

The Psychological Implications of Abuse and Recovery

by Zach Whaley

The reality is that God created each of us as a unique human being, and each of us has a unique response, a unique experience, in everything that we do. Each person here right now is experiencing what is happening right now in his or her own special way, and the same thing is true with drugs. Even though I'm going to share with you symptoms and effects of various drugs, please keep in mind that each individual will experience drugs in his own way. What I'm going to be talking about is that in general most people will experience a certain thing when they use a drug.

Ingesting a drug is a behavior that results in alterations of the physical body, which then cause effects in the other four dimensions of the human being. I use the model of the whole person wheel that points out that we have five dimensions: physical body, intellect, behavior, emotions and spirit. When a drug is ingested into the physical body, it then affects every other dimension. We need to keep in mind that these five dimensions are all interactive: each one influences and is influenced by the other four. So it's pretty complex.

We could argue that thoughts, emotions and spirit actually triggered the behavior of ingesting the drug, but my purpose is to focus on how drugs affect people, not on what makes them get started. Also, I will not be focusing on why some people experiment with drugs and go on to other things and don't continue with them. Nor will I focus on why some people are able to use socially without getting addicted and why some people get addicted. I'm not here to talk about that; but rather, I'm here to talk about how people experience the effects of drugs in their body, in their life, and in their five dimensions.

There are three types of drugs: uppers, downers and hallucinogens. The uppers are drugs that stimulate; they make a person feel up. Downers sedate. They make a person feel down. And the hallucinogens are kind of a combination of uppers and downers and they just get people mixed up.

UPPERS

- Cocaine
- Amphetamines/Methamphetamine
- Ecstasy (also a hallucinogen)
- Dexedrine
- Ritalin
- Nicotine
- Caffeine

Some of the uppers that are abused are cocaine, amphetamines, and meth- amphetamines. Ecstasy is a new drug on the scene. It is an upper, but it is also a hallucinogen. It is a combination of an upper and a hallucinogen. Dexedrine and Ritalin are both legal drugs that are prescribed for weight loss. Today they're mainly prescribed for ADD and ADHD, but Ritalin, when used illegally, has become a drug of choice among college students in preparing for exams. Nicotine and caffeine are also uppers.

DOWNERS

- Alcohol
- Heroin and other opiates (Morphine, Codein, Percadan)
- Barbiturates
- Tranquilizers
- Rohypnol (date rape drug) (also a hallucinogen)
- Sleeping pills
- Pain killers

With downers, the first on the list is alcohol, the most commonly used and abused and one of the most destructive drugs out there. Then there's heroine and other opiates: morphine, codeine, percadan. Then there are barbiturates, mainly prescribed for sleep and tranquilizers and prescribed to reduce anxiety. Rohypnol is the date rape drug and that's also a hallucinogen. As Ecstasy is a combination upper and hallucinogen, Rohypnol is a combination downer and hallucinogen. Any kind of sleeping pill and any kind of painkiller fits in the category of downers.

HALLUCINOGENS

- LSD, Shrooms (mushrooms)
- PCP (animal tranquilizer)
- Marijuana, Hashish
- Rohypnol (date rape drug) (also a downer)
- Ecstasy (also an upper)

Under the hallucinogens there are LSD, PCP, marijuana, shrooms (a short way of saying mushrooms), the Rohypnol and the Ecstasy. Now I'm not trying to make you into pharmacists or physicians, I listed them above so that if you've heard of it, or if your kid is using one of these, then you would know what category it fits into.

Let's start with the physical ingestion of the drug. We're not going to talk about what precedes ingestion, like what kinds of attitudes, beliefs, or emotions lead to the ingestion. We're going to begin at the physical ingestion of drugs. Look at the [Physical Model of Addiction](#) below. Notice the arrows. The "up" arrow represents increasing stimulation. The "down" arrow is increasing sedation. The centerline is labeled the average tension level. We call it average tension level because, as we go through the day, the amount of tension in our body varies. You can prove this by taking your blood pressure every hour. You'll see that it fluctuates. Sometimes it's higher; sometimes it's lower. And as long as it remains in the general area around the average tension level, we hardly notice the fluctuations in tension.

Physical Model of Addiction

Stimulation

death-----

seizure-----

hallucinations-----

shakes-----

hyper-----

Average Tension Level

Sedation

euphoria-----

uncoordinated-----

sleep-----

coma-----

death-----

Key points of the physical model of addiction:

- Drugs affect our level of tension regardless of what else is going on in our lives.
 - Every mood-altering drug produces an opposite reaction, called the rebound or secondary effect.
 - Addiction occurs when a person takes drugs to reduce the physical effects of drugs previously taken.
-

Ingesting a Drug

If I were to ingest a downer, I'm going to come out of this average tension level and normal tension range and come down to euphoria. This is a feeling of goodness, that dreamy feeling just before you fall asleep. It's a really nice feeling. It's leveling. If I take enough of that downer, I would come down to the point where I'm uncoordinated, because the messengers from the brain to the muscles are slow. In sedation everything is slowed down: heart rate, blood pressure, and neurological activity. When I think, "Grab that pen," I might miss it because my muscles aren't reacting to what I want, because my brain isn't functioning well. It's sedated; it's slowed down. So uncoordinated people stagger when they walk, knock over things, crash into things with their cars and so on.

If they take more of a sedative, that brings them down to sleep. People go to sleep. They just fall asleep. They pass out wherever they are and in whatever they're doing. I've seen people at a bar asleep, asleep in the middle of a party, asleep while driving. They just fall asleep when they get enough sedation.

Then, if they get more sedated, it starts getting really dangerous, because people go into a coma wherein everything has slowed down to the point that the only thing left functioning in a coma is heartbeat and breathing. That's all we have going. Everything else is asleep; everything is stopped. And, of course, if they sedate beyond that, one of those things stops. They either stop breathing or their heart stops beating, and that's death. So sedatives can kill if they take enough of them.

Now with the uppers, the stimulants, we have the same situation in reverse. If people take a stimulant, they move out of this normal tension range up into a hyper range. Some people experience it as excitement, being bright, but some people experience it as being very agitated, very nervous, very irritated so they don't like the uppers. They'll stick with the downers. If a person takes more stimulants they could start shaking. The shakes may begin first on the inside and they just feel shaky on the inside, but then pretty soon they start shaking on the outside. Remember, everything is speeded up now. The heart rate is speeded up, the blood pressure is increased, and the brain activity is much more rapid. The brain starts firing neurons, and that makes somebody shake.

Then if they take more of these stimulants they can begin to hallucinate. The stimulant causes the brain to produce sensations that they normally experience through our senses by seeing something and having it register through their brain. With enough stimulants, something doesn't have to be there for them to see it. Their brain creates an image, and so they're hallucinating. Or, their brain creates a feeling like something crawling on their skin or in their body (tactile hallucinations).

If they continue to add stimulants, they can go into seizures. The effect is just like a grand mal seizure. If stimulation goes beyond that, then once again, there's death.

In general, that is what happens to people when they ingest a drug, an upper, a downer or a hallucinogen. So, that's basically how drugs affect people, and that's a very simplistic approach. I try to keep it simple so you don't have to learn the whole list of drugs. It is just uppers, downers and hallucinogens. Let's now look at all the dimensions of the whole person and what happens in each dimension when someone takes a drug.

Physical Effects of Drug Abuse

Generally, the uppers can produce shakes and make people feel jumpy. They're able to do things faster and stronger. They sense things quicker. Their senses are much more alert. This is why some athletes take uppers, because it helps them perform. In World War II, the Japanese gave uppers to their pilots so they would be much more alert. With a person on uppers, their eyes will sparkle; they're just bright! The heart rate goes up and the blood pressure goes up, but there's also organ damage. With uppers there can be a massive heart attack. If the blood pressure is increasing, the heart rate is increasing and people are doing things that really test their strength and their endurance. They'll go on and on and on for days without sleep. This can cause a heart attack. There have been cases where people would take cocaine and have a heart attack. So there can be major organ damage, primarily to the heart for people who use uppers regularly. Downers affect the physical dimension differently. Remember, they make you sleepy, they decrease coordination, and they decrease our sensory mechanisms. For example, with an old alcoholic you'll find a lot of them have burns on their fingers because their fingers don't feel anymore. They smoke a cigarette down to a point where it burns their fingers. Alcohol, for example, destroys nerve cells and, generally, it looks like we can't reproduce them. But research is beginning to show that with certain nerves and in some instances, we can reproduce them. But

also physically people on a downer will frequently be unkempt; they don't take good care of themselves. Downers decrease pain.

There's also major organ damage. Alcohol is one of the most dangerous drugs that we have; all organs that use blood are damaged, because the alcohol is carried in the blood. We measure blood alcohol concentration to see if somebody's driving drunk. We have alcohol in the blood, so alcohol is delivered to every organ that uses blood. That's just about every organ, isn't it? The brain is a big user of blood, so alcohol destroys a lot of brain cells. The liver is a big user of blood, so it gets cirrhosis of the liver. Any part of the body that processes food and waste, in other words, every organ from one end to the other end is irritated and inflamed and can become seriously damaged by the alcohol.

Marijuana, we're discovering, produces brain damage. Tobacco and marijuana damage the lungs. Researchers say that one marijuana cigarette creates about the same damage as three to five tobacco cigarettes. Pretty soon the lungs can't take in the air.

Emotional Effects of Drug Use

With the uppers, people can get very angry. They can also get very fearful and paranoid. If you're with people who are really high on methamphetamines or something like that, you don't want to startle them, you don't want to move fast around them. In fact, if you're going to get up and go from here to there, you tell them; "Hey, I'm going to get up and go over here," because they get really paranoid. You don't want to scare them. Remember, they have a lot of energy, and that energy has to go someplace. A lot of time it goes into attacking somebody. So they startle easily, are paranoid, and have a lot of anger. They also have a lot of the good feelings, excitement and elation.

Then with the downers, emotionally a lot of people get sad. You've heard of people with a crying jag; they drink alcohol and they just cry. Also people can get mad when they're using downers and they can get very happy, laughing and having fun and that kind of thing. Also, their emotions are very uninhibited, they don't exercise much control over their emotions. Whatever emotions they are experiencing, you're aware of them because they're not hiding them.

With the hallucinogens, emotions are mixed. Remember, it's kind of a mixture between uppers and downers. It's a mixed bag of emotions. Marijuana will make people feel really mellow, just kind of calm, but it will also make them silly, giggly, laughing. PCP, on the other hand, can make people really wild, unpredictable, ready to jump out of a second-story window. Those kinds of things people can do from the emotions that come with PCP.

Intellectual Effects of Drug Use

For all drug users, their intellect is affected. Generally, they make poor decisions because of poor decision-making processes. They're involved in rationalization and denial. When I was a smoker, I used to say, "I really don't have to worry, because by the time I'm ready to get cancer, they'll have a cure for it." And so I just continued smoking. That was my denial. Also, drug users are into blaming. They don't take responsibility for what happens to them. They blame other people for what they're experiencing in life. Also, they are excusing their own behavior. They're constantly making excuses: "Well, you don't understand, I was having a bad day and therefore you have to accept what I did."

Lying

People say to me, "Gee, Zach, the one thing I can't stand is all the lying." And I say, "That's the least of all your worries." As long as a person is addicted he has to lie. You cannot tell the truth and maintain an addiction. Lying is part of addiction. You deal with the addiction, and then you can deal with the lying. In the Alcoholics Anonymous *Big Book*, they say rarely have they found

anybody that could not recover following the Twelve Steps. But there are a few who are so incapable of being truthful that they can't recover. So, lying is part of addiction. But lying can't be dealt with until the addiction is dealt with.

The mind is almost constantly focused on the next dose. There was a time in my life when I drank a lot. When we were living in Virginia, there were dry counties and wet counties. Whenever we were going to go someplace for dinner, our first thought was to find a county where you can drink. It wasn't about a nice restaurant, good food, or what kind of food to eat; we wanted to go where you could drink. In planning a vacation, my first thought was: How many cigarettes do I need to bring along? How much alcohol are we going to bring along? Are we going to bring gin or scotch? Ensuring the supply is the first thought of a person who is abusing drugs and alcohol. Also, one's ideas of morality are lowered. People find themselves hanging out in places where they never thought they would ever be comfortable. They find themselves hanging out with and interacting with people that at one time they would have sworn they would never be comfortable with. They just keep going down hill.

With the uppers, they think they are powerful and omnipotent. With the downers, their brain is really slow. People say, "I want to talk to this person who is drunk." And I say, "Why bother? You can't talk to somebody whose brain is asleep." And basically that's what happens. The alcohol goes to the frontal lobe immediately and starts putting it to sleep. So would you carry on a conversation with somebody who's lying there asleep? No, just because this person is sitting there with his eyes open doesn't mean he's awake if he's on downers.

The Effect of Downers on Memory

Downers decrease attentiveness. There are two aspects to that. One is the short-term memory, where they'll tell a joke and then a half hour later tell the same joke and then an hour later the same joke or the same story, because they don't remember having told it previously. Then there is the amnesia experience that we call a "blackout," where people will wake up the next day and have no recollection of anything they did the night before. I knew a man once who was in recovery from alcoholism for many months and he was going fishing in northern Virginia. As he was driving up to a fishing lake, he stopped at a little country store to get some food; but he walked out with a six-pack of beer. He had no intention of doing that consciously, but he did it. He came to six months later in Louisiana. He had no recollection of anything since the time he walked out of that store with a six-pack of beer. That's a blackout. Alcoholics think nothing of that. They say, "Well, yeah, I don't remember, but tell me how much fun I had last night" kind of thing. They have no recollection, and they don't see a big problem with it.

Intellectually, people who use hallucinogens, especially PCP and LSD, can act and be psychotic. With marijuana there's the a-motivational syndrome; in other words they lose motivation. I find a marijuana user one of the most difficult people to work with in recovery. Also marijuana affects their memory their ability to be attentive. In fact, attentiveness and memory are affected abuse is stopped. Recent studies showed that 24 hours after people were no longer high their ability to attend and to remember things was impaired.

Behavioral Consequences

Most behavior of people abusing alcohol and drugs is self-serving. Their behavior is out of control. They'll do anything to get the next dose, whether it's heroine, alcohol, marijuana, or whatever. Whatever they have to do to get the next dose, that's what their behavior is oriented toward. And here again, they'll behave in ways morally that are way below what they thought they would ever do. Uppers can make people attack others and make them very impulsive; they'll just do things at the spur of the moment. Downers can make people aggressive because it depresses their inhibitions. If they don't like somebody or they are mad at somebody, they can be aggressive. Also, they can be behaviorally uncoordinated. With hallucinogens, their behavior is unpredictable. With marijuana their behavior is sedated, it's slow. With PCP it's very wild. All

three—uppers, downers and hallucinogens—can make people act wild, but each one reacts differently for a different reason. The uppers will make people act wild because they have so much energy. The downers will make people act wild because it takes away their inhibitions. The hallucinogens will make people act wild because their brain is going crazy.

Effect of Drugs on Spirituality

Generally, people will turn away from God when they use drugs. Drug abuse gives Satan a foothold. Satan can find his way into people's lives. There's a denial of personal responsibility. I see that as a spiritual issue as well as an intellectual issue. They are seeking a god who will make them feel good. Since the drug makes them feel good, the drug is their god. It's like an idol. They feel alienated from God.

Social Effect of Drugs

People who are abusing drugs are generally isolated and alienated. They don't think they are, because they have their drug buddies, their drinking buddies, the people they do it with. But in just about every case where somebody quits, his or her old buddies didn't miss a lick. They just kept right on with their life. They paid no attention to this person. If he would come around, they would try to get him to use again. So even though they'll use the drugs with other people, it's basically an isolating experience. People turn inward when they're using drugs because it's a very personal and a very isolating experience. They can also become lonely as a result of this.

Socially, they will use people in order to get their drugs. The commitment to drugs replaces a commitment to people; so people that they have a commitment to, like spouses, children and so on, take second or third or fourth priority to the drugs. Obviously that affects social relationships. They also get involved in legal problems, because most drug abuse is illegal. They can also get involved in legal problems with alcohol, which is legal, because it causes people to act in ways that get them in trouble with the law. So oftentimes they have legal problems.

They also have work problems. They don't get to work on time, or sometimes they don't get to work at all. Or, they get to work and they're manifesting some of these symptoms that I've already mentioned, maybe becoming overly aggressive with a customer or that kind of thing.

They will very often (I don't know how to put this without sounding bigoted) drift downward on the social scale. They'll often start hanging out with a lower class of people than they normally would fit in with. Remember what I said at the very beginning? Each person experiences it in his or her own unique way. I'm giving you broad generalities as to how most people experience them. But you can't take what I've said and look at a specific individual and say, "That's what he's experiencing" because each person's unique.

Recovery

The first thing that happens is withdrawal. The person who has been using a drug stops using. So what happens? Let's take an example here of this person who took some sedative drugs and was uncoordinated. Pretty soon the liver goes to work and starts getting rid of that drug. So the effect of the drug wears off and the user returns to the average tension level. But it doesn't stop there. There is a rebound, or secondary drug effect, and he will jump from the sedated to the stimulated area on our diagram. So the withdrawal from a sedative drug is to be stimulated. The withdrawal from a stimulant drug is to be sedated. So a person who is using speed and goes for three days without sleep now is going to crash and maybe sleep for three days.

A person who has been using a downer and then stops using is going to be stimulated, very hyper, very irritable, very easily irritated and that kind of thing. He's going to have difficulty sleeping. A noise down the block will wake him up because he just can't get into that deep sleep because his body is up in the stimulated area on the graph. The rebound is longer than the initial

effect. With alcohol, I think it's like three to five hours of rebound for each hour of sedation. But with Valium, for example, it's more like 30 to one. So the rebound lasts a whole lot longer. If you understand what the drug effects are, then you understand what the withdrawal is going to be. So in the physical dimension, with uppers, they're going to be very tired, sleepy, and oftentimes have headaches. With withdrawal from downers, they'll be shaky, unable to sleep, and very restless. With hallucinogens, they'll be mainly tired. But all of them during recovery need nutrition, they need sleep and they need medical attention because they have not been taking care of themselves plus they've been abusing their bodies. So they need a good physical exam, and they may need medical attention. For example, with alcoholics they need their teeth fixed, all kinds of medical things because the alcohol kills the pain. And when you stop taking the alcohol, all of a sudden everything starts hurting.

Behaviorally, they need to stop taking the drug. They also need to do healthy things – eat right, exercise, sleep, and clean up.

Emotionally, they need the peace that passes all understanding, because with the uppers, emotionally they're going to be extremely depressed. This is what makes it so difficult to help cocaine addicts. I've always been against the use of drugs to help somebody get off drugs; but with cocaine addicts I think it's ok to give them antidepressants, because that deep depression in rebound really pulls them back into drug use.

Intellectually, they will have the same habits of rationalizing, excusing, denying, and lying; and they have to change that. They have to be renewed in the attitude of their mind. They have to change from rationalization to logic, from excuses to responsibility, from denial to acceptance and confession and from lies to truth. They need the attitude that pain is useful information, not something to be avoided.

Socially, they need to get rid of their old friends and get new friends. Twelve step programs are a good source of new friends who will be supportive of their recovery. They need to work things out with the employer, the law, and anyone they have hurt. They need to pay their debts and make amends.

Spiritually, they need to claim power in Christ: "I can do everything through Him who strengthens me." "There is no condemnation for those who are in Christ." They need to confess their sins. They need to put off the old, put on the new, and be renewed in the attitude of their mind. They need to turn their life and will over to the care of God, and they need to improve their conscious contact with God. They need a daily quiet time to prepare for the day and another to take stock at the end of the day.

Now, in the recovery process, you have to keep in mind that while they're trying to do all these things, their body, mind, emotions and natural spirit are demanding the drug. When they're in withdrawal, they know that they can stop this bad feeling just by taking their drug. Never mind that the drug caused it in the first place, they think the drug will make them feel better now. And the reality is that this just starts them over again. If a downer-user takes a drug to relieve the rebound, first he has to take enough to overcome the rebound, and then more to get sedated, and that just starts the whole addictive process again. And some day he's going to have to just stop.

For more information about Zach Whaley, go to www.zachwhaley.com .