

Addicts don't "hit bottom" until the system around them "hits bottom":
Are we a part of the Heroin Epidemic because we have enabled marijuana by
minimizing its addiction and destruction potential?

(2016) by Jon Daily, LCSW, CADC II

2016 is the year of the Heroin epidemic in the media. We have witnessed it in President Obama's State of The Union Address, as well as, on the current presidential campaign trail with both parties spending hours of their campaign time discussing Heroin. They have talked about lives that have been lost, the need for medication assisted treatments such as Buprenorphine. It has been debated whether or not Naloxone (the overdose antidote) be available for staff on high school campuses in case a student is in overdose. The media has covered synthetic Fentanyl laced pills sold as Vicodin on the streets which have killed many this year. As I write, there have also been suspicions / allegations that the music artist Prince's death was from an Opiate overdose. The political and media coverage may have many thinking that the source of the problem comes from the doctors who are over prescribing pain killers. This can certainly be the case with the elderly, as well as many chronic pain management patients. However, when I look at the teens, young adults and many adults with Opiate abuse/addiction, I see the cause of this problem differently.

In my 20+ years working with teens and young adult addicts it has been easier to get opiate addicts (Norco, Oxycontin, Heroin) clean vs. Marijuana addicts. This certainly begs the question, "Why is that?" It is because addicts don't hit bottom until the system around them does. We see a surge of intervention practices to help the opiate addict, but little to none for the Marijuana addict. Further, many enable the Marijuana addict with statements like, "Kids will be kids", or "Boys will be boys", or "It's a phase of life", or "It's a rite of passage." Sadly, I have seen many Marijuana addicts suffer various consequences with sports, school, family, romantic attachments, legal, employment, health as well as mental health. Currently, with the more potent strains of THC and concentrates, I am seeing panic attacks, psychosis and \$50,000 to \$100,000.00 spent privately by families to intervene when years have gone by before they decide it is a problem.

The Drug Bias is Ignorant and Destructive.

We are more effective dealing with the Heroin Epidemic when we understand that the name of the drug addicts are using is irrelevant. Addicts are not hooked on "Marijuana", "Alcohol" or "Heroin." Addicts are hooked on intoxication. Our own bias that one drug is

worse than another significantly impairs our effectiveness when it comes to identifying and helping teens/young adults in slowing or reversing the addiction progression.

To illustrate the point that the real issue is that addicts are hooked on a “pathological relationship to intoxication, and are not hooked on specific substances such as marijuana, alcohol or Heroin, please read the following case and help me to understand which drug my new client is using.

Yesterday, I met with a young lady named Tamara. Since Tamara started using she has lied to her family about her use. She has taken money from her family to pay for her use. Her siblings have expressed concern to her about her use. Her family has talked to her about it and has set limits in the home by implementing restrictions. Tamara has also had girlfriends and boyfriends express concern to her about her using by explaining to her how her use has affected their relationship and how they see it effecting her directly. With regard to school, Tamara has increasingly started to lose focus on homework, has skipped classes and her grades have been declining. Finally, she is getting a reputation on campus as being a person who uses. Moreover, she has had close calls with the law and doesn't care about sports or music instruction anymore.

My question to you is, “Which substance is Tamara using?”

Is it Marijuana, Alcohol, “Molly”, Opiates, Meth, Stimulants, Cocaine, 2CB, 2CI, “Wax,” “Dabs,” “Budder”, LSD, Mushrooms, Heroin, etc?

When I ask this question to a large room filled of seasoned clinicians, they struggle to answer it correctly. The correct answer is, “It could be any of the drugs.” What I have laid out in the previous case vignette are the symptoms of late stage substance abuse and stages within addiction. The symptoms are the same across the board 95% of the time from one drug to the next. We are too caught up in the 5% biological differences. This case and question help people to see that *the symptoms of substance abuse/addiction are the same from one drug to the next so the name of the drug is irrelevant and what needs to be understood is **addiction is simply a pathological relationship to intoxication.** It is Intoxication that is driving Tamara to use despite the symptoms of negative consequences occurring in her life.*

One factor getting in the way for members of our society who want to help is their own “drug bias”. It is actually this bias that gives people pause on my question posed with case vignette you just read above. To further illuminate the bias, I ask this question to many therapists when I am speaking at trainings and conferences:

“I want you to take a quiet moment and think about your son or daughter... In this very moment I want you to connect to your gut... Now I want you to hold that connection and connect to what it feels like for you right now when you get a call from the police

and they say your child has just been busted at the park with Alcohol... What does that feel like? (I invite you to do this while you read as well). How driven do you feel in the moment to mobilize and take action? Stay connected. Alright, now you get the same call but the officer says your child has been busted with "Molly" or Ecstasy. What is the reaction now? What about if your child has been busted with Heroin? What is your reaction now?

It is easy to see and feel the visceral difference with each substance. This is the "drug bias" that has to be removed. A huge paradigm shift is needed so that we lose this bias and see all drugs as harmful. Once a person forms a pathological relationship to intoxication, the symptoms and progression will all play out the same. Certainly, there are differences, but not enough to identify which drug my client was using in the vignette given a moment ago.

To bring home the truth that addicts are not just hooked on a particular drug, but rather, they are hooked on intoxication, what happens when the addict's drug of choice is removed? Do they stop using? Are they sober? When a Marijuana user is being drug tested by family or the legal system, do they stop seeking intoxication? Of course not. The reason for this is that ***they were never hooked on Marijuana, they were hooked on intoxication.*** The Marijuana was just their favorite flavor. You know, and they will admit, they will just shift to a different source of intoxication like K2-Spice, Alcohol, Opiate pills, and even Heroin, etc. This is the reality. We have to lose the bias and recognize this issue in a deeper and more serious way in order to help the addict sooner and more effectively.

One caveat that goes with my point hitherto is that drug users don't hit bottom until the system around them hits bottom. The systems include the parents, teachers, coaches, friends, and employers, as well as, the MD's, therapists, legislators/legislation. When the system recognizes that intoxication in any form is not okay, that there should be no more of this substance use and that the system can see clearly where this is headed, it is then that the system finally reacts and begins the necessary support for the user.

Sadly, today's systems are still holding drug of choice biases and making the same statements of "It is only Alcohol," "It is only Marijuana," "It is the teenage years, a phase", etc. Certainly this fails to recognize that THC users are using 73+% THC compared to 5% in the 80's, 10-20% in the 90's, and that most teen related deaths are related to Alcohol. This ignorance supports addiction and allows it to progress. This is a system which has not hit bottom due to ignorance about the illness of addiction. This is a system that might hold the car keys while a group of teens gets drunk at their house after a Friday night football game. However, systems react differently when teens use Oxycontin or when they shift to using Heroin. It is then, that we have a system that recognizes a problem and is more motivated to do something about it, which in turn makes the user face the issue of their drug use.

Personally, I am frustrated that communities and politicians are outraged today about the Heroin epidemic we are in with teens and young adults and adults. Where is the outrage concerning the growing drug problem which has been unfolding for a long time with alcohol and Marijuana? People are subscribing to the idea that Heroin is the problem, and missing the other drugs the Opiate addicts were addicted to first, and the illness as a whole. In my 20+ year career, as well as in my program that sees over 100 people per week, 90% of the Opiate addicts were hooked on marijuana long before they got into Opiates. Sadly today, the state of California and other states are looking to pass an initiative to make recreational marijuana use legal, for those 21 and older. It is insultingly harmful, and the upside potential to the downside risk does not balance out. We have to be a part of the solution and speak out about Marijuana addiction. We also must strive to intervene earlier and as soon as we know substance use has begun.

In Colorado here is what we know in 2015

Youth:

Since legalization Colorado is ranked 4th in the Nation for use of Marijuana by youth.

Availability & accessibility use of Marijuana by youth between ages 12 and 17 - 39% higher than National average.

26% increase in monthly marijuana use by youth after medical marijuana was commercialized.

Schools:

Elementary & high schools: 32% increase in drug related suspensions & expulsions

89% increase in student Marijuana-related incidents since legalized due to more access to the drug,

57% had an average of 1 Marijuana related incident or more per week.

Most common violation on campus: possession, followed by under the influence.

Most school-aged students possessing Marijuana on-campus obtained it from a friend who got it legally, or from their parents.

Students in possession of marijuana on campus:

38% obtained it from a friend who had it legally,

23% received Marijuana parents,
22% obtained Marijuana from black market
9% received it from medical Marijuana dispensaries
4% received it from medical Marijuana card holders
3% bought it from a retail Marijuana store

Driving:

Students in possession of Marijuana on campus:

38% obtained it from a friend who had it legally,
23% received Marijuana parents,
22% obtained Marijuana from black market
9% received it from medical Marijuana dispensaries
4% received it from medical Marijuana card holders
3% bought it from a retail Marijuana store

The Legalization of Marijuana in Colorado – the Impact,
Rocky Mouny High Intensity Drug Trafficking Taskforce 2015

Washington State Marijuana Impact Report,
Northwest High Intensity Drug Trafficking Taskforce 2015

Jon Daily, LCSW, CADC II is the founder and clinical director for Recovery Happens Counseling Services and specializes in the outpatient treatment of adolescents, young adults and their families with addictive disorders and dual diagnosis issues. A recipient of numerous awards for his work, Jon is also the co-author of (2006) "How to Help Your Child Become Drug Free," and (2012) "Adolescent and Young Adult Addiction: The Pathological Relationship to Intoxication and the Interpersonal Neurobiology Underpinnings." Jon has been an instructor to nurses, medical residents and has taught post-doctoral students for UC Davis. Currently he instructs graduate students for the University of San Francisco and is the developer of a chemical dependency track within a Sacramento based psychiatric hospital. Jon has trained thousands of clinicians working with youth, young adults and adults. He has been a resource in the media over 80 times in his career from local media to the national Today Show. In addition to teaching, practicing, writing and providing forensic testimony, Jon provides program development, trainings and conference presentations. More information at www.recoveryhappens.com 916-276-0626.