

The Complexity of Substance Abuse and Society's Bias: Understanding the Science of Addiction and Need for Societal Connectedness as a Means for Healthy Recovery

Christopher Shea*

Department of Counseling and Psychology, McDaniel College, USA

***Corresponding Author:** Christopher Shea, Department of Counseling and Psychology, McDaniel College, USA.

Received: January 25, 2022; **Published:** January 31, 2022

As a disease, substance dependency (addiction) finds its origin in past trauma. Understanding that people struggling with addiction as a disease and are most likely victims of trauma, maybe we can be compassionate towards them. Recovery is possible if we treat the root of the disease, not just the symptoms.

Through my almost three decades of working with clients who struggle with trauma and addiction for their freedom through recovery I have learned that more often than not, they are also running from past life memories of traumatic experiences. They lack strong and healthy coping skills, therefore turning to avoidance rather than dealing with life's issues head-on.

The National Institutes of Health (NIH) report that more than a third of adolescents with a report of abuse or neglect will have a substance use disorder before they reach their 18th birthday (Behavioural consequences of child abuse). The reality of trauma is that it can come from anywhere and manifest in a variety of physical and psychological symptoms.

What do I mean by the word trauma? When a person fears for their safety, experiences intense pain, or witnesses a violent act, that person can be described as having experienced trauma. Levels of resiliency vary from person to person, so reactions to traumatic events are similarly varied. Although frightening experiences impact people at any age, adults will generally be more likely to manage through the trauma than children will be, assuming they have learned healthy coping skills.

Too many in our society continue in their errant thinking that addiction is a choice or a moral failing, despite the medical and scientific evidence to the contrary. Since 1957 the American Medical Association classified alcoholism as a medical disease "not unlike any other medical disease". Yet how often do we treat people diagnosed with addiction with the same care and compassion we do people diagnosed with cancer or heart failure?

Understanding and grasping the concept that addiction has its roots in trauma, that there's a connection between trauma and addiction, takes away judgment. Who would judge a child as guilty of causing their own physical or sexual abuse? Children raised in poverty and illness, not feeling safe, settled or loved; do we judge them as guilty and ask why they chose that lifestyle? Of course not!

So, if we understand and accept the connection between the experiences of these children and their later adulthood addiction, why do we now judge them? Are not their adult thoughts and feelings shaped from their childhood? Are not yours? If we agree that a child's condition is not their choice, then we need to understand that that same child, now an adult, is making choices in life based on their childhood

experiences and learning. If they were never taught healthy coping skills, or if they had to teach themselves how to cope, that influences their adult coping decisions. We don't judge the child; therefore, we are not to judge the later adult's childhood influences.

The connection between trauma and addiction is one of the reasons I continue to advocate for treating the core root of one's substance dependence rather than simply alleviating the symptoms. Using money in an attempt to fix the ills of our society may curb some of the drug and alcohol use, but if we don't teach the person to cope with daily living, healthily, then regardless of how society changes, they'll continue to suffer in their addiction. Societal change needs to happen, but what I'm positing is that we need to look beyond the apparent surface reasons of a person's substance use to find the deeper rooted issues driving that person into escapism.

Sometimes, years of self-medicating through drugs and alcohol have effectively dulled the memory of trauma. A person who has suppressed or ignored traumatic experiences may work very hard to get and stay sober, only to find other addictive behaviors eventually replacing the drugs and alcohol. Acknowledging that trauma exists, and so treating that trauma takes away the "need" for their addictive behaviors.

Substance abuse is often used as a coping mechanism to deal with painful memories associated with childhood. Using drugs and alcohol is also a way to deal with feelings of loneliness and isolation, to improve a sense of self-worth, and to cope with untreated mental health issues such as PTSD, depression, and anxiety. When we view a person who is addicted from the perspective that they are victims diagnosed with a medical illness, then we'll treat them with the care and compassion necessary for the encouragement and hope of healing and recovery.

It appears to be human nature for us to want to find a reason, cause, or person to blame for something that has happened to us or to a loved one. Think of how easy it is for us to throw blame around when we are caught practically red-handed in an act. How and when did we learn this?

The blame game has been with us since our earliest days of childhood. As a child, we tried an excuse that someone else made me do it, attempting to determine the efficacy of that excuse. This experiential theory had varying success, yet any time that it worked we learned that blaming was a viable excuse. As we've grown into adulthood many of us continue to use this learned effective cognitive modality.

Many of my clients desire to discover who is to blame for who they are today. They are convinced that if they find out which parent or sibling created their current negative thoughts or behaviors then somehow magically all will be well. Yet this isn't the case, for knowledge alone of the past does not engender healthy cognitive or behavioral change in the present, so I don't allow my clients to go down this path.

When my clients, or even ourselves, wish to find someone in the past to blame for our current situation all that we are doing is avoiding our present responsibility and actions to make a change today. Even if there were someone from our past legitimately responsible and whom we could blame, how would that effectively change who I am today? All that does is to serve as knowledge but doesn't give me an action to do that will change how I feel or act today.

Therefore, I stay away from the blame game in all situations as it serves no purpose in the present but only to educate us about the past. So even if a client's parents were to blame for their current situation it is still up to the client themselves to make the necessary changes which will create healthy and peace-filled lives. This same societal desire at the blame game when it comes to addiction and the opioid epidemic ends similarly as it does with my clients. Knowledge alone does not provide us with present action steps for change.

Over the past couple of decades, I've worked with thousands of people who are addicted to drugs and alcohol, guiding them into lives of recovery. Each of them needed to work on their present lives and to make changes in the present so that their recovery will be a daily way of life. Blaming their families, communities, doctors, or pharmaceutical companies only serves to focus our anger away from the ac-

tion steps which need to be accomplished in the present moment. At this moment we need to take action and make changes as a society or else this opioid epidemic will not end.

I don't write this out of a naive ignorance to the societal factors and big business practices which led to the epidemic and opioid overdose deaths we are encountering today. I can make a very long list of whom I would blame for this opioid epidemic, but as previously stated, what's the point? What we need right now are present moment solutions and actions to ensure that this epidemic does not become a generational epidemic.

I suggest that the first change which needs to be made is a philosophical shift in how we as individuals and society think of addiction. Many in society do not believe that addiction is a disease unlike any other mental health or medical disease. Their blaming the person with the addiction only serves as a moral judgment on a person's character. Yet if that same person were to suffer from any other chronic medical disease they would receive the proper care without question and without judgment.

Allow me a moment to use an analogy between the treatment of a person suffering from a medical disease, i.e. heart disease, and another person suffering from a medical disease, i.e. substance addiction.

When a person suffers a heart attack, they are rushed to the ER for immediate care, as they should. Once stabilized, the doctor provides the patient with a treatment plan of life changes: take your medicine, change your diet, exercise, avoid stress. The patient is informed that if they choose not to follow these directions, they may have another heart attack (a relapse).

But unfortunately, it's not easy to make a lifestyle change, and eventually they start to falter a bit, not doing what the doctor advised. Their choice to stop doing what they were told leads to another heart attack and another trip to the ER. The process is repeated time after time with no stigma placed on the person, and very little blame placed upon for the multiple relapses. As a society, we give them a pass since they have a disease, understanding that making a lifestyle change isn't easy.

A person who overdoses on narcotics is also rushed to the hospital, treated, and upon stabilization, are told before discharge that to avoid another overdose, they need to make some lifestyle changes: stop using drugs, see a counselor, go to support meetings. They are advised that if they don't, they risk another overdose. These instructions are not that different from the heart attack victim. And both patients are told that their choice to follow or not follow the directives of the doctor will positively or negatively affect their outcome.

Yet, if the person again overdoses, they will be stigmatized, lectured, and over time, banned from treatment facilities for "non-compliance".

Both patients were admitted to an ER, both were medically treated, both were given treatment plans for lifestyle change, and both informed that failure to make those life changes could result in a relapse. Why the difference!?! This societal attitude must change!

The key for this societal cognitive change is social connectedness. Social connectedness is that which holds us, as a society, together in support of each other. We function as a group of individuals in our ability to sense and believe in social connectedness. But what happens when I lose that sense of connectedness? What happens when society chooses not to allow some people to regain their connectedness?

Social connectedness is an issue I've seen during the past 27 years I've witnessed the disease of addiction manifest itself in many people, thousands probably. The textbooks and courses I studied were beneficial in theory. Yet those with whom I counseled taught me everything about what addiction truly means. They taught me why they're addicted, what makes it so challenging to live a life of recovery, and why is it so difficult to stop doing what they're doing.

Through the years many people have questioned me “why don’t they just stop?” Let’s think through this question for a moment. Of the thousands of people that I’ve dealt with who suffer from this disease of addiction no one, I mean no one, ever said to me that their life goal was to one day be addicted to a substance. No client ever told me that they loved the life they were leading while in their active addiction.

Everyone, at one point or another during treatment, would reveal to me that they do want to stop and that they’ve tried multiple times to stop. But something was blocking them from stopping. If this were a simple case of willpower alone, don’t you think that at some point in their life a client thought to themselves, “maybe I should just stop”. Of course they did!

Regardless of your personal view about addiction, it has been classified as a medical disease. In 1957 the American Medical Association classified addiction as a disease “not unlike any other medical disease”. For some reason that classification didn’t take hold in our society or even the totality of medical and clinical professionals. Scientific research has demonstrated the validity of the disease of addiction. Just because someone believes that addiction is a willpower or moral issue doesn’t negate the scientific evidence.

Not only has the medical definition of addiction stood the test of time, but the definition of 1957 has also been reaffirmed by modern science. There’s a large body of research evidence conducted within the last couple of decades explaining the chemical changes in the body and the chemical changes in the brain occurring to those suffering from this disease. Since there are biological and physical changes and adaptations as a direct result of a person’s addiction, then the addiction is a medical disease not unlike any other medical disease. Conditions causing bodily adaptations and neurologic changes are hardly a force of willpower.

Evolving from the unfortunate belief of the willpower of addiction, complicated by the illegality of drugs, society tends to treat those with addiction as “less than”. Society stigmatizes and so isolates the person, their actions, and even their attempts at recovery. We end up treating people suffering from this medical disease by penalizing them, throwing them into the judicial system, and kicking them out of treatment programs for failures and relapses.

But recall, we are doing this to people suffering from a disease not unlike any other medical disease! (AMA, 1957).

A reason people tend to use drugs or alcohol in an addictive manner is that they don’t feel connected to society, family, or others. Therefore, we as professionals and a society need to guide them back into a feeling of connectedness in a healthy way.

We need to reconnect them to society, family, friends, and support groups. Yet what we as a society tend to do is continue the reality of the feeling of disconnection. We place them outside of society through stigmatization, incarceration, refusing them treatment, making it difficult to obtain employment while in active recovery. As such, that lack of connectedness is reinforced, and supportive recovery stunted.

Those who, in active addiction, are picked up by law enforcement on drug charges now have a felony record. When released from jail and attempting to make a change in life, they find out quickly that most employers won’t hire a person with a felony charge. So much for the attempt at being a productive member of society. Once again, the person, now in recovery, is stigmatized and disconnected from society. Recall that both of these factors are contributors to relapse.

Our current societal approach to addiction and it’s treatment is not working. Social connectedness is essential to the bringing about a healthy, productive recovery. This requires a societal change in attitude and action. If we tackle this opioid epidemic in light of its medical and mental health status we will turn this around and as a society, we will reap the rewards of a healthy populace. Are we willing to make this change?

Volume 11 Issue 2 February 2022

©All rights reserved by Christopher Shea.