

Standing At The Crossroads: Trying to Quit Using

By Peggy L. Ferguson, Ph.D.

People do not easily come to the conclusion that they have an alcohol or other drug problem. The telltale signs have been there quite some time. Addiction carries with it its own camouflage devices. It can look like a lot of other illnesses from the perspective of an outsider looking in. From the perspective of an alcoholic/addict the telltale signs can be chalked up to a million other problems or causes.

When addiction can be dismissed as the “real problem” by the alcoholic, s/he is free to continue to drink, consciously or unconsciously trying to regain control over the drinking. Each alcoholic that eventually finds his/her way into recovery will have tried any number of things to regain control over their drinking. Once they have discovered through trial and error (sometimes for years or even decades), that they really do not have consistent control over the drinking (or drug using) and that their lives keep deteriorating in the process, they decide to quit. Often the decision to quit, is not the actual springboard into recovery. Many people will convince themselves that simply having the desire to quit is enough to accomplish it.

Operating from this belief, addicts will do some of the following behaviors that actually prevent or postpone them from finding recovery:

They will continue to hang around with using friends, believing that they can pass the joint around the circle without eventually taking the hit.

They will continue to go to the bar and congratulate themselves when they drink a coke instead of bourbon.

They will decide that the friends are the source of the problem and will move away, hoping to start anew without drug connections.

They will identify a specific drug as the problem, and believe that they can continue to use some other drug in its place without the same negative consequences.

They will decide that their problem is really depression and go to counseling without disclosing a drinking/using problem (which does not get addressed) or get a prescription for an antidepressant (which does not stop the drinking/using).

They will give someone else control over their drugs or money, then get into a struggle with them over that control.

They will set a goal to not drink/use for one week, one month, or one year, believing that accomplishing this goal means that there is no drinking/using problem.

They will rule out AA/NA or treatment specifically for addiction as unnecessary and continue to try to do it their own way despite continuing to drink/use.

Each person who eventually finds his way into recovery tries to do it their own way. Many try for decades to stop using (and staying stopped) before actually accomplishing it.

While this is going on, the disease continues to progress. The progression usually involves a series of crises. The crises get bigger and closer together. Eventually, the crises get the attention of the alcoholic/addict. Before that happens, the crises could capture the attention of family or friends, and someone becomes able to connect the drinking or using with the crises. Once family members identify the real problem and decide to intervene, this intervention can create a crisis for the addict. It may not matter initially, who connects the dots. Family members can intervene and get the addict to treatment. Or the alcoholic can become motivated by the latest crisis and become willing to try something different. Fear is a pretty good short term motivator if it gets an alcoholic/addict to seek the help that she needs to make the transition into recovery.

What happens next is often referred to as “surrender” in treatment and 12 step recovery. “Surrender” involves recognizing that your efforts to regain control or to get clean and sober by being willing to do “this”, but not “that”, have not worked. It involves recognizing that others do know how to assist you in accomplishing abstinence and being willing to follow through with suggestions.

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