

TREATMENT CONSIDERATIONS FOR CRAVINGS

By MA Fabry, BA, CADCI

Craving is a serious problem for people recovering from chemical dependency. I recently wrote a series of three informational blogs to discuss what is ‘craving’ and to offer strategies to address craving. The intention of this article is to help people in recovery understand the concept of ‘craving’, implications for treatment, and, to help family members and all significant ‘others’ understand what the recovering person is experiencing.

To begin with, addiction craving is a phenomenon that has defied having a clear valid definition based on research. However, we know that the understanding of craving is essential to the understanding of addiction in order to break the relapse cycle.. Addiction is clearly defined as a compulsive craving for a substance in spite of destructive consequences for oneself and others. Craving is a serious problem for people recovering from chemical dependency.

Let’s try to focus on the process of what sets up the experience of craving which, most of the time, culminates in lapsing, or relapsing. Understanding, and accepting, that human beings function best at three levels being at optimum function: physical, emotional, and spiritual. When one of these levels is out of sync with the others, the ability to make healthy choices diminishes. The physical upsets are the result of poor diet, lack of exercise, poor stress management skills, sleep deprivation, and/or dehydration. During the active addiction period, these are areas that have been affected by the substance abuse itself and the rituals involved in using. Each one of these effects on the body lowers the ability to provide oxygen to the brain in order for the recovering person to be able to make good decisions. These are areas that can easily be addressed, and must be addressed on a consistent basis.

Speaking of the brain: the emotional is directed by brain functions. For the most part, and to keep it simple, it comes down to ‘dopamine’: a chemical substance that is found in the brain that regulates movement, emotion, motivation, and feeling pleasure. Dopamine is an important messenger in the brain, transmitting messages from one cell to another, brain to body. When the dopamine levels are artificially influenced through alcohol and/or drug abuse, the addict loses the ability for impulse control, motivation, and the desire for renewing the drug sensation is triggered. In other words, the brain starts partying, and then invites the physical to join in with the party. A euphoric recall begins which romanticizes the high, and the person goes into immediate denial of any past consequences of abuse. It is then easy to talk them self into ‘just one more time’. This dopamine disruption is usually caused by trigger events such as seeing someone else using, passing a familiar using place, or, contact with a using buddy—any person, place, mind-set, mood, thing, or sensation that is strongly associated with using becomes the fuel for the trigger. The event happens, the brain transmits an urge to use, and the thought gets so strong that a message is sent to the nervous system that creates a physical hunger for the alcohol and/or drug. Now the mind and body are connecting and communicating through the cells—the physical has received the party invitation. Physical symptoms manifest, such as sweating, rapid heartbeat, and shortness of breath, achy joints, and the drug seeking begins. Poor choices made by the brain to seek out the substance is transmitted to the body, and, before you know it, the body is in the car looking for the store to buy the alcohol, or the drug dealers house to buy the drugs. The brain and body are now partying together. Sounds irrational, doesn’t it. But, so far

this is what we know about the craving process. Oh, yes, the spiritual: totally short-circuited by most active addicts. Part of the ritual of use often involved isolating from those that do not use, or from those that might 'find out' about the use. It is not unusual for active addicts to distance themselves from family, close friends, and coworkers. Active addicts that had a foundation of Christianity want to hide from God, and are certain, at some point in their addiction progression, that God is angry with them, so they discount God before He discounts them. Addicts that are spiritual, but are not religious cannot maintain the 'connectiveness' that is associated with spirituality. The spiritual part of humans is usually viewed as the 'center' of being. If the center is between the emotional and the physical, how can a person possibly feel in balance and connected? Consciously, or subconsciously, cravings are a serious problem for people in recovery.

There are several models that are popular for considering the approach to use when a treatment plan for addiction is being developed. I would like to summarize a few general categories of craving models: (1) conditioning mechanisms and (2) cognitive mechanisms, and, finally, (3) to share the newest neuroanatomical model. Even though some of these models may be more relevant to drugs other than alcohol, many characteristics of craving overlap.

Conditioning mechanisms were derived from the research work of Russian born Dr. Ivan Pavlov, University of St. Petersburg, c. 1890, while investigating the gastric function of dog's responses to food. After a long series of experiments in which he manipulated stimuli occurring he established the basic laws for the establishment of 'conditional reflexes'. Conditioning mechanisms are based on Pavlov's classical conditioning: alcohol-related cues repeatedly being paired with alcohol consumption become conditioned stimuli; the cues elicit the same physiological and psychological response as alcohol consumption itself. If alcohol consumption does not occur immediately, these cue-induced responses result in craving, either to experience alcohol's pleasant, or reinforcing, effects or to avoid or alleviate the unpleasant, or aversive, effects of not drinking. An example of this model is that an alcoholic sees a bar and immediately starts thinking about having a beer. Or, a heroin addict sees a needle, and immediately starts thinking about injecting. These conditioning mechanisms can be reprogrammed to respond to healthier stimuli resulting in a healthier lifestyle.

Dr. Aaron Beck, known as the 'father of cognitive therapy', and Dr. Albert Ellis, 'grandfather of cognitive therapy', c. 1960, introduced the idea of 'automatic thoughts'. 'Automatic thoughts', that is, inappropriate or irrational thinking patterns result in maladaptive behaviors and disturbed mood or emotions. This means that a person may react to his or her own distorted viewpoint of a situation vs. reacting to the reality of the situation. Cognitive models assume that responses to alcohol and alcohol-related cues involve various cognitive processes, such as expectations of how good the alcohol will make them feel; or a belief in their ability to cope with the desire to drink. 'I can have just one glass of wine.' Therapists work with clients to do cognitive restructuring to help them become aware of their distorted thinking patterns, and change those patterns to a healthier thinking pattern. This approach is most successful when the client has a high willingness to change their lifestyle.

The newest craving model involves the neuroanatomical process involved in craving and the role craving has in abstinence and relapse. Brain science, or cognitive science, is a relatively new

field. There was minimal academic exchange of information about cognitive sciences prior to WWII. Emerging from a California symposium in 1948 cognitive science connected the idea that mind and body operate in unison. Long-term alcohol consumption interferes with many brain functions. Today, what we know more about the connection between the brain and addiction (as defined above) is that withdrawal from addiction involves a negative affect during the absence of the preferred stimulus. During the process of withdrawal, this imbalance in the brain can lead to physiological instability resulting in anxiety, cardiovascular hyperactivity, sleep difficulties, depression, lack of motivation, and concentration problems. *No matter which substance is involved, nicotine, alcohol, heroin, amphetamines, even chocolate and sex, all abused substances activate the same circuit of the brain for pleasure: the median forebrain bundle—the ‘hedonic highway.’ As detailed above, a cell that is common among sites along this circuit is the D2 dopamine receptor. Addictive substances inhibit reuptake of dopamine, thus achieving their pleasure effect, or ‘high’ by maximizing levels of dopamine. Abuse of addictive substances eventually damages the effectiveness of the dopamine delivery system. People in advanced addiction take their drugs not to feel high, but just to feel normal, to stop the craving caused by decreased dopamine function. While craving typically subsides after 1-12 years(!), it is believed that the pleasure circuit, once damaged, never completely returns to normal. This means that even people who have remained abstinent for many months or years, can relapse.

Based on the information provided above, what we know is that cravings are both physical and physiological. Which to address first? In my experience both as a addiction counselor and a TBI (Traumatic Brain Injury) researcher, addressing the physical urge seems to be the best approach: cutting communication off from the brain cells to the body that is saying ‘give me my drug of choice’ (alcohol, pot, food, gambling, etc). Then, once the physical urge is curtailed, psychological restructuring can begin. As much as I dislike recommending my clients visit with their physicians for medications of any kind, I have found the effectiveness of using certain medications to block the communication between brain and body enormously useful. Twenty years ago ‘Antabuse’ was a pioneering drug that blocked the brain/body communication. Unfortunately, people using Antabuse could drink while taking this drug, which resulted in nausea, shortness of breath, heart palpitations, and vomiting. Now there are several blockers that have fewer side effects, and more success for supporting the client’s effort to stop using.

For instance, Campral is an excellent medication for treatment of alcoholism. (You can learn more about this drug at www.campral.com) One of my clients that has struggled with relapse for decades said to me ‘*They need to make Campral available over the counter for all alcoholics to get.*’ None of my clients taking Campral have reported any serious side effects. The Campral seems to kick-in with the client within three weeks. During those three weeks I begin working on restructuring the brain by repetition of new healthy thoughts, encouraging physical exercise that involves movement of all extremities (crawling, walking, running, swimming—any aerobic exercises), and emphasizing positive thinking. Also, during this time, diet, hydration, and rest are documented. Once the client’s focus is no longer on ‘craving’ or ‘wanting to use’, working on addressing core issues is covered before moving on to re-socialization into a healthier lifestyle. Part of the ‘core issues’ to be addressed are dealing with the shame, humiliation, and regrets of ‘*losing so much of my life to using*’ which becomes a common theme in talk sessions. The re-socialization process involves catching-up with where their peers are; switching to a ‘coaching’ approach seems to work best at this stage. In my private practice, I can arrange for

one of my colleagues to be ‘the coach’; the coach will help model healthy social behaviors including making new friends, joining healthy groups, volunteering in the community—any activity that helps the recovering person reintegrate into a healthy lifestyle. ‘The counselor’ continues to work with problems associated with maintenance of addiction issues: cravings, triggers, fears, and core issues. Remember, the goal is to help the client stay clean and/or sober for a minimum of eighteen months in order to have noticeable positive changes. All of the developmental phases of recovery need to be addressed with each step: transition, stabilization, early recovery, middle recovery, late recovery, and maintenance. This is NOT an instant process. Clients, family, and friends need to understand that attempting to have a ‘quick fix’ will result in relapse; true recovery is a long-term process, which involves commitment, trust, and perseverance—by everyone involved including the counselor.

In conclusion, being able to identify ‘cravings’ helps to keep the recovery process moving forward. One-on-one treatment for individuals committed to recovery effectively allows counselors to identify the craving process and almost immediately help the client cognitively restructure their distorted thinking patterns to healthier thinking patterns. The goal is to identify the cravings BEFORE relapse occurs.

MAx Fabry, BA, CADCI, is a graduate of the University of Oregon, and is certified by the State of Oregon as an advanced Addiction Counselor. She melds ten years of qualitative research with counseling skills, and an abundance of life experiences to offer a unique selection of personal growth services. MAx has a private practice in Eugene, Oregon, where she offers individual addiction counseling insuring total confidentiality for her clients. Her approach for treating addiction is individual depending on what the core issues of the client. MAx's approach is holistic, believing that the mind, body, and spirit need to align in order for healing to begin. Methods used include cognitive behavioral modification to recognize and correct thinking and behavioral errors, and rational behavioral emotive therapy focused on managing day-to-day stress. MAx also believes that integrated services are needed to form a 'team' concept to support the client; therefore, she engages primary care physicians, pharmacists, psychiatrists, etc, to coordinate client planning and services. Learn more about MAx's practice at <http://www.lifestylechangescounseling.com>. Lifestyle Changes Counselors are proud members of Online Wellness Association: <http://www.onlinewellnessassociation.com>.

To read more about ‘What is Craving?’ visit <http://pubs.niaaa.nih.gov/publications/arh23-3/165-173.pdf>

*To learn more about how the brain is involved with addiction read ‘The Owner’s Manual for The Brain: Everyday Applications from Mind-Brain Research, Pierce J. Howard, PhD, Third Edition.