

Counselor Magazine October 2016 Vol. 17 | No. 5 by Jon Daily, LCSW, CADC II

Addicts Don't "Hit Bottom" Until the System Around Them "Hits Bottom"

2016 is the year of the heroin epidemic in the media. We have witnessed it in President Obama's State of The Union Address as well as on the current presidential campaign trail with both parties spending hours of their campaign time discussing heroin. They have talked about lives that have been lost and the need for medication-assisted treatment (MAT) such as buprenorphine. It has been debated whether or not naloxone, the overdose antidote, should be available for staff on high school campuses in case a student has an overdose. The media has covered synthetic, fentanyl-laced pills sold as Vicodin on the streets which have killed many this year. As I write, there have also been suspicions and allegations that the music artist Prince's death was from an opiate overdose. The political and media coverage may have many thinking that the source of the problem comes from the doctors who are overprescribing these painkillers. This can certainly be the case with the elderly, as well as many chronic pain management patients. However, when I look at the many teens, young adults, and adults with opiate abuse issues and addiction, I see the cause of this problem differently.

In my over twenty years working with teens and young adult addicts it has been easier to get opiate addicts clean versus marijuana addicts. Why is that? It is because addicts don't hit bottom until the system around them does. We see a surge of intervention practices to help opiate addicts, but little to none for marijuana addicts. Further, many enable marijuana addicts with statements like, "Kids will be kids," "Boys will be boys," "It's a phase of life," or "It's a rite of passage." Sadly, I have seen many marijuana addicts suffer various consequences related to sports, school, family, romantic attachments, legal, employment, and health and mental health. Currently, with the more potent strains of THC and other concentrates, I am seeing panic attacks, psychosis, and \$50,000 to \$100,000 spent privately by families to intervene when years have gone by before they decide it is a problem.

We are more effective dealing with the heroin epidemic when we understand that the name of the drug addicts are using is irrelevant. Addicts are not hooked on marijuana, alcohol or heroin, they are hooked on intoxication. Our own bias that one drug is worse than another significantly impairs our effectiveness when it comes to identifying and helping teens and young adults in slowing or reversing the addiction progression.

To illustrate the point that the real issue is that addicts are hooked on a pathological relationship to intoxication, and are not hooked on specific substances such as marijuana, alcohol or heroin, please read the following case and help me to understand which drug my new client is using.

Case Example

Yesterday, I met with a young lady named Tamara. Since Tamara started using she has lied to her family about her use and has taken money from her family to pay for her use. Her siblings have expressed concern to her about her use. Her family has talked to her about it and has set limits in the home by implementing restrictions. Tamara has also had girlfriends and boyfriends express concern to her about her using by explaining to her how her use has affected their relationship and how they see it affecting her directly. With regard to school, Tamara has increasingly started to lose focus on homework, has skipped classes, and her grades have been declining. Finally, she is getting a reputation on campus as being a person who uses. Moreover, she has had close calls with the law and doesn't care about sports or music instruction anymore.

So, what substance is Tamara using? Is it marijuana, alcohol, molly, opiates, meth, stimulants, cocaine, 2CB, 2CI, wax, dabs, budder, LSD, mushrooms, heroin?

When I ask this question to a large room filled with seasoned clinicians, they struggle to answer it correctly. The correct answer is, "It could be any of the drugs." What I have laid out in the previous case vignette are the symptoms of late stage substance abuse and stages within addiction. The symptoms are the same across the board 95 percent of the time from one drug to the next. We are too caught up in the 5 percent biological differences. This case and question help people to see that the symptoms of substance abuse and addiction are the same from one drug to the next, so the name of the drug is irrelevant; what needs to be understood is that addiction is simply a pathological relationship to intoxication. It is intoxication that is driving Tamara to use despite the symptoms of negative consequences occurring in her life.

Drug Bias

One factor getting in the way for members of our society who want to help is their own drug bias. It is actually this bias that gives people pause on my question posed with case vignette you just read. To further illuminate the bias, I ask this question to many therapists when I am speaking at trainings and conferences:

I want you to take a quiet moment and think about your own son or daughter. In this very moment I want you to connect to your gut. Now I want you to hold that connection and connect to what it feels like for you right now when you get a call from the police and they say your child has just been busted at the park with alcohol. What does that feel like? How driven do you feel in the moment to mobilize and take action? Stay connected. All right, now you get the same call, but the officer says your child has been busted with ecstasy. What is the reaction now? What about if your child has been busted with heroin? What is your reaction now?

It is easy to see and feel the visceral difference with each substance. This is the drug bias that has to be removed. A huge paradigm shift is needed so that we are able to see all drugs as harmful. Once a person forms a pathological relationship to intoxication, the symptoms and progression will all play out the same. Certainly, there are differences, but not enough to identify which drug Tamara was using in the vignette given a moment ago.

To bring home the truth that addicts are not just hooked on a particular drug, but rather that they are hooked on intoxication, what happens when addicts' drug of choice is removed? Do they stop using? Are they sober? When marijuana users are being drug tested by family or the legal system, do they stop seeking intoxication? Of course not. The reason for this is that they were never hooked on marijuana, they were hooked on intoxication. Marijuana

was just their favorite flavor. You know, and they will admit, they will just shift to a different source of intoxication like K2-spice, alcohol, opiate pills, and even heroin. This is the reality. We have to lose the bias and recognize this issue in a deeper and more serious way in order to help addicts sooner and more effectively.

The System

One caveat that goes with my point is that drug users don't hit bottom until the system around them hits bottom. These systems include the parents, teachers, coaches, friends, and employers. It also includes MDs, therapists, legislators, and legislation. When the system recognizes that intoxication in any form is not okay, that there should be no more of this substance use, and when the system can see clearly where this is headed, it is then that the system finally reacts and begins the necessary support for the user.

Sadly, today's systems are still holding drug of choice biases and making the same statements of "It's only alcohol," "It's only marijuana," or "It's the teenage years, just a phase." Certainly this fails to recognize that THC users are using over 73 percent potency THC compared to 5 percent in the 1980s and 10 to 20 percent in the 1990s. Furthermore, most teen deaths are related to alcohol. This ignorance supports addiction and allows it to progress. This is a system which has hit bottom due to ignorance about the illness of addiction. This is a system that might hold the car keys while a group of teens gets drunk at their house after a Friday night football game. However, systems react differently when teens use OxyContin or when they shift to using heroin. It is then that the system recognizes a problem and is more motivated to do something about it, which in turn makes users face the issue of their drug use.

Personally, I am frustrated that communities and politicians are outraged today about the heroin epidemic we are in with teens, young adults, and adults. Where is the outrage concerning the growing drug problem which has been unfolding for a long time with alcohol and marijuana? People are subscribing to the idea that heroin is the problem, and missing the other drugs the opiate addicts were addicted to first, and the illness as a whole. In my long career, as well as in my program that sees over one hundred people per week, 90 percent of the opiate addicts were hooked on marijuana long before they got into opiates. Sadly today, the state of California and other states are looking to pass an initiative to make recreational marijuana use legal for those aged twenty-one and older. It is insultingly harmful, and the upside potential to the downside risk does not balance out. We have to be a part of the solution and speak out about marijuana addiction. We also must strive to intervene earlier and as soon as we know substance use has begun.