What My Patients Have Taught Me about Substance Use Disorders

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Here’s what I’ve learned from my patients over the 30+ years I’ve been in health care (which interestingly, has also been corroborated by the clinical data in virtually all of the outcomes research). An FYI for health care providers, family, friends, etc. This is information you just don’t hear or talk about anywhere else, even though it is terribly important.

1. No one plans to lose control over their lives because of drugs and alcohol.
2. Most people with substance use disorders (SUD) started using drugs and alcohol in a “once-in-a-while”, recreational and social manner. Most believed they were in control of their use/drinking even when they were not. Addicts/alcoholics tend to see themselves as they were when they first started using even though their condition has progressed and has become pathologic.
3. Persons with SUD tend to stay with friends that normalize drinking and drugging and minimize or negate any harmful consequences.
4. The earlier the drug use (adolescence and on into the 20’s), the more predictive of psychiatric illness later on in life.
5. Those who have the greatest risk of drug/alcohol problems are those who have a family history of alcoholism/addiction and/or those with co-occurring psychiatric disorders including depression, bipolar disorder and schizophrenia.
6. If using and drinking is the person’s primary way to relax, socialize and get through the day, there is a problem.
7. Continuing to use/drink despite adverse medical, social or occupational consequences and convincing one’s self that it’s still okay to use/drink (self deception) is an important diagnostic and clinical indicator.
8. Regular drug use to improve mood actually creates or worsens depression (basic pharmacology 101). It’s kind of like how some drugs used to treat anxiety will create or worsen anxiety over time. Over time, many psychotropic drugs worsen the situation they initially helped to ease.
9. “Drugs do not an addict make.” Substance use disorders include the most severe form - addiction. Addiction is a biobehavioral chronic illness with a genetic basis. Other biobehavioral illnesses with a genetic basis include hypertension, diabetes and asthma. People with a genetic history of high blood pressure shouldn’t have a high sodium diet. People with a genetic history of diabetes shouldn’t have a high glucose lifestyle. People with a genetic tendency for asthma shouldn’t inhale smoke from burning plants. People with a genetic history of addiction shouldn’t use drugs or alcohol. That’s the deal. Anyone that thinks they are the exception is deceiving themselves (see # 7 above).
10. There is no such thing as a least harmful or a more harmful drug, and whether a drug is legal or not has little to do with harmfulness (i.e. tobacco, alcohol). All of them have individual risks (genetics and environment). All problems associated with drug abuse: medical accidents, health problems, social problems, emotional disturbances, etc., are 100% preventable.
11. Drugs don’t contain the “high” they trigger the “high” because they are chemically similar to a natural substance already in the brain and body. Regular drug use causes an imbalance of the body’s natural substances and creates an emotional and physical imbalance. For some, this triggers the urge to continue to use because it can be uncomfortable when the body is trying to regain its natural balance thrown off by drug use. Drug/alcohol withdrawal symptoms is an example of this. All drugs create withdrawal – even marijuana.
12. After the drugging and drinking stops, the brain and body begins immediately to heal and regain its natural chemical balance although it may take varying lengths of time from person to person.

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