

# What Does It Mean to Be an Addict?

ADDICTION IS 100 PERCENT FATAL. IT'S TRAUMATIC AND it kills. It first kills a woman's spirit, then it screws up her emotions and messes with her mental abilities. Eventually, it kills her physically. This downward spiral is sometimes a quick process, sometimes gradual, but it always moves in the same direction.

Recovery from addiction is 100 percent possible. Recovery transforms lives. Even women who have been in the most severe and devastating stages of addiction find that recovery brings them freedom, contentment, and serenity beyond their wildest dreams.

*My climb up Mount Rainier was to show people:  
“Hey, I can climb a mountain even though I was a drug  
addict for thirty-one years.” I can do this. I can change  
careers, which I have done. At fifty years old, I can get  
clean and sober.*

:: JULIA

This first chapter describes the problem of addiction: what it is, what causes it, why addicts need to stop using the chemicals totally, and why most addicts can't quit on their own. It also shows how addiction is different for women. The rest of the book is a guide to the solution. Its pages are filled with hope.

For those of us caught in the killing spiral of addiction, lots of questions come up when we try to find our way out: What is this thing called addiction? What causes this out-of-control plummet into self-destruction? Why is it so hard to stop? Do we really need to quit using totally? Can't we just try to control it? Why and how is the process different for women?

Some of the answers to these questions are based on research done by scientists interested in addiction. Only recently has the research on addiction included women, yet a great deal is known about addiction and how it affects women. In addition to what researchers tell us, the millions of women who have found their way out of addiction have a lot to teach us. Their knowledge and their stories are at the heart of this book.



### *What Is Addiction?*

In the simplest terms, addiction is continuing to do or use something compulsively without the ability to stop or stay stopped on our own, even when this activity or use causes problems. For those of us addicted to alcohol and other drugs, our chemical use *must* stop, or it will kill us. While quitting seems impossible, it's very possible in recovery.

This book is specifically about chemical addiction—addiction to alcohol and other mood-altering drugs. Its main focus is on the drugs commonly thought of as causing a “high” or intoxication, including alcohol, marijuana, methamphetamine, cocaine, narcotics, antianxiety drugs (benzodiazepines), heroin, speed, ecstasy, and acid. In these pages, you'll also learn a little about other mood-altering chemicals that are not intoxicating but can be addictive, such as nicotine, caffeine, and sugar. These nonintoxicating chemicals are discussed mainly in relation to cross-addiction and self-care.

For addiction to take hold, it doesn't matter whether the drug is legal or illegal or whether it came from the liquor store, drug dealer, or pharmacy. Addiction is addiction. Many of us with a history of addiction say that it doesn't matter which chemical we use, because we're addicted to "more."



### *Women and Addiction Historically*

A huge stigma has long surrounded women and addiction. While women have always experienced addiction, for the most part they were "invisible" addicts. Their families were ashamed of them. No one talked about their problem, and in many cases they were kept hidden away in their homes. This is still true for some women, particularly in some cultures.

The perception of the "invisible" addict has changed somewhat over time to being "visible with stigma." *Stigma* can be defined as severe social disapproval. Addiction carries a stigma for both men and women, but the stigma is even greater for women. We can up the ante regarding stigma if the addicted woman is a mother. Dr. Benjamin Rush, who founded American psychiatry in the 1700s, referred to addiction as an illness, but when it came to addiction among women, he referred to it as part of a "breeding sickness." Society seems to have a harder time accepting a mom on meth than a dad using drugs. Since women in most cultures are the primary caregivers for children, the welfare of their children is an added concern because of the betrayal of the parent-child bond that comes with addiction. Since some cultures now encourage dads to play a larger role in caring for their children, the stigma concerning women may eventually become less severe.

As women started to get into recovery from addiction, they still faced stigma. Years ago, it was assumed that if a woman was an alcoholic, she was also a "loose lady." Words such as *lush*, *fallen*

*woman*, and *slut* have long been associated with women who were “falling down drunk.” This stigma was present even for women in early Alcoholics Anonymous groups. Many of the wives of alcoholics did not want their alcoholic husbands to be around alcoholic women in recovery, because they assumed these women were “loose.” In fact, early on, it was the wives of the alcoholic men who would help the alcoholic women. While women have since grown to be a large part of the Twelve Step fellowship, society still applies more stigma to women who are addicted than to men with the disease. Stigma can block women from getting help and getting into recovery. Learning about addiction and recovery can help to break through the stigma of addiction and make it easier for women to break free of its chains.



### *What Causes Addiction?*

Many factors affect whether a person becomes an addict. Typically, multiple factors come together to bring about someone's addiction. Knowing these causes doesn't help us personally solve our problem with addiction, but it does help us understand this condition better and realize why some people are more likely than others to become addicted.

#### **Genetic Predisposition**

Some of us are genetically predisposed for addiction, meaning we're more likely than others to become addicted because of our physical makeup. If our parents and grandparents or other biological relatives were addicts, we may carry the genes that can cause addiction. We may be born with that risk. If we never use chemicals, we won't become addicted. However, most people at some time or other in their lives try chemicals. Some become addicted, others don't. Even some children or grandchildren of alco-

holics and addicts can drink or use other drugs without becoming addicted. The family's addictive genes may not have been passed along to them when they were born, or they may not have been affected by other factors that cause addiction. Genes can set us up for addiction, but other factors may help push us over the line. Much research is being done about the link between genetics and addiction. Someday scientists may locate the specific gene or other physical factors that make people vulnerable to addiction, which may help eventually stamp out addiction. At this point, however, science has not done this. It *does* tell us, though, that certain women are more vulnerable to addiction.

### Developmental Factors

Developmental factors also play into who gets addicted. The younger we are when we start using, the more likely we'll become addicted. The writers of the Big Book of *Alcoholics Anonymous* in the 1930s noted that young people progress faster in addiction than older people. Since that time, scientists have helped to explain why. A child's environment and personality can contribute to this early addiction, but the main influence is brain development. The brain of a young person is not fully developed. It's like the shell of the house, but the rooms aren't finished until around age twenty-one or twenty-two. Therefore, the brains of young people are more vulnerable to the effects of drugs.

### Type and Use of Drug

The type of drug we use, as well as its purity, its availability, and the way it's administered all can influence whether we get addicted. Some drugs are more potent than others, and some ways of using drugs are more potent. The speed and intensity of the high depend on the drug and how the drug is taken in. For instance, shooting or smoking a drug can produce a faster high than drinking or swallowing one. It takes longer when the drug

has to go through the digestive system to get to the brain, and some of the effect is diluted by the time it gets there.

### **Addictive Personality**

Some people are said to have an “addictive personality.” While this is not a medical or mental health diagnosis, experience shows that some people are more likely to get addicted to something—*anything!* Many of us as addicts say that we knew we were in trouble the first time we used, because we loved the addictive substance or activity so much that we had an exceptionally strong desire for more of it. Some of us say that we are addicted to “more.” No matter what we get our hands on, we think we have to have more of it. Our addictive personality makes us more likely to become addicted to something else after we stop using chemicals. That’s why some people go from craving alcohol to craving food or gambling or sex or relationships or other addictive substances or behaviors. Chapter 7, on cross-addiction, talks more about this tendency.

### **The Good Feeling**

Why do we keep using when we know how bad things will get for us? Many of us just started out using to feel good. Let’s face it: Chemicals do make us feel good. Ecstatically good. If they didn’t work that way, we wouldn’t keep going back to them. We wouldn’t get addicted. Some of us describe our first use as “feeling like I belonged.” Others say, “This is what I’ve been waiting for!” or “This is it!” or “Where has this been all my life?” Another common description of the experience is “love at first sight.” Not all of us had such a dramatic first experience with drug use; our attraction to a chemical built over time. But in all cases, using the chemical makes us feel good or does something for us that we like, or we wouldn’t keep going back to it. In fact, it does something powerful for us. Electric! But that electric feeling doesn’t last forever.

While originally we may have used to feel good, eventually we begin using just to feel normal, and sometimes to try to get out of despair. We get to the point where we *need* to use just to cope with life, and the thing that was so electric early on becomes our death sentence.

*From the time I was fourteen years old until the time I was twenty-six, when I got sober, I did not draw a sober breath. Every single day I used something to take away the pain. Eventually, it got to a point where I didn't have the choice anymore as to whether I wanted to do it.*

:: FANNIE MAE

### Other Influences

Many other influences affect whether we get addicted or not. These include how much and how often we use, which specific chemicals we use and how they impact the brain, how we take in the chemicals—orally or by smoking or injection—the degree of emotional and physical pain we're in, any mental health and emotional issues we have, and influences in our environment such as our living situation and socioeconomic and cultural issues. While none of these alone causes addiction, a mixture of them can be a recipe for addiction.

### Reasons Don't Matter

Addiction has many possible causes. Once we're addicted, the reason we're addicted doesn't really matter. If we get caught up in trying to figure out what caused our addiction, we may never find our way out. We may just keep on using and delay living in the fullness of recovery. Addiction is trauma to any woman experiencing it and to those who love her. There is no need to prolong the agony by focusing on why. What matters is learning how addiction works and how to get out from under its tyranny.



## *What's So Different about Women and Addiction?*

Some people mistakenly believe that addiction doesn't happen to women, but addiction is an equal opportunity disease. Women may get addicted in different ways and for different reasons than men do, but they still get addicted. In fact, addiction takes down women faster than it takes down men. It affects women's bodies differently. Drink for drink, drug for drug, women are in much worse shape than men physically and emotionally by the time they quit using. The Big Book told us in 1939 that women progress faster than men in addiction. Science is now telling us why.

### **Getting Addicted**

Women typically start using chemicals—and eventually become addicted—for different reasons than men do. Men usually start using for recreational use or because they like the effect of the drug. Women, on the other hand, start using for a variety of reasons. They may start using to lose weight, reduce sexual inhibition, relieve stress, improve their mood, increase their self-confidence, belong to their group, or even avoid hurting someone else's feelings by saying no to a drug or drink.

### **Physical Differences**

Women may experience more physical effects from chemical use than men do. This is particularly true with alcohol but also with other chemicals to varying degrees. One drink of alcohol, for example, has twice the impact on a woman's body than on a man's because of differences in the bodily makeup of the two sexes—*twice the impact!* Women's bodies absorb and make use of chemicals differently. Our bodies contain more fatty tissue proportionally than men's bodies, and alcohol gets absorbed more slowly in fat than in



water. The fatty tissue keeps alcohol in the bloodstream longer, so our brains and other organs are exposed to higher concentrations of alcohol. The bottom line is that women absorb more of the alcohol because it sits in the organs longer.

Women also produce less alcohol dehydrogenase, the stomach enzyme that breaks down alcohol. Less breakdown of alcohol in the digestive system leads to greater blood alcohol concentration. Again, this higher level of alcohol creates more damage in the body, including the brain.

All addicts, women and men, are more likely than other people to have accidents, malnourishment, respiratory and circulatory diseases, cancers (throat and stomach), sexually transmitted diseases, liver damage, and gastrointestinal problems such as ulcers. Women are at more risk for certain conditions, such as liver damage, because the chemicals take longer to pass through the higher amounts of fatty tissue present in a woman's liver.

In addition to the diseases common for men and women with addiction, women with addiction have a greater risk than other women of having breast cancer (due to increased estrogen production), osteoporosis, ob-gyn problems, pregnancy problems, negative effects on newborn children, and developing other medical disorders. Brain atrophy—the starvation and shriveling up of the brain—and the loss of brain volume happen more quickly in women, due to the high concentration of drugs in the system. Women also report more disabilities from using, such as difficulty climbing stairs and walking long distances. Our bodies hold drugs longer and deteriorate faster.

Every year, tens of thousands of women die from causes related to addiction, such as homicide, overdose, suicide, physiological deterioration, and accidents. The exact number is unknown, because even when addiction is a direct or contributing cause to a death, that link may not be reported by those who keep the statistics on mortality. Statistics do show that the death rate among

female alcoholics is higher than male alcoholics' because of their increased risk for suicide, alcohol-related accidents, cirrhosis, and hepatitis. Four times as many addicted women attempt suicide as does the general population, and in some parts of the world, more women than men kill themselves due to addiction. That's the ultimate payment to addiction. The hopelessness becomes too great. The despair and loneliness are devastating. There is a way out, but some women never find it or lose sight of it momentarily, and it costs them their lives. In one way or another, unchecked addiction is 100 percent fatal.

*The lowest point was I just wanted to die. I wanted to kill the outside so I wouldn't feel no more pain on the inside.*

**:: GLORIA**

### **Mental Health Concerns**

Women who are addicted also tend to have different emotional or mental health issues than men do. While addicts generally have high rates of depression and anxiety, women tend to report greater discomfort in these areas. Women are more likely to have a history of trauma; eating disorders are also more likely. These mental health issues will be explored in later chapters.

### **Social Concerns**

All of us with addiction have concerns about how our disease affects others around us. We may have made a mess of our lives financially and legally and in our relationships and careers. Our families, in particular, may be deeply affected by our addiction. As women, we're often the central stabilizing factor in our families. Addiction erodes that role, and the chaos we feel inside seeps out and throws entire families into a spin.



### *Addiction Is a Disease*

Addiction is often described as a disease. In fact, in 1955, the American Medical Association, the largest organization of doctors in the United States, formally decided to call alcoholism a disease. Two centuries before that, Dr. Benjamin Rush talked about alcoholism as an illness. He compared it to other hereditary illnesses. Today, most chemical dependency treatment programs regard addiction as a disease. So, what is a disease? In general, a disease is primary in nature, has specific symptoms, is chronic, and can be fatal.

#### **A Primary Condition**

A disease is a health problem that is primary in nature. That means it wasn't caused by something else, and it's not a symptom of another disorder. It stands on its own. Though addiction has a genetic component and may be affected by other conditions in a person's life, it's not solely the result of any of these factors. Addiction is a *primary* condition. It stands on its own, and it needs to be treated on its own.

#### **We Didn't Cause It**

A disease is not caused by the person who has it. For instance, women with cancer, cardiac problems, diabetes, or hypertension may have a biological predisposition to these diseases, and their environment and behavior may also have a bearing on their illness. But, no matter what the influences on these diseases, the people who have them didn't choose to get them. Certain behaviors may have made them more vulnerable to the disease, but they're not weak-willed or bad people because they have them. We don't blame people for having a disease they didn't choose to get. We addicts didn't choose to get our disease, either. We're not, as

people sometimes say, immoral or lacking willpower. We may feel like the lowest of the low. We may have done some bad things, even some terrible things, but that doesn't mean we chose to cross the line into the disease of addiction.

Because addiction is a disease, which is primary in nature, trying to find out what caused our addiction is a waste of time. Some of us spent years in therapy trying to figure out why we were using. We thought that if we could just learn why, we'd be able to cut back or quit our using. We eventually found we were just spinning our wheels. We'd try to figure out why and continued to use.

Some of us have coexisting mental health issues along with our addiction. We may want to find out which came first, and why. It really doesn't matter. It's like trying to answer the question "Which came first: the chicken or the egg?" It's pointless. What matters is that we have both the chicken and egg. Both need to be treated. It doesn't matter why.

Some therapists won't work on emotional issues with someone who is active in addiction if she isn't working on getting sober. They feel it's a waste of time and money. One reason is that the first thing active addicts do when they encounter pain in therapy is use! It's important to get into recovery if we expect to get good results from therapy. It's not a question of why. It's a question of what. What do I have? What do I need to do?

Although addiction is a disease and we're not the cause of it, that doesn't mean that we can sit back and do nothing about our condition. Just as a diabetic must control sugar intake and use insulin, we addicts have a daily recovery plan to follow to maintain our well-being. That plan allows us to put down the chemicals and not use them. Though we're not responsible for getting the disease of addiction, we're responsible for doing the work of our recovery. We may not have chosen to have the disease of addiction, but we do have to clean up the mess. With the help of others in recovery, this is very possible.

### It's Chronic

A disease is not only primary in nature; it's also chronic, meaning it's long-term. That's especially important to remember after we've been in recovery for a while. Just because we've stopped using chemicals doesn't mean we can stop paying attention to our disease. It needs our constant vigilance. A chronic disease needs long-term intervention, not just a couple of weeks of antibiotics or other interventions. It's a long-term, chronic condition.

### It's Progressive

Diseases are also progressive. They have a describable, predictable pattern of getting worse. Without intervention, addiction will get worse over time. It's ultimately fatal. In the meantime, it will get messier and messier. *That's a guarantee!* It may get worse quickly, it may get worse slowly, but unless we make some sort of huge change through serious recovery work, our lives will only get worse.

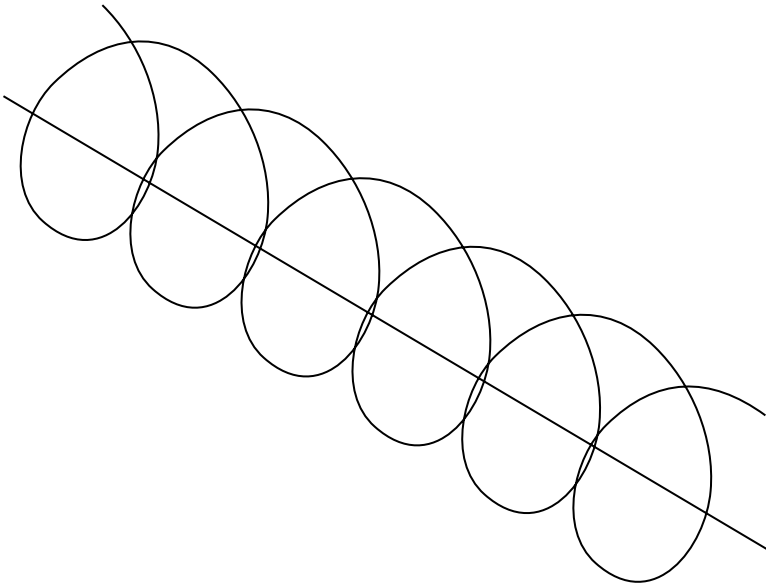
Many of us slid gradually into addiction without even noticing this happening. We are like the frog in the old frog-on-the-stove story. As the story goes, if you throw a frog into a pot of boiling water, it will jump out quickly. However, if you put the frog into a pot of water at room temperature, the frog will like being in the water at first. If you heat the water slowly, the frog will stay in the pot and gradually adapt to the temperature change. Eventually, though, when the water boils, the frog will die.

The frog story illustrates what can happen with addiction. Using chemicals—and the mess that our using creates—becomes familiar. We simply adjust. We adapt to the addiction and fail to see how it's heating up, getting worse, killing us. We think that's the way life is—how could it be any different? Even if we recognize that our addiction is killing us, most of us don't at first believe we can get out.

The progression of the disease can also be thought of as a downward spiral. Somewhere in the process of our using, things

start to go downhill. Then, as we use more and more, we lose more and more. After a while, along comes something that gets our attention or the attention of someone else in our lives. Maybe we get in trouble because of our using, or someone questions our use, so we pull it together for a while. We move back up the spiral. We're on good behavior. As addicts, we're not dumb. We know when the heat is on, and many of us can clean up our act somewhat for a while. We may quit using for a period, cut back, swear off, switch chemicals, go to treatment, or try an AA meeting. We need to get the heat off, so we try to look good. This "good behavior" may last for some time, but eventually, without recovery, we spiral down again. This up and down spiraling can happen over and over throughout our lifespan. With certain drugs, these changes can happen fairly often and quickly. Each time, we move further down the spiral toward destruction.

### *The Downward Spiral*



Addiction is a brain disease. Medical researchers are helping us learn more and more about the brain all the time. Drugs change our brain chemistry. The high, or feeling of relief, we experience when using chemicals makes it obvious that the drugs are altering the chemistry in our brains. The change in our brain chemistry can be long-term, but in most cases a return to normal brain functioning begins with abstinence.

Addiction happens in the limbic system in the brain. This is the brain's reward system, the pleasure system. The limbic system is deep inside the brain. It's the part of the brain that triggers us to feel pleasure, and it's also where some of the automatic responses that keep us functioning, such as breathing, come from. When we overload this system with an onslaught of chemicals, two things can happen. First, our brain stops producing its own essential feel-good chemicals over time, and second, it gets busy adding "receptor" sites to absorb the extra feel-good chemicals. When we stop feeding our body drugs, our brain tells us we need more. It's left with extra receptor sites eager to take in more feel-good chemicals, and yet it can produce few of these chemicals naturally.

Some researchers say that addiction "hijacks" the brain. It changes the structure, anatomy, and chemistry of the brain, including the activity of hormones and of the brain's chemical messengers, called neurotransmitters. After our brains adapt this way to the long-term onslaught of outside chemicals, we start craving these chemicals. We actually need them to feel normal, because our brains have been altered.

The good news is that the brain can be changed back to its normal state. But this change takes time. Even after we've gone through detox and no longer have the extra chemicals in our system, the brain will crave the feelings of pleasure it's used to experiencing from these chemicals. Fortunately, recovery changes the brain. Over time, the cravings disappear.



### *What Are the Symptoms of Addiction?*

Like all diseases, addiction has specific symptoms. A symptom is an indication of a certain condition. It's not the condition itself, but one sign of it. If a person has several symptoms that point to a particular condition, the person most likely has that disease.

#### **Withdrawal**

Withdrawal is one symptom of addiction. Withdrawal is a physical reaction to quitting or cutting back on the use of chemicals. (Of course, any attempt to cut back or control the use never works for long. The chemical use has to stop completely. But, if an addict does try to cut back, there may still be an experience of withdrawal.) Withdrawal is generally uncomfortable, sometimes quite painful, and may be life threatening. Some addicts have this symptom and some don't. Withdrawal is the body's attempt to adapt to the absence of the chemicals it has come to depend on. It overcompensates in some way, depending on the drugs used and other factors, trying to get back in balance. Sometimes this overcompensation can be fatal.

For instance, alcohol is a depressant. It slows down the body's functioning. In withdrawal from alcohol, the body overcompensates by speeding everything up. The person may experience shaking, trembling, even seizures and delirium. More people die while withdrawing from alcohol than while withdrawing from any other drug.

The withdrawal process is different with other drugs. Methamphetamine is a stimulant. When using it, people go faster. When they're withdrawing from it, they "crash," or sleep. Everything in their physical system slows down. Heroin numbs people out. When heroin addicts go into withdrawal, they may feel like they're dying—



everything hurts. Even their bones may hurt. The nerves that were numb are coming back to life and overcompensating.

With some chemicals, such as narcotics, people may experience withdrawal when stopping after using for as little as a week. People who've had surgery and have been on narcotics short-term, for example, may have mild withdrawal symptoms. Other chemicals take longer to create the type of changes in a person's body that result in withdrawal when quitting.

Withdrawal can be life threatening, depending on the chemical. Alcohol can create serious medical complications, such as seizures, delirium tremens (DTs), or even death. It can also have some less serious but still very uncomfortable symptoms, such as nausea, vomiting, sweating, shakes, insomnia, and anxiety. Narcotics withdrawal may produce muscle aches, fever, insomnia, feeling down, vomiting and diarrhea, and other symptoms. Benzodiazepine withdrawal is generally a longer withdrawal, with possible hand tremors, anxiety, seizures, twitching, hallucinations, nausea, vomiting, sweating, and insomnia. When someone is in withdrawal from alcohol, narcotics, or benzodiazepines, medical intervention is critically important. Medical help or advice should be sought for withdrawal from *all* chemicals.

Experiencing withdrawal doesn't always indicate that the person is an addict. A woman who is only using narcotics short-term following surgery may have withdrawal symptoms. Her body has become physically dependent on the chemical and needs to adjust when the chemical is no longer there, but that doesn't make her an addict. Withdrawal alone is not enough to warrant a diagnosis of addiction. It's just one symptom.

Many addicts don't even experience physical withdrawal. The effects of withdrawal depend on the chemical they're using, how frequently they're using it, over what period of time, and other factors. Some people mistakenly think they're not addicts because they never have physical withdrawal symptoms when they stop

using. The truth is, even if someone doesn't experience withdrawal, she may be an addict. The other symptoms are more common.

### **Tolerance**

Another symptom of addiction is physical tolerance for a chemical. Again, people with this symptom are not necessarily addicts, nor do all addicts have this symptom. Tolerance is the condition of getting so used to a drug that the body needs more of it to have the same pleasurable effect.

The first time we took a drink, we may have felt “woozy” on one drink. After three drinks, we may have felt drunk. Over time, if we continued to drink again and again, our bodies got used to the chemical and felt little or no effect from one drink. It now takes three drinks for us to feel a little off-center and six to eight to get drunk. Our bodies “tolerate” more of the drug. This tolerance increases as our bodies adapt to the chemical, and we need more of it to have the desired effect.

Tolerance is particularly noticeable with nicotine. The first time most people smoke a cigarette, they get dizzy or nauseated. Some people even vomit the first time they smoke. Soon, the body adapts to the nicotine, and the cigarette gives them what they are seeking: some sort of relief or mini-high. With nicotine, the body adapts fairly quickly, and while at first one cigarette leaves the person feeling dizzy or nauseated, soon one cigarette produces relief. That's a part of tolerance; the body adapts to the use of the chemical. Over time, the body needs more cigarettes, or needs to have them smoked closer together, to have the relief or the mini-high that at one time one cigarette alone provided. That's tolerance—needing to have more in order to have the desired effect. Tolerance is what allows some smokers to smoke three packs a day. They didn't start out with that tolerance when they smoked their first cigarette.

### Preoccupation

A major symptom of addiction is preoccupation with using. Preoccupation is thinking a great deal about doing something even when we're not doing it. It's looking forward to it, planning it, thinking about it. As addicts, our attention is almost constantly on the chemical or the next high or the next comfort from the drug. Our life is centered around the chemical and using it, thinking about using it, recovering from using it, planning to use it, obtaining it, hiding it, hiding our behavior around it, and trying to clean up our messes. Sometimes the anticipation of using our chemical brings a high in itself. Eventually everything gets focused on the chemical and its effects. Granted, we may not be *using* the chemical 24/7, but we're thinking about it, planning on getting it, planning on how to get out of the bind it got us in, and recovering from our use. It occupies much of our thinking. This "monkey chatter" goes on and on in our thoughts. Our whole life eventually focuses on the addiction.

### Loss of Control

Another overarching symptom of addiction is the loss of control around using the chemical. We may not lose control every single time, but we can't trust our own good intentions. We may say we'll just have two drinks, but that doesn't mean we can stop at two. Sometimes we're able to follow through on our promise, but a more likely result is that we end up waking up next to a stranger or we're unable to remember where we left our car or whom we left our young children with.

When we or others start to have concerns about our using, we may attempt to control it. *Attempt* is the key word here. Normal people *do* control their using; they don't *attempt* to control it. We may quit for a specific period, not use on weekdays, not use before 4 p.m., cut back, switch the chemicals we use, swear off, not have the chemicals in the house, not use alone, limit how much we use, never use in the morning, read self-help books, go to our church/

mosque/synagogue, change jobs, move to get away from stress, or leave a relationship. Do some of these seem absurd? They may to the person who has never made an attempt to control use, but the addict who's trying to figure out how to stop or limit her using will try such measures countless times. Some of these methods may appear to work for a time, but in the long run these efforts to control addiction are fruitless.

### Using Despite Negative Consequences

Another strong symptom or indication of addiction is continuing to use despite negative consequences. Normal users change their use when they experience problems with their using. They may quit altogether or cut back. Many teenagers and young adults experiment with drinking and other chemicals, but it's not normal for a forty- or fifty-year-old to be smoking pot daily or heavily partying all weekend long. Normal users discover unpleasant or dangerous consequences, and they cut back or quit. Addicts just keep going and going. They tell themselves, *This time it will be different! It was bad luck in the past, It's so-and-so's fault, or The judge has it in for me.* Is it maybe just easier to deny we have this problem? Maybe we're really not an addict? Maybe it's not that bad?

*Well, if it's causing problems in your life, big or small, something's wrong. You need to look at what's going on.*

:: KAREN

### Denial

Denial is a key symptom of addiction. It comes glommed on to this disease, no matter how smart we are or how honest we think we are. Psychologists tell us that denial is a conscious or unconscious defense that humans use to block anxiety when they feel threatened. It's a normal human response when people expect to lose something they value greatly.

With addiction, denial runs deep, like the bone marrow in our bodies. It's a lot like being in a fog that keeps us from seeing things clearly. For some of us, it can be so powerful that it blinds us totally to reality. We not only deny that there is a problem at all, but even when we acknowledge it, we deny how severe it is. Addiction is the one disease that tells us we don't have it.

It's a kind of insanity—telling ourselves we don't have it. We look it right in the face and say it isn't so. We may use various forms of denial, such as lying, telling half-truths, blaming others, concealing our use, getting angry, trying to be funny, bargaining, rationalizing, judging others, switching the focus, intellectualizing, minimizing, agreeing superficially to get people off our case, retreating—the list is endless. We deny our using and the severity of its consequences. We deny the need for change, the need to put down the chemicals. Some of our denial, such as telling lies, is blatant, but mostly we don't think we have a problem, so why would we say anything about it?

Most of us don't see our addiction or the full extent of the damage it's causing. Others usually see the state we're in before we do. We're using and our situation is worsening, but because our brains are chemically altered, we don't see our life the way it really is. Many of us, as we sober up, are in horror when we realize what our life was like when we were using. Some of us describe it as slowly coming out of the fog of denial.

*🌀 In active addiction, you don't respect yourself from the time you put that pipe in your mouth. You have no morals, no values. You have no dignity. You have nothing. Then when the high comes down, and you start to think about what you've done, the shame and the guilt are so strong that you pick that pipe up again.*

:: GLENDA

Denial not only tries to keep us from looking at addiction, it

also tries to keep us thinking of ourselves as different and separate from other addicts. Denial tells us that we're not addicts or that we're not "like those other people" or that our addiction isn't that bad. Granted, our stories may have different twists and turns, different drugs of choice, different progression and life circumstances, but the common denominator is that we need to put down the chemicals. Totally. Facing this truth is one of the scariest things we'll go through. Many of us, in the beginning, are petrified to think of not having our chemical in our life. Purely petrified. That may be the main reason we keep ourselves in denial. If we admit we're an addict, if we come out and say we can relate to other addicts, we need to do something about it. We will have to put down the chemicals even though we're sure we can't do it. That's a terrifying thought.


*Something important I've heard people in recovery say is "Connect, don't compare." Like when someone's talking, we should try to relate to what they're saying, versus "I didn't do that," "I wasn't that bad," or "I never drank like that."*

**:: BONNIE**

As we look at the various symptoms of the disease, we might not relate to some of the symptoms at all. We might try to take ourselves off the hook by saying, "Not me!" "I don't do that," "I don't have that one," or "I'm not that bad." We may even feel superior to others who have symptoms we don't have: "I'd never do that!" or "I'm not like her." But we don't need to have all the symptoms to be an addict. We need to pay attention to the symptoms that we have versus the ones we don't. And we need to understand that as the disease progresses, it brings with it more symptoms. Those of us who haven't experienced all the symptoms of addiction or who function fairly well despite having a history of addiction have

learned that even if we haven't experienced a particular symptom *yet*, it may show up tomorrow. YET stands for *you're eligible too!*

This disease of addiction is no respecter of persons. We may have the gifts of intelligence, personality, kindness, wealth, good looks, humor, or talent, but addiction will twist and turn and use these gifts to keep us from getting sober. We addicts think our strengths will keep us from getting worse or will get us out of jams, but addiction strangles our strength in order to keep itself alive and well. In addiction, our greatest strength can become our Achilles' heel, reinforcing our denial.

 *I was in denial. I just felt like I had no problem.*

*I thought to myself, How can an Iowa girl become a drug addict? How can that happen? Being raised in the Bible belt of America?*

:: JULIA

### **Hiding and Sneaking**

In addiction, many of us live a double life. We may hide how much or how often or when we use. Hiding and sneaking help keep us in denial. We don't see the whole picture ourselves and try to keep it from others. We conceal the amount of our use, and we may even keep secret the fact that we're using any chemical at all. A working mom with three kids who uses meth to keep up with her busy life may hide from her family, friends, and employer the fact that she's even using a chemical, let alone what she does to obtain it.

Many of us who are now in recovery admit that we kept secrets about what we did when we were using the chemicals. We kept secrets about how we got them, whom we hung out with, how we behaved, how much we used, how often we used, how many times we tried to quit and couldn't—just lots of secrets around the addiction. Put simply, addiction is about sneaking and hiding. Anytime we're sneaking and hiding, we're in trouble. We know we're not being

honest with ourselves or others. We're back into denial and covering up from ourselves and others. Our ego is doing the denying, but there's a part of us that knows what the ego's up to, and we feel the need to hide and conceal it. We're full of shame and guilt about our behavior, and hiding and sneaking and denial are ways to keep from looking at what's really going on.

As addicts, we feel tons of shame about all these secrets. We think to ourselves, *If anyone ever knew . . . or I must be the only person who's this bad.* Living a double life and then keeping the secrets fills us with shame. A huge part of the healing in recovery is hearing the so-familiar secrets of others and realizing, *I am not a bad woman. I'm a woman with an addiction, just like these other women.* Hearing other women's stories starts to normalize what we've done as an addict. We recognize that we're not alone in our addiction. We start paying attention to how similar we are rather than focusing on how different we think we are.

### Universal Symptoms of Addiction

All addicts who are being honest with themselves can identify with the following statement: "I can't use, and I can't quit."

In "The Doctor's Opinion" in the Big Book of *Alcoholics Anonymous*, Dr. William Silkworth speaks about an allergy of the body and an obsession of the mind. He states that some people are genetically different, and their bodies react allergically to alcohol. Allergically? At first take, that statement can seem absurd. *Come on, we love the feeling that comes from using. We don't break out in a rash or swell up or experience anything like that. In fact, quite the opposite. We feel good when using, or at least we feel some relief.*

What's an allergy? An allergy is an abnormal reaction to a common substance. Some people are allergic to shellfish, and when they eat it, their throats swell and they can't breathe. They go to great lengths to avoid shellfish. Their reaction to shellfish is an abnormal reaction. Most of us can have shellfish without any concerns. To



be able to eat and enjoy shellfish is a normal reaction to a common substance.

Alcohol is also a common substance. Most people can drink it without any real problems. When we addicts start drinking, we don't know for sure when we'll stop. Sometimes we may have the amount we planned on having, and other times it's another ten years of using and lots of losses and possible death before we stop. We just don't know. That's not normal. It's an abnormal reaction to a common substance. Normal people stop when they say they are going to stop. We can't always depend on stopping as we planned. So what's the conclusion? We have to stop using chemicals completely.

Unlike normal people with an allergy, who accept that they have to stay away from substances causing allergic reactions, we can't seem to fathom living without our chemicals. We think this normal process of avoiding the allergy-inducing substance doesn't apply to us. *What do you mean, the only relief is entire abstinence? Entire? No chemical use? Come on!* Of course, we've heard this all before in various forms: "Don't use," "Just say no," "Don't start." Doesn't it indeed make sense to stay away from something that's causing us problems?

Just like the people who are allergic to shellfish, we have to stay away from what we're allergic to. These people no longer eat shellfish. They don't seek it out to have "just one" or say, "Let me try *this* kind of shellfish instead." They know they can't "use"—and they don't. How many of us have heard the people who love us say to us, "Just don't use"? Of course they're right that we need to stop using. We need to put the chemicals down completely. We know that we can't use. So, why do we?

Well, that's the second part of the problem that Dr. Silkworth describes. Members of Twelve Step programs refer to it as the "obsession of the mind." It's similar to the preoccupation symptom referred to earlier—the monkey chatter. Not only are our bodies abnormal in that we can't use chemicals responsibly, but our minds

also tell us that we don't have a problem, that we aren't really different. Our minds tell us things like *Now that you haven't used for two weeks, you could probably have just a little*, or *Just switch to marijuana instead of the cocaine*, or *If you use pills, you'll use them responsibly*, or *How about some wine instead of the hard liquor?* or *Now you know something about women's addiction after reading this book, so you can use responsibly*, or *You worked on your issues in therapy, so now you should be able to drink*, or *No one will know*, or . . . fill in the blank.

The obsession of the mind keeps us from staying quit. It's a form of denial. It tells us that things weren't all that bad when we were using or possibly even that we're not addicts. Even though we've stopped using chemicals, our mental obsession brings us into denial, creating lies in our mind such as *Just one won't hurt*, or *It really wasn't that bad*, or *You can drink alcohol as long as you don't pick up that crack*. It talks us into trying our chemicals once again. The Big Book tells us that we are "restless, irritable and discontented" (p. xxviii) until we can find the "ease and comfort" (p. xxix) that come from taking a few drinks. The mental obsession makes us remember the good times and forget the despair. It talks us into trying one more round by filtering out all the negative experiences we've had because of using. We think that somehow we'll be able to control our using, that this time will be different.

*Because we all have the underlying thing of alcoholism—once we start, we can't stop, and then the mental obsession—there are a lot of parts of the Big Book that I now realize are totally my story, just like it was for the people in 1939.*

:: BONNIE



### *Powerlessness: The Most Powerful Place*

This “can’t use/can’t quit” problem is what the First Step of the Twelve Steps of Alcoholics Anonymous is all about. “We admitted we were powerless over [drugs]—that our lives had become unmanageable” (*Alcoholics Anonymous*, p. 59). Many of us know that once we start using, we’re in trouble because we can’t stop. We know that when we use, our life becomes a mess—unmanageable, as the First Step says. What’s harder to understand and even harder to believe is that even when we’re totally sober, totally straight, and totally clean, we’re still powerless over chemicals. Even without a single drug in our system, the addiction still has power over us. Something in us keeps telling us that we can try it one more time and it will be different. How many times have we said, “This time it will be different”? A driving force within us seeks the “ease and comfort” that come from a few drinks. The word *powerless* in the First Step means this: *Whether using or not using, I’m in trouble. I can’t use but I can’t quit but I can’t use but I can’t quit but I can’t use but I can’t quit.* How hopeless can it get? We’re powerless. That’s why many of us stay in denial. It’s all too overwhelming. We can’t use and yet can’t quit.

When we first start to comprehend the wreckage of our lives and realize that our chemicals are creating the mess we’re in, we get scared. Actually, we get terrified. When we admit that we’re addicts and recognize with our innermost knowing that we need to change, we experience some of the most terrifying moments in our lives. At the same time, we feel some sense of relief when we learn about addiction and realize we’re not alone. Mostly, though, intense fear and confusion set in. *How can it be that I have to put down my chemicals to get out of addiction? I’m an addict—and the solution is not to use?* Not using seems totally impossible. *Aren’t addicts powerless over their drugs?*

Yes, they are, and when we get this, when it sinks deeply into our hearts and minds, we're at the First Step of the Twelve Steps. We admit we're powerless over alcohol or meth or cocaine or heroin or pills or whatever our enslaving chemical is. Powerless. Unable to stop once we start *and* unable to quit or stay quit. Can't use but can't quit but can't use but can't quit but can't use but can't quit, and the circle continues. No wonder we feel hopeless, powerless.

This "gift of desperation" is right where recovery begins. It's the gift that turns our life around. The pain of desperation makes us willing to change. When we become completely convinced that we can't use and can't quit, we're right where we need to be. Somewhere inside us, we realize that our situation is hopeless.

*I remember hearing a woman at a meeting saying, one time, and I couldn't believe she said this: "I wish you desperation." And I thought, what a horrible thing to say! But it wasn't until I reached desperation, when I lost all my money, and had my car stolen, and lost my place to live, I had no friends, I basically had lost everything except my mind, and that of course was questionable—that I finally surrendered to say that I needed help.*

**:: JULIA**