



PHASE III

“The Pathfinder Certificate of Completion Seminar”

Seminar # 11

Issue # Two of 12 key issues: The Addiction Behavior

Learning Objectives

1. What is the issue
2. How can the issue impact the family
3. What are the options

The 12 Key Issues a Family Faces

#1 Enabling vs Consequences

#2 Addiction Behavior



#3 Family Intervention

#4 The Police

#5 Emergency Medical Services

#6 Legal Court System

#7 Treatment Centers

#8 Support Agencies
Mapping

#9 The Relapse

#10 Successful Lifelong Recovery

#11 Bereavement (Learning how to move forward)

#12 Faith, Spiritual Practices (It is His will first and, in all ways,)

What is the issue

Scientific advances over the past 20 years have shown that drug addiction is a chronic, relapsing disease that results from the prolonged effects of drugs on the brain. As with many other brain diseases, addiction has embedded behavioral and social-context aspects that are important parts of the disorder itself.

Therefore, the most effective treatment approaches will include medical, behavioral, and social components. Recognizing addiction as a chronic, relapsing brain disorder characterized by compulsive drug seeking and use can impact the family's overall health and family dynamics and help diminish the health of the family as a cost of being associated with drug abuse and addiction.

The family members need to understand this chronic disease is what causes the behavior their loved one is presenting. It is not them; it is the disease. This is a difficult concept to accept when dealing with this behavior because it is the person that presents this behavior therefore, naturally it is them creating it.

Not the case in addiction, in many cases they do not want to present this behavior. But their brain is being over-ridden in its neurotological firing, and the override is somewhere between the logical and pleasure neurons.

If left by itself the brain would allow logic to dictate and not be kidnapped by pleasure neurons. But the excess drug impact has rewired the brain into allowing pleasure to be the dominating drive in behavioral response. It is something they cannot control.

Drug use tends to significantly alter a person's behavior and habits. Some drugs can impair the brain's ability to focus and think clearly.⁵

Changes in behavior, such as the following, are sometimes associated with problematic substance use:

- Increased aggression or irritability.
- Changes in attitude/personality.
- Lethargy.
- Depression.
- Sudden changes in a social network.
- Dramatic changes in habits and/or priorities.
- Involvement in criminal activity.

Drug addicts often think only about their next fix of the drug. They have tunnel vision because of how their brain reacts the drug, and they crave it. Their thoughts and actions are often solely dedicated to obtaining more of the drug, and they will do anything necessary.

That is why drug addicts often lie, cheat and steal. They may engage in illegal behaviors aside from the illicit drug use to get more, and they are not able to recognize the pain and harm they are causing themselves and the people around them because of their addiction.

Someone who is addicted to meth or other drugs not only lie and mislead people, but they manipulate them. Someone who was once loving, and caring may start to manipulate the people closest to them to facilitate their continued drug use. They feed on the concern and love of their family members.

Someone who is addicted may even beg and try to plead with loved ones and make promises they have no intention of keeping, and it can take a long time before their loved ones accept that this is in fact manipulation.

How can the issue impact the family?

Six Known Behaviors can impact the family

1. They lie.

They must tell lies to mislead people about where they were when they were out buying or using drugs or alcohol. They must lie about where the hundreds or thousands of dollars went. The more they feel they need drugs, the more likely they are to feel the need to lie.

When you have trusted a person for years and then she begins lying to you, it is extremely hard to set that trust aside. Family and good friends can be fooled by a skillful liar for years. But all this time, the person is slowly destroying herself.

If a person's behavior changes markedly and the explanations do not really add up, you must hold onto your own common sense. If what you are being told does not make sense, then there is probably a particularly good reason—you are being lied to. You might be able to check some of the stories. Most, you probably cannot. You will have no way of knowing if someone siphoned the gas out of his car, causing him to need \$20 from you right now. The real tipoff is that these strange things keep happening to him. Gradually, his life descends into chaos, camouflaged by these lies.

2. They manipulate.

Unless they are also addicted, the family and close friends of an addicted person really want her to thrive and be happy. They try to encourage good decisions, but the addicted person is on a destructive track. The allure of the drugs is so powerful, she feels she needs the drugs to function, to be able to get through another day, to not get desperately sick from withdrawal. So, she manipulates those who love her the most.

Drugs like opiates, alcohol, methamphetamine, cocaine, synthetics like Spice and even marijuana can change a person who was loving and open with her family into someone who must manipulate everyone so they will let her keep using drugs.

With love in their hearts, family and close friends try to convince the addicted person to stop using these deadly substances, to go to rehab. But her answer?

“I have it under control.”

“I can stop anytime I want.”

“You are just jealous because I can have fun and you can’t.”

“You never want me to enjoy myself.”

“It’s your fault I’m this way.”

“You don’t even try to understand how I feel.”

“You wouldn’t say that if you loved me.”

And many, many more examples of this type.

And perhaps the most often type of manipulation occurs between a man and wife or girlfriend and boyfriend. When caught using drugs, the addicted person will promise to do better, to go to meetings, to start going to church, to get another job, to stop seeing drug dealers or other drug users.

The non-addict really wants to believe the promises, so he lets up on the pressure. He lets the addict back in the home or backs down from kicking her out. As soon as the pressure is off, the addicted person will probably be attentive and loving for a little while—until the next binge of drug or alcohol use. Then all bets are off.

An addict may call in the middle of the night, crying and professing love, begging to see the one he loves just one more time, but then if they meet, he asks for money just to get some good food and then is gone. The money goes to drugs. It is all manipulation.

Unfortunately, this pattern of manipulation all too often goes on for months or years without there being any change in behavior. When everything valuable is gone and the children are at risk, the non-addict finally moves away or changes the locks.

The sad truth is that while a person is addicted, the promises cannot be believed. They are just more manipulation.

3. They are highly likely to be engaged in criminal acts.

Stealing money

This is not true of every addict, but it is a typical pattern for a person who has been addicted for a considerable time. Eventually, the money runs out. They have pawned or sold everything of value. They owe friends and family money. There are no more assets, but the drugs or alcohol must be obtained.

At this point, many people will begin committing crimes. Selling or manufacturing drugs are common ones. Burglary, robbery, identity theft, credit card theft, car thefts and shoplifting are also common. An employee may steal items from the place of business and pawn or sell them. Someone with access to cash may embezzle from a company. Many people steal items from the homes of family or friends.

When a person is addicted to prescription drugs, the crimes may be a little different. He may visit multiple doctors to get prescriptions for pills or may forge prescriptions. In recent years, there have been more safeguards put in place in most states so that these attempts are less likely to succeed.

Of course, there is driving while drunk or high. Also, some drugs change a person's personality to make him more paranoid or aggressive which can result in assault or domestic violence charges.

And unfortunately, some drugs so deplete a person's sense of self-respect that he or she will turn to prostitution or any degraded activity that will score them their next hit.

4. An addict will shift the blame pointing finger at another

Irresponsibility is the name of the game for an addict. Whereas this person may have lived their prior life as a highly responsible individual, drug addiction steals that quality away. Whatever happens is never his fault. If he gets fired from a job, it is the boss's fault, the addict was unfairly targeted. If he gets in a car accident, it was totally someone else's fault. If he fails at some activity, those close to him will be blamed.

Family will appeal to him to please care for the children and his spouse, please get another job, please stop using these drugs and so on. Even if he wants to, the addiction is more powerful than he is and he will be drawn to his drug dealer, his drug-using friends and whatever means he must employ to keep the drugs coming. What really must happen is that he must be rehabilitated to the point of having more power than the drugs.

5. An addict is highly likely to become abusive.

It is tragic that an addict's blame can even take a violent and abusive form. With the delusional thinking common to most addicts, he can perceive those around him as being threatening, dangerous or malicious. As he shifts the blame, he may physically, mentally, or emotionally attack those he blames.

The spouse of an addict very often bears the brunt of both the blame and the abuse. It is hard to do anything right. He or she is not supportive. Mental and emotional abuse may be directed at the spouse to completely shut down any ability to effectively fight the real problem—the addiction. It is quite common for spouses and significant others to be browbeaten into submission, often for years.

Of course, physical violence is a very real possibility, especially toward spouses, children, elderly parents—particularly those people who cannot fight back.

It does not matter what drug a person is addicted to—the need to get and use the drug is a compulsion. If it were not bigger and more powerful at this moment than his own will, he would not be addicted, he would stop using drugs and begin to fix his life.

Boundary setting for your addicted loved one involves setting limits of what you will and will not allow in your home or relationship. Setting rules may seem harsh, but if you do not set strict boundaries, you will allow your addicted loved one to continue their drug use and harm your family or relationship further.

What are the options

Boundary Setting

Boundary setting forces your loved one suffering from addiction to take responsibility for his or her actions.

It is important that you only set consequences you are 100 percent comfortable with following through on if the boundary is violated. For boundary setting to be successful, you must follow through with that consequence 100 percent of the time if the boundary is violated.

First and foremost, it is important to understand that it is perfectly okay and acceptable to want peace in your home, respect, and appropriate behavior from everyone, including your addicted loved one. Begin setting boundaries by asking yourself these questions:

- What is the most loving thing I can do for my addicted loved one?
- How can I show respect for myself that I deserve?

Once you answer these questions, you will realize that it is best for both of you to set strict boundaries that you are able to follow through with. Decide on your boundaries when you are in a calm frame of mind and be prepared to commit to the boundaries you set. For example, threatening to kick your teen or adult child out of the house when you are upset may not be something, you are prepared to enforce the next time he or she makes a mistake.

Follow these additional tips to help you stick with the boundaries you set:

- Be informed on the brain disease of addiction and the extent of its power.
- Learn more about why those suffering from addiction lie, steal, cheat, and hurt those they love (and why it is not personal)
- Understand that change takes time.
- Know why it is never helpful to be an enabler.

Disease Progression, Different Behaviors

- **Problems at school or work** — frequently missing school or work, a sudden disinterest in school activities or work, or a drop in grades or work performance.
- **Physical health issues** — lack of energy and motivation, weight loss or gain, or red eyes.
- **Neglected appearance** — lack of interest in clothing, grooming or looks.

- **Changes in behavior** — exaggerated efforts to bar family members from entering his or her room or being secretive about where he or she goes with friends, or drastic changes in behavior and in relationships with family and friends.
- **Money issues** — sudden requests for money without a reasonable explanation; or your discovery that money is missing or has been stolen or that items have disappeared from your home, indicating maybe they are being sold to support drug use.

Understand the Stages of Disease Progression:

Stage 1: Drug Experimentation

Drug experimentation is defined as the use of alcohol or illicit/mood-altering drugs at any time for experimentation. While in and of itself experimentation may not appear to be abusive, even a single episode of experimentation can result in substantial harm to self or to others. Examples of potentially harmful experimentation include using any alcohol or other drugs during pregnancy, which could result in harm to the fetus; experimental use of alcohol or drugs while driving, which could result in serious harm to the user as well as others; children may be injured when left unsupervised while a parent is intoxicated. Also, if experimental use continues or serves as a gateway to additional use (as it often does), patterns of alcohol/ drug abuse may develop.

Stage 2: Social Drug Use, Regular Use

Social drug use is the use of any drug or combination of drugs in social situations, or for social reasons. If such social use causes any harm, physical or otherwise, to the user or others, it is also considered abuse. Social use of alcohol or other drugs often leads to further and elevated use.

Alternatively, those with strong tendencies to isolate themselves socially may move from experimentation to regular use in the absence of social situations.

Stage 3: Problem Use, Risky Use

Examples of problem use, or risky use of drugs and/or alcohol include binge drinking and drug abuse.

Binge Drinking

Binge drinking is heavy use of alcohol periodically. This can result in harm to the physical health of self and others, and negative behavioral consequences, which may result in bodily harm to self or others. For example, harm may be caused by heavy periodic use of alcohol or other drugs while pregnant, driving while intoxicated, or either neglecting or inflicting violence on self and others while under the influence. The [National Household Survey On Drug Abuse \(NHSDA\)](#) defines binge alcohol use as drinking five or more drinks on the same occasion at least one day in the past thirty days.

Substance Abuse

The characteristic feature of **substance abuse** is the presence of dysfunction related to the person's use of alcohol or other drugs. HHS (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration [HHS/SAMHSA], 1994) describes substance abuse as "the use of a psychoactive drug to such an extent that its effects seriously interfere with health or occupational and social functioning." Substance abuse may or may not involve physiologic dependence or tolerance. For example, use of substances in weekend binge patterns may not involve physiologic dependence; however, it may have adverse effects on a person's and possibly others' lives.

The [Diagnostic and Statistical Manual of Mental Disorders](#) (DSM-IV) produced by the American Psychiatric Association is used across the medical and mental health fields for diagnosing both substance abuse and mental health disorders. According to the DSM-IV, substance abuse is "a maladaptive pattern of substance use leading

to clinically significant impairment or distress, as manifested by” a variety of possible symptoms of impairment. Neglect of children is specifically listed as a potential symptom of substance abuse ([American Psychiatric Association](#), 1994).

Stage 4: Addiction, Chemical Dependency

With continued use, many persons’ use, or abuse of alcohol or other drugs becomes **addiction**: a disease in which the substances have caused changes in body, mind, and behavior. As a result of this disease, addicted people are unable to control their use of substances despite the negative consequences that occur as a result. Addiction may be a chronic, relapsing disorder and as the disease process progresses, recovery becomes increasingly difficult. Chemical dependency occurs most frequently in those who have a family history of the disease. Chemical dependency may cause death if the person does not completely abstain from using alcohol and other mood-altering drugs (HHS/SAMHSA, 1996a). The [DSM-IV](#) distinguishes dependence from abuse primarily by the presence of more abuse symptoms (three or more rather than at least one), and the possible presence of tolerance (needing more of the substance for the same intoxicating effect) or withdrawal (physical symptoms that occur when the substance is not used).

The [American Society of Addiction Medicine \(ASAM\)](#) describes drug dependence as having two possible components:

- [Psychological dependence](#)
- [Physical dependence](#)

Psychological dependence centers on the user’s need of a drug to reach a level of functioning or feeling of well-being. Due to the subjective nature of this term, it is not especially useful in making a diagnosis. Physical dependence, however, refers to the issues of physiologic dependence, establishment of tolerance, and evidence of an abstinence syndrome or withdrawal upon cessation of alcohol or other drug use. Tolerance, dependence, and withdrawal develop differently depending on the substance (HHS/SAMHSA, 1994).

REF:

<https://discoveryplace.info/stages-addiction/>

Given the fact this is a chronic brain disease, many of the behaviors are known and the progress of the disease is known, it makes sense that we can set up boundaries to assist in creating what behavior is going to be accepted, (within reason) and which will not be accepted.

In boundary setting, both parties will change their behavior. The person who is setting the boundaries and the one that must follow them.

Take the time to consider the impact of the boundaries, be clear in what you want the boundary to achieve. Try not to place into the boundary other topics that are not related to the objective of the boundary. Also, try not to set too many boundaries at one time.

It is strongly recommended that the family members work with a professional counselor or coach to develop the boundaries, identify how they will be communicating when setting up the boundaries, and work with updates on how well the boundary is working.

Take the time to view www.youtube.com videos on the topic of boundaries, then go see a professional for assistance.