

Practical Skills and Clinical Management of Alcoholism and Drug Addiction

Samuel B. Obembe, M.B;B.S., C.A.D.C.

Cognitive Insight Inc. Alcoholism & Drug Addiction Treatment, Portland, Oregon, U.S.A.



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Note to Readers

Practical Skills and Clinical Management of Alcoholism and Drug Addiction is a synopsis (summary) of causes and clinical management of alcoholism and drug addiction enhanced with practical skills and other awareness resources. The intent of the clinical literature in this book is primarily to educate, motivate, and dispel myths that enable addiction.

The final diagnosis of drug addiction is in itself just the tip of the iceberg. The primary diseases or circumstances that largely constitute the vulnerability to addiction are indeed the essence worthy of treatment to minimize or eradicate addiction. These provocative factors are genetic (familial) predisposition, mental illness, family dysfunction, unhealthy lifestyles, and other countless negative environmental conditions that cause and propagate alcoholism and drug addiction, a complex disease of genetic and/or acquired etiologies. Thus, it is about treatment, NOT punishment.

This book provides information from researched facts to address this perennial issue. It sheds light on causes of alcoholism and drug addiction that broaden the scope of clinical management of the disease. Also, it punctuates the literature with practical skills that contribute to knowledge in clinical management, and gives insight to patients and their challenges.

It is our ultimate responsibility to ensure a healthy, safe, and peaceful society for us, our children, and generations yet to come.

A *real crisis* that remains is that addiction is seen by too many as a reprehensible moral weakness, instead of being recognized as a disease or a medical condition. Despite recent advances in treatment methods, social stigma and misconceptions about addiction still persist. As more humane laws are enacted to support the medical consensus, public perceptions about addiction will change. Family members, friends, employers, health care professionals, and behavioral therapists must become proactive in educating the public.

At present, many who suffer from real and pervasive consequences of addiction tend to lead secret lives, obsessed with fears that their “weakness” may be revealed. Until such time as we can dispel these stereotypes and dispense with prejudice and discrimination, addicts and their families will suffer needlessly. And we, as a people, will be diminished by their pain and reaction. The stigmatization of these victims must end. We owe it to our families, neighbors, communities, and to ourselves.

Dr. Samuel B. Obembe, M.B;B.S., C.A.D.C

Website: Cognitiveinsightinc.com

Contact: www.info@cognitiveinsightinc.com

www.insightinc20@gmail.com

My Story

A multifaceted dimension of life events serves as the inspiration for writing of this book. The drug addiction of my godson impacted me deeply, revealing my ignorance and judgmental attitude toward him. He has a family history of alcoholism. His grandfather was a recovering alcoholic. His mother and brother are alcohol abusers. He is cross-addicted to prescription and street drugs such as oxycodone, cocaine, and heroin in particular. As of today, the good news is that he has been sober for 2 years, secured a job, and taken responsibility for his 9-year-old daughter.

During his difficult time, I was very hard on him. Could it be an epiphany that drove a feeling of guilt and remorse into me? Something was responsible for my decision to check into an academic institution to study "Addiction and its Management."

I was aware of a fact that over 50% of my colleagues were in sobriety and at risk for relapse. As a physician, my curiosity and preparedness for any eventuality was undoubted. The adventure was worthy of the experience. It challenged, educated, and changed my perspective toward victims of this disease.

My closest colleague in the class was a student from Reed College. He was so brilliant and interesting in every aspect of life. He experienced emotional shifts or alternations through all seasons that were reflected in his demeanor. The severity of depression during winter and elation in summer was of great concern. He confided in me of his struggle with the disease and how the weather extremes exacerbated the illness. For him, the exhibited symptoms are distinctively characteristic of bipolar disorder, a mental and emotional disturbance, and were responsible for his vulnerability to drug addiction. He further shared with me how he would be spending his winter in Hawaii. He overdosed and died 6 months later.

Another close colleague that I related with in the class was quite intelligent with in-depth knowledge and understanding of his clients' situations, in spite of his own struggle with drug addiction. His brilliant presentations at the weekly meetings of counselors were an apparent conviction of his strength in sobriety and recovery. Unfortunately, he overdosed on heroin and died over a stressful breakup with his girlfriend.

The third relapsed and checked into a treatment center. He had a history of multiple relapses in the past 5 years.

These are evidence of the recurring nature of the disease: a "loss of control" due to compulsive brain craving for addictive chemical substance(s) as a result of neurochemical transmitter imbalance that transforms into the dysfunctional mindset of an addict. The magnitude of devastation to the client, his/her family, and friends is

most of the time beyond the darkest realm of imagination. There is a critical need for consistent or possibly lifetime treatment coupled with a healthy lifestyle.

My education in this field of health care provides me with an insight into causative factors of drug addiction that ranges from genetics, mental illness, stress, lifestyles, and other aggravating factors. It also affords me a sound knowledge and vast clinical experience in treatment management.

The treatment is about cognitive restructuring. This entails medication therapy, especially in cases of dual diagnosis (i.e., anxiety, depression, schizophrenia, and other mental illnesses primary to drug addiction) as clinically recommended, and psychotherapy (individual and group therapy, aftercare programs, etc.), an essential treatment tool in every case.

The success of this treatment model often promotes self-enhancement and self-empowerment that translate into positive behavior modification. Prognosis is best when a client takes the first step: admission to a problem with alcohol and/or drug, an exercise in personal responsibility, and an enduring commitment to treatment. Relapse could be avoided or minimized by client's unflinching determination and aspiration for treatment, consistent care support, and healthy lifestyle.

Clinical experience from academic and social interaction with vulnerable friends, caring for abusers and addicts, spurs me to put it all in a precise context titled *Practical Skills and Clinical Management of Alcoholism and Drug Addiction*. I hope this clinical literature achieves its ultimate goal of awareness, healthy lifestyle, and a path to treatment of this deadly disease of our time.

A Holistic Approach to Clinical Management

The ultimate goal of this book is a comprehensive clinical management.

The essence of this book is to educate, raising awareness of the devastation of addiction and offering treatment management that is holistic in approach. The treatment technique involves identifying the multiple pathologies that drive alcohol and drug addiction, designing a treatment plan that mitigates the enabling pathological forces and promotes maintenance of a healthy state through a continuum of treatment and support programs.

Causes of alcoholism and drug addiction are vast and complex. Researchers are still making new discoveries and treatment modalities to battle the disease.

The critical tools of holistic clinical management are psychological, involving mental restructuring techniques such as individual and/or group psychotherapy/counseling and support groups. Emphasis is placed on practical skills that are effective teaching tools.

Medical and psychological procedures which entail screening and treatment for related diseases or vulnerability factors such as genetic predisposition, mental illness, post-traumatic stress disorder (PTSD) and other numerous negative environmental elements, have immensely contributed to knowledge of causes and clinical management of alcoholism and drug addiction.

Nutritional depletion and deficiency are often a complication of alcoholism and drug addiction. The resulting nutritional dysfunctional dynamic serves as a significant driver of the pathophysiological processes of addiction. A healthy lifestyle supported by exercise and meeting nutritional needs that are vital to health can reverse the abnormal process, and present a crucial front in the treatment of alcoholism and drug addiction.

Besides the treatment strategy, the book enlightens in all related aspects of alcohol and drug addiction: psychoactive drugs, their effects and properties; sharing of the author's clinical experiences; and practical skills and other educative resources that are beneficial to the management of alcoholism and drug addiction.

Disclaimer

The ideas, clinical approaches, and suggestions put forward in this book are not a substitute for consultation with physicians, psychiatrists, psychotherapists, counselors, and so forth.

Supervision is an absolute necessity in all health matters.

Thanks

To my caring big sister, Mrs. Funke Akin-Williams (nee Obembe)
To my lovely daughter Layo, and to my gentle and “cool” sons, Lade and Lolu
And to my favorite librarians, Viet Tran and Ryan Ellis.
Love you all.

1 Addiction and its Etiology

The word “addiction” is loosely applied in social expression to indicate self-indulgence: cravings for food, drink, behavior, things, or places of interest. Basic human cravings are food, water, sex, and sleep. We frequently make these choices because of pleasures derived, but to a large extent within a normal range of consumption without dependency. But we shiver when faced with the intense, destructive consequences of addiction.

Some of the most devastating addictions involve gambling, alcohol, and psychoactive drugs. Other forms of addiction include eating, shopping, sex, the Internet, work, video games, and so forth. These behaviors may impact a person differently, but they can be just as devastating as alcohol and substance dependence.

The content of this literature directly and explicitly addresses the causes and treatment of alcoholism and drug addiction. Also, it places emphasis on practical skills that are essential in treatment management. The intent is to convey the message in synopsis but with clarity, which raises awareness to the causes and destructive effects of alcohol and drug addiction, contributes to the knowledge in management of the disease, dispels related social stigma through scientific insight into the nature of the disease, and provides proper guidance to achieving long-term, possibly life-time sobriety and recovery.

Compulsive consumption of alcohol and/or psychoactive drugs is defined as chemical dependence. This behavior is a shift from an impulsive (tendency to act on a whim—high vulnerability) to a compulsive behavior (a force-driven irrational impulse). The compulsion involves a loss of control in limiting intake of alcohol or psychoactive drugs of choice. This may involve impaired brain function, neuron damage, or synaptic dysfunction. The disease is found in the mesolimbic dopamine system, also referred to as the “pleasure pathway” or “reward system.”

The two primary indicators of alcohol and drug addiction are: (1) tolerance—an increase in the amount of intake to produce the same pleasure or a need for a higher dose to elicit the same effect; and (2) withdrawal symptoms—in the course of acute or chronic abuse of psychoactive drugs or alcohol, a physical or physiological adaptation occurs. A sudden or abrupt cessation of intake will precipitate acute physical or physiological symptoms: body pain, nausea, chills, vomiting, and depression. These can be devastating and are most often coupled with negative emotional state. Human compulsion is a pathological driving force which seeks attainment of “pleasure” feelings. The ultimate goal of this force is addiction and this state is sustained by a fear of withdrawal symptoms. This vicious cycle perpetuates addictive habit.

These are the primary operative elements of addiction. There are specific stages of chemical dependence which culminate into this disease state:

- Impulsive to compulsive behavior (loss of control of use) or neuronal damage.
- Psychobiological pathology: physiological and psychological dependence.
- Withdrawal stage—irritable discomfort from sudden cessation of use (“cold turkey” symptoms).

Formal addiction is an adaptation of the psychoactive substance into the “normal” physiology of the body. This dynamic involves physical compulsion by dramatic changes in brain function as a result of destructive effect due to constant and prolonged exposure to the chemical substance. Addiction is a pathological condition: a medical condition or a disease.

Causes could be intrinsic (genetic or familial) or extrinsic (environmental; unhealthy lifestyle, peer group, etc.) predisposing factors.

Griffith Edwards, DM, and Milton M. Gross, MD, provided a definition of chemical dependence syndrome in 1976. They described the essential elements of the syndrome as “*a repertoire of drinking behavior; salience of drink-seeking behavior; increased tolerance to alcohol; repeated withdrawal symptoms; repeated relief or avoidance of withdrawal symptoms by further drinking; subjective awareness of a compulsion to drink; reinstatement of the syndrome after abstinence. All these elements exist in degree, thus giving the syndrome a range of severity; one clinical element may reflect underlying psychobiological happenings of several types and different clinical elements may be partial descriptions of the same underlying psychobiological process*” (Edwards & Gross, 1976).

This is an explicit definition of chemical dependence syndrome—combined symptoms that characterize the disease. And it is this concept of clinical presentation by these experts that inspired a formal recognition of the syndrome. Multiple authorities agree with the syndrome as a clinical definition of alcohol and drug addiction: International Classification of Disease (ICD-10) and Other Health Problems Manual (World Health Organization, 1992) and Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, Text Revision (DSM-IV TR).

Because addiction is interchangeable with the more specific terminology of chemical dependence, I may apply either term to convey the same meaning.

1.1 Definition and Characteristics of Alcoholism and Drug Addiction (Substance Dependence)

Many definitions have been given to addiction which sometimes lack the specific operative words, while some have done justice to it. Morse and Flavin’s (1992) definition of addiction published in the *Journal of the American Medical Association* (vol. 68, No. 8) states that addiction is a primary, progressive, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestation. The disease is often progressive and fatal. It is characterized by impaired control overuse of the substance, preoccupation with the substance, use of the substance despite adverse consequences, and distortion to thinking. This definition stands as the guiding principle of treatment centers and substance-abuse counselors.

Addiction could also be conceptualized as a demonstration of a pathological relationship with any mood-altering experience that results in ongoing, recurring life-damaging negative consequences. Pathologies such as denial, delusion entrenched

with other defense mechanisms that are so crazy and irrational to the objective mind can occur. Life-damaging negative consequences and health problems due to alcoholism are depicted in Figure 2.1. Drug addiction is just as devastating, possibly more immediate, and often results in fatality. Legal problems are also most often consequences of abuse and addiction to drugs.

Loss of self-respect, respect of family or peers, jobs; irrational cognition, argumentative and negative attitude are social and economic downfalls due to alcoholism and drug addiction.

The American Psychiatric Association (APA) definition of alcohol and drug addiction is based on clinical symptoms. It states that addiction or dependence is present in an individual that demonstrates any three or more of the following symptoms at any time in the same 12-month period:

1. Tolerance: This is defined as a need to substantially increase the amount of intake of the psychoactive substance in order to achieve the same desired effect. This could be inversely expressed as a markedly diminished effect from same amount of substance that on prior intake had a desired effect.
2. Withdrawal: Abrupt cessation of substance intake manifests characteristic signs and symptoms of the withdrawal syndrome. Intake of same or closely related psychoactive substance could produce a relief or avoidance of withdrawal symptoms.
3. Larger amount of substance is taken for a longer period, indicating loss of control over setting limit of use.
4. Persistent desire to use psychoactive substance and inability or failure to quit or cut down on substance use.
5. Preoccupation or obsession with activities to obtain the substance, use of the substance, or failure of plan or intention to quit the use and recovery from the life-threatening symptoms of the psychoactive substance.
6. Consequential reduction or complete withdrawal from social, occupational, or recreational activities predicated on substance use.
7. The substance use is intensified as tolerance escalates in spite of the recurrent physical and psychological problems that are caused by the persistent use.

In view of these definitions and the characterization of addiction, it is essential to identify the differences among users of addictive/psychoactive substances. They could be classified into three groups:

1. Social user
2. Alcohol/substance abuser
3. Addict

Social user: He/She uses alcohol and/or drugs simply to enhance the pleasure of normally pleasurable situations. The social user experiences the following:

- No negative consequences
- No surprises or unpredictability
- No loss of control
- No complaints
- No thoughts of or need for limit setting