



A Basic Addiction Primer

by Judy Shepps Battle

Addiction is a chronic, progressive, and sometimes fatal disorder with both genetic and environmental roots. It manifests as a compulsion that drives an individual to continue to behave in a way that is harmful to self and loved ones, despite an intense desire to halt that behavior.

It is a disease of “more” — an active addict needs an increasing amount of substance to get high and is unable to cease usage without painful withdrawal symptoms. This is true whether the addictive substance is a drug — such as alcohol, tobacco, marijuana, cocaine, or heroin — or a behavior, such as gambling



or sexual promiscuity. Addiction transcends economic, social, racial, religious, occupational, or age groups. Addicts are not visually identifiable; it is impossible to pick out an alcoholic, drug addict, or the people who enable addictive behavior (co-dependents) from a gallery of photographs.

Alcohol, tobacco, and other drug abuse is costly. More than \$275 billion dollars are spent annually in the United States on medical and social issues related to addiction. These costs include related crime, loss of work time, medical expenses from health-related injuries or illnesses, property damage, and treatment.

There is no known cure for addiction. Relapse is a part of the disease and may be triggered in a variety of environmental and emotional ways. Life-long monitoring is necessary, yet with appropriate identification, treatment, and self-care, an addict

can live a productive substance-free life.

We know that addiction runs in families, but how is this “disease” transmitted?

Is a person born with an “addiction gene” or with an “addictive personality,” or is addictive behavior taught by family and society?

This classic question of nature vs. nurture is answered with a qualified “both.”

The Genetics of Addiction

There is evidence that heredity plays an important part in increasing the likelihood of an individual developing an addiction to illicit drugs, alcohol, and tobacco.

Researchers have compared alcoholism rates of adoptees born to alcoholic parents with those born to nonalcoholic parents. One study found higher

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alcoholism rates (two to three times higher) in sons whose natural parents were alcoholics than in sons whose natural parents were non-alcoholics.

Twin studies offer additional evidence. Monozygotic (identical) twins share an identical genetic makeup while dizygotic (fraternal) twins share, on average, only 50 percent of genetic similarities. Studies of male twins find that identical twins have 50 to 200 percent greater rates of alcoholism than fraternal twins. The abuse of sedatives, stimulants, cocaine, and opiates also follows this pattern and is associated with genetic predisposition.

Environment is Also a Factor

Although both adoption and twin studies indicate that genetic factors contribute to a predisposition for addiction, they do not tell the entire story. Environmental factors also can increase the risk for developing addiction and/or assist in the development of resiliency skills that protect an individual from beginning to use addictive substances.

Many professionals focus primarily on environmental risk factors as determining a child's vulnerability to substance use and other behavioral health problems.

These include demographics

(geography, economics, crime rate, quality of schools) and familial factors (genetics, family addiction, family parenting skills).

A child from an urban, poor neighborhood with a high crime rate and poor school system is more likely to begin using chemical substances than his demographic opposite. Having a family history of addiction, living with active addicts, and being inadequately parented also increases the risk of using and abusing substances.

But not all kids from high-risk environments become casualties. When characteristics of successful (non-addicted) adults who came from at-risk backgrounds are studied, it is found that these adults developed strengths (resiliency factors) that became survival tools.

The Role of Resiliency

Basic resiliency factors involve self-esteem and sound decision-making skills. Many school systems have developed curricula to foster these qualities, but the primary garden of resiliency is the family.

Findings consistently show that the more adolescents feel a mix of unconditional love and loving boundaries (also called "loving control" or "loving autonomy"), the less likely they are to experience substance abuse

and related problems. Most critically, the longer initiation into substance use is delayed, the less likely addiction will result.

A Beginning

There is a saying that we cannot choose our family, but we can choose our friends. Similarly, we have little ability to change genetic inheritance, but we can support school and community prevention programs that effectively delay first use of alcohol and drugs and strengthen resiliency in at-risk youth.

If we couple prevention efforts with providing adequate treatment for those already addicted (and their families), a significant step toward addressing the disease of addiction will occur.

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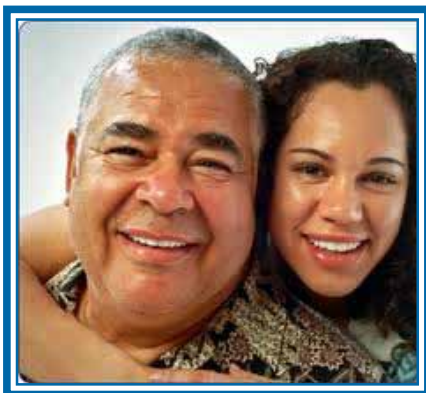
You can influence your child's choices regarding alcohol

Someone once said that raising teenagers is like trying to nail Jell-O to a tree.

We all recognize the fact that parenting is a tough job. But as parents we need to know that our positive efforts can translate into healthy behaviors by our children.

Contrary to what exasperated parents of teenagers may often think and feel, family attitudes and behaviors do play an important role in shaping the choices young people make. As the National Institute on Alcohol Abuse and Alcoholism (NIAAA) points out, a large body of research shows that, even during the teen years, parents have an enormous influence on their children's behaviors, values and decisions about drinking.

Recently, researchers at Iowa State University found that a child's future alcohol use may be directly influenced by a parent's expectations about alcohol consumption. In analyzing data obtained from a series of interviews



with about 800 Iowa mothers and their children, a team of researchers found strong evidence that a mother's beliefs regarding her child's likelihood of using alcohol altered her child's self-view in either a positive or negative direction. In other words, if a mother believes her child will use alcohol, there is an increased likelihood that the belief will become reality.

The research concluded that what people believe ultimately has an impact on what actually occurs. But not just because they believe it. It's not magic.

When we believe something — even if it's wrong, we act as though it is. And sometimes when you act as though something's true, your behaviors will cause the belief to become true.

The moral here is: as parents, we need to help our children develop positive and pro-social concepts about themselves, because children are likely to make choices that match how they view themselves.

It's never too early to begin the important job of nurturing a child's positive self-image. While that task may seem daunting, there are a variety of resources available to parents. These resources can help

parents and caregivers promote healthy lifestyles and open up the lines of communication with children, so they will make informed, responsible choices.

NCADD of Middlesex County, Inc. is the primary prevention agency in Middlesex County. In that capacity, the agency provides programming, presentations and a fully stocked Resource Center, all designed to help parents and caregivers to better communicate with their children; to learn how to be more involved in their children's day-to-day activities; how to set and enforce rules; how to be positive role models; how to help children choose friends; and how to do regular check-ins with children.

NCADD can also help parents with strategies for communicating with teens about alcohol, ways to spot warning signs of potential drinking problems, and the necessary actions to help teens resist alcohol. NCADD provides these services and programs in a variety of settings: schools, community and faith organizations, and more. To learn more about what NCADD can do for you, and in your school or community, call us today at 732-254-3344.

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THE I-DOSER EXPERIENCE: DIGITAL SIMULATION OF A "HIGH."

BY LAUREN JOHNSON, NCADD INTERN

Just when you thought your kids were safe from drug dealers and peer pressure, a new type of "high" has entered the market.

I-doser.com is a website that offers simulated digital drug experiences such as Marijuana, LSD, Crystal Meth, and Oxycontin.

The producers claim that users may feel profound effects from these "doses." I-doser can be downloaded as an iPod or iPhone application, or mp3s may be purchased directly from the website.

The secret behind i-doser is the use of binaural beats, a mixture of two sound waves that is said to create a hallucinatory effect when listened to through high-quality headphones. A "dose" may cost anywhere from \$2.00 to \$200.00. I-doser advertises that it is the "industry leader in binaural brainwave audio doses to powerfully alter your mood."

Over the past few years, i-doser.com has become popular among drug users and curious internet wanderers alike. Aside from simulating drug effects, these mp3 files are said to be effective in inducing a variety of mental states, including "Lucid dream," "QuickHappy," "Orgasm,"

and "Gates of Hades." A simple YouTube search of i-doser reveals over 1,300 results, mostly of young people trying i-doser at home with their friends.

I-doser offers free doses for new users, so could this activity become a compulsive behavior similar to actual drug use? The site claims that all doses are safe, except for some "strong doses," on which they advise the user not to drive or operate heavy machinery.

What can we do about this new phenomenon? Kids have access to the internet on their computers, iPods, and smartphones. Setting internet parental controls is a good place to start. Talking with your kids is also crucial to helping them understand that experimenting with drugs, whether real or digital, is dangerous.

Parents should visit the i-doser website, read the forums, and educate their children. Banning this website from public use may be difficult, but we may be able to fight for regulations prohibiting use by those under 18. For now, we must be aware of similar trends among youth and serve as resources for curious kids.