



# Overcoming Problematic **Alcohol** and **Drug Use**

A Guide  
for Beginning  
the Change  
Process

Jeremy M. Linton



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*For my children,*

*Caroline Rose, Jon Henry, and Madeline Lee*

*May you live safe, long, and healthy lives*

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## PREFACE

The question “Why another book about alcohol and drugs?” is not a difficult one to answer. To put it simply, the problem of alcohol and other drug (AOD) abuse in the United States is as vast and far-reaching as it has ever been. Researchers from the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute on Drug Abuse (NIDA), the Center for Substance Abuse Treatment (CSAT), and other organizations continue to report astounding rates of AOD abuse patterns. It is also no longer a secret that AOD abuse affects people of all ages and from all walks of life. Gone are the stereotypes of skid-row alcoholics or inner-city crack addicts as the only AOD abusers. Without a doubt, alcohol and drug abuse problems know no boundaries.

Historically, treatment for AOD problems has been based on the disease model of addiction. According to the disease model, AOD abuse is a chronic, progressive, and genetic disease that, if left untreated, will result in death (Doweiko, 2006). The disease model was also the basis for the 12-steps of Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other such support groups. Although treatment based on the disease concept and the 12-steps have helped thousands recover from AOD problems, it has also failed to help others. Clearly, continued developments in the area of treatment are necessary to combat our nation’s problem with AOD.

Although the disease model of AOD abuse and the 12-steps of recovery are mentioned only briefly in this book, I do not deny their important place in the world of AOD treatment. Rather, the purpose of this book is to provide a different approach for addressing AOD problems, one that is based on years of research and practice. When used in the right ways by treatment providers, the methods described in this book have been shown time and time again to be helpful to clients in AOD counseling. If you have previous experience with the disease model and 12-steps as a method of treatment, be it as a client or clinician, I urge you to keep an open mind as you work through this book.

This is an exciting time in the AOD abuse treatment field. Recognizing the shortcomings of the disease model of addiction and the related treatment approaches, several researchers and treatment

professionals have created other forms of treatment for AOD problems. These include the use of Aaron Beck and colleagues' (2001) *Cognitive Therapy of Substance Abuse*, Prochaska and DiClemente's (1994) *The Transtheoretical Approach: Crossing Traditional Boundaries of Therapy*, Miller and Rollnick's (2001) *Motivational Interviewing*, the principles of relapse prevention and harm reduction treatment offered by G. Alan Marlatt and D. Donovan (2002, 2005), and solution-focused brief counseling (Berg & Miller, 1992). Each of these models of treatment emphasizes respect, a focus on strengths, the importance of personal choice, and self-determination of goals for the person struggling with AOD abuse. These models are also the foundation on which this book was written.

I first became aware of the need for alternative AOD treatment approaches early in my career as a counselor in a maximum security prison. Many of the clients that I worked with behind the prison walls were sentenced to spend the rest of their lives locked up with no hope of being free again. Although these men wanted to make positive changes in their lives, including goals to quit using alcohol and drugs (yes, AOD is available inside prisons), they found no comfort in AA/NA meetings and 12-step treatment approaches. The main aspect of the 12-step approaches that many of my prison clients had difficulty with was the need to rely on a Higher Power to attain sobriety. As one client asked, "How can I give myself over to a Higher Power that lets places like this prison live on?" Having no good answer for this client, I began my search for an approach that could more effectively help him meet his goals.

My search took me to the concepts outlined in this book. Since my first prison job, I have witnessed firsthand the effectiveness of these newer treatment approaches. I have employed these approaches with success in prisons and jails, residential treatment centers, agency settings, and private practice. I have also supervised and taught counselors-in-training to use these approaches and have seen my students' success with clients. It is for these reasons that I felt compelled to write this book.

Whoever you are and for whatever reason you have selected this book, you are to be commended for committing yourself to change. As you work on the concepts in the chapters that follow, I wish you luck in achieving your goals. Work hard and enjoy the positive changes that you create!



## ABOUT THE AUTHOR

Jeremy M. Linton, Ph.D. is program chair and assistant professor of counseling and human services at Indiana University South Bend where he teaches and conducts research in the area of substance abuse counseling. In addition, Dr. Linton is a consulting mental health counselor at Samaritan Counseling Center in South Bend, Indiana, and Clinical Supervisor for Western Michigan University's Substance Abuse Clinic. Dr. Linton has provided substance abuse and mental health counseling services in prisons and jails, community agencies, and private practice. He is a licensed mental health counselor and has advanced training in substance abuse and couples and family counseling. Dr. Linton regularly conducts trainings on substance abuse counseling and supervises students working in substance abuse counseling settings.

# 1

## DETERMINING YOUR GOALS AND GETTING STARTED

Welcome to this book! This opening chapter is designed to help you take some first steps toward change. There are several questions for thought and activities to complete as you work through this chapter. By the end of this chapter you should:

1. Have a good idea about the purpose of this book.
2. Have some goals for change.
3. Understand why you want to change.
4. Understand the pros and cons for change.
5. Be ready to put your full energy into completing the rest of this book.

Good luck!

### PURPOSE OF THIS BOOK

If you have picked up this book, then you are interested in doing something about the problem of alcohol and drugs. You may be a person trying to cope with an alcohol and other drug abuse (AOD) problem and have selected this book to help you change your patterns of AOD use. Or, you may be a counselor looking for new ways to address substance abuse issues with your clients. Finally, you may be a counselor-in-training learning about alcohol and drug abuse for the first time. This book is appropriate for all such readers. A little bit later in this chapter, I will offer some suggestions for how each type of reader can effectively use the content of this book.

The first question to think about is, *Why read this book instead of some other book on alcohol and drug abuse?* Simply put, this book summarizes much of what we know about change, and it guides you through the process of putting theories of change into action. Presented in the chapters that follow are key concepts about change developed by leading researchers in the substance abuse treatment field. This means that you can benefit from years of research conducted all over the world.

This book is comprised of nine chapters covering different aspects of recovery from AOD abuse problems. The chapters should be used in order, and concepts in later chapters build off those presented in earlier chapters. As you work through this book you will notice several special features

included in each chapter. Classic research on learning tells us that people learn new information best when they engage the material on four different levels (Kolb, 1981). These levels include: (a) hearing or reading new information, (b) understanding why the material is relevant to the learner's personal life, (c) practicing new skills related to the information, and (d) reflecting on each of the proceeding tasks. Each chapter of this book is designed to provide the reader with opportunities to experience the material on all of these levels.

Each chapter of this book begins by providing the reader with relevant information on the chapter topic. Following this, throughout each chapter, several features are included to promote the reader's active engagement with the material. These include *examples* to promote a concrete understanding of the topic, *questions for thought* to encourage reflection on what is learned, and *chapter assignments* to encourage practice of new skills. In order to get the full benefit from this book it will be very important for you to actively take part in each of these activities.

### OPENING QUESTIONS

Now it's time to get to work! Let's start with an easy question: *Why have you picked up this book?* Probably, the answer to this question is that, for whatever reason, you desire to make some sort of change. If this is true for you, the questions become: *What is it about your life that you want to be different?* and *Why do you want to change?* Either you have decided on your own that you want to make changes to your alcohol and drug use patterns or someone else has decided for you that you need to do so. Maybe you have examined your life and decided that your current pattern of alcohol and drug use no longer works for you. Perhaps a loved one has told you to seek some kind of help for your alcohol or drug use in the form of an ultimatum; either get help or our relationship is over. Possibly, your employer has urged you to take a look at your alcohol and drug use. Or, maybe you are just curious about your drug and alcohol use and have decided to investigate whether you have a problem. Whatever your motivation, I offer my congratulations! You have picked up this book and have at least committed to exploring the possibility of change. Now, let's move on and think about the questions that I asked above.

### WHAT TYPE OF USER ARE YOU?

An important task in thinking about changing your AOD use patterns is to figure out what type of AOD user you are. Different people use alcohol and drugs at different rates and experience different consequences of their use. The nature of your relationship with AOD and the types of consequences you have experienced because of your use will have a direct impact on the plans you make throughout the rest of this book.

To help you better understand the type of AOD user you are, we can turn to the scientific research in the field. Miller and Munoz (2005), two well-respected researchers in the area of AOD treatment, identified four different patterns of alcohol use: overdrinking, dumb drinking, harmful drinking, and dependent drinking. Because this book is about overcoming both alcohol and drug use, Miller

and Munoz's categories have been slightly modified to include the use of other drugs in addition to alcohol. Each is described below.

### *Overusing*

Overusing involves taking more alcohol or drugs than is considered physically safe. At certain levels, for example, alcohol has no harmful physical effects on the body. For men, this safe level of drinking is two drinks per day and for women it is one drink per day. However, when you drink more than this, you put yourself at a higher risk for harmful physical consequences such as liver and digestive problems, respiratory distress, and high blood pressure. With other drugs, however, there is no safe level of use. Smoking marijuana, for instance, even occasionally, is harmful to your lungs. Likewise, taking oxycodone without a prescription and supervision from a physician is equally as dangerous.

It is important to note that overusers may not experience any harmful effects of their AOD use. They may avoid legal difficulties, family conflict, problems at work, and any other related stressors. Similarly, they may not even experience any harmful physical effects of their AOD use. However, the danger lies in the fact that the overuser is placing him- or herself at a higher risk for harmful consequences and therefore needs to take a look at his or her patterns of use.

### *Dumb Using*

In the next category, dumb using, the user takes AOD in situations where it is dangerous or unadvisable to do so. Miller and Munoz (2005) offer drinking alcohol before driving as the classic example of dumb using. Even at very low levels, alcohol can impair the user's ability to safely operate an automobile. Simply put, drinking before driving, even if only done one time, is dumb.

For the most part, use of drugs other than alcohol can almost always be categorized as dumb use. Even if users are merely experimenting for the first time with a drug, they are placing themselves at a high risk for negative consequences. People's bodies react differently to different drugs, and what may be safe for one user can be deadly for another. Taking a drug without knowing how it will affect you is like playing Russian roulette, and to do so is not smart. A famous example of this came in 1986 with the death of college basketball great Bias. Less than 48 hours after being selected in the 1986 NBA draft, Len Bias died of a cardiac arrhythmia induced by cocaine use. It is unclear if Bias was a regular cocaine user. However, because he had a preexisting heart condition, this a tragedy that could have occurred even if Bias had only used cocaine on this one occasion.

Experimental or occasional use of marijuana and other drugs thought by some (erroneously!) to be relatively harmless can also be categorized as dumb use. With the advent of more potent strains of marijuana, the trading business for this drug has become more and more intense. In an effort to keep up with more powerful strains of the drug, some manufacturers and dealers have elected to cut their marijuana with other drugs (e.g., PCP, LSD, or cocaine) or harmful chemicals. In effect, this has led to a "buyer beware" situation for marijuana users; you never really know what you are going to get when you purchase the drug. As a result, the marijuana

user may be ingesting several toxins, in addition to those present in the marijuana, which could lead to many harmful consequences.

### *Harmful Using*

The third category of use described by Miller and Munoz (2005) is harmful using. In this category, AOD users are experiencing actual harm or problems from their use, not just placing themselves at a higher risk as in the previous two categories. The hallmark of harmful using is that the users' problems are a direct result of their AOD use. Problems created by AOD use in this category may include conflict in relationships, missing work, legal troubles, or AOD-related health problems. For whatever reason, however, the user keeps taking AOD in the face of these consequences.

### *Dependent Using*

Finally, there is dependent using. Miller and Munoz (2005) describe this category of use as being characterized by either physical dependence or psychological dependence on AOD. Physical dependence occurs when the user needs more and more of the drug to get high and experiences symptoms of withdrawal when the drug is not present in their system. Psychological dependence comes about when the user feels like he or she cannot function without the drug. In both cases, the dependent user has given up many enjoyable activities and spends more and more time drinking or using drugs. For dependent users, AOD has become the central part of their daily lives and they continue to use despite many harmful consequences.

### *Questions for Thought*

1. Which category of use do you think you are in?
2. What characteristics of the category best match with your AOD use patterns?
3. What is your reaction to this assessment?

Keep your answers to these questions in mind as you work through the rest of this chapter.

## **WHAT DO YOU WANT TO CHANGE?**

Now that you have thought about the type of AOD user you are, let's think about change. If you are ready or willing to consider change, what is it that you want to change? For some, the answer to this question is easy. For others, the answer is more difficult to come up with. In either case, take some time to think about this question. It has been said that if you don't know where you are going you will never know if you get there. This is especially true for those who want to change their alcohol and drug use patterns. You must understand what you want to see difference in your life before you can start trying to change. One important question to consider, for example, is whether you want to quit using AOD all-together or reduce the amount you use.

In answering the question of what you want to change you may find it helpful to write your ideas down. Use Worksheet 1 at the end of this chapter to begin thinking about this question. When completing this worksheet, take your time and think hard about what it is you want to change. Your answers on Worksheet 1 will be the foundation upon which the rest of this book is built.