



AlcoholismAnswers.net

Date: September 8, 2008

Volume 1, Number 5

In This Issue

- Addiction Chart
- Early Stage
- Middle Stage
- Late Stage

www.alcoholismanswers.net
<http://livinglifeboomerstyle.net/>
<http://alcoholismanswers.net/Forms.aspx>
<http://jellinekaward.org/>
ernieh@sbcglobal.net

THE CHART

Although the chart is about alcoholism, most of what is stated can be applied to any drug addiction. Often people will say that heroin is very different from alcohol, etc. Usually what they are talking about is the detox period. That is quite different and specific to the drug. The progressive symptoms of addiction mainly differ by the strength of the drug. A

During the thirty-plus years I worked in addiction treatment a great deal of knowledge has been added to the body of knowledge about it. I developed a chart on the progression of addiction that was helpful for educating interns, used in patient lectures and addiction assessment. The chart changed over the years as new studies and medical information emerged. Much of the information came from James Milam, Katherine Ketchum, George E. Vaillant and Sidney Cohen, M.D.; however, there were many others that helped give clarity to the issue.



Ernest Hooker, NCAC II



If you have friends who are interested in addiction treatment and recovery please forward this newsletter to them. If you have suggestions for a topic, contact me and, if possible, I will include the information in a newsletter.

Details on the Addiction Chart

stronger form of the drug speeds up both the addiction and the deterioration. Naltrexone was used for many years for heroin and later on it was discovered that it also helped with alcoholism. The speed of the onset of the illness and the deterioration has been demonstrated by the difference between a cocaine user snorting cocaine occasionally and someone else using crack. Typically, the crack user has almost an instant addiction and a very fast rate of deterioration.

FAQ

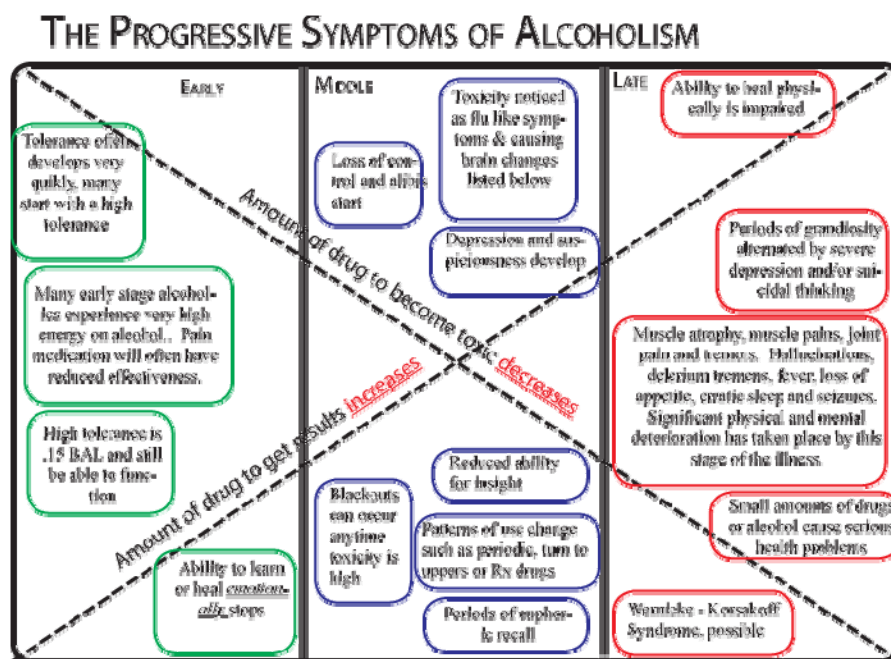
After an alcoholic has been sober for a few years isn't it safe for them to drink again?

No! They become extremely toxic and experience symptoms at least as bad as or worse than when they quit. Many who have returned to drinking after some years of being sober die within a few months. The Big Book of Alcoholics Anonymous has stories of alcoholics who tried this.

In this fifth newsletter I plan on giving additional information on the chart details.

Dr. Jellinek is the author of many scientific articles and books, of which, perhaps the most important is *Disease Concept of Alcoholism* (Hillhouse Press, New Haven, Conn., 1960). Every program in the field of alcoholism in the world today has been influenced - some very profoundly - by Dr. Jellinek's scholarly contributions. Starting to understand the progressive symptoms of addiction and recovery was due to Jellinek's work.

Here is the chart I developed. A copy can be downloaded by going to: <http://alcoholismanswers.net/Forms.aspx>



The Early Stage

In the early stage it often doesn't look like a disease at all. Many appear to start with a high tolerance or the ability to drink large amounts of alcohol with minimal effects. Clearly, many have a genetic predisposition to alcoholism. The upside of the early stage is he or she may be the best behaved in the group. The only downside that frequently shows up is that tolerance will likely be present with pain medication and anesthetics. With dental work or surgery, pain relief is often a problem for early stage alcoholics. Many early stage people suffer little or no hangover and appear to process the toxins with amazing efficiency.

Isn't there medication that will help alcoholics to stay sober?

There are medications that may be helpful; however, medication usually works only as an addition to other recovery support. Antabuse is not used very often for several reasons. One is that often patients don't continue to take it. Another reason is that if their liver is compromised, Antabuse can place additional stress on that organ. Naltrexone can be a good addition to recovery therapy. In some cases antidepressants are helpful. Many medications are only advised after liver tests are normal. The American Society of Addiction Medicine often has excellent information on the use of medication and addiction recovery.

What medical complications are associated with late stage addiction?

I will only comment on a few because the list almost has no limits. Damaged heart muscles, respiratory problems, calcium loss in bones, brain damage and

What is a high tolerance? .15 BAL (blood alcohol level) or above has been used in the criminal justice system and medically. Anyone that can function with a .15 BAL is demonstrating a high tolerance. Typically a normal drinker would be showing marked effects of their alcohol use at .065 BAL or .07BAL. At around .10 BAL a normal drinker often cannot function at all.

During the early stage of addiction the person loses the ability to mature or heal emotionally. The physical changes associated with addiction have just started and soon the dysfunction will start to be evident for those who know the signs. The physical change has started and soon psychological damage will also follow.

Middle Stage

Two changes mark the start of the middle stage loss of control and denial. Loss of control means that the drinking is no longer predictable. As an example, a man stops at the bar on Friday night for a couple of drinks and then goes home to eat dinner about 6 PM. He has done this for at least several months. This time he stays an additional hour or more and when his wife asks him why he didn't get home on time he doesn't really know why. Eventually he makes up an excuse but he realizes it isn't true; he just isn't sure what is true. He may stop for the next few weeks on Friday night and come home on time and then once again he is quite late. So, every time he drinks now he cannot predict when he will stop. Soon the excuses become automatic or subconscious. When he is late his denial system starts to take over.

The denial system has three general areas: repression, blackouts and euphoric recall. Repression is the subconscious act of shielding us from shame, so consequently the information is kept from the conscious. Blackouts are periods of amnesia caused by a high level of the toxic effects of alcohol or other drugs. Euphoric recall is the result of brain changes that feed the person false information. One person stated it simply by saying "I remembered good times I know I never had". The overall effect of denial is that it deletes or keeps information from the person, leaving them in an increasingly confusing situation. It certainly ultimately results in sincere delusion. In the first part of the middle stage repression is the primary issue. More details about the denial system in another newsletter.

As the middle stage progresses damage due to the toxic effects of alcohol cause more brain and body dysfunction. Often the person describes the advanced experience of the middle stage as flu like symptoms. This is a fairly accurate description of what is going on physically. Depression

premature aging are just a few of the complications I have observed.

Many people do not agree that alcoholism is a disease, how do you handle that?

I don't; however, I do believe that most rational people do agree that the cost to the individual and to society is very high.

What about stress?

I recently saw a doctor on TV. When he was asked about stress and a disease he was discussing, I liked his response. He said when we don't have any idea of what the problem is we say it is either a virus or stress.

Isn't addiction a self-inflicted disease?

There I would have to defer to physicians I have known who state if they had to discharge all the patients that have a self-inflicted disease 90% of their patients would have to go home. Most diseases in this day and age are either caused or negatively affected by the patient's

starts to become a problem due to damage to the brain and chemical changes. Often suspiciousness becomes a problem. The person is starting to lose some of their cognitive abilities. Euphoric recall is almost certain to periodically be a problem. To those around the alcoholic this looks like lying but it isn't, it is delusion.

Physically the person is starting to have mild to moderate withdrawal symptoms. Often this is called a hangover, however, it is quite different because more alcohol or a drug will relieve the symptoms of withdrawal and this isn't true of a normal drinker with a hangover. They are finding that it takes more alcohol to produce relief but it takes less alcohol or other drugs to make them toxic (flu like symptoms). This is increasingly becoming a damned if you do and damned if you don't situation. The alcoholic will tend to alter their use and may become periodic. They have to adjust in some way to the advanced symptoms of their illness. At this point they no longer have the high energy like they did in the beginning. Some add street drugs, particularly uppers, at this point and because they have chronic flu like symptoms others add prescription drugs to their intake. Because their pattern has changed and may become periodic this stage of the illness often is not seen as a progression but is believed to be an improvement.

Late Stage

This is the stage of the illness when most people only start suspecting possible alcoholism. Rarely is it recognized in the earlier stages. They have periods of significant depression which may alternate with grandiose ideas. The alcoholism started causing mental illness in the last part of the middle stage and now there are very definitely more serious issues with their mental health. Periods of dementia are not uncommon; one of the possible reasons is that changes in the liver have resulted in a high ammonia level. Hallucinations and delirium tremens may be experienced.

Wernicke-Korsakoff Syndrome may be present at this point. You can find more out about this condition at:

http://www.alz.org/professionals_and_researchers_13509.asp

The alcoholic's physical condition has deteriorated to a dangerous level. They do not have to be elderly to experience this condition. The alcohol has become extremely toxic to them in very small doses. If they use a small amount of alcohol and a small amount of valium it can add up to a fatal dose. Small amounts of alcohol give them severe flu like symptoms and yet it takes large amounts of alcohol to give them any relief. At this point they are in a very difficult situation. Because at this stage of the illness they may drink only relatively small amounts it might be assumed the

life style, why single out addiction?

Next issue:

Codependency: What is it?

alcohol isn't why their physical condition is in such a serious decline. They now need medical attention in a hospital that is familiar with alcoholism detoxification and recovery.

The ability to heal has slowed almost to a stop.

During the eighties I worked with a psychologist that tested the patients for any psychological pathology and also for intelligence. He mentioned that those who relapsed and were administered a particular test that took ten minutes on vocabulary and ten minutes on abstract problems dropped significantly on the abstract problems side but changed very little on the vocabulary. Many of those that returned for treatment had only relapsed for a very short period of time. It tended to indicate that when they returned to alcohol use the stage of the illness they were in had advanced. It also demonstrated that if you only considered their vocabulary there had been little change; however, if you considered abstract thought a dramatic change had taken place.

One patient who went to treatment the first time at about age 30 was at 115 on the intelligence test. Her problem was periodic crack cocaine use. She also lost weight very fast when she started using. After a few years she was retested and her intelligence test rated her at 85. She was well aware of the change in her cognitive abilities and described it as terribly frustrating.

This is the stage of the illness where they are likely to be charged with a DUI. At this point parts of the brain are shrinking, the cognitive ability is significantly decreased, thinking is slowed and the ability of the body to respond has slowed severely. Some studies have indicated approximately 90% of the DUI charges happen as a result of these physical and mental changes.

If you understand that it takes less alcohol or other drugs to cause the person to be toxic as they move to the later stages and it takes more of the alcohol to provide any relief the rest of the symptoms will make sense.

Ernie

Antabuse: <http://alcoholism.about.com/od/meds/a/antabuse.htm>

Naltrexone: <http://alcoholism.about.com/od/meds/a/naltrexone.htm>