GDC Session #1 Symptoms of Cocaine Addiction

Objectives of Session

- 1. Define cocaine addiction as a biopsychosocial disease.
- 2. Identify the symptoms of addiction that clients have experienced.
- 3. Identify factors contributing to the development and maintenance of cocaine addiction.

Methods/Points for Group Discussion

- 1. Use a discussion format to review the clients' answers to the handouts and the educational material for this session. Write the major points on a chalkboard or flip chart, if desired.
- 2. Ask group members to share their own experiences related to this material as it is reviewed.
- 3. **Addiction** is a condition in which a person develops a compulsion to use a drug at an increasing dose and frequency, in spite of knowing the serious physical or psychological side effects and the extreme disruption of the user's personal relationships and value system.
- 4. According to the American Psychiatric Association (APA), there are seven main symptoms of cocaine addiction. The individual has to meet only three of these to be dependent.
 - Demonstrating excessive or inappropriate use of cocaine or other substances

 Examples: Getting high or drunk and not being able to fulfill obligations at home, at work, or with others; feeling as if drugs are needed to fit in with others or function at work or at home; driving under the influence of drugs.
 - Being preoccupied with getting or using cocaine or other substances

 Examples: Living mainly to get high on cocaine, alcohol, or other drugs; making substance use too important in life; being obsessed with using.
 - Having increased or decreased tolerance for cocaine or other drugs
 Examples: Needing more cocaine to get high; getting high much easier or with less cocaine than in the past.

■ Having trouble stopping or reducing your drug use once you start using cocaine or other drugs, or stopping cocaine use for a period of time (days, weeks, or months), only to start using drugs again

Examples: Not being able to control how much or how often cocaine is used; using more alcohol or drugs than planned; making promises to quit only to go back to getting high again; being unable to sustain abstinence.

- Examples: Getting sick physically after cutting down or stopping cocaine use (for example, having the shakes, feeling nauseous, having gooseflesh, having a runny nose, etc.); experiencing mental symptoms such as depression, anxiety, or agitation; using cocaine or other drugs to avoid or stop withdrawal symptoms (for example, using substances to prevent withdrawal sickness; drinking or using drugs to stop withdrawal symptoms once they start).
- Continuing to use cocaine or other drugs even though they cause problems in your life

 Examples: Not taking a doctor's, therapist's, or other professional's advice to stop using cocaine or other drugs because of problems substances have caused in life; losing a job or being unable to find a job; getting arrested or having other legal problems; sabotaging relationships or having trouble with family or friends; having money problems.
- Giving up important activities or losing friends because of cocaine or other drug use

 Examples: Stopping activities that once were important; giving up friends who don't get high; losing friends because substance use affects relationships with others.
- 5. Numerous factors contribute to the development and maintenance of cocaine addiction or addictions to other drugs. These include the following psychosocial and physical factors.

■ Psychosocial factors:

- Drugs or alcohol make addicts feel good
- Other people influence or pressure addicts to use drugs or alcohol
- Using drugs with others helps addicts feel they belong
- Addicts use drugs to help them cope with feelings or problems or to escape
- Addicts use drugs for excitement or to feel as if they are "living on the edge"

■ Physical factors:

- Cocaine and other drugs affect the neurochemistry of the brain
- Over time, the brain gets conditioned to the presence of the drug, and the person experiences withdrawal if the drug is not present

Chapter 5 Phase I: Psychoeducational Group Sessions

- Some drugs cause tolerance, leading the person to need more of the drug that was used to produce the same effect
- Drug and alcohol problems run in families, and there may be an inherited predisposition to become addicted
- 6. Addiction often progresses over time. Some people become addicted quickly while others develop their addiction slowly over many years. Many deny or minimize their addiction and only enter treatment as a result of external pressure from an employer, their family, or the legal system.
- 7. Motivation to change is often low during the early recovery period. Ask clients to describe their current reasons for being in treatment and their level of motivation to quit using drugs.

GDC Session #1 Handouts

- 1. "Personal Symptoms of Cocaine Addiction." Adapted from *Group Drug Counseling Participant Recovery Workbook*. Holmes Beach, FL: Learning Publications, Inc., pp. 1-3.
- 2. DSM-IV Symptoms of Cocaine Dependence.

Suggested Educational Video

Drug Abuse and the Brain. National Clearinghouse for Alcohol and Drug Information, Rockville, MD, 1-800-729-6686.

GDC Session #1, Sample Handout #1

Personal Symptoms of Cocaine Addiction

One way to accept your cocaine addiction is to take an honest look at the facts of your alcohol or drug use. Following is a list of addictive substances. Check (\checkmark) the substances that you've used to get high or drunk and indicate how long you used each drug. Then check (\checkmark) the symptoms and behaviors associated with your pattern of drug use.

Types of Substances I've Used To Get High		How Long I've Used Them
(/)	Alcohol	14 years
()	Opiates (heroin, percodan, codeine, dilaudid, etc.)	
()	Tranquilizers or other downers	
(/)	Cocaine, freebase, or crack	
()	Crank, speed, or other uppers	
(/)	Marijuana (pot or hash)	12
()	PCP or angel dust	
()	LSD, STP, DMT, mushrooms, or other hallucinogens	
()	Inhalants (glue, gasoline, solvents, poppers, snappers)	
My :	Pattern of Alcohol and Other Drug Use	
()	I've mixed drugs to "boost" their effects so that I could party lo	onger.
(/)	I've used drugs to excess almost every day.	
()	Once I start using drugs, I usually can't stop until I'm high or loaded.	
(/)	I've tried to cut down or stop using drugs several times or more but just couldn't.	
()	I've injected drugs into my veins or muscles.	
(/)	I've freebased cocaine or smoked crack.	
$(\)$	I've overdosed on drugs (# of times).	
$(\)$	I've switched addictions (for example, stopped using heroin only to start drinking alcohol excessively).	
(/)	Even though cocaine or other substances caused me problems, I continued to use them.	
()	I've gone to "shooting galleries" or "crack houses" to get high.	
(/)	There have been times when I lived mainly to get my next high.	
()	I started getting high early in life (before or during my teenage years).	
()	There have been times when I "had" to use to get through the day.	
$(\)$	I've gotten high on the way to my job, at work, or during lunch breaks.	
(/)	I can consume large amounts of drugs or alcohol (my tolerance is high).	
()	My tolerance has gone way down, and I get high much quicke	r now than I did in the past.
()	I've suffered from withdrawal sickness (shakes, nausea, cramps, edginess, etc.) when I stopped or reduced my drug use.	
()	There have been times when I've taken a few drinks, snorts, lin the morning.	nes, pills, hits, or tokes to get started in

 $(\ensuremath{\checkmark})$ There have been times when I used drugs so that I wouldn't suffer withdrawal sickness.

Chapter 5 Phase I: Psychoeducational Group Sessions

1.	Describe why you came to treatment and what you want from it.
	Cocaine, alcohol, and pot are messing me up real bad, and if I don't stop, I'll lose my family, job, and health.
	My drug use is getting worse, and I just can't seem to stop on my own.
2.	What will you miss most about not using cocaine or other drugs?
	Mainly I'll miss hanging out with people I've known for years. I won't miss crack, but I will miss chillin' out
	on pot now and then.
3.	Describe your level of motivation to quit using alcohol or other drugs (from little to extremely strong motivation).
	I want to quit pretty damn bad. I tried before, but I'm much more serious now.
	1 with to quit pretty within out. I truck ocyote, out I'm mitels more serious now.

GDC Session #1, Sample Handout #2

DSM-IV Symptoms of Cocaine Dependence

Addiction is a condition in which you develop a **biopsychosocial** dependence on cocaine or other moodaltering drugs, including alcohol. The **biological** part of this disease refers to experiencing withdrawal symptoms when you reduce or stop your use of substances, or developing a tolerance for a drug, which causes you to need more of it to achieve the desired effect. The **psychological** part of this disease refers to mental or behavioral symptoms, such as being preoccupied or obsessed with using cocaine and compulsively using the drug. The **social** part of this disease refers to problems in your family, with other relationships, at work, and in your life that contribute to or result from your substance use. In its most severe form, cocaine addiction can take over your entire life.

Following are the seven symptoms of cocaine addiction, or dependence, according to the APA. If you have three or more of these, you meet the clinical criteria for addiction.

- 1. Demonstrating excessive or inappropriate use of cocaine or other drugs.
- 2. Being preoccupied with getting or using cocaine or other drugs.
- 3. Having an increased or decreased tolerance for cocaine or other drugs.
- 4. Having trouble stopping or reducing your drug use once you start using cocaine or other drugs, or stopping drug use for a while, only to start using drugs again.
- 5. Experiencing withdrawal symptoms when you stop or reduce your use of cocaine or other drugs.
- 6. Continuing to use cocaine or other drugs even though they cause problems in your life.
- 7. Giving up important activities or losing friendships because of cocaine or other drug use.