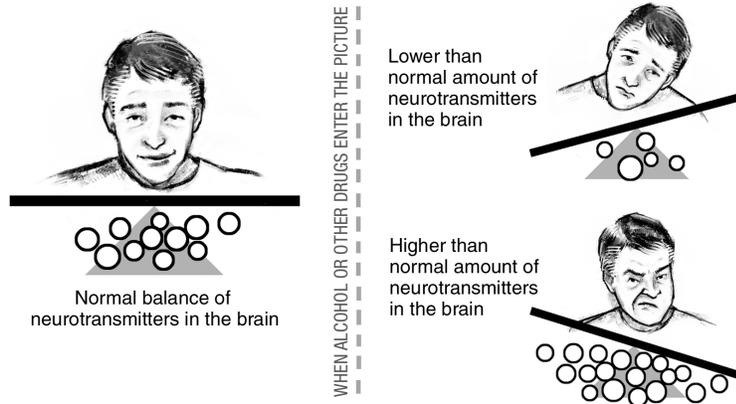
DEFINITION OF NEUROTRANSMITTERS:

Naturally occurring chemicals in the brain that carry messages between special cells called *neurons* (which make up nerves).

Neurotransmitters

Neurotransmitters are naturally occurring chemicals in the brain that carry messages between special cells called *neurons* (which make up nerves). There are several kinds of neurotransmitters. They carry different kinds of messages, and they work with different nerve systems that are vital for feeling, thinking, and behavior. The levels of neurotransmitters can be too high, too low, or in balance.

When there is a natural balance of neurotransmitters in the brain, people usually feel neither depressed nor anxious. Rather, they feel alert and normal, with sufficient energy. When certain neurotransmitter levels are lower than normal (also called *depleted*), people may feel depressed, be sad, and lack energy. They just feel bad. When certain neurotransmitter levels are somewhat higher than normal, people may experience increased energy, self-confidence, and even euphoria. They feel good. However, when certain neurotransmitter levels are very high or remain high for a long period of time, people may feel anxious, agitated, and irritable. They may become violent, paranoid, or even hallucinate.



Neurotransmitter balances can be upset by a variety of factors. These can include events that involve high levels of stress, physical pain, and a lack of sleep and food. These may make people experience anxiety, depression, or confusion. On the other hand, some events make people feel good, such as winning the lottery, making a touchdown, or having sex.



EXERCISE 12

Please check the answer that seems most true:

Neurotransmitters

- are naturally occurring chemicals.
- have an effect on thinking.
- have an effect on feeling.
- have an effect on behavior.
- are all of the above.

Addictive Drugs and Neurotransmitters

Alcohol and other drugs can also cause an imbalance in neurotransmitter levels. In fact, that's how alcohol and other drugs change people's moods. Alcohol can decrease anxiety, stimulants can increase energy, and heroin can promote a calming feeling. However, the effects of alcohol and other drugs on neurotransmitters also explain why they can cause anxiety, depression, insomnia, paranoia, and even pain, especially when used at high doses, over long periods of time, and during periods of withdrawal.

When a person uses alcohol or another drug only once, the substance creates a temporary imbalance, and the nervous system returns to normal after a few hours. However, when a person uses alcohol or another drug over an extended period of time, the imbalance lasts as long as the person continues to use the substance. During this drug-induced imbalance, the body slows down production of these neurotransmitters.



A drug used once creates a temporary imbalance in the nervous system.



A drug used over an extended period of time creates a continuous imbalance in the nervous system.

Alcohol and other drugs can also cause an imbalance in neurotransmitter levels.

When a person uses alcohol or another drug over an extended period of time, the imbalance lasts as long as the person continues to use the substance.



DEFINITION OF PHYSICAL DEPENDENCE:

What happens when a person uses alcohol or a certain drug over a long period of time. The cells in the body become used to the substance and adapt to its presence.

Physical Dependence

Physical dependence is not the same as addiction. A person in the hospital who requires narcotics for the control and relief of severe pain may develop a physical dependence on the drug over a period of time but he or she is not addicted. Addiction involves compulsion, loss of control, and continued use despite negative consequences. Addiction is influenced by biological, psychological, social, and environmental factors.

In contrast, *physical dependence* is a physical process. Physical dependence describes what happens when a person uses alcohol or another drug over a long period of time. The cells in the body become used to the substance and adapt to its presence.

Mood-altering drugs are able to change a person’s mood because they are able to trick the body into producing the natural brain chemicals (neurotransmitters) more quickly and in larger amounts than normal. For example, stimulants force the body to produce certain neurotransmitters that make the individual feel euphoric and high.

After prolonged exposure, the body gets used to the presence of the drug, making the body appear to be in balance only when the drug is being consumed. This process, called physical dependence, relies upon the regular, often daily, consumption of the drug. Once physical dependence to a specific substance occurs, an individual will develop withdrawal symptoms when he or she stops the alcohol or drug use.



EXERCISE 13

Please answer the following question:

Do you feel that you have developed physical dependence to alcohol or other drugs?

Yes No (If yes, please provide examples.)

Withdrawal Symptoms

People who have developed physical dependence typically have withdrawal symptoms when they cut down or stop their alcohol or other drug use. *Withdrawal symptoms* are typically the opposite of the effect produced by the drug. For example, coming off of depressants can involve anxiety and nervousness; withdrawal from stimulants can involve depression and lack of energy. For stimulants, depressants, and many other drugs, withdrawal can also involve agitation and disruption in sleep and appetite. During withdrawal, many people are scared and anxious and feel as though they are going out of their minds.



EXERCISE 14

Please answer the following question:

What kinds of withdrawal symptoms have you experienced from alcohol or other drugs?

Withdrawal symptoms are typically the opposite of the effect produced by the drug.

Tolerance

If a person develops physical dependence to alcohol or another drug, and continues to use the substance, he or she will likely develop tolerance to it. As stated earlier in this session, *tolerance* is the process in which the same amount of a drug begins to have less effect; therefore, greater amounts of the drug must be used to get the same effect.



EXERCISE 15

Please answer the following questions:

1. Have you noticed that the same amount of drug began to have less effect?

Yes No

2. Have you noticed that you had to increase the amount of drug to get the same effect as before?

Yes No (If yes, please provide examples.)

Reverse Tolerance

Reverse tolerance (also called *kindling*) describes a situation in which the body becomes extremely sensitive to a drug.

Several events generally occur before this happens. Typically, a chronic user consumes substantial amounts of his or her drug of choice and has an extreme reaction, such as a seizure (convulsions) or a psychotic episode (such as hearing voices). To avoid experiencing this again, the user may stop using the drug for a while. But when the person again starts using the drug (even in small or moderate doses), the individual may experience the same extreme reaction as experienced with the very high dose.



DEFINITION OF REVERSE TOLERANCE:

A situation in which the body becomes extremely sensitive to a drug.

Consider this example:

A man had a three-year cocaine habit in which he smoked large doses of crack. During a binge, he smoked a great deal, which resulted in a psychotic break with reality (he heard voices and saw hallucinations) that lasted for a few hours. During that episode, he became very agitated and violent.

He stopped using cocaine for three months. One day he decided to get high, and he snorted five lines. In reaction to this relatively small amount, he experienced the same type of violent psychotic episode.



EXERCISE 16

Please answer the following question:

Have you ever had an experience in which a small amount of a drug caused the kind of effect (especially a negative experience) that you might expect only with a large dose?

Yes No *(If yes, please provide examples.)*



**DEFINITION OF
CROSS-TOLERANCE:**

Occurs when a person's primary and secondary drugs have very similar drug effects.

Cross-Tolerance

A person's favored drug of choice is called the *primary drug*. Some people use only a primary drug (for example, only alcohol). In contrast, many people use a *secondary drug* (such as alcohol with cocaine). Some people use their secondary drug in addition to or as a substitute for their primary drug. Some people use their secondary drug when they can't obtain their primary drug.

If the secondary drug has about the same drug effect as the primary drug, using one drug can stop withdrawal symptoms from occurring if the other drug is cut down or stopped. When the primary and secondary drugs have very similar drug effects, they are called *cross-tolerant*. For example, alcohol and Valium have very similar effects and are cross-tolerant. Therefore, if a person has tolerance to alcohol, he or she also has tolerance to Valium.

When people stop taking their primary drug, they often increase their secondary drug in the mistaken belief that they are controlling their drug use. For example, a person may use alcohol as a primary drug and marijuana as a secondary drug. Perhaps he or she feels guilty about his or her alcohol use and decides to quit but believes that marijuana has not been a problem.

If this person only stops drinking alcohol and continues to smoke marijuana, it is extremely likely that (1) marijuana use will increase, (2) marijuana use will get out of hand, and (3) alcohol use will start again.

In this cycle, marijuana, which is partially cross-tolerant to alcohol, was increased when alcohol use decreased. It is likely that once the person started drinking again, his or her marijuana use would decrease.



EXERCISE 17

Please answer the following questions:

1. What is your primary drug of choice?

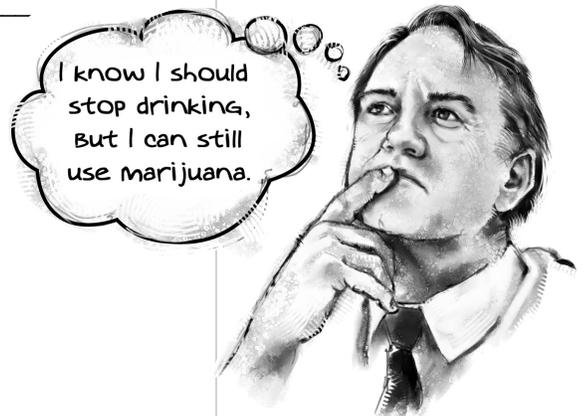
How long have you used it?

2. What is your secondary drug of choice?

How long have you used it?

3. What other drugs do you regularly use? When do you normally use them?

When people stop taking their primary drug, they often increase their secondary drug in the mistaken belief that they are controlling their drug use.



Drug Switching

There are other situations in which the user replaces his or her primary drug with a secondary drug that is not cross-tolerant.

For example, people whose primary drug is cocaine are also likely to use alcohol because it reduces overstimulation and helps them sleep at night. Also, during times when they do not have cocaine, they may use large amounts of alcohol to decrease depression and agitation. However, the alcohol may not be as effective at reducing the depression. In fact, it may make the person more depressed.

People addicted to one drug may begin to use another drug—even if it has a completely different effect—when their primary drug is unavailable. This process is called *drug switching*. People addicted to stimulants often switch to depressants when their stimulants are unavailable.

Drug switching is a reminder that the addictive process is not dependent on a specific type of drug, but rather on any psychoactive drug. A person who wants to stop using one drug must stop using *all* psychoactive drugs.



DEFINITION OF DRUG SWITCHING:

People addicted to one drug may begin to use another drug—even if it has a completely different effect—when their primary drug is unavailable.



EXERCISE 18

Please answer the following questions:

1. When you can't use your primary drug of choice, what other drug(s) do you use?

The Upper-Downer Cycle

Most people who use both a primary drug and one or more secondary drugs frequently take depressants and stimulants together.

For instance, many people who use cocaine also use alcohol or marijuana to lower the agitation caused by the initial drug. However, alcohol not only lessens the cocaine-induced agitation, but also reduces the cocaine euphoria. Because of this, there is a tendency to take more cocaine to increase the euphoria, followed by more alcohol to reduce the agitation.

This is called the *upper-downer cycle*. Since the stimulant and the depressant counteract each other in some ways, the individual may not feel very intoxicated and can consume very large amounts of both drugs. In this upper-downer cycle, people can consume far more stimulant and depressant than they could if they consumed either drug alone.



EXERCISE 19

Select yes or no for the following question:

Have you ever experienced the upper-downer cycle?

Yes No

Since the user doesn't feel intoxicated, and since the drugs counteract each other, the amounts of stimulants and depressants consumed can be fatal.

In addition, the body will break down (metabolize) different drugs at different rates. For instance, the body will break down cocaine far more quickly than alcohol. Someone who has consumed large amounts of alcohol and cocaine together may not appear severely intoxicated. However, as the cocaine breaks down and no longer has much effect, the alcohol will still be quite effective. At this point, the person will be extremely drunk and possibly unable to walk, much less drive.

In this upper-downer cycle, people can consume far more stimulant and depressant than they could if they consumed either drug alone.



EXERCISE 20

Please answer the following question:

- 1. Do you normally use alcohol or other drugs in an upper-downer cycle?

Yes No (If yes, please provide examples.)



DEFINITION OF PRIMARY EFFECT:

Action that a drug has on a person shortly after it has been taken.



DEFINITION OF SECONDARY EFFECT:

Action that a drug has on a person after a long period of use.

Primary and Secondary Drug Effects

Alcohol and other drugs have primary and secondary effects. The *primary effect* is the action that a drug has on a person shortly after it has been taken. For example, the primary effects of cocaine include feeling stimulated and alert, feeling less depressed, having rapid thoughts, and having quicker physical activity.

However, if someone takes a large amount of cocaine or takes cocaine over a long period of time, *secondary effects* occur. In this example, secondary effects can include feeling overstimulated and paranoid, feeling overconfident, having confusing thoughts, and feeling unable to handle the tremendous overload of sights, sounds, and feelings. The stimulating effects of cocaine also cause insomnia as well as lack of interest in nutrition, resulting in sleep and food deprivation. Losing sleep can make people nervous and agitated. This can lead to hearing voices and seeing hallucinations.

Similarly, the secondary effects of alcohol can include depression, lack of energy, memory loss and confusion, sleep disruption, and a decrease in the desire to eat. For all addictive drugs, secondary effects will occur after extended periods of use, putting the individual out of balance physically, emotionally, and socially.

**EXERCISE 21**

Please answer the following question:

What kind of secondary effects have you experienced from alcohol or other drug use?

**Session 1 Summary**

In this session, you have learned important addiction-related terms and definitions. You have participated in an addiction self-assessment. In addition, you have learned important information about the ways in which a substance use disorder has a strong biological effect on you. All of this information helps you to better understand the nature of addiction and the ways in which addiction has affected your life.



Role-Play Exercise: Addiction—Definition and Terms

Preparation

Select two volunteers from the group. One person takes the role of **Min**, an active alcoholic, and the other plays **Tong**, Min's childhood friend. Act out the following scene:

Background and Scene

It is Friday, which is payday. Min invites Tong to her apartment. Min immediately asks Tong for twenty dollars. Min says that she needs to buy something for her son. Knowing that Min's son lives with his grandmother, Tong refuses: "You're just going to use it to buy booze." Instead, Tong offers to buy Min dinner, thinking that Min will feel better if she eats. Min agrees.

Tong walks out of the room to use the bathroom, leaving her purse on the table. While she is gone, Min quickly steals twenty dollars from her wallet. Not knowing what Min did, Tong takes her purse and leaves Min's apartment to pick up some Chinese dinner at the corner take-out restaurant. Min also slips out of the apartment and gets a fifth of gin.

While Tong is at the take-out restaurant, she realizes that Min has stolen twenty dollars from her wallet. Tong returns to the apartment angry and accuses Min of stealing. Min repeatedly denies stealing the money. Tong is hurt. She feels that Min is pushing away the people who care about her and is losing sight of what is important. She is frustrated and tired of trying to help her friend. Min ignores Tong's pleas and warnings, demanding that Tong leave. She feels Tong is just standing in her way.

Suggested Questions

1. *What do you think is driving Min's decision to take money from her friend?*
2. *Name at least three characteristics of addiction.*
3. *Why would Min demand that Tong leave and ignore her warnings?*



Role-Play Exercise: Trust and Addiction

Preparation

Two volunteers from the group will play the roles of a husband and wife who have been married for ten years. **Maria** is a recovering addict, and **Luiz** is her spouse.

Background and Scene

Luiz: During the past three years of your marriage, Maria has been using alcohol in increasing amounts. During the past year, Maria has been using cocaine compulsively. She tried to quit using cocaine three times before, but failed because of a reluctance to quit smoking marijuana and drinking alcohol. Her attempts at quitting have failed.

You have grown tired of promises and excuses. You have had it. You have made a decision to leave unless Maria gets into a treatment program. Today, Maria agrees to enter treatment and go to Cocaine Anonymous. She needs one hundred dollars for the treatment program's down payment. However, you are scared that the money is going toward more cocaine.

Maria: You have tried to quit using three times before and never had much success. You started going to Cocaine Anonymous, but felt that you also needed to go to treatment. You are scared of losing Luiz and are now willing to do anything for recovery. You need one hundred dollars for the treatment program's down payment. You know that Luiz thinks you will spend it on cocaine. Because you have only been sober for the past two weeks, Luiz does not trust you.

Suggested Questions

1. *How do you think Luiz felt about Maria's three unsuccessful attempts to get clean?*
2. *What are some of the things that Maria may have to do to regain Luiz's trust?*
3. *What are some of the things that Luiz may have to do to trust Maria?*



Session 1 Glossary

Addiction is a primary, chronic, and progressive condition with genetic, psychosocial, and environmental factors influencing its development and outcome. It involves compulsion, loss of control, continued use despite negative consequences, and other symptoms. *Addiction* is used to describe severe problems related to the compulsive and habitual use of mood-altering substances. It is often called a *biopsychosocial disorder*.

Cross-tolerance occurs when two drugs have similar physical effects. One is often substituted for the other when it, usually the primary drug of choice, is not available. If the secondary drug has the same drug effect and can keep withdrawal symptoms from occurring, the primary and secondary drugs are cross-tolerant.

Denial is a psychological defense mechanism that protects people from seeing the harsh realities of their addiction.

Drug switching occurs when the user replaces his or her primary drug with a secondary drug that is not cross-tolerant, such as cocaine and alcohol, which have different physical effects.

Neurotransmitters are naturally occurring chemicals in the brain that carry messages between special cells called *neurons* (which make up nerves).

Physical dependence results from prolonged exposure to a mood-altering drug. The cells in the body become accustomed to the drug and begin to adapt to the presence of that drug. When this happens, the body appears to be in balance only when the drug is present.

Primary drug effects are the effects that a drug has on a person shortly after the drug is taken.

Psychoactive drugs are substances that can change people's moods or feelings. These include stimulants, depressants (including alcohol), and hallucinogens.

Reverse tolerance, also known as *kindling*, occurs when the user's body becomes extremely sensitive to a drug, causing an extreme reaction, such as a seizure or a psychotic episode.

Secondary drug effects are those actions that occur when a person takes a large amount of a drug or takes a drug over a long period of time. For example, secondary cocaine effects include overstimulation, paranoia, agitation and violence, sleep and eating disruptions, and hallucinations.

A **substance use disorder** is the use of mood-altering drugs that interferes with or has a negative effect on a person's life. Substance use disorders are ranked from mild to severe, depending on the number of symptoms identified for a person. Severe disorders may also be referred to as addiction.

Tolerance is a process in which the same amount of a drug begins to have less effect or when the amount of a drug needs to be increased to have the same effect as before.

Upper-downer cycle occurs when individuals use both a primary drug and one or more secondary drugs, frequently taking depressants and stimulants together. Because the stimulant and the depressant counteract each other, individuals with large amounts of both drugs may not feel very intoxicated and can consume very large amounts of both drugs, with potentially dangerous effects.

Withdrawal symptoms occur when individuals with physical dependence to alcohol or other drugs cut down or stop taking the drug and experience symptoms that are typically the opposite of the effect produced by the drug.