

Facing up to Addiction



**“Don’t be afraid to take a big step.
You can’t cross a chasm in two
small jumps.”**

David Lloyd George, British politician (1863–1945)

**“We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first
time.”**

T.S. Elliot, British poet (1888–1965)

**“The only real voyage of discovery
consists not in seeking new
landscapes but in having new eyes.”**

Marcel Proust, French novelist (1871–1922)

One in three people in Britain suffers from an addiction of some kind. It is a stark statistic, pointing to a problem that is actually much more widespread than we might like to admit.

We’re familiar with our preconceptions of the homeless person on a park bench drinking out of a brown paper bag or the drug addict dropout smoking crack in a squat. And for many of the most vulnerable people in our society, this is no stereotype, but a harsh daily reality.

But as the figures from Action on Addiction suggest, the problem is far closer to home. Research shows that most addicts are not out on the streets, but hold down jobs and live lives that can look pretty normal on the outside. In short, they are us. Addiction breaks up families, destroys careers and ruins lives.

It is a terrifying, lonely experience and its impact can ripple out far beyond the person who is immediately affected. Yet the recovery of millions of people shows us that there is absolutely a way out. Addiction is treatable.

With the right kind of support, many people get through the darkness to a place of renewed meaning, creativity, health and wellbeing. The process is not easy, but it can be done. If you feel you are struggling with addiction, or know someone who is, the Adviceline is available 24 hours day for practical and emotional support.

What is addiction?

Despite the huge number of people affected and the vast amounts of research into the subject, addiction itself can be hard to define, partly because it can show up in so many different ways.

It can involve the compulsive consumption of substances such as alcohol, recreational drugs, prescription pharmaceuticals, nicotine or caffeine. In terms of different behaviours, people can become addicted to almost anything, but the most common problem areas include gambling, sex and pornography, spending, work and exercise. Aside from chemical and behavioural addictions, people can develop addictive habits with food by starving themselves, overeating, or both. Recent years have also seen a dramatic upsurge in compulsive self-harm behaviours such as self-mutilation and burning.

There are some elements, however, that all addictions have in common. Action on Addiction offers this helpful summary: "Addiction is characterised by a consuming relationship with a substance or behaviour that is driven by a conscious or unconscious desire to feel something different, which results in a range of harmful consequences."

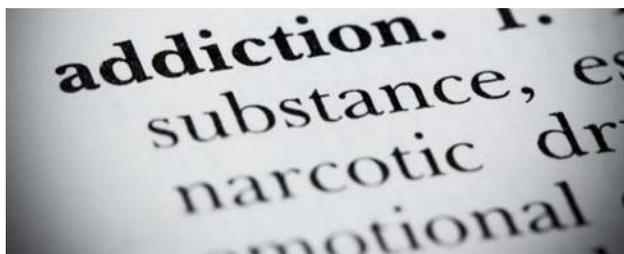
Addictive behaviour is, at its heart, driven by a desire to stop feeling unbearable feelings that may arise either from earlier events in life, such as abuse and neglect, or more recent experiences, such as trauma, unmanageable work pressure, or poverty and unemployment. Either way, the addict is desperately trying to soothe these feelings away.

Although many addictions are pursued in the company of other people, a central aim of addiction is also to dispense

with the need for others. The addict is able to control his or her moods, without needing to rely on other people and without needing to take the risk of relationships that could prove potentially unreliable or harmful. For this reason, addictions can particularly affect people who have had difficult experiences of inadequate care and attention in early life.

The tragedy of addiction is that it also almost always makes everything worse. As a person becomes accustomed to a certain substance or behaviour, their tolerance for it will increase, and thus their requirement for greater and greater amounts. As dependence takes hold, the initial "highs" become increasingly short-lived and the withdrawals become increasingly uncomfortable, thus driving greater consumption. Inevitably, it becomes a greater and greater priority in their life until, in some cases, it takes over completely.

The experience of addiction, then, involves a combination of a physical compulsion for something (your body feels like it's crying out for it) combined with a mental obsession (your mind cannot rest until you get it), no matter what else has to be sacrificed (e.g. money, jobs, relationships) in the process.



Do I have a problem?

Many people can go for years wondering if they have a problem, but find it too frightening to admit that something needs to be done. Anyone who has been through addiction and found recovery will tell you, however, that nothing can happen until that first step has been taken. It is scary, and there are plenty of people waiting to support you once you've made it, but no one else can do it for you.

If you're concerned about your relationship with a substance or behaviour, ask yourself the following questions:

- Do you find you need more of the substance/behaviour to get the desired effect or that the same amount has had less of an effect?
- Do you feel sick, unwell or just uncomfortable when the effects wear off?
- Have you used it in larger amounts or for a longer period of time than you intended?

- Would you say that you've had a persistent or strong desire to use it?
- Do you spend a large amount of time obtaining/using or recovering from its effects?
- Do you reduce or give up work, recreational or social activities as a result?
- Do you continue using it despite having physical or psychological problems with it?

If you can answer 'yes' to three or more of these questions, you may well have a dependency issue. Again, there are plenty of supports available. Call the Adviceline and a consultant will listen to your concerns and help you identify the next step.

People often talk about having an "addictive personality", but scientists have yet to identify specific characteristics that

can be used to predict addiction. There is some evidence to support the view that some people have a genetic predisposition to addictive problems, but that is yet to be fully proven.

It has been shown that people who grow up surrounded by addictive behaviours are more likely to develop similar problems. This is also true of people who suffer childhood trauma, abuse or neglect. Others who are just constitutionally sensitive and less able to process stimulus in the outside world can be at risk as well as those who battle with depression.

Adults who have experienced an acute trauma will not necessarily develop an addiction problem, but research has

shown that Post Traumatic Stress Disorder (PTSD) increases the risk. The tragedy for these people is that the impact of addiction in their lives actually creates more trauma as opposed to resolving it.

People will often scrutinise the amount that they consume or indulge in a certain behaviour in an attempt to decide if they have a problem or not. In a sense, this is misleading. While heavy consumption is certainly a clue, it is the relationship with the substance or behaviour that is far more telling. Put simply, if it's becoming an indispensable part of your life that you feel you simply can't do without, you could be moving towards addiction.

Types of addiction

Substance misuse. Consuming mood-altering chemicals in an attempt to dispel uncomfortable feelings of stress, anxiety or depression can cause lasting damage.

- **Alcohol** actually causes much more harm than illegal drugs like heroin and cannabis. It is a tranquilliser, it is addictive, and is the cause of many hospital admissions for physical illnesses and accidents. An Oxford University report a few years ago found that the National Health Service (NHS) was spending about £ 3 billion a year treating alcohol related sickness. While binge drinking gets a lot of press these days, many people who see themselves as "social drinkers" are at risk of developing long-term health conditions because of the amount they regularly drink. A recent YouGov survey suggested that some 7.5 million people in Britain were unaware of the damage their drinking could be causing.
- **Cannabis** is the most widely used street drug, and although some dispute whether you can become addicted to it, research shows that heavy usage does create dependence, which can lead to a wide variety of emotional and physical disorders, including psychosis, high blood pressure and fertility problems.
- **Cocaine, ecstasy and amphetamines** are all stimulants that leave users feeling energized and euphoric. The rapid highs and violent come-downs make these drugs very difficult to kick. Heroin is an opiate, creating warm feelings of drowsy contentment. Again, it is highly addictive. Users often are driven into petty crime to fund their habit.
- We tend to think of addicts as people who live on the margins of society, but millions go through ordinary, everyday life enslaved by less dramatic addictions. **Tranquiliser drugs** such as Valium and Temazepam are highly addictive and very difficult to get off. **Nicotine and caffeine** are more socially acceptable, but cause lasting and often irreversible damage.



Behavioural addictions. As we've seen, it's possible to get addicted to almost anything, and this is especially true of behavioural addictions. According to Action on Addiction, gambling is the fastest growing addiction problem in Britain. But there are many others. Sex addiction is a frightening and degrading experience both for those immediately involved and those close to them. People can get hooked on the internet, unable to drag themselves away from the screen, often to the detriment of their relationships and jobs. And although addiction to exercise may not sound like such a bad thing, it can drive people to punishing extremes. In all cases, the behaviour will often be preceded by a sense of intense excitement and anticipation, only to be followed by a downward spiral of shame and despair.

Eating disorders and self-harm. Anorexia nervosa involves compulsively eating less and less in an attempt to lose ever greater amounts of weight. Bulimia nervosa leads to an engulfing cycle of binge-eating and then purging, either by vomiting or with the use of laxatives. Those who suffer from both disorders have profoundly distorted perceptions of their bodies and what they need to do to them in order to be attractive and loved. They are profoundly linked with feelings of low self-worth and a need for some kind of control in the face of overwhelming emotional pressures. Girls and women are 10 times more likely than boys and men to suffer from anorexia or bulimia. However, eating disorders do seem to be getting more common in boys and men. Other forms of self-harm include burning or cutting oneself, sticking things in one's body or throwing oneself against something hard. Again, these behaviours are often sought as a way of feeling in control and relieving unbearable feelings of isolation and powerlessness. It is also a way of self-punishment for those who carry a lot of guilt.

The journey towards recovery

No matter what the substance or behaviour, those caught in the grip of an addiction will often find it hard to believe that life would ever be possible without their chosen fix. Few realise, however, that just admitting they have a problem is probably one of the most substantial and significant steps they'll ever take towards a new life. Once this has happened, anything becomes possible ... but it has to happen. At that point, there are many options available, all of which you can discuss with an Adviceline consultant.

- **Residential treatment.** For those who feel they just can't cope anymore, residential treatment offers a safe space for a period of time, away from the temptation of their drug or behaviour of choice, where they can receive the necessary medical care and emotional support to make the transition to a new way of living. For those with heavy physical dependencies, a safe, monitored detoxification programme is often essential.
- **Structured day treatment.** There are many programmes available that enable people to continue staying in their own home, but offer a supportive environment where they can go each day.
- **Support groups.** Again, there are many different kinds of groups where addicts can find not only others going through similar experiences, but a rich support network of people who have already been through it all and come out the other side. Probably the most famous is Alcoholics Anonymous, one of the so-called 12-Step Fellowships. Aside from alcohol, there are 12-step groups dealing with drugs, food, sex, debt and even cigarettes. The NHS also runs a host of different groups, as do many charities such as MIND. Recovery is different for everyone, so it's important to find what feels like a good fit.
- **Counselling and psychotherapy.** Many people with addiction problems are helped enormously by therapeutic support and, again, there are many options. Psychodynamic therapists, for instance, will help you explore and understand the root causes of your addiction and provide a reliable and safe support while you confront and process the difficult feelings that your addiction is trying to soothe. Cognitive Behavioural Therapy will help you look at the thought patterns that drive your addictive behaviour and look at practical strategies for facing difficult situations.
- **GPs.** For many people the first port of call is their local GP, who will start by looking at the physical impact of the problem. GPs will also be able to refer to local community drug teams or specialist drug units (that include psychiatrists, specialist nurses and social workers).

Abstinence or moderation?

People often ask if they will have to give up their substance or behaviour completely. In the case of, say, eating and sex, a way needs to be found to transform one's relationship with the behaviour and reintegrate it healthily into one's life, as opposed to giving it up. In terms of substances, some programmes will help people moderate their consumption, although most treatment specialists will advocate abstinence. While that may sound daunting, the experience of the vast majority of people in recovery is that the sacrifice pales into insignificance when set against the renewed sense of purpose and vitality that recovery brings with it.



Further help and information

Hospitality Action – Helping our people in the Hospitality industry

www.hospitalityaction.org.uk

0800 802 2111

24-hour Adviceline, providing emotional and practical support.

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Helping our people