

Addiction

An

information

guide

Marilyn Herie, PhD, RSW
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camh

Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

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A GUIDE FOR PEOPLE WITH ADDICTION
AND THEIR FAMILIES

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Introduction

This guide was written for people who are having problems related to alcohol or other drug use, their families, and anyone else wanting to gain a basic understanding of addiction, its treatment and management. The guide does not replace treatment from a physician or addiction treatment professional, but it could be used as a basis for questions and discussion.

Addiction can be hard to talk about. For starters, people often don't agree on what addiction is. The term is used to describe anything from a desire to have or do something that gives pleasure, to a medical issue, to an uncontrollable compulsion. When health and social service workers talk about "addiction" to alcohol and other drugs, as we will in this booklet, they also tend to use the terms "substance use problems" and "substance dependence." We too will use these terms.

This guide is divided into seven chapters. Chapters 1 and 2 are written for anyone with an interest in the topic of addiction. Chapters 3, 4 and 5 are more clearly directed to people with substance use problems, and chapters 6 and 7 are written for their families. You can read the guide from cover to cover, or you may prefer to skip to particular sections of interest to you. At the end of the guide, we list agencies, websites and books that can give you more information and assistance.

We hope this guide helps you to understand what addiction is, what is thought to cause it, how it may affect your life, and what you can do to change it.

1 What is addiction?

People use alcohol and other drugs for many reasons. Some use these substances to help them to relax, to feel more lively, to feel less inhibited or to feel pleasure. Some find the effects of substances make it seem easier to cope with problems. Some use substances for religious reasons or to fit in with the crowd. Others may be curious about the effects of a specific drug.

No one plans to become addicted. People may think that they can handle their substance use and that they only use when they want to. But when they want to change the way they use, they may find it's not that simple.

Because substance use is common, it's important to be able to see when a person's use puts him or her at risk of developing a problem.

Jessie loves going out after work with her friends. Her job is stressful, and having a few drinks with her friends helps her to unwind and relax. Lately, Jessie's regular "after-work drink" has turned into a whole evening of drinking. She often misses dinner and doesn't get home until late. A couple of times Jessie hasn't remembered how she got home the night before, and she's been late for work. Her manager has commented that she seems tired and distracted, and wonders if anything is wrong.

This example shows how substance use problems can develop slowly, and how it can be easy to overlook some early warning signs that a person's substance use is becoming a problem.

Next, we will look at some things that can signal when a person's substance use might be a problem.

When is substance use a problem?

Two important signs that a person's substance use is risky, or is already a problem, are harmful consequences and loss of control.

HARMFUL CONSEQUENCES

The harms of substance use can range from mild (e.g., feeling hungover, being late for work) to severe (e.g., homelessness, disease). While each time a person uses a substance may seem to have little impact, the harmful consequences can build up over time. If a person continues to use substances despite the harmful consequences, he or she may have a substance use problem.

The harms of substance use can affect every aspect of a person's life. Some examples are:

- injuries while under the influence
- feelings of anxiety, irritability or depression
- trouble thinking clearly
- blackouts
- problems with relationships
- spending money on substances rather than on food, rent or other essentials
- legal problems related to substance use
- loss of hope, feelings of emptiness.

The harms of substance use can also extend to the person's family, friends, co-workers and even strangers (e.g., when someone drives while under the influence of alcohol or other drugs).

LOSS OF CONTROL

Some people may be aware that their substance use causes problems but continue to use, even when they want to stop. They may use more than they intended, or in situations where they didn't want to use. Some may not see that their substance use is out of control and is causing problems in their lives. This is often referred to as being "denial." This so-called denial, however, might simply be a lack of awareness or insight into the situation. Whether people realize it or not, lack of control over use is another sign that substance use is a problem.

Dan started smoking marijuana three years ago, around the time his dad left for good. At first he only smoked it with friends after school, but gradually he smoked more often. Eventually he smoked every day, beginning first thing in the morning. He felt the drug helped to "mellow" him out, and thought that it was harmless. His marks in school, however, which were never great, were slipping. His mother nagged him about his schoolwork, and his girlfriend complained that he was always stoned. Dan tried to stop using, but he found that without marijuana he was irritable and tense. His cravings to get high were stronger than his will to quit.

In this example, Dan is showing some signs of addiction. He's smoking marijuana regularly, is experiencing negative consequences of using (problems with his schoolwork and his relationship with his girlfriend), and is not able to stop using. He feels torn between wanting to quit and enjoying the effects of the drug and the relief it brings.

Defining addiction

The word “addiction” is often used to refer to any behaviour that is out of control in some way. People often describe themselves as being addicted to, for example, a tv show or to clothes shopping. The word is also used to explain the experience of withdrawal when a substance or behaviour is stopped (e.g., “I must be addicted to coffee: I get a headache when I don’t have my cup in the morning”).

However, neither enjoyment nor experiencing withdrawal, in themselves, necessarily implies addiction.

Because the term “addiction” is commonly used in such a vague way, there have been many attempts to define it more clearly. Here is one useful definition:

Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors. . . . It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving (Savage et al., 2003).

Another simpler way of describing addiction is the presence of the 4 C’s:

- Craving
- Loss of Control of amount or frequency of use
- Compulsion to use
- Use despite Consequences.

Consider a person who finds alcohol so pleasurable that he regularly goes to the bar after work (Craving). His drinking escalates

to overcome tolerance, and he experiences withdrawal when he abstains. He tries and repeatedly fails to cut down (loss of Control). He begins to reorganize his life in order to maximize drinking opportunities, neglecting his work and family (Compulsion). Eventually his spouse leaves and he loses his job (Consequences).

Why do people keep using?

Substance use can be hard to change. One thing that makes change so difficult is that the immediate effects of substance use tend to be positive. People may feel good, have more confidence and forget about problems. In contrast, the problems from use might not be obvious for some time.

People may come to rely on the effects of substances to bring short-term relief from difficult or painful feelings. The effects of substances can make problems seem less important, or make it seem easier to talk and to be with others, and to enjoy sex. People may come to believe that they cannot function or make it through the day without drugs. When people use substances to escape or change the way they feel, using can become a habit, which can be hard to break.

Continued substance use, especially heavy use, can cause changes in the body and brain. If people develop physical dependence and then stop using, they may experience distressing symptoms of withdrawal. Changes to the brain may be lasting. These changes may be why people continue to crave substances and slip back into substance use long after they have stopped using.

When people who are addicted stop their substance use, they often compare the experience to leaving an important relationship.

Alex began using heroin more than 10 years ago. Getting money to buy drugs was always a problem. He grew tired of the stress of always needing to score, and of knowing that if he got arrested again, he'd go to jail. Still, deciding to leave heroin and try methadone treatment was hard. Once the treatment became routine, he felt bored and didn't know what to do with his time. He wished he could go back to using, but was afraid of what would happen if he did. His counsellor helped Alex to think about what he wanted from life. Alex enrolled in school and got a part-time job. Soon after, he started a new relationship with someone he trusted. Some days are still a struggle, but with time, and keeping busy, it gets easier.

Alex found it hard to stop using heroin and to continue with his treatment, especially at first. But just as substance use problems don't start overnight, they don't get better right away either. By staying in treatment and continuing to get support, Alex began to get his life back on track.

How common is addiction?

Addiction affects many people. Those who have not experienced a substance use problem first-hand are likely to have a family member, friend or colleague who has. Although addiction affects men and women of all ages, rates are:

- two to three times higher in men than women
- highest among people aged 15 to 24 (Statistics Canada, 2003).

A 2002 study of the rates of addiction found that 2.6 per cent of Canadians were dependent on alcohol and that fewer than one per cent were dependent on illegal drugs (Statistics Canada, 2003). These numbers, however, do not reflect the full impact of substance use problems in Canada. Substance use problems can occur

even with low levels of alcohol or other drug use, and in people who are not dependent. For example, estimates suggest that more than 25 per cent of men and nearly 9 per cent of women who drink alcohol are “high-risk” drinkers. These are people whose drinking can be said to be hazardous and harmful to themselves or others, even though these people may not be substance dependent (Adlaf et al., 2004).

The stigma of addiction

Stigma is another reason why the rates of substance use problems may be higher than studies suggest. Stigma marks substance use problems as shameful and makes people want to hide their addiction.

Stigma also affects the families of people with addiction. It makes them hide the problem or pretend it isn't there at a time when families need support.

What can we do about stigma? One simple way you can help is to choose to talk about “people with substance use problems” rather than about “addicts,” “alcoholics,” “junkies” or “stoners.” Try this approach whether you are talking about another person or about yourself. When you do this, you put the person ahead of the problem. This helps to show that you know there is more to a person than a problem. You are also giving the person with an addiction the support and understanding it takes to recover.

2 What causes addiction?

Many possible factors have been considered in trying to explain and understand the causes of addiction. One thing is clear: no single factor can be said to cause addiction. People become addicted because of a combination of factors.

Genetic factors

It appears that some people may inherit a vulnerability to the addictive properties of drugs. Studies have shown, for example, that the risk of substance use disorders is higher for people who have close relatives with substance use disorders (Glantz & Pickens, 1992). However, many people who have a genetic vulnerability to addiction do not become addicted, and others who do not have a family history of addiction do become addicted.

How drugs interact with the brain

People use alcohol and other drugs because they stimulate the brain in ways that “feel good.” This immediate rewarding experience makes people want to repeat it. All substances with addictive potential stimulate the release of dopamine, a chemical in the brain that is associated with reward and pleasure. Eating, drinking and having sex are all activities that release dopamine. Substance

use, however, brings a flood of dopamine, which alters the chemistry of the brain. The brain, in turn, tries to keep things in balance by developing tolerance, which means that more and more of the drug is needed to bring feelings of pleasure. The brain also adapts by decreasing the amount of dopamine available. That's one reason why people who are addicted report feeling "flat" and depressed without drugs (NIDA, n.d.; Glantz & Pickens, 1992).

Environment

The home, neighbourhood or community where people live, go to school or work can influence whether or not they develop substance use problems, as can the attitudes of their peers, family and culture toward substance use. People who experience prejudice, discrimination or marginalization due to culture, race, gender identity, sexual orientation, ability, age or other factors may use substances to cope with feelings of trauma or social isolation.

Mental health issues

Research shows that more than half of people with substance use disorders have also had mental health problems, especially anxiety or depression, sometime in their lifetime (Reiger et al., 1990). The relationship between substance use and mental health problems is complex. Some people with mental health problems use substances to help themselves feel better, but end up making the situation worse. When people have mental health problems, even limited substance use (e.g., a drink or two) can worsen the problems.

For more information on the relationship between substance use and mental health problems, see the CAMH publication *Concurrent Substance Use and Mental Health Disorders: An Information Guide*

(available online at www.camh.net/About_Addiction_Mental_Health/Concurrent_Disorders/Concurrent_Disorders_Information_Guide/. For order information, see page 56).

Coping with thoughts and feelings

People may turn to substances as a way of coping with difficult emotions or situations. They may find it hard, for example, to calm themselves down when they feel angry or upset, and come to rely on substances to help them regulate their emotions. People may also use substances to help relieve stress, boredom or sadness, or to reduce their inhibitions and make it easier to talk to others and speak up about feelings.

Spiritual or religious affiliation

Spirituality can mean different things to different people. One aspect that many people experience is a need to feel connected to others and the world around them. People who lack this sense of spiritual connection may feel empty or hopeless. They may use substances to mask these feelings and develop a substance use problem as a result.

Risk and protective factors

Researchers have tried various ways to sort out the complex causes of substance use problems. One way is to ask which factors put people at risk and which protect them from substance use problems. Since substance use often begins in youth, research has focused on this age group.

The **risk factors** for substance use problems in youth include:

- alcohol or other drug problems among family members
- poor school performance
- poverty, family conflicts, chaos or stress
- having friends who drink or use other drugs
- not fitting in socially, or being excluded because of race, ethnicity,
- gender, age, sexual orientation, abilities or other factors
- emotional, physical or sexual abuse
- experiencing discrimination or oppression.

The **protective factors** for substance use problems in youth include:

- having a positive adult role model (e.g., a parent, relative or teacher)
- good parental or other caregiver supervision
- having a strong attachment to family, school and community
- having goals and dreams
- being involved in meaningful and well-supervised activities (e.g., sports, music, volunteer work).

Risk and protective factors do not guarantee that a person will or will not develop problems, but they do affect the level of risk. Once a person has a problem with substance use, risk and protective factors also influence how readily that person is able to change his or her use.

3 Frequently asked questions about addiction

How do I know if my substance use is a problem?

If you think your substance use may be causing problems in your life, try the following questionnaire, called the **CAGE** (each letter stands for a key word in the four questions):

1. Have you ever tried to **C**ut down on your drinking or other drug use?
2. Have you ever felt **A**ngry at or annoyed by someone else's comments about your drinking or other drug use?
3. Have you ever felt **G**uilty about your drinking or other drug use?
4. Have you ever used alcohol or other drugs as an **E**ye-opener—that is, have you used first thing in the morning?

If you answer yes to two or more of these questions, you may have a substance use problem. Even a “yes” answer to one question might be a cause for concern and worth investigating further.

How do I know if I need treatment?

If you feel that substance use is causing problems in your life and that you are unable to control your use, see a trained counsellor for an assessment. The assessment gathers information about your use and related problems and other factors in your life, such as your personal strengths and supports. From this information, you and your assessment counsellor can decide whether you might benefit from treatment or other support.

Where can I get an addiction assessment or find out about treatment?

To find assessment and treatment services in your community, try the following:

- Call the Drug and Alcohol Registry of Treatment (DART) at 1 800 565-8603, or look online at www.dart.on.ca. DART keeps a database of every addiction treatment service in Ontario and offers telephone referral information.
- Talk to your doctor. Some doctors may be able to provide treatment, but most will refer you to a specialized treatment service.
- Visit a community health centre; the staff can provide you with advice and information. A listing of community health centres in Ontario is available at www.aohc.org.
- Ask people you know who have been through treatment. They can give you some ideas about where to go for help and what they experienced.
- Call your Employee Assistance Program (EAP) if you have one. Many employers offer EAP, which can link you with an assessment or treatment service.

- Look in the Yellow Pages under “Addiction” to find your local referral service.

What happens in treatment?

Each treatment service is different, but all have trained staff who will:

- explore how substance use affects your life
- plan treatment with you
- link you to other services that you might need
- help you learn skills for leading a healthy, balanced life
- help you set and meet your goals
- provide individual and/or group counselling
- offer support and information for family members
- help you to learn how to avoid or cope with slips or relapses
- prepare a plan for what will happen after treatment.

How much does treatment cost?

In Ontario, government health programs cover the fees for most treatment services. That means there’s no charge, provided you are a resident of Ontario and qualify for OHIP coverage. Some services, however, may have fees that are not covered: check with each service for details.

How long do I stay in treatment?

How long you stay in treatment depends on the service and on how much help you need to achieve your goals. Treatment times can range from a few weeks to several months or longer.

How do I know if I need help with withdrawal?

Withdrawal symptoms are more likely if substance use is stopped suddenly, rather than reduced over time. Symptoms of withdrawal vary. They depend on the substance used, the health of the person and other factors. If within hours or days of stopping use you feel ill and distressed, you may wish to seek withdrawal management support (also known as detoxification or detox). If you can't access a withdrawal management service right away, try a hospital emergency department. Emergency medical staff are also trained in assessing and helping people in withdrawal.

Withdrawal services can be medical or non-medical, depending on your needs. They can even be managed in your own home. Medical withdrawal management is the safest route if you:

- have a history of severe withdrawal (e.g., seizures or hallucinations)
- are dependent on more than one drug
- have a physical illness that withdrawal symptoms would worsen (e.g., heart disease, diabetes, high blood pressure)
- are pregnant.

Check with DART (1 800 565-8603; www.dart.on.ca) for information on finding a withdrawal management service in your community.

Where can I get information about substance use during pregnancy or while breastfeeding?

For information about the possible effects of using alcohol or other drugs while pregnant or breastfeeding, see *Is It Safe for My Baby?* This CAMH publication is available online at www.camh.net/About_Addiction_Mental_Health/Drug_and_Addiction_Information/Safe_Baby/index.html. For order information, see page 56.

What can I do while I wait to get into treatment?

Waiting periods for formal treatment programs are typical, and can be distressing. Immediate support is available from withdrawal management services and self-help meetings (see page 55 for a list of self-help organizations). Some treatment programs offer orientation (or “getting started”) groups that you can attend while you are on the waiting list. While you are waiting, get all the support you can from your family and friends who do not use substances, and/or your faith community. Try counselling services outside of the addiction treatment system, such as those available through community health centres or your EAP.

I've been through treatment before. What's the use in trying again?

Some people think that completing a treatment program and then returning to substance use means that the treatment didn't work. They see no point in trying again. However, while returning to substance use after treatment can be discouraging, it is common and is not a reason to give up hope. Lasting success usually takes more than one—or even several—treatment experiences or attempts to quit or cut down. Sometimes a different treatment approach is more effective; for example, one that is more specific to you. Programs exist for women or Aboriginal People; for people addicted to cocaine; and for people with concurrent addiction and mental health problems. Sometimes people return later to the same treatment program and have greater success. The most important thing is to keep trying. Lasting change is possible.

The following chapter provides more detail about treatment options.

4 Help for people with addiction

When people realize their substance use has to change, many ask the same first question: How can I start to make that change? Some are able to make changes on their own, but many benefit from seeking help.

There is no “one-size-fits-all” approach to addiction treatment. People’s needs vary. They depend on the severity and type of addiction problem, on the support available from family, friends and others, and on the person’s motivation to change. Just as people’s needs vary, so too does the help available.

Meeting with a trained counsellor for an addiction assessment is a good way to start looking for help. The assessment helps to identify problems and strengths, and to determine what approach and level of support best suits each person. (See page 13 for information on where to get an assessment.)

If you decide to seek treatment, find a program that fits your needs and your way of thinking. The information in this chapter can give you some ideas about what to look for, and what questions you can ask when contacting treatment providers.

It can be hard to take the first step in finding a self-help resource, picking up the phone or going to a treatment service. But remember, you are not alone. Just making that first move is an important step toward change.

Self-help approaches

SELF-CHANGE

Some people with substance use problems are able to make changes on their own using self-help materials. In general, self-help books and websites help people to:

- explore the many causes and effects of substance use
- learn ways to stop or reduce their use
- plan and set goals for the future.

For examples of recommended self-help books, see page 52.

SELF-HELP GROUPS

Self-help groups—also called mutual aid groups—support people working to change their substance use. One of the advantages of participating in a self-help group is the continuous support. This is important because, for many people, changing substance use is long-term work. Many people participate in a self-help group at the same time as formal treatment.

The oldest and largest self-help organization is Alcoholics Anonymous (AA), which was founded in the 1930s. AA views addiction as a disease that requires lifelong abstinence from all substances. Today, there are many self-help groups for people with substance use problems, with a variety of philosophies and approaches. Some are modelled on the 12-step approach of AA. Others accommodate

people who just want to cut down on their substance use. Examples include Cocaine Anonymous (CA), Double Recovery Initiative (for both addiction and mental health issues), Moderation Management (MM), Narcotics Anonymous (NA), Nicotine Anonymous (NicA), Secular Organization for Sobriety (SOS), SMART Recovery: Self Management and Recovery Training and Women for Sobriety (WFS). Many of these groups are available in an online support group format (see page 55 for websites).

In addition, consumer/survivor initiatives, drug users' groups and other examples of grassroots activism, advocacy and support are available in many communities.

HARM REDUCTION

To reach out to people who may not be ready, willing or able to give up all substances, some treatment programs have adopted a harm reduction approach. This approach recognizes that some people:

- are not ready to change their substance use
- may not have a goal of abstinence
- may be willing to stop using one substance, but not another
- may be open to learning how to decrease the harms of their substance use
- may be more likely to seek treatment if it does not require abstinence.

For many people with substance use problems, abstinence might be the most desirable goal, especially in the eyes of their families and some treatment providers. In contrast, the harm reduction approach offers other ways to reduce the harm of substance use, both to the person who is using and to his or her community.

Some examples of harm reduction strategies include:

- helping people learn safer ways to use substances
- helping people learn how to recognize the signs of an overdose
- providing clean needles and other injection equipment (“works”) for injection drug use (to reduce transmission of infections such as HIV/AIDS and hepatitis C through needle sharing)
- helping to ensure that people’s basic needs, such as food, shelter and medical care, are met
- substituting a safer drug for the one a person is using (e.g., substituting methadone for heroin).

Medications to treat addiction

For people looking for help to quit smoking, using the nicotine patch, gum or an inhaler, or taking the medication bupropion (Zyban) up to doubles the chances of quitting and not starting again (Selby & Els, 2004).

For people who are dependent on heroin or other opioids (e.g., codeine, Percodan, OxyContin), effective treatments are methadone or buprenorphine. These medications are substituted for the opioid drug of concern. They prevent withdrawal and reduce cravings, without causing a person to get high. People who are stable on these medications can work, go to school and drive a car. Treatment usually lasts at least a year but may continue for longer, sometimes for many years.

Medications to treat other types of addiction are limited. One is naltrexone (Revia), which can reduce cravings to drink in people who are alcohol dependent (naltrexone can also be used to block the effects of opioids). Another is disulfiram (Antabuse), which causes people to feel sick and nauseous if they drink alcohol.

So far, there are no medications to treat addiction to cocaine or methamphetamine. For more information on medication options, talk to your doctor.

Types of treatment services

Addiction treatment services range from short-term to longer-term and from low to high intensity. They may be community-based or residential. While all types of treatment services can be effective, a person's specific circumstances influence which approach makes the most sense. People using community treatment services live at home and come to an agency for services. In general, community services are more willing to work with people who continue to use substances while they are in treatment. In contrast, people in residential programs live at a treatment facility for a set period. These programs typically require abstinence from all nonprescribed substances during people's stay. Treatment approaches and philosophies about addiction do vary within different services and agencies, so ask what approach a service follows. The types of services in your community may include:

- **Withdrawal management (“detox”):** Complete or partial withdrawal from substances may be a condition of entry into a treatment program. Depending on individual needs and on what is available in the community, people may receive non-medical or medical withdrawal management support, either from their home or in a residential setting.
- **Individual or group counselling:** Brief (eight sessions or fewer) or longer-term counselling is offered in community settings. Sessions run up to two hours, at least one day or evening per week.
- **Day or residential treatment:** Participants attend a variety of individual and group counselling sessions, lasting all day for up to three weeks. In day treatment, participants return home at night

and for weekends. In residential treatment they stay at the facility for the entire treatment period, but they may get passes to return home for weekends or weeknights.

- **Long-term residential treatment:** Programs last six weeks to six months.
- **Recovery homes and therapeutic communities:** Participants live in a supportive housing complex or single home with staff and other people recovering from addiction. Residents are generally expected to abstain from all non-prescribed substances. They may also be expected to work or attend school outside the house.
- **Aftercare:** Aftercare helps people who have completed a treatment program to return to the community and avoid relapse to substance use.

What addiction treatment looks like

Treatment programs vary and may incorporate culturally-specific, traditional or spiritual components. The following section outlines some elements of treatment that will help you to know what to expect or look for.

COUNSELLING

Counselling comes in a variety of forms, including individual, group, couple and family therapy. Counselling generally aims to:

- increase people's awareness of how substance use affects their lives, of what puts them at risk of substance use and of practical changes they can make to reduce substance use
- examine the thoughts and emotions people experience in the counselling session, and to help people learn how these inner experiences affect how they behave, how they interact with others and how others see them
- promote physical, emotional and spiritual wellness; for example,

by helping people learn to:

- manage cravings and temptations to use substances
- meet their needs through assertive communication
- develop a healthy lifestyle
- find ways to meet people and form relationships that aren't focused on substance use
- reduce stress.

Some agencies combine elements of all of these types of counselling in their sessions.

ALCOHOL AND OTHER DRUG EDUCATION

Learning about the effects of alcohol and other drugs can help to make you more aware of their affect on your life and on others around you. Some treatment programs also offer alcohol and other drug education to family members. (For general information on specific drugs and drug categories, see the CAMH *Do You Know...* series of drug information brochures. Available online at www.camh.net/Publications/CAMH_Publications/do_you_know_index.html. For order information, see page 56.)

A HOLISTIC APPROACH TO TREATMENT

Many programs offer a variety of other supports and services, including information and counselling about:

- stress or anger management
- grief and trauma
- finding a job or going back to school
- healthy eating
- accessing safe, affordable housing
- getting social assistance or disability benefits

- managing money and budgeting
- developing parenting skills.

Programs that can't offer help in all of these areas can often refer you to another service that can help. Also, treatment providers can act as advocates in linking you to needed services and programs.

Specific populations, specific issues

Some communities offer services geared to specific populations and issues, including programs:

- for Aboriginal People, offering traditional healing approaches
- for specific cultures in a variety of languages
- for people who are lesbian, gay, bisexual, transsexual, transgender, two-spirit, intersex, queer or questioning (LGBTTTIQQ)
- specific to older adults, youth, women or men
- for differently abled people
- for people involved in the criminal justice system
- for immigrants and refugees
- for people with concurrent addiction and mental health problems
- for people who use specific substances, such as cocaine, heroin, nicotine or solvents
- involving alternative treatment approaches, such as acupuncture, hypnotism and meditation.

Smoking

More than 80 per cent of people who are dependent on alcohol or other drugs also smoke cigarettes. This rate is three times as high as in the general population. Some people with substance use problems say that quitting cigarettes can be even harder than giving up alcohol or other drugs.

Smoking is responsible for more deaths than alcohol, illegal drugs, HIV, hepatitis C, suicide, murder and motor vehicle accidents combined. Quitting or reducing smoking is worth the effort on its own; quitting has also been shown to help people with substance use problems to abstain from alcohol and other drugs (Selby & Els, 2004).

Some people are able to change their tobacco use on their own, but many need help to succeed. Even people who aren't ready to quit can get help cutting down and preparing to quit. One place to start is the Smokers' Helpline (1 877 513-5333) or www.smokershelpline.ca.

Starting the journey toward recovery

For most people, the first step toward taking action on substance use concerns is to make a brief telephone call. For more information about options in your community, contact DART (1 800 565-8603; www.dart.on.ca). Every journey begins with a single step!

5 Change, recovery and relapse prevention

Recovery from a substance use problem can mean different things to different people. In general, recovery is a process involving a series of small steps whereby people gain control over their substance use and increase their self-confidence and responsibilities. No treatment is guaranteed to work. To recover, people need to learn to believe in themselves, be prepared to struggle and be determined to reach their goals. This takes time and support. Preventing relapse, or a return to problem substance use, is the goal of treatment. However, relapse is possible at any stage and is often part of the recovery process.

For many people, the biggest step toward recovery is deciding to make a change.

Getting ready for change

People with substance use problems often put off getting professional help or attending self-help groups. They do so because they aren't sure that they are ready or able to quit using substances. Feeling uncertain or ambivalent about change is normal. Deciding to change is a big step. Most treatment programs today recognize that change and recovery is a process. Many programs and self-help

groups welcome people who are not yet ready to change their substance use, but who may be ready to begin exploring their use and how it affects their lives.

SETTING GOALS FOR CHANGE

When people do decide to change their substance use, their goals for change may differ depending on their situation, and where they are in the process of change. They may, for example, choose to:

- abstain (not use substances at all)
- reduce their substance use
- stop using one drug but not another (e.g., stop using alcohol but continue using marijuana)
- reduce the harm of their substance use (e.g., continue to drink but not to drink and drive).

Each goal may suit some people but not others. Some may choose to reduce their use but find it hard, for example, to stop at only one or two drinks. Through this experience, they may come to realize that abstinence is a more realistic goal for them.

The stages of change

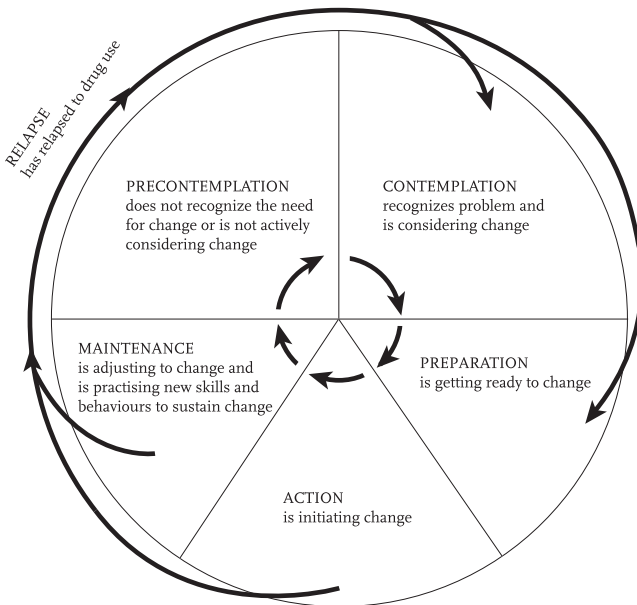
Change can be hard, and even deciding to change may take a long time. Change is also a process—it generally doesn't happen all at once, but in stages. In the first stage of the change process, **precontemplation**, people don't connect their substance use to the problems they are having. If substance use is not a problem, why even think of changing it? But if, for example, these same people got assessed, they might see that their substance use causes them problems.

This new thinking might “tip the balance” from precontemplation to the next stage in the change process: **contemplation**, or thinking

about change. In this stage, people can see the not-so-good things about using. However, they also see the good things, and may feel torn between the two.

At some point, though, the not-so-good things might begin to outweigh the good things. Then the balance might tip again, this time toward the **preparation** stage. In this stage, people decide to change and come up with realistic strategies, such as attending a treatment program, going to a self-help group or setting a date to change their substance use.

Once people actually start to make the changes—for example, by cutting down or quitting substance use—they are in the action stage. When people continue with these changes for two to six months, they are in the **maintenance** stage.



Adapted from Prochaska & DiClemente (1982)

The diagram on page 29 shows all the stages of change as wedges within a wheel. Arrows circling outside the wheel show where people can slip out of the cycle of change into **relapse**, and where they can slip in again. Relapse is often referred to as a slip backwards. This is not always the case, though. While it's always better to try to avoid relapse, what people learn from the experience can help to bring them closer to lasting change.

Practical strategies for making and maintaining change

Strategies for promoting change differ, depending on what stage people are at. Here are some simple tips for each stage of change:

STRATEGIES IN THE PRECONTEMPLATION STAGE

- Even if you're not convinced you need to change, keep track of your substance use. Write down when you use, what and how much you use, how you were feeling, where you were and who you were with. This will give you more information about the role of substance use in your life.
- Consider exploring your use to determine whether or not it is a problem; for example, take one of these short online questionnaires about your drinking: <http://notes.camh.net/efeed.nsf/feedback> or www.alcoholhelpcenter.net/cyd/.
- Consider making an appointment for an addiction assessment.
- Ask a friend or family member how he or she feels about your substance use.
- If any of these activities do raise some doubts in your mind, give yourself credit for seeing that your substance use may be a problem.

STRATEGIES IN THE CONTEMPLATION STAGE

- Write down the pros and cons of changing your substance use.
- Ask yourself, “What do I need in order to be able to change?”
- Think about what’s most important to you (e.g., family, job, health). How does your substance use affect it?
- Don’t be discouraged if you’re not sure about making the change; many people feel the same way.

STRATEGIES IN THE PREPARATION STAGE

- Set a goal for change, such as a quit date or a target for cutting down on substance use.
- Learn about different addiction programs and services.
- Remind yourself of your reasons for making a change.
- Try not to expect big changes, and don’t minimize small changes.
- Get support from your friends and family.
- Think about your strengths and supports that will help you to change.

STRATEGIES IN THE ACTION STAGE

- Seek support from others, such as family, friends and health professionals (e.g., your counsellor or doctor).
- Attend an addiction treatment program and/or a self-help group.
- Avoid people, places and things that put you at risk of exceeding your substance use goals.
- Explore other treatment options, such as medication to reduce cravings, or residential treatment.

STRATEGIES IN THE MAINTENANCE STAGE

- Be aware of urges and temptations to stray from your substance use goals.
- Continue to remind yourself of your reasons for making a change.
- Reward yourself for making the change. For example, do something “just for you” that you enjoy—perhaps a hobby or fun activity. However, don’t reward yourself with alcohol or another drug by having “just one.”
- Consider attending a relapse prevention group, aftercare program or self-help group.

Managing relapse

It can be hard to reduce or stop substance use. It’s not surprising, then, that people who make these changes may return to problem drinking or other drug use. Relapse can be discouraging. It can make people feel vulnerable and weak. It can make recovery seem like an impossible dream. When relapse happens, regard it as a temporary setback, learn from it, note what skills you used to pull out of it and don’t see it as a failure. Look for changes that you have maintained, such as:

- using less of a drug or using less often
- positive lifestyle changes (e.g., staying in school, keeping a job and not using during class or work hours)
- reducing or eliminating other high-risk behaviours.

WHAT CAUSES RELAPSE?

Various “triggers” can put people at risk of relapsing into old patterns of substance use. Causes of relapse can differ for each person. Some common ones include:

- negative emotional states (such as anger, sadness, trauma or stress)
- physical discomfort (such as withdrawal symptoms or physical pain)
- positive emotional states (wanting to feel even better)
- testing personal control (“I can have just one drink”)
- strong temptations or urges (cravings to use)
- conflict with others (such as an argument with a spouse or partner)
- social pressures to use (situations where it seems as though everyone else is drinking or using other drugs)
- good times with others (such as having fun with friends or family) (Marlatt, 1996).

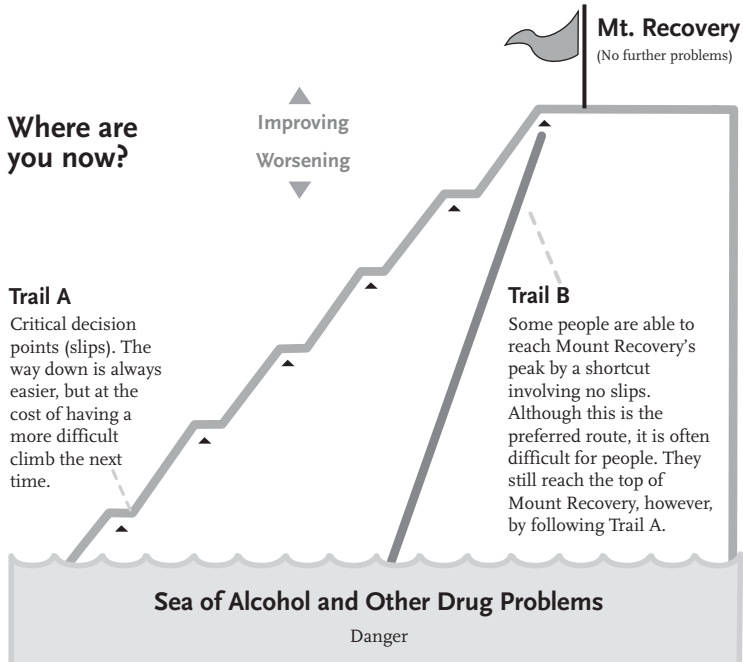
When relapse occurs, it’s important to identify what the triggers were and to develop positive ways to make these risky situations easier to deal with.

The road to recovery

Recovery can be seen as a hike up a bumpy hill, as illustrated below. Some people are able to take a straight path to the top of Mount Recovery, but most people experience “slips,” or relapses, along the way. Each “bump in the road” is a chance to think about what has worked and what changes should be made.

Mount Recovery

Hill of Decisions, Decisions, Decisions!



6 Help for partners and families

When someone in a family has a substance use problem, everyone is affected. At first, as the problem develops, the family may not understand what is happening. The person with the problem may not see his or her use as a problem, or the person may not be completely open about what is going on.

As the problem becomes clearer, family members may have different ideas about how to deal with it. As individuals and as a unit, family members may struggle to balance their desire to help and protect the person with the need to let the person take responsibility for his or her behaviour. When faced with this situation, family members may:

- feel guilt, shame
- feel grief, depression
- feel loss of control, anxiety
- feel anger and resentment
- experience denial.

If the problem worsens, family members may also begin to feel hopeless. There may be:

- vague, unclear communication
- escalating conflict, breakdown of relationships

- a gradual shift in roles and responsibilities
- efforts to clean up after or otherwise rescue the person with the problem to protect him or her, or to hide the problem from others
- nagging, threatening
- counting drinks or making other attempts to check how much the person is using.

Finally, family members may attempt to control the person and his or her use, or they may increase their own substance use. Family members may also begin to neglect themselves emotionally, physically or socially.

How families can help

Families can play a strong role in recovery. With support from families, people are more likely to stay in treatment and have a successful outcome. Providing that support, however, is only possible if family members take care of their own needs first.

SELF-CARE FOR PARTNERS AND FAMILIES

Partners and family members need to look after their own physical and mental health. To do this, you can do the following:

- **Set limits.** Decide what things you will or will not do, and let your relative or partner know. This sends a message to that person to take control of his or her own behaviour. Family members sometimes “rescue” by covering up or not allowing the relative or partner to experience the consequences of his or her use. This can reduce motivation for change or even make it easier for the person to keep using.
- **Make time for yourself.** Keep up your interests outside the family and apart from your relative or partner.

- **Consider seeking support for yourself, even if your relative or partner is not in treatment.** Understanding the problem and the impact it has on you will help you cope. Consider either entering therapy for yourself or joining a self-help or family support program. Local community addiction treatment centres may offer or be aware of these programs.
- **Take a look at your own substance use.** Might your substance use be a cause for concern? Is your drinking or other drug use a “trigger” for the problem use of someone else in your life?
- **Acknowledge and accept that sometimes you will have angry or negative feelings about the situation.** Having conflicting emotions is normal. Knowing this can help you to control these emotions, so you can support your relative or partner through recovery. Try not to feel guilty about your feelings.
- **Protect yourself physically, emotionally and financially, as necessary.** If children are involved, keep them safe.
- **Keep up your own support network.** Avoid isolating yourself. Keep in touch with friends and family outside the home who can offer support.
- **Don't allow the problem to take over family life.** As much as possible, keep stress low and family life normal. Continue to do family activities such as celebrating birthdays and holidays.

Having a relative or partner with a substance use problem can also strain the relationships of family members who are not using. Different family members may see the problem differently and interact differently with the person with the problem. Family counselling can help to promote family unity, and enable family members to support each other and the person with a substance use problem.

GETTING TREATMENT FOR YOUR RELATIVE OR PARTNER

It may be hard to get your relative or partner to accept help. Even if the person does realize his or her use is a problem, he or she may not see treatment as useful. The decision to seek help has to come from the person who needs it. There are, however, some ways that family members can encourage a relative or partner. Generally, a concerned and supportive approach is most effective.

When approaching the question of finding treatment, determine what stage of change the person is at (see page 28 for more on the stages of change). Often, family members want the person to be in the action phase, but the person hasn't yet decided to change his or her use. Pushing too hard or suggesting treatment or other action strategies before a person is ready can backfire, and lead to even more resistance to change. A good start is finding out what part of the problem your relative or partner is least resistant to changing. For example, the person may mention that difficulties in getting to work on time or in being an effective, involved parent could be related to drinking. You could use this discussion to start the person thinking about getting help. Another thing you can do is to find out about addiction assessment services in your community. Offer to accompany your relative or partner to an assessment appointment.

If the problem is severe, a push for treatment may come from outside the family. If work performance has been affected, an employer may require that the person take action about his or her substance use. Pressure to change or obtain treatment may also result from legal difficulties or other related problems. Even though people may initially be angry about being pushed into treatment, the treatment experience often helps them to see how they need to change.

As the person begins treatment, family members may feel hope and optimism. They may begin to appreciate how hard it is for their relative or partner, and admire the person's courage in admitting the problem and beginning to make changes. Your positive encouragement helps to support the person as he or she works toward change.

Tips for helping your relative or partner

- **Learn as much as you can about the causes, signs and symptoms of problem substance use.** This will help you to understand and support your relative or partner in recovery.
- **Communicate positively, directly and clearly.** State what you want to happen, rather than criticizing your relative or partner for past behaviours. Avoiding personal criticism can help your relative or partner feel accepted while he or she is making difficult changes.
- **Encourage your relative or partner to follow the treatment plan.** Encourage the person to attend treatment sessions regularly and to use the support from his or her counsellor or group. Support the person's efforts to avoid things that may trigger substance use.
- **Ask your partner or relative how you can be supportive and create a safer environment** (e.g., would the person prefer it if alcohol were removed from the home?).
- **As your relative or partner recovers, encourage him or her to begin to take back some of the responsibilities and connections that might have been disrupted.** Getting back the healthier parts of his or her life, such as family, friends, work and hobbies, can help to maintain changes and to rebuild more balanced relationships with family members.
- **Recognize that recovery may not be completely smooth.** Relapse is often a part of recovery. Have realistic expectations and encourage realistic goals. Prepare a plan for your response to relapse, if it should occur. A relapse can escalate to a return to problem use. If

this occurs, decide on your actions and limits, and communicate these clearly to your relative or partner.

- **Give hope.** Remind the person that no matter how hard the struggle, recovery is possible.

Relationship with a partner

A substance use problem can profoundly affect an intimate relationship. Feelings of resentment, anger and loss of trust can lead to distance and hostility in the relationship. The non-using partner may feel betrayed due to past actions. He or she might also have taken on more responsibilities than seem fair. Over time, a partner may begin to feel more and more in a parental role, eroding the couple's bond. If the partner with the substance use problem does reduce or stop use, it will still take time, patience and a great deal of effort to rebuild what might have been lost. The partner might have been using substances to deal with stress and need to learn new skills to deal with life pressures.

If your partner is willing, meet with his or her counsellor. A meeting can help you to better understand treatment and to learn ways to be supportive and encourage progress.

Support groups for family members can also help. Later on, as your partner enters the action or maintenance stage, consider couple therapy with a marital or couple therapist who understands addiction. Such therapy can help improve communication and strengthen the relationship.

7 Explaining addiction to children

Children living in homes where there is a substance use problem need to have the problem explained. Life at home may be chaotic. There may be strange behaviour, arguments and tears. Outside the home, family members may act normal, keeping their problems hidden. If no one explains the problem, children may draw their own, often wrong, conclusions. They may respond to the situation in unhealthy ways. For example, they may:

- take on an unusual amount of family responsibility
- try to be perfect at everything they do
- become withdrawn and isolated
- become aggressive or act out in other ways
- use substances themselves.

Children living in homes where there is a substance use problem are likely to experience a variety of confusing feelings, including:

- worry
- anger
- sadness
- uncertainty
- fear

- blame
- resentment
- guilt
- rejection
- shame.

Children need to know that it's ok to have these feelings, even the scary ones. They need to know that it's all right to reach out for help and to talk about their feelings. Having a healthy, caring, trustworthy adult in their lives can help them to sort things out.

Children in this position need to be helped to:

- identify and express their feelings
- know that other families have similar situations
- realize that they are not responsible for the person's problems or the person's recovery
- understand that recovery is a long and complex process with many ups and downs.

Explaining a substance use problem to children can be difficult and awkward. Give them only the amount of information appropriate to their age group. Here are some guidelines to keep in mind:

- **Toddlers and preschool children** understand simple, short sentences. They need concrete information and not too much technical language. Explain the problem simply and then try to make the child's life as normal as possible. After explaining the problem, engage the child in a fun activity.
- **School-aged children** can handle more information than younger children. They might already have had drug information sessions at school. Be prepared to answer their questions honestly.
- **Teenagers** can manage most information. They will have had drug awareness lessons at school, and may have questions about

the substance their relative is using. Teenagers need to discuss their own thoughts and feelings about the situation. They may worry about what other people, especially their peers, think of them and their family. Sharing information encourages teenagers to talk and to ask questions.

What to tell children

- **Let children know that the family member has a problem with alcohol or other drug use.** Explain that this affects the person's behaviour, mood and judgment; when the person is using, he or she may say or do things that same person wouldn't say or do if sober.
- **Reassure children that they did not cause the problem.** Children may blame themselves for the person's problem. Explain that no matter what their behaviour, they did not cause the person to drink or use other drugs, nor can they change or stop the way the person behaves. Children may need to hear this often.
- **Tell children that it is not their responsibility to take care of the person with the substance use problem.** Children may worry about the person's health. Explain that it is not their problem to solve. It is an adult's job, such as a doctor's, to look after the person.
- **Encourage children to continue with regular routines and to find other activities and interests outside the home that they enjoy, such as sports or drama.** Allow children to be children. They should not take on the problems of the family home.
- **Help children to identify a trusted adult whom they can contact if they need someone to talk to, or feel unsafe.** Letting children work out who to ask for help can make them feel less isolated and more empowered. Make sure the person knows that the child may call, and that the child has that person's number. If children need to talk to someone but want to stay anonymous, suggest they call the Kids Help Phone (1 800 668-6868).

Outside the home

Talk with children about what to say to people outside the family. Families, including the children themselves, may not want others to know about the substance use problem. They may worry that others would view them negatively if they knew about the problem. However, if friends don't know about the problem, they can't offer support. This support can help everyone cope with the situation. Each family needs to discuss and decide how open to be about this issue.

During recovery

Once the person with the substance use problem has reached his or her recovery goals, children need to be reassured that the person is again available and interested in them. To re-establish a relationship with the children, the person may need to explain past behaviour and to plan special times together. Children may need to talk about their feelings, and to have those feelings understood and accepted.

Children need to know that recovery takes time and may not be smooth. Recovery is a good opportunity to talk about the problem, to help children process what they have experienced, and to help them prepare for the possibility of relapse.

Conclusion

This booklet has provided an overview of the nature of addiction, its possible causes and the various treatments available. Addiction is a condition that can be successfully treated and managed. Relapses, however, can and do occur. Given this, people with substance use problems need to have information on how to find treatment, and how to use periods when substance use is not a problem to preserve their health and avoid relapse. This information can also help family members support their relative or partner. By reading this guide, you have taken an important step toward empowering yourself with knowledge about addiction, and developing strategies to deal more effectively with the problem.

Recovery is a journey, sometimes a long one. It takes courage and determination to deal with substance use problems, but help is available. The following section lists books, telephone numbers and websites: connecting with one of these resources may be the next step on your journey. We wish you well.

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Resources

To find out more about available addiction treatment services in Ontario, and for referral for assessment, contact:

Drug and Alcohol Registry of Treatment (DART)

1 800 565-8603

www.dart.on.ca

Information about drug and alcohol treatment services in Ontario.

Suggested reading

CAMH DRUG INFORMATION

Do You Know... series of drug information brochures:

- *Alcohol*
- *Alcohol, Other Drugs and Driving*
- *Amphetamines*
- *Benzodiazepines*
- *Caffeine*
- *Cannabis*
- *Cocaine*
- *Ecstasy*
- *GHB*
- *Hallucinogens*
- *Heroin*
- *Inhalants*
- *Ketamine*
- *LSD*
- *Methadone*
- *Methamphetamine*
- *Opioids*
- *Rohypnol*
- *Steroids*
- *Tobacco*

Straight Talk series of harm reduction drug information brochures:

- *Crack*
- *Methamphetamine*
- *OxyContin*
- *Street Methadone*

About series of drug information brochures for youth:

- *About Alcohol*
- *About Cocaine*
- *About Tobacco*
- *About Marijuana*

All of these CAMH publications are available online at:

www.camh.net/About_Addiction_Mental_Health/Drug_and_Addiction_Information/index.html

Order information on page 56.

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Internet resources

The Internet offers extensive information about addiction, some of it excellent and some that should be avoided. The following sites are recommended:

CANADA

Alcohol Help Center

www.alcoholhelpcenter.net

Canadian Centre on Substance Abuse (CCSA)

www.ccsa.ca

Centre for Addiction and Mental Health (CAMH)

www.camh.net

Community Health Centres

www.aohc.org

ConnexOntario Health Services Information

www.connexontario.ca

Health Canada

www.hc-sc.gc.ca/hc-ps/drugs-drogués/index-eng.php

National Native Alcohol and Drug Abuse Program

www.hc-sc.gc.ca/fnih-spni/substan/ads/nnadap-pnlaada_e.html

UNITED STATES

SAMHSA's National Clearinghouse for Alcohol and Drug Information

<http://ncadi.samhsa.gov/>

National Institute on Drug Abuse (NIDA)

www.nida.nih.gov

SELF-HELP ORGANIZATIONS**Alcoholics Anonymous**

www.aa.org

Cocaine Anonymous

www.ca.org

Double Recovery Initiative (Toronto)

www.progressplace.org/static/community.htm#2

Moderation Management

www.moderation.org

Narcotics Anonymous

www.na.org

Nicotine Anonymous

www.nicotine-anonymous.org

Secular Organizations for Sobriety (sos)

www.cficanada.ca/resources/secular_organizations_for_sobriety

Smart Recovery: Self Management and Recovery Training

www.smartrecovery.ca/

Women for Sobriety, Inc.

www.womenforsobriety.org/

Other guides in this series

Anxiety Disorders

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Concurrent Substance Use and Mental Health Disorders

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ADDICTION CAN AFFECT your health, relationships, finances, career—every aspect of your life. You may not see your substance use as a problem, and even if you do, it can still be hard to change.

Addiction: An Information Guide is for people who are having problems with alcohol or other drugs, their families and friends, and anyone else who wants to better understand addiction. The guide describes what addiction is, what is thought to cause it, and how it can be managed and treated. The guide also includes ways family members can support people with addiction while taking care of themselves, and tips on explaining addiction to children.

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