

DRUG USE: A Disease of the Feelings*

CHARACTERISTICS:

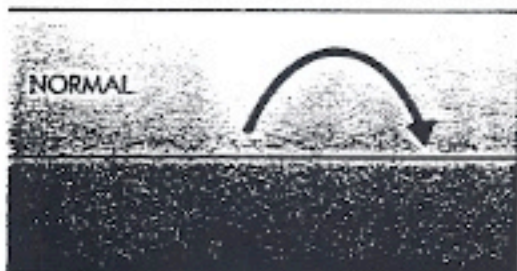
1. Primary — Drug use is the source of symptoms, and not a symptom.
2. Chronic — Drug use on-going and non-curable.
3. Progressive — Drug use becomes progressively worse in four stages.
4. Terminal — Drug use is the leading cause of death among teens.

FOUR STAGES:

Stage 1. Learning the Mood Swing. Beginning users learn that they can change their feelings by using chemicals.

LEARNING THE MOOD SWING

EUPHORIA



Drugs — Alcohol, pot, inhalants. Used at "parties" as a result of peer pressure on weekends. Drugs are given, not purchased. Low tolerance makes it easier to "get high."

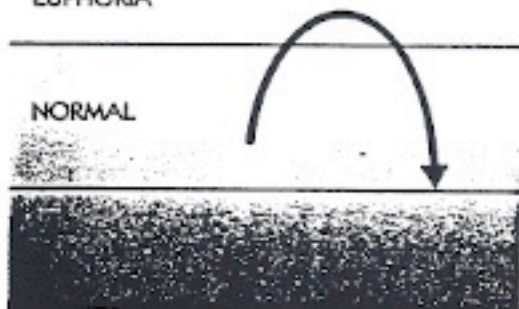
Behavior — No detectable change in behavior. Lying is moderate, "after the fact."

Feelings — Feels good with few consequences.

Stage 2. Seeking the Mood Swing. Having learned that drugs produce good feelings, they start to actively seek these feelings by planned use of drugs.

SEEKING THE MOOD SWING

EUPHORIA



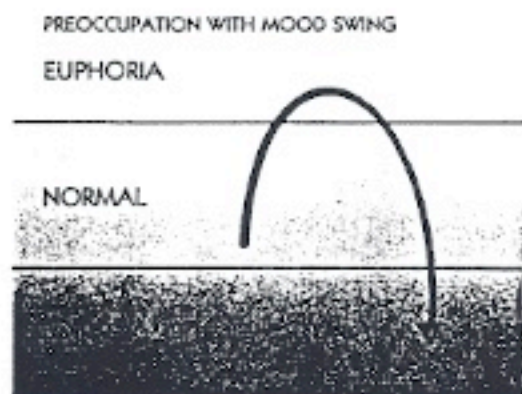
Drugs — Alcohol, pot, cocaine, inhalants, hash, hash oil, Tai stick and pills: "Ups" and "Downs." Planned use involves buying drugs and later solitary use. Tolerance increases. Use progresses from weekends to week nights and then to week days before, during, and after school. Use progresses from choice to necessity.

Behavior — Beginning of dual life. Changes in dress, friends; behavior becomes withdrawn and moody. Pride in "handling" drug use. Beginning of aggressive anger and "conning." Hobbies and extra curricular interests are dropped. School grades begin to decline, followed by a temporary improvement, first "blackouts" occur. Slang language and beginning of verbal abuse.

Feelings — Experiences euphoric highs and mild discomfort when coming down. First experiences losses as a result of drug use.

*Adapted from I'll Quit Tomorrow
by Vernon Johnson.

Stage 3. Preoccupation with Mood Swing. Now "getting high" becomes the sole obsession and preoccupation of the child's life. Use becomes compulsive. They may want to stop but are unable to as they experience a loss of control.

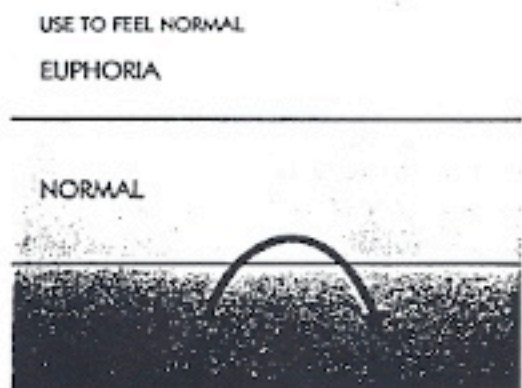


Drugs — All drugs cited above plus harder drugs; Mushrooms, PCP, PHP, LSD, Opium. The amount of drugs used increases due to high tolerance, resulting in higher costs. Use is daily. Solitary use is increasing. Always "gets high." Attempts to "cut down" or stop usage and cannot. Overdose and flashbacks first occur.

Behavior — Due to the preoccupation with "getting high," behavior worsens. Drug-free friends are dropped. Open identification as a "druggie." Lying becomes pathological. Stealing and dealing supports increased costs. Failure at school due to "being high" in class and chronic "skipping" results in "dropping out." Police incidents occur. Jobs lost. Fighting with family (verbally and physically) is chronic. Running away occurs. Chronic cough begins.

Feelings — Desperate preoccupation with "getting high" controls life for the child. It is progressively more difficult to "get high" because of increased tolerance and higher costs. Feels distress when not high. The backswing into pain occurs during this stage due to guilt and shame over "things done under the influence" of drugs. This results in progressive loss of self-worth. Rationalizes, justifies and minimizes to suppress feelings. Suicidal thoughts occur.

Stage 4. Use to Feel Normal. The child now begins each day in pain and must use drugs "just to feel normal."



Drugs — All the drugs cited above plus possible "shooting up." Uses constantly. Tolerance very high resulting in very high costs. They now have no control over use. Cannot distinguish between being "normal" and being "stoned." "Overdose" occurs frequently.

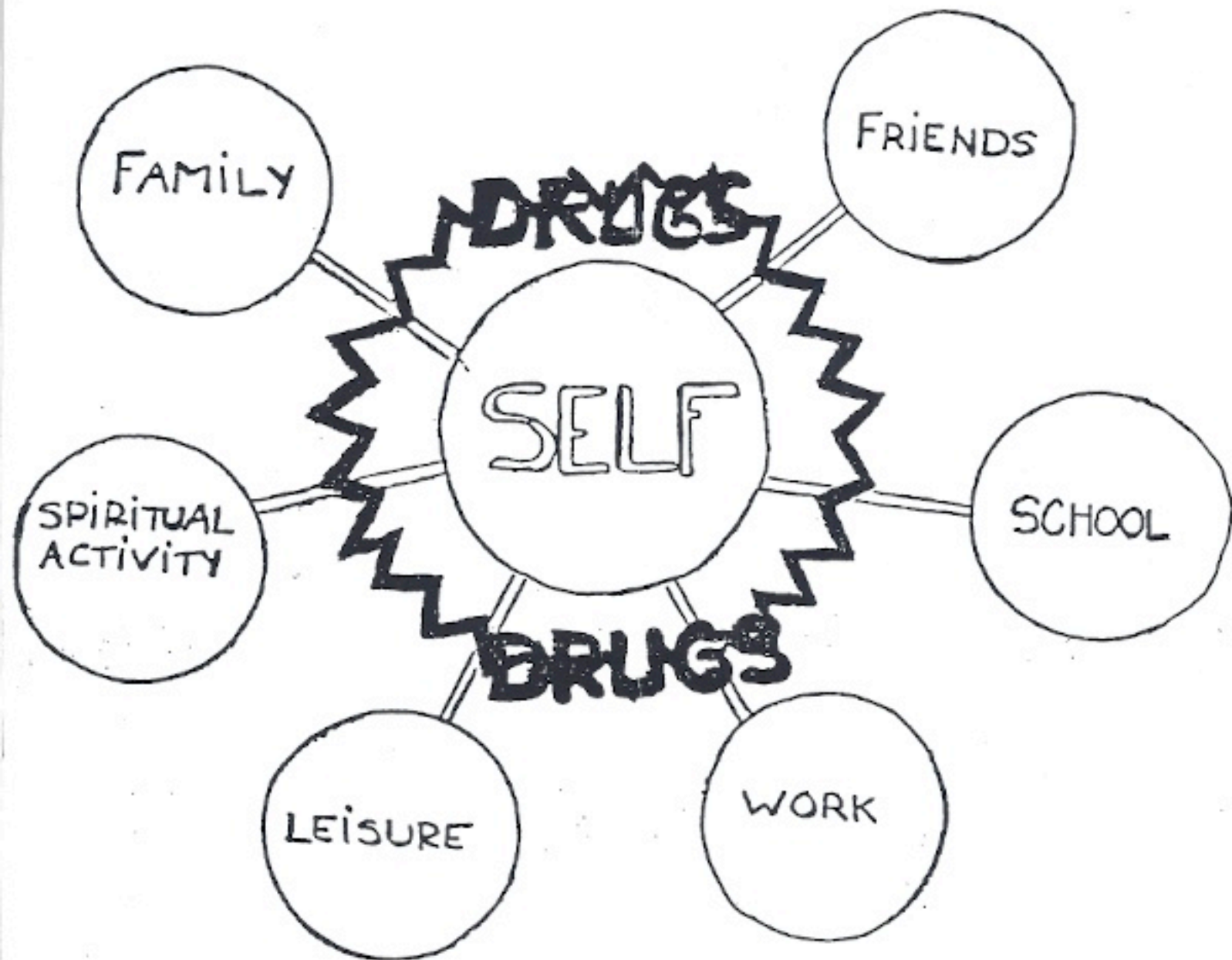
Behavior — Deterioration in behavior and serious decline in physical health. Frequent trouble with police. Cannot keep up a job or any other activity. Volcanic anger and aggression toward family and others. Severe paranoia, "blackouts," euphoric recall, and repression are chronic. Physical deterioration includes: weight loss, chronic cough, constant illness, memory loss, and "flashbacks."

Feelings — Begins the day feeling depressed and uses the chemicals simply to function and feel normal. Guilt, remorse, shame, and anxiety are constantly present. Self-worth/ego is severely eroded. Suicidal thoughts are frequent and actual suicide attempts may occur.

FEELING WORDS

Close	Distant	Contemptuous
Independent	Dependent	Nauseated
Self-Assured	Anxious	Serious
Happy	Sad	Abandoned
Confident	Scared	Forsaken
Relaxed	Uptight	Void
Patient	Impatient	Barren
Hopeful	Hopeless	Uncertain
Cooperative	Uncooperative	Stubborn
Warm	Unsympathetic	Devoted
Sympathetic	Wavering	Obstinate
Firm	Closed Off	Assured
Contented	Ashamed	Peaceful
Calm	Submissive	Light-hearted
Excited	Alarmed	Satisfied
Determined	Grumpy	Perplexed
Ecstatic	Abused	Buoyant
Joyful	Surprised	Confused
Strong	Horrified	Harrassed
Grateful	Burdened	Patronized
Compassionate	Weepy	Compelled
Empathetic	Envious	Gratified
Respectful	Vacant	Tempted
Comforted	Empty	Restored
Light	Choked up	Loved
Airy	Grief stricken	Energized
Proud	Powerless	Weak
Humble	Obsessed	Cheered
Powerful	Hard	Pessimistic
Open	Tolerant	Revolted
Carefree	Fearful	Ready
Resolute	Guilty	
Relieved	Enraged	

THE PHASES:



PHASE ONE - Working on:

SELF

PHASE TWO - Working on:

SELF and FAMILY

PHASE THREE - Working on:

SELF, FAMILY, and ACHIEVEMENT
(School and/or work)

PHASE FOUR - Working on:

SELF, FAMILY, ACHIEVEMENT, LEISURE TIME
FRIENDSHIPS

PHASE FIVE - Working on:

SELF, FAMILY, ACHIEVEMENT, LEISURE TIME
and SERVICE