



For better
mental health

Understanding addiction and dependency



'I am desperate to stop drinking – it's ruining my life. I've lost my husband and I've been threatened at work about losing my job unless I stop. Almost every morning, I wake up feeling ashamed – and the shame is worse if I can't remember what I did the night before. I mean to stop but it never works, and that makes me feel out of control.'

'People thought I would be in and out of prison all my life. So did I. I couldn't see any other option. But when I was in HMP Downview, it had a drugs-treatment programme and I got onto it. I have been clean and sober for eight years now and have even trained and qualified as a counsellor, so I can help other prisoners to get out of the system and lead rewarding lives. Before, I never dreamed it was possible to change.'

Addiction wrecks lives. It's vital to recognise that you can overcome it. This booklet is for anyone who wants to know more about addiction, its causes, and what can be done about it.



What is addiction?

First of all, a definition of what addiction is not. It's nothing to do with either lack of willpower or intelligence; people with addiction problems often have above-average rations of both. For many, their habit started as a way of coping with unbearable feelings they couldn't deal with in any other way. Through a mixture, perhaps, of life experiences, social pressures and genetic inheritance, they have lost control over their behaviour, their drinking or their drug-taking, and suffer cravings or withdrawal symptoms if they go without.

Unfortunately, addiction tends to get worse and worse. Often, people don't recognise they have a problem for a long time, so they don't ask for the help they need. By then, addiction may have taken a terrible toll on the quality of life at home, school or work, and to relationships. Unless tackled, it could even be fatal.

The words addiction, dependence and dependency are all interchangeable, and this booklet uses all three. The European diagnostic manual (*DCR-10*) uses the term 'dependency', while the US version (*DSM-IV*) uses 'dependence'. Some professionals confusingly use 'addiction' when talking about mood-altering substances (drugs or alcohol, for example) and 'dependency' when talking about particular behaviour (such as gambling or workaholism). Others talk about being emotionally dependent as opposed to physically dependent on something, but many experts regard this as an unnecessary distinction.

There is a feeling amongst some working in the field that using the word 'addiction' reinforces negative myths about drug and alcohol dependency. While many people in recovery (including alcoholics) accept the term 'addict', wearing it as a badge of pride to emphasise the achievement of their recovery, others might see a stigma in this and prefer to talk about being 'chemically dependent' or 'substance-dependent'. The words chemical, substance or drug may all be used to describe alcohol, tobacco and prescribed drugs, as well as illegal drugs. This is because the causes and treatment of all addictions are basically very similar.

How can I tell if I've become addicted?

Perhaps strangely, it isn't necessarily the amount of alcohol you drink, or drug you use; rather, it's the effect that counts. The *DCR-10* says that showing at least three of the following is a sign of alcohol dependency:

- a strong desire or compulsion to drink
- difficulty in controlling the amount you drink. (The promise, 'I'll only have one' becomes impossible to keep.)
- developing withdrawal symptoms after drinking stops, with a need to start drinking again to relieve this
- increasing 'tolerance' to alcohol; needing more and more to achieve the same effect
- a waning interest in any other pleasures or activities
- continuing the habit, despite the harmful effects this is having.



The other diagnostic guide, the *DSM-IV*, defines substance dependence similarly, as a group of mental, physical and behavioural symptoms, with: 'continued use of the substance, despite significant substance-related problems. There is a pattern of repeated self-administration that usually results in tolerance, withdrawal and compulsive drug-taking behaviour.'

It suggests that people are likely to devote a great deal of time to getting hold of the substance; visiting a number of off-licences, for instance, or trying to obtain prescriptions from doctors.



Are some people more likely to become dependent?

Some people seem to be able to use or misuse drugs without crossing the line to become dependent on them, although the physical and social impact on their lives may be the same. There is a strong body of research saying that dependency and drug misuse are actually two separate, distinct conditions and that new brain-imaging techniques indicate differences in brain chemistry between the two conditions. Those experts in support of this suggest that certain people lack, or can't process, naturally occurring 'feel-good' brain chemicals, especially dopamine and serotonin.

Serotonin boosts mood, improves memory, reduces anxiety, banishes phobias, perks up metabolism and intensifies emotions. It may help people resist impulses towards over-indulgent or risky behaviour. Dopamine is responsible for a range of pleasant feelings, from calm satisfaction to a mild high, euphoria and orgasm. Serotonin and dopamine are neurotransmitters, two of many body chemicals that send messages between nerve cells. The neurotransmitters affecting dependency are located along what's known as the 'pleasure pathway' in the brain. Alcohol artificially reproduces the effects of serotonin and dopamine. It also triggers other neurotransmitters, called endorphins, which are natural morphine-like painkillers.

Cocaine and amphetamines mimic dopamine. Other drugs and foodstuffs, including heroin and caffeine, also behave just like neurotransmitters. The list is still growing, with tobacco smoke now proving to react in some way with dopamine. Research has also shown that even anticipating having your drug of choice raises dopamine levels and leads to cravings.

Testing for dependency

An early, brief intervention can help someone who is misusing to cut back on their use. But someone who has become dependent needs longer, more intensive help to stay free of alcohol and drugs. Sudds (Substance Use Disorders Diagnostic Schedule) is a new assessment aid that some experts are using to help them distinguish between dependency and misuse and offer appropriate treatment. Sudds-IV is a 45-minute interview, using a diagnostic booklet and a score sheet.

Dependent behaviour

There is also discussion among experts about whether repetitive actions reinforce the development of habit-forming behaviour by raising serotonin levels (see opposite). Dependent behaviour comes in many forms, and includes: gambling; eating disorders, such as anorexia; codependency (being dependent on other people); emotional dependency, particularly to states of anger, love and lust, which can make people as oblivious to the world as any drug; helping dependency (compulsively taking care of others); internet addiction; obsessive-compulsive disorder; sex addiction; workaholism and exercise addiction.

What are the causes of addiction?

Experts have different views about this. Research in this area is still new, and discoveries continue to be made. There appear to be some strong similarities, for example, between the causes of self-harming behaviour and dependency. (See Mind's booklet, *Understanding self-harm*, details under *Further reading*, on p. 14.)



Genetics

In the 1970s, research showed that the children of alcoholics are more likely to become addicted than the children of non-alcoholics. It suggested to some researchers that certain people might inherit a tendency to become dependent on alcohol or drugs through their genes, rather than because of their environment or through the example of family members. It's not someone's fault they use alcohol or drugs to excess, but learning that there is a way to stop and get help makes them accountable for their actions.

Childhood experience and abuse

Some experts believe that dependency is rooted in unresolved childhood grief and a profound sense of loss. This could be through losing someone they love (through death, separation or divorce), losing status (financial or academic), their position in the household (through the birth of a sibling, for instance), and their familiar home, pets or toys. It could also mean the loss of something intangible, such as dreams, hopes or ambitions, self-esteem, friendships, the feeling of being loved or trusted, of pleasurable emotions, and even of childhood, of identity or of a sense of self. This can negatively affect their view of the world and themselves, making them more vulnerable.

Research after research has shown that a vast percentage of people with a dependency have had abusive childhoods. This can range from being neglected or shamed to physical and sexual abuse. It's been suggested that someone with a weak supply of serotonin, dopamine or endorphins in their system, but who is born into a family that provides plenty of nurture and support, may avoid having to deal with anything they can't cope with. But often, the children who are most in need suffer neglect, abusive parenting or other traumatic experiences.

Lack of coping strategies

Children in such a situation may never have been given the essential problem-solving strategies they need, or taught which boundaries shouldn't be crossed. Dependency is the only route they know.

Social pressures

The sheer availability of alcohol and other drugs, and society's general acceptance of alcohol, is a significant factor, as is the pressure young people put on each other to use drugs.

What happens when people become dependent?

Some people can only find their way out from unbearable pressure by turning to mood-altering substances and behaviours. They discover substances or behaviour that solve their immediate problems by giving them a 'high' and changing or masking what they see as shameful emotions, such as pain, grief or fear. It's the start of a downward spiral that may, typically, take the following course. The dependency becomes the source of more shame. The person then seeks refuge from the pain of dependency by moving further into the addictive process. They deal with future problems, such as the loss of a partner or of their job (which may be a consequence of dependency) the same way, accelerating the descent.

Soon, all the person needs to do is to think about their drug of choice for their mood to change. They may begin to play down the effects of their behaviour ('It's not that bad') or try to forget about it with 'the hair of the dog'. They distance themselves from anyone who tries to come between them and their dependency. Their behaviour worsens. They arrange their lives and relationships around their habit. They may start to lie about their dependency, no matter how honest they are in other areas of their lives. The alcoholic sneaks in a few drinks; the gambler opens a secret bank account; the sex-addict goes to prostitutes or is unfaithful.

The rituals of dependency replace the disciplines of normal life, because addicts know they will be rewarded with a mood-change if they act in certain ways. Their routine becomes consistent and familiar: the alcoholic joins his or her daily gathering of drinking companions; the bulimic purges him- or herself; the sex addict scans pornography. Gradually, tolerance grows and people need more to get the same effect.





How can addicts stop?

Rationally, people know that their substance or behaviour can't fulfil them, but dependency is based on emotion, not reason. It may take a crisis before they can even begin to break out of the cycle. Each person's crisis is different, and yet remarkably similar, in that it is an emotional rock bottom. One day, the drug or behaviour will no longer produce the desired effect. They will watch themselves drinking, as if from the outside, but no longer get drunk. They may be facing financial ruin with no chance of escape. A loving partner may be abandoning them, or they may end up in hospital. They could be about to lose their job or to see their children taken into care.

At this stage, that person may be desperate to do something about their problem, and yet their efforts are likely to fall short of stopping, because they can't contemplate a life without their dependency or they can't face withdrawal. They may focus on cutting down their habit, in the hope of controlling it, or switch to another one, in the mistaken belief that a person can get addicted to only one thing. It's when attempts to reduce or stop fail that the person may finally turn elsewhere for help.



What happens when people withdraw?

People can develop withdrawal symptoms within hours or days of stopping or reducing their habit. It's often called going 'cold turkey' when someone withdraws, without the help of medication, from heroin and similar drugs. But people may experience unpleasant symptoms, whatever their addiction. They may feel physically sick, with aching or trembling muscles or fever and diarrhoea. They may feel intensely anxious, depressed, angry or frustrated. They may find it hard to concentrate or to sleep, or be quite sluggish.

Whether they are dependent on a substance or on a particular behaviour, people will have to face all the emotional pain and distress that they are trying to avoid through their dependency. This is why it's important to organise enough support.



What else can people do?

People need to understand their addiction before they can recover from it. They need to take responsibility for their problem. Most addicts find it difficult even to admit they have a problem until they can see an alternative way out. The first stage of recovery is recognising what they are doing, the harm they are causing, and that there is a solution.

Self-help programmes

Self-help groups can help people achieve drug- or alcohol-free lives. The best-known and longest standing is the 12-Step Programme. The 12 Steps are the creation of the founders of Alcoholics Anonymous, stockbroker Bill Wilson and surgeon Robert Smith, who finally gave up their own addiction when they started talking to each other about it. They called it 'the only disease which can be cured by talking', although nowadays, many people prefer to use the word 'disorder'. Support groups of the same type (often signified by the word 'Anonymous' in their name) now help people with many different dependencies, as well as their families, friends and employers.

The benefit may come from meeting other people who are in the same boat. Most people believe that no one else is as bad; no one else could possibly drink, take drugs, gamble, binge or behave as badly; no one else would lie about it and hide it. To find others just like them may immediately lift some of the shame that prevents recovery. Newcomers may derive hope from discovering that others, who once acted just as inappropriately, no longer do so. Going to meetings fills the space and time left by the addiction, and may help people maintain their resolve. After a meeting, they can stay and chat. They may experience a sense of safety and belonging, have fun and feel good about themselves, without their addiction. The programmes cost nothing and, for those needing professional treatment as well, they may act as free 'aftercare'. However, the 12-Step Programmes does not suit everyone, and not everyone is able to accommodate the religious-sounding language involved, which can lead to the mistaken impression that religious faith is essential to it.

There are other organisations providing self-help groups that take a different approach, but also offer the benefits of mutual support, information and advice. Some may charge for joining. Many self-help organisations of all types now have websites, accessed through a search engine. It's advisable to check further on their suitability, methods, and success rates, as well as on the accreditation of any professionals involved (see p. 12).

Healthier habits

People recovering from addictive behaviour also benefit from replacing old habits with new healthy ones. Good diet, exercise, laughing, positive thoughts, relaxation, meditation and yoga are believed to help boost self-esteem and to make people feel better physically and mentally.



What professional help is there?

Joining a self-help group may be enough, but if not, people can ask for professional help. Talking to the GP can be a starting point, although some GPs lack a good understanding of dependency, and may rely on medication. They may prescribe a drug, such as methadone, on a 'drug for drug' basis, even if the person would prefer a completely drug- or alcohol-free life.

The key to recovery from dependency is getting in touch with feelings and holding those feelings without turning to the habit for support. It's as simple – and as difficult – as that. Most dependent people have been told from childhood to cut off their emotions, or have needed to cut off their emotions in order to survive. One-to-one counselling, therapeutic groups and residential or outpatient services can all help people to understand themselves better, to come to terms with their past and find new ways of thinking and moving forward. Some counsellors are also relapse-prevention specialists. All of them aim to keep people free of their dependency, and they may use various methods, including psychodynamic psychotherapy and experiential group therapy. (For more information about counselling and psychotherapy, see *Further reading*, on p. 12.)

It may be possible to find suitable help through the NHS. If not, private organisations and practitioners can provide counselling and psychotherapy. A database of dependency counsellors and therapists in private practice is in the process of creation. It's also possible to contact treatment centres directly. Even if they can't offer people treatment, they may still be a good source of information about local help. (For more information about practitioners and centres, see *Useful organisations*, on p. 12.)

Dual diagnosis and complex needs

Sometimes, addiction is accompanied by a mental health disorder, for instance, and it is vital that the dependency be treated. A person may appear to have depression, but symptoms may disappear once the dependency is tackled. In other instances, the symptoms of a disorder become apparent when the dependency masking them disappears. (See Mind's booklet *Understanding dual diagnosis*, details under *Further reading*, on p. 14.)

Addiction may be just one of a whole raft of interconnected problems. People with complex needs like these, including those affected by drug and alcohol misuse, mental health problems and those with a learning disability, are often shunted between the helping agencies. Social care organisations aim to help the situation as a whole. They deal not just with someone's immediate physical or personal problems, but also tackle issues such as housing, education and employment. Interventions across the board can help people to turn their lives around. (See *Useful organisations*, on p. 12, for information about social care.)

What should family and friends do?

This is also a terrible time for anyone close. While loving the person for who they are, they may hate their dependent personality or behaviour, and the words that come out of them. It's very easy to have hopes raised when there is a glimmer of improvement, only to have them dashed again. Unpredictability breeds fear and diminishes trust. Friends and family may grieve and feel ashamed. There are many organisations that can help. (See p. 9, and *Useful organisations*, on p. 12.)



The attitude of friends and family can have a dramatic impact on what happens. If the person picks up, consciously or unconsciously, that friends and family are feeling ashamed, for example, it may provoke even more dangerous behaviour. But, a family's positive attitude and involvement, no matter how small, is the most powerful predictor of whether a person will complete treatment and therefore successfully beat their addiction.

Encouraging the person to face their addiction and ask for treatment is vital. The shorter the wait to get into the treatment, once decided, the better the outcome. But the decision may be a long time coming. It may take someone many years to recognise their dependency and take responsibility for it. It's worth remembering that the more years a person has been dependent, the better the chances of success.

References

Alcoholics Anonymous (Alcoholics Anonymous World Service, 1938)

Diagnostic and Statistical Manual of Mental Disorders 4th ed. (DSM-IV) (American Psychiatric Association 1994)

Diagnostic Criteria for Research (World Health Organisation, Division for Mental Health)

The Recovery Book, A. Mooney, A. and H. Eisenbert (Workman Publishing 1992)

Useful organisations

Mind

Mind is the leading mental health organisation in England and Wales, providing a unique range of services through its local associations, to enable people with experience of mental distress to have a better quality of life. For more information about any mental health issues, including details of your nearest local Mind association, contact the Mind website: www.mind.org.uk or MindinfoLine on 0845 766 0163

Alcoholics Anonymous

PO Box 1, Stonebow House, Stonebow, York YO1 7NJ
tel. 0845 769 7555, web: www.alcoholics-anonymous.org.uk
Support group

Alcohol Concern

Waterbridge House, 32–36 Loman Street, London SE1 0EE
tel. 020 7928 7377, web: www.alcoholconcern.org.uk
The national agency on alcohol misuse

British Association for Counselling and Psychotherapy (BACP)

BACP House, 35–37 Albert Street, Rugby CV21 2SG
tel. 0870 443 5252, web: www.bacp.co.uk
For a list of counsellors

DrugScope

32–36 Loman Street, London SE1 0EE
tel. 020 7928 1211, web: www.drugscope.org.uk
Information and resources

Turning Point

New Loom House, 101 Backchurch Lane, London E1 1LU
tel. 020 7702 2300, web: www.turning-point.co.uk
Social care organisation

United Kingdom Council for Psychotherapy (UKCP)

167–169 Great Portland Street, London W1W 5PF
tel. 020 7436 3002, web: www.psychotherapy.org.uk
For a list of therapists

Useful websites

www.addictiontoday.org

For a free list of treatment centres

www.talktofrank.com

Advice, information and support on substance misuse

Further reading

- Conquering fear* D. Rowe (Mind 2003)
- Conquering a sense of inferiority* D. Rowe (Mind 2004) £1
- How to assert yourself* (Mind 2003) £1
- How to improve your mental wellbeing* (Mind 2004) £1
- How to increase your self-esteem* (Mind 2003) £1
- How to stop worrying* (Mind 2004) £1
- Liberation: the perfect holistic antidote to stress, depression and other unhealthy states of mind* The Barefoot Doctor (Element 2004) £7.99
- Making sense of cognitive behaviour therapy* (Mind 2004) £3.50
- Making sense of coming off* (Mind 2005) £3.50
- Making sense of counselling* (Mind 2004) £3.50
- Making sense of herbal remedies* (Mind 2004) £3.50
- Making sense of homeopathy* (Mind 2004) £3.50
- Making sense of psychotherapy and psychoanalysis* (Mind 2004) £3.50
- Manage your mind: the mental health fitness guide* G. Butler, T. Hope (Oxford University Press 1995) £14.99
- Managing intense emotions and overcoming self-destructive habits: a self-help manual* L. Bell (Brunner-Routledge 2003) £17.99
- The Mind guide to food and mood* (Mind 2004) £1
- The Mind guide to managing stress* (Mind 2005) £1
- The Mind guide to massage* (Mind 2004) £1
- The Mind guide to physical activity* (Mind 2004) £1
- The Mind guide to relaxation* (Mind 2004) £1
- The Mind guide to spiritual practices* (Mind 2004) £1
- The Mind guide to yoga* (Mind 2004) £1
- Understanding anxiety* (Mind 2005) £1
- Understanding depression* (Mind 2005) £1
- Understanding dual diagnosis* (Mind 2004) £1
- Understanding eating distress* (Mind 2004) £1
- Understanding personality disorders* (Mind 2004) £1
- Understanding the psychological effects of street drugs* (Mind 2004) £1
- Understanding psychotic experiences* (Mind 2004) £1
- Understanding self-harm* (Mind 2005) £1
- Understanding talking treatments* (Mind 2005) £1

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- Our vision is of a society that promotes and protects good mental health for all, and that treats people with experience of mental distress fairly, positively, and with respect.
- The needs and experiences of people with mental distress drive our work and we make sure their voice is heard by those who influence change.
- Our independence gives us the freedom to stand up and speak out on the real issues that affect daily lives.
- We provide information and support, campaign to improve policy and attitudes and, in partnership with independent local Mind associations, develop local services.
- We do all this to make it possible for people who experience mental distress to live full lives, and play their full part in society.

For details of your nearest Mind association and of local services contact Mind's helpline, MindinfoLine: **0845 766 0163** Monday to Friday 9.15am to 5.15pm. Speech-impaired or Deaf enquirers can contact us on the same number (if you are using BT Textdirect, add the prefix 18001). For interpretation, MindinfoLine has access to 100 languages via Language Line.

Scottish Association for Mental Health tel. 0141 568 7000

Northern Ireland Association for Mental Health tel. 028 9032 8474

This booklet was written by Deirdre Boyd, CEO of the Addiction Recovery Foundation, editor of *Addiction Today* magazine and author of *Addictions: your questions answered*. It was peer reviewed by Alex Flood, BSc, Ad.DipCoun.

First published by Mind 2005.

ISBN 1-903567-64-5

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