

SUBSTANCE ABUSE AND SELF-MEDICATING

Addiction comes in many forms. When we want to say we really like something, like chocolate, we might say that we are 'addicted' to it. Severe addictions, of course, go well beyond liking something a lot.

Characteristics of addiction include developing a tolerance to the substance. This means that you need more and more of it over time to get an effect. Your wanting the substance gets more and more out of control with it becoming an obsession in terms when you will get your next fix. Addiction includes negative consequences meaning friends, family and job problems. Legal issues can arise if you get caught buying a substance illegally. In essence, addiction involves a person's life becoming obsessively involved with a substance to a point where nothing else matters in their lives.

Many times, family members try to help but the old adage that the person must want to stop for him- or herself is true. Addicts don't stop until something hits them in the head and gets their attention that the addiction is ruining them. They "hit bottom". It's estimated that roughly 70% of addictions arise from a persons *self-medicating* themselves. This means that the person experiences one problem or another and finds that the substance gives some respite to whatever is ailing them. The obvious example is pain medication. Many people start out using pain medication to be able to function better in daily life. Some find they like the 'high' they get from the medicine. Others find that they must take more and more of the medicine (tolerance) to get pain relief. Eventually, it's impossible to get the pain relieved (or get the high) and the person just takes the medicine so they don't get sick from withdrawal.

Many people with psychological issues like severe anxiety, depression, shyness, attention deficit disorder, manic depression, obsessive compulsive problems or phobias may find themselves abusing one type of substance or another to self-treat the problem. What then occurs is that the addiction becomes the main issue. The original problem gets lost. It is usually only after the person is clean and sober for a period of time (sometimes months) that the original problem jumps out again and hopefully gets identified. Once identified, the problem can be treated in a less destructive way.

Sometimes family or friends or the addict sees getting treatment, if it has to do with medication, as trading one substance for another. This is far from true. Whatever

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medicine the doctor uses should help the person function much better in daily life not cause the functioning to become worse. Many psychiatric medications are NOT addictive so that isn't even an issue. Medicines like antidepressants, some medicines for anxiety mood stabilizers and a medicine called Suboxone for narcotic addiction are among the medicines that are *NOT* addictive.

Once sobriety is found, it is very important to be aware of underlying problems that might exist that facilitated the addiction. Until the underlying issues are treated, the person still suffers and runs the risk of relapse into the self-medicating circle again. Web addresses worth pursuing about addiction include:

www.addictionresourceguide.com/resources.html

nationalsubstanceabuseindex.org/

www.addict-help.com

www.Suboxone.com

www.nimh.nih.gov/health/publications/schizophrenia/what-about-substance-abuse.shtml

www.aa.org

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