

The Life Cycle and Mechanics of **ADDICTION**

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Is Addiction A Disease?

Whether a person is genetically or biochemically predisposed to addiction or alcoholism is a controversy that has been debated for years within the scientific, medical and chemical dependency communities. One school of thought advocates the “disease concept” which embraces the notion that addiction is an inherited disease, and that the individual is chronically ill at a genetic level, even those who experience long periods of sobriety.

For most addicts, there are only three possible outcomes: sobriety, prison or death.

Another philosophy argues that addiction is a dual problem composed of a physical and mental dependency on chemicals compounded by a pre-existing mental disorder (i.e., clinical depression, bipolar disorder or some other mental illness) and that the mental disorder needs to be treated as the primary cause of the addiction.

A third philosophy subscribes to the idea that chemical dependency leads to permanent chemical imbalances in the brain that must be treated with psychotropic medications (drugs that act on the mind, altering mood or behavior) and sometimes antipsychotic medications after the person withdraws from the drug to which they are addicted.

While it is true that there is some scientific research that supports each of these concepts, it is also true that none of these theories are absolute. A review of national averages shows that addiction treatment programs based on these theories result in recovery rates of just 16% to 20%.



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There is a fourth school of thought that we believe to be more accurate. To understand this way of thinking, it is necessary to understand the life cycle of addiction.

This data is universally applicable to addiction, no matter which theory is used to explain the phenomenon of chemical dependency. The life cycle of addiction begins with a problem, discomfort or some form of emotional or physical pain for a person. This person is, like most people in our society, basically good. But he encounters a problem that is causing him physical or emotional pain and discomfort and for which he does not have an immediate answer. Perhaps, as a child or teenager, he has difficulty “fitting in.” Or maybe there are physical injuries such as a broken bone, a bad back or some other chronic physical condition, or the person has suffered losses in life.

Whatever the origin of the difficulty, the discomfort associated with it presents the individual with a real problem. He feels that his problem is major, persistent and without solution or relief. Most of us have experienced this type of problem in our lives to a greater or lesser degree.

So for these reasons, some people, young or old, male or female, high income or low, begin to use alcohol or drugs that have the potential to be addictive.

Once the person takes the drug, he feels relief from the discomfort. Even though the relief is only temporary, the drug is adopted as a solution to the problem and therefore, the individual places value on the drug or drink. This assigned value is the only reason the person ever uses drugs or drinks alcohol a second, third or more times.

There are a couple of key factors involved in this life cycle that determine which of us become addicts and who does not. The first factor is peer pressure. If, at the time of this discomfort, a person is subjected to pro-drug or pro-alcohol influences through some sort of significant peer pressure, that influence can affect his decision-making with regard to finding relief from this discomfort.

Peer pressure manifests itself in many different ways. It can come from friends or family or through some channel of advertising. Peer pressure combined with relief of the discomfort or problem can determine the severity of drug use.

Second, the person felt bad in some way before he used drugs or alcohol and he feels better afterward. That relief has value.

Simply put, the bigger the problem, the greater the discomfort the person will experience. The greater the discomfort, the more importance the person places on relieving it and the greater the value he assigns to that which brings about the relief.

The Downward Spiral of Addiction

Those who start down the path of addiction begin to accumulate so much damage to their physical and mental selves and their lives that the quality of their lives in general deteriorates. If drug or alcohol abuse continues unchecked, eventually the person is faced with so many unpleasant circumstances that each sober moment is filled with despair and misery. All this person now wants to do is escape these feelings by medicating them away. This is the downward spiral of addiction.

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The First Barrier to Recovery: CRAVINGS

The first challenge for any addict wishing to kick his addiction is overcoming the mental and physical cravings for drugs or alcohol. Cravings are strong, uncontrollable urges to use drugs or alcohol that drive the addict to once again use addictive substances.

To get an idea of what drug cravings are like, think of a time when you went for a long time without eating a meal and you were really hungry. Hunger is a mental and physical sensation that is triggered when the body needs food for nutrients and energy.

The craving for food, driven at a physical level, stimulates memories of eating food, which is followed by a strong desire or compulsion to consume food. Usually when a person is very hungry, they will think about their favorite foods; if they get hungry enough, they can sometimes even smell and taste certain foods.

If a person goes long enough without food, compelling thoughts of eating plus a growling stomach and shakiness due to not having eaten will become so great, making the person so uncomfortable, that they will drop whatever it is they are doing and arrange to get food and eat it. As soon as the food is consumed, the hunger pangs stop and the person feels good about satisfying their hunger.

A drug craving is similar, but the desire to use drugs is much stronger and more intense. An addict who is craving drugs will feel like life itself is dependent on getting and taking their preferred drug. They will do and say almost anything to get the drug to handle their intense cravings. Once they satisfy the craving, they feel relief until the drug wears off and the craving returns.

Some withdrawal symptoms and cravings are caused by poor



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nutrition and the vitamin depletion that follows substance abuse. When a body lacks certain nutrients, it cannot make some substances it needs for health and energy, causing a person to feel tired and moody. Depletion of certain vitamins and minerals can also cause shakiness and pain.

Withdrawal symptoms and cravings may also result from the toxins (substances the body sees as poisons) that accumulate after repeated drug use. These toxins stress many of the body's systems, resulting in fatigue, aches, pains and unclear thinking. The addicted person has learned to medicate their mental or physical problems with drugs; they will continue to use drugs as a solution whenever they feel poorly. Therefore attempting to handle addiction with more drugs only makes the problem worse.

Storage of Drug Residues In The Body

Today it is fairly common for many companies and federal agencies to drug test their employees. Through a common urinalysis test, it can be determined if the employee has taken any one of several drugs.

This test of a person's urine not only detects if they have taken drugs, it also detects what type of drugs were taken. Drug tests detect the presence of any drugs or their metabolites (see definition below).

Metabolites are the products left behind in the body when it has broken down a substance so it can be eliminated. Drug metabolites are like fingerprints of the drug that was taken. Cocaine produces a cocaine metabolite, opiates produce an opiate metabolite, alcohol produces an alcohol metabolite and so on.

Most drugs and alcohol are metabolized, or broken down, in the liver but all tissues in the body will break down drugs or other foreign substances for elimination. Drugs and metabolites leave the body through urine, feces and sweat but they are not fully eliminated. Since drugs dissolve better in oil than water, they have a natural affinity for fats. Therefore any drug residues or metabolites that are not eliminated have a natural attraction to fat cells and so tend to be stored in one's fat.

As an example, the active chemical in marijuana, THC, is so fat-soluble that, when consumed, most of it rapidly leaves the bloodstream and lodges in the fatty tissues of the body. From there, it slowly moves back into the bloodstream over a period of weeks or even longer.

Only recently have scientists discovered that fat is actually a vital organ that produces hormones that affect our moods, energy levels and immunity. Chronic use of drugs or alcohol have been shown to disrupt this function. This disruption is one of the factors that causes cravings, as the body attempts to correct the disturbance by craving what it lacks or a similar substance, such as the drugs that originally caused the disruption.

In the late 1970s, American author and humanitarian L. Ron Hubbard made the revolutionary discovery that drug metabolites and other toxins that were stored in the fat cells had the continuing effect of locking addicts in their addictions, and that eliminating these stored deposits was a key to full recovery. He went on to develop a fast and simple method of extracting those deposits, resulting in improved mental and physical health. This discovery was a critical step forward in the effort to resolve drug cravings.

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Stored Drugs and Drug Memories

Each time a person consumes drugs or alcohol, they retain a complete recorded memory of that life experience. Whether they were happy or sad or had a good time or a bad time, all emotions, feelings and sensations that were present at the time the drug or



alcohol was consumed are filed away in the person's memory. Even if the person blacks out, the experience is still recorded in the mind.

In the case of those addicted to opiates, alcohol, tranquilizers or any other addictive drugs, they will accumulate a series of memories that contain the pain and discomfort associated with drug withdrawal.

The body will metabolize (change energy sources into energy) and burn fat cells any time a person undergoes a situation in life that causes their heart rate to speed up. Stress can do this, as can strenuous exercise or intense emotion. Most of us experience these

kinds of stressful situations on a fairly regular basis.

When an addict's body metabolizes fat, if the fat cells contain metabolites from past alcohol and drug use, those metabolites will activate back into the person's bloodstream as the fat cells burn.

Keep in mind that each type of drug produces its own metabolite. Therefore, if alcohol metabolites were stored in the fat, once those fat cells are metabolized, the body will be reminded of alcohol at a physical level. If the person has taken cocaine, then cocaine metabolites will be released

into the bloodstream and remind the body of earlier cocaine use.

The effect of these metabolites being present in the bloodstream will trigger recorded memories of drug-related experiences and discomforts from the past. The person will remember feeling and thinking like they did in the past when they were under the influence of the drug or alcohol. Or they will remember experiencing the pain and discomfort that occurred when they were coming down from the drug. They are prone to use drugs or alcohol again at these times.

The Second Barrier to Successful Recovery: DEPRESSION

Depression is another factor that keeps an addict harnessed in his addiction. Depression is the source of a constant and significant amount of discomfort that prompts continued drug use. It is also the second major barrier to recovery for those seeking treatment for their addictions.

Some of the traditional medical-and psychiatric-based programs diagnose and treat the depression an addict is experiencing, claiming that it is the fundamental cause of the person's drug or alcohol problem. Psychotropic medications are usually prescribed for depression but simply mask symptoms. They do not bring about a cure. When the medications wear off, depression returns, often magnified. The presence of mind-altering drugs and worsening depression makes the recovery process more difficult, if not impossible.

In most cases, depression actually manifests itself after the person becomes addicted, not before. The cause of the depression is linked to the damage done by the drugs themselves.

There are physical, social and mental factors at work creating the depression and lethargy (laziness, sluggishness and apathy) experienced by addicts. On a physical level, most addicts are in a declining or poor state of health. While they are high, they are in a euphoric, pain-free state of mind. They are numb to the damage being caused by their drug or alcohol use. When they become sober, they have no energy and their minor aches and pains intensify. They are physically spent as a result of the severe nutritional deficiencies that accompany long-term drug or alcohol use.

Socially, the person's quality of life has declined to a low level. The



addict is so obsessed with finding drugs or alcohol and using them so he can function that he can't focus on anything else. Consequently, jobs are lost, businesses are destroyed, marriages break up and children are neglected.

On a mental level, they have difficulty finding joy or happiness in anything while they are not under the influence. At some point, an addict surrenders to the idea that they must be high to experience any emotions, they must be high to celebrate an accomplishment, to escape sadness, to solve problems, enjoy sex, have meaningful relationships, work or play. The addict truly believes and operates on this principle, numb to the fact that the quality of his life and relationships with others are actually on a downtrending spiral.



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Why Depression Occurs in the Addict

Earlier in this booklet, we discussed the presence of drug metabolites in the addict's system and how metabolites play a role in stimulating memories associated with drug and alcohol use. The addict's brain also identifies the chemicals in drugs or alcohol as substances that restrict or enhance the release of naturally-occurring chemicals in the brain. In some cases, the brain identifies the chemicals in some drugs as superior to the body's natural chemicals.

The body normally creates its own chemicals to act as a reward system that makes eating, exercising and procreating enjoyable. Other naturally-occurring chemicals act as painkillers that kick into action when we get hurt or experience pain. These natural chemicals are directly involved with promoting our physical well-being in one way or another.

Drugs and alcohol are composed of such strong chemicals that they can overpower the body's own natural chemistry and create intoxication and euphoria.

When a person uses drugs on a regular basis, his or her body becomes depleted of key nutrients and amino acids (amino acids are the building blocks for the body's natural chemicals). These nutritional deficiencies prevent the body from receiving the nutritional energy that it needs to produce and release the natural chemicals.

In short, drugs take over the functions of the body's own natural chemicals. The brain and body are fooled into thinking that the drug or alcohol is the natural chemical it needs.

When drugs or alcohol are present in the addict's system, the perception is that the body chemistry is working and all is well. When the drugs or alcohol leave the addict's system, the brain and body perceive a shortage of natural body chemicals. This perceived shortage adds to the lethargy and lack of enjoyment experienced by the addict when he or she is not under the influence of drugs.

This condition then contributes to the compulsion and drive for an addict to take more drugs or alcohol, despite the frequently life-



threatening circumstances an addict faces on a day-to-day basis.

The drug or alcohol gets misidentified as an aid to the production and release of the natural chemicals when, in fact, it is suppressing the body's ability to manufacture them.

The Addict's Lifestyle Itself Creates More Depression

The final piece of the puzzle of depression comes from addiction's destructive effects on an addict's life. There are broken relationships and often, problems with the law or finances. The individual starts to distance himself from the people he loves and becomes more and more detached. He may lose his job or start experiencing serious health problems.

Ordinarily, addicts lose everything they care about: their homes, their families, cars, possessions, jobs and friends. Addiction is destroying the addict's life. No one would be happy about this happening.

Depression is an appropriate emotional response, considering the misery that the addict is faced with. Some psychiatrists and medical doctors will diagnose this depressed state as a mental illness and prescribe psychotropic medications. These medications will never do anything more than mask the depression temporarily. On the other hand, so will the addict's preferred drug or brand of alcohol.

Psychotropic drugs do not help a recovering addict restore their relationships or build a sane, drug-free life. They do nothing to help the person rebuild his or her health. In fact, they add more toxins to the person's system since all drugs have some toxic effect, even if minor.

Medical personnel in the addiction treatment field treating this depression as a "mental illness or disease" expect that somehow their prescribed medications will "fix" the person. Then once "fixed," the person could then fix these situations in their life. This is an irrational assumption, if you think about it.

The Third Barrier to Successful Recovery: GUILT

The third and final barrier to recovery is guilt. Guilt acts as another strap in the harness that keeps the addict trapped in his addiction.

The addict feels guilty because he has committed dishonest deeds against the people he cares about. This is an integral part of the life cycle of addiction.

A person who becomes addicted to drugs or alcohol doesn't just wake up one day and say, "*Gee, I think I'll start using drugs until I destroy my family, my relationships and my life in general.*"

As discussed in this booklet, addiction starts with a problem. Drugs or alcohol are chosen as a solution to relieve the discomfort one is experiencing by not being able to solve the problem. Physical and mental complications then follow. It all adds up to a serious decline in the person's quality of life.

To be successful, a rehabilitation program must help an addict face his transgressions (violations of rules, laws or agreements) and enable him to clean up the wreckage of his current life that has resulted from the addiction and dishonesty.

Before addiction, most addicts are basically good people with a sense of right and wrong and with no intention or desire to hurt others. As the cycle of addiction progresses and the cravings and other mechanics of addiction begin to dissolve the individual's self-control, they get into situations where they are doing and saying things they know deep down aren't true or right. All these dishonest or damaging things are done to cover up and continue their drug use.



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If the pattern of abuse continues, the addict eventually becomes trapped in a vicious cycle of using drugs, hiding the fact, lying about drug use and even stealing to support more drug use. At each turn, the addict is committing more dishonest acts and, with each act, is creating more damage in his life and relationships. None of these acts are truly overlooked by the addict; every misdeed is committed to memory.

The memory of each misdeed includes all the surrounding circumstances in place the moment the deed was done: who was involved, the time, the place and what the end result of the dishonest deed was. The addict knows these misdeeds are wrong and because the basic person himself (not the addicted personality) is good, he will feel bad or guilty after the dishonest act is committed.

Over time, these memories of guilt accumulate. When the addict sees people or places involved in his transgressions, these sights can trigger the guilt surrounding the misdeeds.

More and more transgressions are committed. And more and more, people and things related to the transgressions become triggers that remind the addict of the dishonest acts. For example, perhaps a young man steals cash from his father's wallet and uses the money for drugs. Thereafter, whenever he sees his father, it triggers the memory of that stolen money. It can be enough just to see a person or an object to trigger the guilt! Sometimes no words even need to be said.

Guilt is an uncomfortable feeling and so can prompt the addict to use more drugs to temporarily relieve this unwanted sensation. In this way, guilt helps maintain the trap of addiction.

The addict will also begin to withdraw more and more from friends and family as the transgressions committed by the addict increase in number. He will eventually pull away from the family, seclude himself, even become antagonistic towards those he loves. Remember, the basic personality of an addict is good and the reason they end up withdrawing from those they love is because they know



they are doing the wrong things. The act of withdrawing from those places and people that the addict has harmed is the addict's attempt to restrain himself from committing any further transgressions toward those people and places he cares about.

In the early 1960s, L. Ron Hubbard's research resulted in a heightened understanding of man's basic goodness and the way his behavior and attitudes change after the commission of transgressions. He then developed techniques that would enable a person to obtain relief from past misdeeds and a fresh, new viewpoint toward life. When applied in the context of addiction treatment, these principles have been shown to help addicts recover fully from their addictions.

Turning the Corner to Recovery

Many forms of substance abuse counseling endeavor to create positive moral change in an addict. One of the most popular approaches is the Twelve Step program practiced by Alcoholics Anonymous and Narcotics Anonymous.

In this approach, steps four, five, eight and nine of the twelve steps involve making a life inventory of one's wrong deeds and determining who was affected by them. Once these are identified, the addict then makes up the damage created by his destructive actions.

This recovery approach can be effective for some so long as the addict still has the social skills to be able to communicate with and interact in a group setting. He or she must also have high enough levels of confront and responsibility to admit wrongdoings and make up the damage done. If an addiction persists long enough, an addict will lose even these basic social skills.

When drug addiction begins in the teens, individuals do not have the opportunity to develop these life skills. As a result, they do not perform as well in a Twelve Step program or other traditional treatment settings. In these cases, the addict needs to be educated or re-educated in these basic life skills before there can be any real hope of success in raising moral standards and bringing about permanent sobriety.

When conventional approaches are not working with a drug-addicted person, there are effective alternatives to pursue before one gives up. What has not proven effective is substitute drug treatment. Methadone, antidepressants or other prescription medications are designed to mask the symptoms of addiction that we have described. Essentially, an addict is trading one addiction for another.

These medications prevent the addict from developing the life skills necessary to restore his moral values and quality of life. Nor do they assist the individual in acquiring the necessary tools to remain sober. Thus relapse becomes inevitable.



For more information on *The Life Cycle and the Mechanics of Addiction*, please contact Narconon Arrowhead at 1-800-468-6933 or visit our website at www.stopaddiction.com.



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