

Addiction: The truth behind the stigma

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There are many differing opinions about addiction and the reasons why people become addicts. Some people view addiction as a moral transgression, others as a weakness. However, more and more professionals are realising that addiction is an illness and, in the case of alcoholism (and alcohol is merely a drug in liquid form), is recognised by the American Psychiatric Association (APA) as exactly that.

In fact, the whole American culture surrounding the disease and treatment of addiction is so diametrically opposed to the denial and shame of the British population that I wonder how long it will take for us to catch up.

Misconceptions about addiction

There are also misconceptions about which addictions are worse than others as well as some which should not really be taken seriously at all. For example, many people will view heroin addiction far more gravely than say an addiction to cannabis even though they are both illegal drugs.

Yet the risks of using heroin are greater than smoking cannabis because there are the added dangers of accidental overdose and the consequences of sharing needles (contracting HIV, AIDS, Hepatitis etc) but the emotional pain and suffering of the cannabis user can be just as great as the Class A drug user often resulting in failed marriages, careers and relationships as well as severe depression and even suicide.

This is not to mention the growing evidence providing a positive correlation between the consumption of cannabis and mental illness including psychosis and schizophrenia.

Conversely, excessive drinking can actually be revered in certain circles as alcohol is legal and therefore socially acceptable. Sex addiction is often mocked as a “non-addiction” but suddenly a lot of people are waking up to the dangers of gambling due to the recent poker epidemic hitting our screens and the ease of on-line betting. All of these addictions are basically the same – the problem is not the substance or behaviour that people are addicted to but the illness itself. If, for example, an alcoholic was to simply abstain from drinking alcohol, there is a very high probability that they will cross-addict to using a different substance or behaviour (for example drugs or gambling).

Addiction is an illness

Let’s get some facts straight. Addiction **IS** an illness. It affects approximately one in ten people in this country. Whether someone is addicted to a substance (drugs or alcohol), behaviour (sex, gambling, shopping, relationships, self-harm etc) or food (over-eating, anorexia or bulimia) it is a progressive illness and must be taken seriously and treated properly. As with any other illness, it does not discriminate between age, gender, intelligence, class, religious beliefs or race.

It is a mental condition that **renders the user powerless over their behaviour** and is not simply a matter of will power. There is a school of thought that suggests that addicts have an imbalance of the neurotransmitters in the brain which prevent them from processing their feelings appropriately. Consequently, they turn to a substance or behaviour to “medicate” themselves as they lack the coping mechanisms that the rest of society take for granted. Furthermore, **addiction is an illness that affects whole families**. That is not to say that every member of the family is an addict, but that the destructive behaviour of the addicted member will have a negative impact on those around them.

Addiction stigma in the UK

However, there seems to be a disproportionate level of shame and secrecy surrounding addiction in the UK. In my experience people will often talk about how their son, daughter, husband or wife suffers from illnesses such as diabetes or cancer but are too ashamed to admit that a member of their family suffers from addiction for fear of what others may think. Consequently, this not only prevents the suffering addict from receiving the help that they need but reinforces the unimaginable sense of shame that they already feel about themselves.

When dealing with addiction there are some essential questions which need answering namely:

- ‘What treatments are available?’
- ‘When to tackle the problem?’
- ‘What action to avoid?’

With regard to available treatments there are a number of trained specialist addiction counsellors who offer both individual and group therapy. In addition there are numerous treatment centres (rehab) across the country and abroad. Self-help groups such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Gamblers Anonymous etc are also extremely important resources and are free of charge. However, there are some things to consider when seeking help.

Firstly, an addiction “rock bottom” can very often appear identical to clinical depression and, as such, many GPs frequently prescribe anti-depressants. This is, in my opinion, often the wrong approach when tackling addiction. Apart from giving an addictive drug to an addict, it is merely masking the underlying problems rather than addressing them and either the addict stays on anti-depressants for years or goes back to using some other addictive substance or behaviour when the supply of medication is removed. This is usually not the fault of the prescribing GP but a result of only being shown the presenting symptoms and not being made aware of the history of addiction.

Overcoming denial

The next thing to take into consideration when considering help is the timing. If an addict *wants* help then the time is obviously right. However, **the first and most powerful stage of addiction is denial.** This denial should never be underestimated. Even though someone may be spending thousands of pounds on drugs, drinking to blackout on a regular basis, having medical complications due to their lack of or excessive eating or physically harming themselves with knives, razor blades, cigarette burns etc, **they genuinely think that they are in control of the situation and very often refuse to accept the label of “an addict.”**

Furthermore, when people try to show them the extent of their destructive behaviour they often act defensively and/or aggressively as their supply is being threatened. Ultimately, their drug of choice (or behaviour) will always come first despite the negative impact that it has on themselves and those around them.

However, although they may be in total denial about the addiction, they are very often aware that their behaviour is wrong and will put it down to weakness, a lack of will-power, immaturity and other similar justifications which will inevitably lead to an overwhelming sense of guilt and shame. This is especially so in the later stages of the addiction when addicts are so dominated by their addictive behaviour that they will resort to acting in ways that they know are morally wrong and that they never dreamed they would be capable of.

These often include lying to and manipulating their loved ones, stealing, dealing, using sex as a form of currency, violence and so on. Consequently, the further down addicts go, the harder it is to ask for help due to the spiralling and relentless feelings of shame and guilt. Coming clean about the problem would mean being honest about their past behaviour. However, once the pain of using outweighs the pain of not using, the healing can begin. This is what is commonly referred to as hitting a “rock bottom”.

Unfortunately, many friends and family members actually enable the addict to continue in their illness out of acts of kindness, love and support. They can also be in denial about the situation either because they don't want to accept the harsh reality or because the addict is keeping the extent of their using secret. Bailing addicts out financially, giving them a home to live in rent free, picking them up off the floor when they pass out in the early hours of the morning and taking them to bed are all acts of love but all allow the addict to continue their lives without any consequences. Everything we do have consequences whether positive or negative but in an addict's world, consequences are for other people.

By stopping this enabling behaviour we can actually raise the rock bottom up to meet the addict rather than waiting for the addict to fall low enough to hit their rock bottom on their own. The danger of allowing them to find their own path is that it often ends in jails, institutions or death. I have seen a number of people die from this illness through accidental or intentional overdose, driving under the influence, alcohol/drug related illnesses, aggressive and violent behaviour and, commonly, suicide. It is a life threatening illness that unfortunately kills many of its victims.

Structured intervention

Another course of action in helping a loved one in the grips of this illness is a formal, structured intervention. This is very common in America and is becoming increasingly popular in the UK but we are still way behind due to the whole cultural differences when dealing with addiction.

Here, a trained interventionist is hired to help the family and friends offer their loved one help (usually paying for them to go to rehab) and force consequences upon them if they refuse. This is a very difficult and painful method for all involved and should only be used as a last resort as it can only really be done once. The interventionist will help the family through the process of sourcing the best treatment centre

for the individual based on their addiction, mental health, budget etc. and also facilitate the actual intervention. He/she will advise the family and friends about what types of consequences are appropriate but will leave it to the individuals to decide on what they are capable of both instigating and maintaining. Interventions are not always successful and therefore everyone involved has to be able to carry out their consequence as making empty threats to an addict is as productive as making them to a child!

Deciding on the best course of action requires accurate information and advice. This will usually involve talking to a trained professional and/or someone who has been through the process themselves. Remember that it is often the despairing, and largely neglected, family members who reach a state of desperation and ultimately a willingness to ask for help well before the suffering addict. Although there is surprisingly little media exposure on this issue, there are a number of resources available for family members to help them learn how to detach from the harmful enmeshment that they are often involved in without losing the devotion to their loved ones. Speaking to an accredited addictions counsellor is often a good starting point.



Profile of the author

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