Compulsive Behaviors: Crossing The Line To Addiction

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Substance Abuse

- A leading cause of morbidity, mortality, and health spending in US.
- Abuse commonly begins as an adolescent
- Earlier onset leads to greater severity
- Principal characteristics of addictions:
  - Generate craving
  - Produce discomfort with withdrawal.
- Addicts have preferences for one substance over another
- Impaired self-regulation and impulse control,
- Substitute for coping strategies in dealing with both stress
- Addicts tend to have higher-than-normal capacity for such drugs.
Compulsion

- Compulsion is similar to addiction.
  - Based on dependency, needs, desires.
  - May include physiological symptoms and feelings (withdrawal, satiation).
  - Does not alter neurological pathways.
- Recreational and social use of drugs and alcohol and may sometimes be stopped with no lasting or harmful consequences.
  - Marijuana, cocaine, alcohol
Addiction

- Addiction is a medical term
  - Includes compulsions, obsessions, loss of control
  - Continuance of behavior despite consequences
  - Altered neurological pathways and brain chemistry
- Withdrawal symptoms often significant
  - Seizures, GI problems, heart palpitations, blood pressure changes, disturbed memory and concentration
- Physical vs. Mental addiction
Brain Chemistry And Addiction

- Prefrontal cortex function is associated with impulse control.
- Dopamine is a main key to motivation and impulse.
- Different motivational stimuli increase dopamine in the brain.
  - Addictive drugs: nicotine, alcohol, cocaine, amphetamine, opiates, cannabis
  - natural rewards: food, sex, resources
  - reward-related situations: video-games
  - stressful stimuli
- Repeated drug induced dopamine release changes brain pathways, expression of genes, and cellular structure.
Dopamine And Change

- Drug induced dopamine release
  - May cause a stronger drive towards a reward the more a reward is experienced
  - Over time may selectively narrow an individual’s motivation and drive
- Develop hypersensitive dopamine receptors that overreact to a variety of drugs of abuse
Chicken Or Egg?

- The vast majority of adults with addiction problems have unaddressed and undisclosed traumatic episodes.
- The addiction is often secondary to the mental health issues.
- If we do not help them feel they can survive sobriety, they will continue to use.
Compulsion And Mental Health

- Addictive behaviors and substance abuse are more common in adults with:
  - schizophrenia, major affective disorders, antisocial and borderline personality disorders, anxiety depression.
- Disturbances in reward motivation and substance use disorder comorbidity are associated with impulsivity.
- All addictions may induce feelings of shame, guilt, hopelessness, and feelings of failure.
Risk Factors

- Addictive disorders are determined by
  - Amount of substance intake
  - Propensity to addiction
- Genetic and neurobiological factors may determine individual sensitivity to addictive substances.
  - May determine the difference between use and abuse
Risk Factors

- Impulsive behaviors: increased novelty seeking or poor decision making.
- Cultural, peer, and family influences contribute to drug availability and substance experimentation
  - Poor family bonding
  - Peer drug use
  - Being bullied
- Low self esteem
- Depression
I'm NOT an Alcoholic
I have a low tolerance to being
SOBER
(like a full on allergy, man!)

www.yearoflivingsober.com
Alcoholism

- Almost half adult alcoholics experience symptoms by age 19. \( \frac{3}{4} \) of all alcoholics begin before age 30

- Characterized by
  - loss of control over consumption
  - obsessional thoughts about the next drink
  - continuation of use despite knowledge of negative health and social consequences
Reward vs. Relief

- Addictive pathways not as clear as other drug
  - Widespread effects in brain
  - Acts at a variety of locations

- Reward
  - Alcohol activates brain reward pathways
  - Positively reinforces alcohol seeking and use

- Relief
  - Alcohol can suppress negative emotions
    - Stress, withdrawal symptoms, anxiety, dysphoria
  - Negatively reinforces alcohol use
let's put the fun back into my functional alcoholism
Functional Alcoholism

- Manifests and/or progresses differently
- Less likely to feel that they need treatment or help for their alcoholism and often go undiagnosed.
- Denial
- Drinking Habits
  - One drink causes craving
  - Obsess about next drink
  - Personality changes/compromised morals while drinking
  - Repeated negative behavior
- Experience few losses or consequences from their drinking.
Gambling

- Different levels of gambling
  - How much does it affect one’s life? (gambling, problem gambling, pathological gambling)

- Rewards
  - Financial (winning money),
  - Physiological (adrenaline rush)
  - Psychological (increased self esteem)
  - Social (peer praise)

- Gambling disorders are often comorbid with other mental health and substance use disorders
Gambling

- Some pathological gamblers have lower levels of norepinephrine than normal gamblers.
- Problem gamblers tend to risk money on fast-paced games (poker, slot machines).
- Many forms of virtual money used (chips, tokens, e-cash, or smart cards)
  - Disguise the true value
  - Virtual winnings often quickly re-gambled
ADDITION
When one cookie is never enough
i don't always eat cookies

but when i do, i eat them in a horrifying violent manner
Eating

- Hunger and craving often as confusing as want vs. need
- Studies suggest the mere sight and scent of certain foods trigger the release of dopamine.
- Foods high in fat and sugar cause the release of opioids
  - Dull pain
  - Euphoria
This Is Your Brain On A Diet

- Yoyo dieting: extreme restriction followed by high sugar and fat filled consumption
  - May change brain chemistry
  - Encourages binging behavior at the neurological level
  - Creates dopamine and opioid sensitization
    - Similar to other addictions
Sexual addiction: compulsive sexual behaviors: hypersexuality: excessive sexual desire disorder. Terms are not found in DSM-IV.

- The inability to control sexual impulses
  - Continued engagement in behaviors despite negative consequences

- No standard diagnostics yet

- Psychological rewards
  - Escape emotional or physical pain
  - Coping with life stressors

- An association with histories of sexual abuse
Sexual Subtypes

- Paraphilic behaviors are considered to be outside of the typical range of sexual behaviors.
  - Exhibitionism, voyeurism, pedophilia, sexual masochism, sexual sadism, transvestic fetishism, fetishism, and frotterurism.
- Non-paraphilic behaviors are commonly available sexual practices,
  - Strip clubs, compulsive masturbation, paying for sex through prostitution, excessive use of pornography, and repeated engagement in extramarital affairs.
Treatment

- Withdrawal from the problem substance/activity
- Counseling and cognitive behavioral therapy are important elements of treatment.
  - Used to help patients identify, avoid, and cope with situations in which they are most likely to abuse drugs or activities.
- Responsibility for change must be placed on the individual
- With some cases such as sexual compulsions, unless patients present specifically for treatment of this disorder, they are not likely to discuss it
12 Step Programs

- A social network is very important in changing behavior
- AA
- Gamblers Anonymous
Limits Of Typical Treatment

- Traditional drug treatment programs are not recommended for those with mental illness:
  - Fragmented and uncoordinated services
  - Heavy confrontation
  - Emotional jolting
  - Discouragement of medication use
- May produce stress levels which exacerbate symptoms or cause relapse.
Barriers To Integrated Treatment

- Separate treatment systems for drug use and mental illness
  - Neither with adequate services to address both
- Bias against using medication for drug-users
- Lack of services in criminal justice system
  - 45% of inmates are estimated to have a mental health problem co morbid with drug abuse/addiction.
Ugh, I hate it when I’m at the beach and I get grit in my teeth.

Maybe you should just stop eating sand.

Oh, right, like it’s THAT easy.
Why Get Sober?

- To let go of addiction is unthinkable, as it helps to manage underlying fear and terror.
- Letting go of their addiction increases their fear and anxiety.
- There is no upside for them.
Facilitating Change

- People change when they want it badly enough and when they feel strong enough to face the challenge, not when they're humiliated or coerced.
Offer An Upside

- It is the relationships that we help support, encourage, offer, and facilitate that make the difference.

- None of this work can be done with a remote hope of success that is not done in the context of a relationship.
Is There A Relapse Plan?

- Relapse is a predictable part of the process.
- It needs to be discussed.
- Little successes add up
- Abstinence-only thinking has given way to more flexibility.
- Addictions change the brain in ways that can take a long time to undo.
- Coping plan for triggers needed.
Discussion point

- Once an addict, always an addict?
Resources


- Psychiatry (Edgmont). 2006 November; 3(11): 51–58. PMCID: PMC2945841 Understanding and Managing Compulsive Sexual Behaviors. Timothy W. Fong, MD

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