

Introduction to Substance Abuse

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Concepts in Substance Abuse

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Reviewing our terms

Now you should be familiar with these important concepts. If you need to review, go back until you've got it.

1. What is the “substance” in substance abuse?
2. What is “tolerance?”
3. What’s the difference between “abuse” and “dependence”?
4. What is “addiction”?
5. Where does “alcoholism” fit in?

Characteristics of Dependence

Let's look at four important dimensions of addiction. Addiction is:

- ✓ Chronic
- ✓ Primary
- ✓ Progressive
- ✓ Incurable

Let's review each concept in turn so that we know what this means.

1. Addiction is CHRONIC

A disorder that is **CHRONIC** continues for a long time. The opposite of chronic is “acute,” which means relatively sudden and short. Let’s look at other examples of chronic vs. acute disorders.

Acute disorders

Chronic disorders

Flu	Diabetes
Food poisoning	Hypertension
Concussion	Epilepsy

Notice that “acute” disorders are treated once and they’re gone. “Chronic” disorders are *managed*, not cured.

2. Addiction is PRIMARY

A disorder that is **PRIMARY** means that it is not the “result” of something else. It is a disorder in its own right, requiring specific treatment.

For example, a man may start drinking to control the painful feelings of depression. However, when that man becomes an alcoholic (addicted to alcohol), he now has a separate and “primary” disorder that needs treatment.

Treating the depression does not mean the alcoholism will also go away.

3. Addiction is PROGRESSIVE

A disorder that is **PROGRESSIVE** tends to get worse over time.

With drug addiction, we see that the consequences of the addiction tend to worsen over time. One important mechanism of this progressive quality is **tolerance**, which we've discussed.

The development of tolerance tends to ensure that a person has to get more, spend more, hide more, and use more over time.

Later we'll look at some of the particular consequences of progression, including medical problems.

4. Addiction is INCURABLE

We say that addiction is **INCURABLE** because the biological changes involved in addiction tend to be permanent.

As a result, an addict will never be able to safely use the drug of abuse (or any other drugs of abuse). An alcoholic will never be able to “drink normally.”

Likewise, a cocaine addict will never be safe using stimulating drugs (for example, ephedra, which is an over-the-counter stimulant). A person addicted to one drug can easily switch over to another drug and still be an addict. This is called **cross-addiction** (more on this later).



Egads...all this bad news!
Primary, chronic,
progressive, incurable...
Is there no hope?

Of course there is hope!

We said “incurable,” not “untreatable.” Remember the comparison with diabetes? We don’t cure diabetes, we manage it with proper diet, blood sugar monitoring, and other acts of discipline.

Unfortunately, the addict rarely wants “discipline.” That’s what makes it so hard. By definition, an addict wants to keep using!

The Stages of Change

No discussion of addiction is complete without a quick look at the “Stages of Change” model, by Prochaska and DiClemente.

Basically, the model describes 5 stages of change:

- 1) **Precontemplation**
- 2) **Contemplation**
- 3) **Preparation**
- 4) **Action**
- 5) **Maintenance**

Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy toward a more integrative model of change. Psychotherapy: Theory, Research and Practice, 19(3), 276-287.

The Stages of Change, continued

Precontemplation

A person has no intention to change within the next 6 months

Contemplation

A person to take action within the next 6 months.

Preparation

A person intends to take action within the next 30 days, and has taken some concrete behavioral steps in this direction.

Action

A person has changed overt behavior for less than 6 months

Maintenance

A person has changed overt behavior for more than 6 months.

The Stages of Change, continued

One reason it's important to assess for stage of change is to determine the right kind of intervention. For example, people in "precontemplation" probably aren't ready to take treatment seriously. Other examples of appropriately-timed interventions:

- 1) Precontemplation: Encourage self-awareness, personalize risk
- 2) Contemplation: Encourage analysis of the "pros and cons" of changing behavior; identify and promote new goals
- 3) Preparation: Encourage the first small steps, identify social support
- 4) Action: Bolster self-efficacy, deal with feelings of loss, reinforce gains and benefits
- 5) Maintenance: Plan follow-up support, reinforce internal rewards