The Process of Addiction

INTRODUCTION

More than half the adult population of the United States drinks alcohol, and many use other drugs as well. But most of these people never become chemically dependent, what is commonly called being alcoholic or addicted. What causes some people to get addicted?

Addiction and alcoholism run in families. People have reason to learn as much as they can about this to teach their children and other family members and help them as soon as possible if they start to show early signs of becoming addicted to alcohol or other drugs.

What is addiction or alcoholism?

1. **Addiction** is the same thing as chemical dependence: one definition will do for both. Doctors and counselors use the description in the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision (DSM-IV-TR)*, which says that a person is addicted to a chemical if he or she has three or more of the following behavior patterns in his or her life over a period of at least a year.

2. **Tolerance**: Need to drink/use more to get same effect, or diminished effect with same amount.

3. **Withdrawal**: Physical/emotional withdrawal symptoms, or drinking/using more to relieve or avoid withdrawal symptoms.

4. **Loss of control**: Drinking/using more, or for longer, than intended.

5. **Attempts to control**: Persistent desire or efforts to cut down or control drinking/use of the substance, including making rules for self about when, where, what to drink/use, and so on.

6. **Time spent on use**: Spending a great deal of time getting the substance, drinking/using it, or recovering from drinking/use.

7. **Sacrifices made for use**: Giving up or reducing social, work, or recreational activities that are important to the person because of conflicts with drinking/using.

8. **Use despite known suffering**: Continuing to drink/use despite knowing one has a physical or psychological problem that is caused or made worse by drinking/using.

9. **Alcoholism** is more specific and means addiction to a specific drug, namely alcohol.

A person is chemically dependent, addicted, or alcoholic when he or she has at least three of these patterns in his or her life. Chemical dependence is very destructive to a person’s health, family, work, social life, finances, and legal status. But many addicts and alcoholics are hard-working, intelligent, and successful (for a while); this is known as being a “functional” alcoholic or addict. The popular image of the addict or alcoholic as homeless or otherwise down-and-out applies only to some.

Dr. E.M. Jellinek was a pioneer in getting chemical dependence recognized as a disease. Before his work, which was mainly during the 1950s, many people believed dependence was a matter of being weak-willed or being morally defective. Jellinek described chemical dependence as having four phases:

1. **Contact phase**: During this phase, a person has his or her first contact with alcohol or another drug, begins drinking or using, and becomes psychologically dependent. This means that there are no physical withdrawal symptoms if the person doesn’t drink or use, but he or she feels the need to drink or use to deal with life. The contact phase may last many years.

2. **Prodromal phase**: In the next phase, tolerance starts to increase. It takes more of the drug to get the same effect. It is often during the prodromal phase that people start experiencing blackouts (if their drug is alcohol); begin to hide from others the amount they’re drinking or using; begin drinking/using faster or strictly for the effect; begin avoiding talking about their drinking/use with others; and
experience their first loss of control and physical withdrawal.

3. **Crucial phase**: In the third phase, loss of control progresses, so that drinkers or users can’t be sure how much they will drink or use once they get started. Alcoholics and addicts in this stage often quit for a while to prove they aren’t really dependent, but return to uncontrolled drinking or using when they try to go back to moderate use. They start trying other ways to control their drinking or using, and to escape the consequences. Addicts or alcoholics in the crucial stage start experiencing more physical and psychological damage because of drinking or using. Other people will notice that their health and personalities are going downhill. Their lives are more and more disrupted and full of conflict as the crucial stage progresses. Prolonged periods of use start—benders for alcoholics, several-day runs for methamphetamine users, and so on.

4. **Chronic phase**: This is the final stage. In the chronic stage, life falls apart, if it hasn’t already. This is the stage where people may drop out of their families and social situations, become unemployed, become homeless, be hospitalized due to the effects of drinking/using, and have frequent encounters with the law. This is the stage where some people die and others hit bottom and decide to do whatever it takes to change.

**Nonphysiological Model**

This model can apply to either substance abuse or other addictive behavior patterns. It has the following four phases:

1. **Contact phase**: As in Jellinek’s stages, this is the stage where a person first experiences the drug or behavior and finds that he or she likes it—it either gives him or her pleasure or reduces unpleasant feelings.

2. **Serendipitous phase**: Serendipity means finding something good that you weren’t expecting. In this phase, people discover that using the drug or engaging in the behavior helps them deal with situations they had problems with before. For example, a shy person discovers that a drink makes it easier to talk to another person; a depressed person finds that he or she feels less depressed after eating a big meal, or after doing something dangerous.

3. **Instrumental phase**: People begin to deliberately use the drug or behavior for this effect, to cope with difficult situations. In this stage, the use of the drug or behavior becomes a routine and a deliberate coping tool.

4. **Dependent phase**: People come to feel that they can’t cope with life without the drug or behavior. They experience loss of control, followed by unpleasant consequences for themselves and others, along with regrets, guilt, and promises not to “do it again.” At the same time, they feel trapped because they believe they can’t get along without the drug or behavior, and may even feel by this time that it is a part of their basic nature and can’t be changed. For this reason, people continue using alcohol or other drugs or engaging in other compulsive patterns in spite of more and more painful results. Nondrug-using behaviors that can fit this pattern may include overeating; bingeing and purging; dieting, with or without physical exercise; physical exercise alone; gambling; spending money; religion; outbursts of rage and violence; sexual acting out; workaholism; and hobbies such as surfing the Internet.
# CONCLUSION

1. The process of addiction is an important subject for the any individual because of concerns they may have for themselves and for others, especially family members.

2. The *DSM-IV-TR* definition of chemical dependence includes seven symptoms, and says that if three or more are patterns in a person’s life for a year or more, that person is addicted to the substance involved. The words *addiction* and *chemical dependence* mean the same thing, and alcoholism means addiction to alcohol. The symptoms are:
   - Tolerance
   - Withdrawal
   - Loss of control
   - Attempts to control
   - Time spent on use
   - Sacrifices made for use
   - Use despite known suffering

3. The Jellinek Model of addiction has four phases:
   - Contact phase
   - Prodromal phase
   - Crucial phase
   - Chronic phase

4. The nonphysiological model of addiction also has four phases:
   - Contact phase
   - Serendipitous phase
   - Instrumental phase
   - Dependent phase