



## **LEARNING MODULE I**

### **Seminar # 8**

The disease progresses in stages.

#### **Learning Objective**

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

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### *What is the issue*

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For many patients one course of treatment plan will not match their changing condition and therefore, a change to the plan of care is required. Just as in relapse not being a result of failure, so too is changing therapy and treatment types.

The adjustments are made to ensure the course of care matches the patient's real condition and is keeping up to date with the changes in addiction or recovery.

Increased communication, learning what the family members can do during the change and what to expect are all good steps for the family to consider.

The re-assessment and understanding the stages of progression to the disease is critical in effective management of possible variance and the intervention of services that follow.

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### *How can the issue impact the family?*

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#### *The disease progresses in 7 stages.*

There are numerous different stage theories that attempt to explain the progression of an addiction. Even the most popular and most recent of these theories have several significant flaws. However, based on the above stage models, it can be surmised that the development of a substance use disorder (addiction) in most individuals occurs over the following general course:

#### **It begins with a period of occasional or recreational use.**

It progresses to increased use of the substance as a method to cope with some perceived deficiency, some form of stress, or to escape.

Escalating use of a substance begins to interfere with the individual's health or normal functioning. This may lead to the development of issues controlling use of the drug, such that the individual continues to use the drug even though such use results in several different negative ramifications for them. Often, these individuals do not believe they are having issues with controlling their use of the drug and rationalize such use.

Some individuals continue their drug use despite noticeably clear signs that it has resulted in significant impairment or dysfunction in important aspects of life. These signs include issues with the legal system, issues with their career or education, relationship issues, financial issues, and/or physical and mental health issues. Some of these individuals may continue to rationalize their drug use even though it is resulting in major problems.

Some individuals eventually begin to realize that their drug use is problematic for them, though many do not.

The development of tolerance and withdrawal may occur in the middle to later stages of this process, but its occurrence is neither necessary nor sufficient to indicate that the individual has developed any form of substance use disorder. However, the development of physical dependence nearly always exacerbates the

issues associated with substance abuse and results in the cycle of addiction being more difficult to overcome.

One of the interesting observations regarding these theories is that the stage theories of recovery or change are far better developed than the stage theories that attempt to describe how an addiction develops in the first place. Perhaps one reason for this is that the development of addictive behaviors across individuals has quite a bit of individual variation.

The question to consider is this: how do people go from abstaining from drugs and alcohol to developing an SUD? The truth is that there are many stages of addiction, each with their own signs and symptoms to monitor in yourself and others.

### **Stage 1: Initiation**

Most people try drugs or alcohol for the first time before reaching adulthood. According to a survey by the Substance Abuse and Mental Health Services Administration, about 2.8 million people (age 12+) used an illegal drug or abused a legal drug for the first time in 2013. The same survey showed that 3.841 million people drank alcohol for the first time between the ages of 12 and 20.

The initiation stage generally happens during the teen years. Every day in 2013, approximately 4,220 people under the age of 18 used drugs or alcohol for the first time.

Adolescents or teenagers try drugs or alcohol:

- Out of curiosity.
- Because their friends are doing it and they feel pressured into using as well.
- The lack of development in the prefrontal cortex, which manages decision-making and controlling impulses.
- Once someone has tried alcohol or drugs, they may move along to experimentation or they may stop once their curiosity has been satisfied. This depends on a few factors, including:
  - Availability of drugs and alcohol within the community.
  - Whether or not friends use drugs or alcohol.
  - Family environment, including physical or emotional abuse, mental illness, or alcohol or drug use in the house.
  - Mental health conditions like depression, anxiety, or ADHD.

### **Stage 2: Experimentation**

The experimentation stage begins when you start to use drugs or alcohol in specific situations, like teens in party atmospheres or adults in times of stress.

Substance use in this stage is a social matter that you associate using with fun, ‘unwinding,’ and a lack of consequences. You only think of substances every so often, and there are no cravings. At this stage, substance use can be controlled (i.e., you decide consciously to use with the risks in mind, and you can stop if you want to) or impulsive (i.e., you use unpredictably, and unexpected accidents or harm can come from substance use, but you do not use regularly, and you are not dependent).

Even if you consume a lot in an instance, the decision to use is made in the rational brain (i.e., you choose to use drugs or alcohol instead of being unconsciously ruled by an automatic response).

You could even binge drink (i.e., a man having five or more drinks or a woman having four or more drinks within two hours) without straying outside of the experimentation stage, as most binge drinkers do so about four times per month, usually on weekends in social atmospheres.

According to the National Institute on Alcohol Abuse and Alcoholism, you are at low risk for developing an alcohol use disorder if you:

- Are a woman, have no more than three drinks per day, and no more than seven per week.
- Are a man, have no more than four drinks per day, and no more than fourteen per week.

### **Stage 3: Regular Use**

At this point, substance use is more frequent for you. You may not use every day, but there may be a predictable pattern (using every weekend), or you may use under the same set of circumstances (when you are stressed, bored, lonely, etc.).

At this stage, you still probably use drugs or alcohol with other people, but you may begin to use alone, too. You may miss school and work due to substance hangovers. There may be worries about losing your drug source since substance use has become tied to the idea of escaping negative emotions or situations.

### **Stage 4: Problem/Risky Use**

As the name suggests, substance use at this point has begun to take a negative toll on your life. If you drive, you may do so under the influence. You may have gotten a DWI/DUI or had other negative legal consequences. Your performance at work or school may be suffering, and your relationships with others are, too. You may have changed your circle of friends, and your behavior has almost certainly changed.

In short, risky, or problem use threatens your safety and the safety of others but does not meet the criteria for a substance use disorder.

### **Stage 5: Dependence**

There are three steps to dependence:

Tolerance, when you require more alcohol or more of your drug of choice to achieve the same ‘high.’

Physical dependence, when going without drugs or alcohol elicits a withdrawal response. It is important to note, though, that physical tolerance can happen even when prescription drugs are taken as your doctor has instructed. But when drugs or alcohol are abused, or illegal drugs are used at a high level, physical tolerance becomes a problem.

Psychological dependence, when you experience drug cravings, a high rate of substance use (using more frequently, using more of your substance of choice, or both), and using again after attempting to quit. This can also be known as ‘chemical dependency.’

These stages are cumulative. For example, you can have a tolerance for a substance without being physically dependent and be physically dependent without being psychologically dependent, but you cannot be psychologically dependent without being physically dependent and having developed a tolerance.

### **Stage 6: A Substance Use Disorder**

You know you are living with a substance use disorder when you can meet the following criteria:

- You ‘cannot face life’ with drugs or alcohol.
- You cannot control your use.
- You continue to use despite the harm that comes to your health and life.
- You lie about your use, especially about how much you are using.
- You avoid friends and family.
- You have given up activities you used to enjoy.
- You cannot recognize the problems with your behavior or with your relationships with others.

However, a substance abuse disorder is more than its symptoms. It is a chronic disease, meaning that it is slow to develop and of a long duration.

Substance use disorders are often-relapsing diseases, meaning that recovery will often entail setbacks. However, the relapse rates for SUDs are like those of other chronic conditions, including diabetes, hypertension, and asthma.

SUDs affect the memory, motivation, learning, movement, emotion, judgment, and reward-related circuitry in the brain. This happens because chronic substance use floods the brain with dopamine, first teaching you to use more of the substance that produced such a pleasurable effect, then keeping your brain from producing enough dopamine on its own. You then must continue to use to feel happy or even normal.

### **Stage 7: Treatment**

There are ways to treat SUDs, though, so you can regain control over your life, health, and wellbeing.

After an initial detox period, behavioral therapy combined with medication is often the best course of treatment. The longer you remain in rehab, the less likely you are to relapse, so take that into consideration when choosing a course of treatment.

There is also counseling available for you, your family, and friends to help with recovery, as well as support groups like AA, NA, Al-Anon, and Nar-Anon.

Knowing the stages of addiction is important: not to belittle you, but to help you understand your path to recovery. Enjoy the journey back to health.

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## *Managing the Behavior in Each Stage of Recovery*

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### **There are three stages in recovery. Substance Abuse Treatment Group Therapy TIP # 41 SAMHSA**

1. Early Stage
2. Middle Stage
3. Late Stage

As the person misusing substances moves through different stages of recovery, treatment must move with them, changing therapeutic strategies and leadership roles with the condition of this person. These changes are vital since interventions that work well early in treatment may be ineffective, and even harmful, if applied in the same way later in treatment ([Flores 2001](#)).

Any discussion of intervention adjustments to make treatment appropriate at each stage, however, necessarily must be oversimplified for three reasons.

First, the stages of recovery and stages of treatment will not correspond perfectly for all people. They move in and out of recovery stages in a nonlinear process. They may fall back, but not necessarily back to the beginning.

After a return to substance use, clients usually revert to an earlier change stage—not always to maintenance or action, but more often to some level of contemplation.

They may even become precontemplators again, temporarily unwilling or unable to try to change . . . [but] a recurrence of symptoms does not necessarily mean that a client has abandoned a commitment to change” ([Center for Substance Abuse Treatment 1999b](#), p. 19). See chapters 2 and 3 for a discussion of the stages of change.

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## *What are the options?*

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### ***Change Therapy of Treatment Approach***

Addiction requires individualized treatments that address the symptoms and underlying causes of the disease, as well as the consequences that substance use has on different areas of a person’s life. This includes their ability to socialize, their physical and mental health, and consequences at work, home, school, or with the law. There are many types of therapy available to effectively treat addiction.

Substance Use Disorders commonly consists of a combination of group and individual therapy sessions that focus on teaching those in recovery the skills needed to get and stay sober as well as how to navigate various situations without turning to drugs or alcohol. Behavioral therapy is perhaps the most utilized treatment component used during substance rehabilitation. A general behavioral therapeutic approach has been adapted into a variety of effective techniques.

### **These include:**

- **Cognitive Behavior Therapy (CBT)** can be applied in the treatment of many different types of problematic substance use. People treated with CBT techniques learn to recognize and change their

maladaptive behaviors. CBT can help people with coping skills, with identifying risky situations and what to do about them, and with preventing relapse. This approach is helpful because it can be paired with other techniques. The skills learned through CBT continue to be of benefit long after the initial therapy, and it can be used to treat co-occurring mental or physical health disorders as well.

- **Contingency Management (CM).** CM may also be effective in treating several types of substance use disorder—for example, alcohol, opioids, marijuana, and stimulants—and is used to encourage or reinforce sobriety. This method provides material rewards as motivation for desirable behaviors, such as maintaining sobriety. A major benefit of CM is that it can result in a reduction in the two of the biggest treatment-related issues: dropping out and relapse.
- **Motivational Interviewing (MI).** MI is a method of resolving ambivalence in recovering individuals to allow them to embrace their treatment efforts to best change their problematic substance use behavior. One benefit of MI is that, despite being facilitated by a therapist, those in recovery develop their own motivation and a plan for change over the course of several sessions, which can provide them with more of a sense of control over the course of their treatment.
- **Dialectical Behavioral Therapy (DBT).** DBT can be adapted for many substance abusers' cases, but mainly focuses on treating severe personality disorders, such as borderline personality disorder.<sup>2</sup> DBT works to reduce cravings, help patients avoid situations or opportunities to relapse, assist in giving up actions that reinforce substance use, and learn healthy coping skills.

**Medical Assisted Treatment has proven to be an amazingly effective inclusion to the treatment plan of care. This is covered in a Seminar # 30.**

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See the Family Solution Finder Workbook for Stages of Treatment Learning Section.