**MEDICAL MISSIONARY CONFERENCE**

University of the Southern Caribbean

March 11, 2012

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 **DEALING WITH ADDICTIONS**

**Definitions: Addiction**

**What is a psychoactive drug?**

A substance which alters brain chemistry resulting in changes in mood and behaviour.

**What is tolerance?**

A need to use more of the drug for the same effect, or a reduced effect with use of the same amount

**What is drug withdrawal?**

A syndrome or cluster of symptoms that occur on stopping or suddenly decreasing psychoactive drug use. The symptoms vary with each drug and include a craving for the drug. Withdrawal has a neurological basis.

**What is drug addiction?**

Drug addiction is excessive use of a drug and occurs along a continuum from intermittent excessive use with harmful consequences, to continuous excessive use with loss of control. At its worst, persons who are addicted have a pattern of compulsive drug use with tolerance, and experience withdrawal symptoms and craving on decreasing or stopping intake.

**Definition of addiction (Jaffe, 1975)**

A behavioral pattern of drug use, characterized by overwhelming involvement with the use of a drug (compulsive), the securing of its supply, and a high tendency to relapse after withdrawal.

**Models of Addiction**

The Moral Model of Addiction

Individuals have choice and are accountable for their behaviour

Alcoholics and addicts are defective in character and lacking in willpower or moral strength

Addiction is a result of their poor choices

The Social Learning Model of Addiction

Socio-cultural and environmental factors such as social controls, social norms, social rituals and drug availability influence drug use

Drinking and drug use behaviours are learned as a part of socialization and then are reinforced

Persons learn how to act by observing others in their environment

Some behaviours produce positive effects. These behaviours are repeated because they produce positive consequences

The Disease/Medical Model of Addiction

Addiction is an illness

Certain individuals have a distinct physical or psychological condition that renders them incapable of drinking or using drugs in moderation

**The Biopsychosocial Model of Addiction**

Integrates other models taking into account biology, genetics, personality, social and cultural factors

Recognizes that there are multiple pathways to addiction and that the significance of these individual pathways depends on the individual.

**DEALING WITH ADDICTIONS**

**OUTREACH**

 Accepts that the majority of drug addicts are not in touch with treatment agencies

 Attempts to connect with the drug addict in his/her environment

 Connects with precontemplators and contemplators

 Reduces high risk behaviour and harm

 Meets other needs

 Presents a message of God’s caring and power to deliver

 Prayerfully shares the Biblical position on addiction

 May lead to entry to a rehabilitation programme

**God does not approve of addiction**

Proverbs 20:1; Proverbs 23:19-21; Isaiah 5:11, 22; I Corinthians 6:10; Galatians 5:21

God expects temperance and care for our bodies - I Corinthians 6:19-20; I Peter 4:3-4

*What to Teach.* --It must be kept before the people that the right balance of the mental and moral powers depends in a great degree on the right condition of the physical system. All narcotics and unnatural stimulants that enfeeble and degrade the physical nature tend to lower the tone of the intellect and morals. . . .(*Temperance* p.194)

Temperance reformers have a work to do in educating the people in these lines. Teach them that health, character, and even life, are endangered by the use of stimulants, which excite the exhausted energies to unnatural, spasmodic action.—*MH* p335.

**STAGES OF CHANGE**

(Prochaska and DiClemente)

1. Precontemplation 3. Preparation

- Not considering change - Some experience with change and trying to

- “Ignorance is bliss” change:

- “Testing the waters”

- Planning to act within 1 month

2. Contemplation

- Ambivalent about change

- “Sitting on the fence” 4. Action

- Not considering change within the next month - Practicing new behaviour for 3-6 months

**DEALING WITH ADDICTIONS**

**BRIEF INTERVENTIONS**

1. Raise awareness of a problem

2. Motivate addicts to perform a particular action

3. Can be used at any point on the continuum of alcohol/drug use to:

improve motivation for treatment

reduce or stop use

assess ability to stop/reduce use on one’s own

change specific behaviours

reduce risk of harm that may result from continued alcohol/drug use

4. Encourage faith in God who loves and is able to deliver from addiction

**THE APPROACH IN BRIEF INTERVENTIONS - FRAMES**

**Feedback** of personal risk

**Responsibility** of the addict

**Advice** to change

------------------------Referral to professional or self-help group-----------------

**Menu** of strategies to reduce drinking

**Empathetic** counseling style

**Self-efficacy** or optimism

**DEALING WITH ADDICTIONS**

**THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS**

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God *as we understood Him.*

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him*, praying only for knowledge of His will for us

and the power to carry that out.

12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our

affairs.

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Rev.5/9/02

**DEALING WITH ADDICTIONS**

**THE TWELVE STEPS vs GOD’S PLAN FOR ADDICTION**

 The Twelve Steps is a non-religious programme based on the medical model of addiction

 Addiction is a sin problem and requires the same approach as any other sin

 Through God’s grace addiction is overcome but man still has a responsibility to make wise choices

 Twelve Steps approach leaves addicts permanently recovering, relying on self and the programme

 Submission to God’s Word leaves addicts submitted to Christ, victorious over sin and with the promise of eternal life

 Using the Twelve Steps programme we can point addicts to the Omnipotent God

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| **God’s Word - *Victory by faith*** |
| Confession of powerlessness over sin  |
| Trust in God  |
| Submission to God  |
| Self-searching seeking God's forgiveness  |
| Confession of sin  |
| Repentance, need for Christ’s righteousness  |
| Request for sanctification  |
| Repentance of wrongdoing towards others  |
| Reconciliation with fellow-men  |
| Daily justification and sanctification  |
| Prayer and Bible study, ongoing submission and growing in Christ  |
| A life of fruit-bearingn and witnessing  |
| **Twelve Steps -** ***"Victory" by works***  |
| Admission of powerlessness over drug  |
| Belief in a greater power, any god  |
| Turning over the will to a higher power  |
| Searching and fearless moral inventory  |
| Admitted wrongs  |
| Ready to remove all character defects  |
| Ask for a higher power to remove shortcomings  |
| Willingness to make amends to those hurt  |
| Make amends to those hurt  |
| Personal inventory and admission of wrong  |
| Prayer and meditation; power to carry out God’s will  |
| Spiritual awakening, carrying the message  |