ADDICTION INTERACTION DISORDER

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Published: **New Times**, National Council on Alcoholism & Drug Dependence, V12/2/05, pg. 5.

I recently returned from the Level II training as a *Certified Sexual Addiction Therapist* (C.S.A.T.) with Dr. Patrick Carnes and wanted to share with you the exciting implications for the recovery field as a whole that his recent work promises. Specifically, I was struck by Dr. Carnes' clarity on the issue of "Addiction Interaction Disorder" and the importance of identifying and treating co-addictions throughout the recovery process.

Most of us are aware that addictions seldom occur in isolation. People usually have two or more: alcohol, drugs, gambling, sex, food, nicotine, spending and debting. However, these don't simply co-exist, they may interact and compound each other in very complicated ways. In treatment, it is vital that both the counselor and the recovering person recognize and understand this dynamic so that long-term "sobriety" can be maintained.

Carnes identifies ten aspects of "Addiction Interaction Disorder:" 1) Cross- Tolerance, 2) Withdrawal Mediation, 3) Replacement, 4) Alternating Addiction Cycles, 5) Masking, 6) Ritualizing, 7) Intensification, 8) Numbing, 9) Disinhibiting, and 10) Combining.

Cross- Tolerance is a simultaneous increase in addictive behavior between two or more addictions. For example, the alcohol and sex addiction become worse at the same time- there is little or no developmental sequence. A sex addict may quit "acting out," but start using cocaine and accelerate to a long-term use level in a very short period of time.

Withdrawal Mediation occurs when one addiction is used to moderate or relieve withdrawal from another addiction. The "relief" addiction may already be in place and be more "socially acceptable" then the substance or behavior they have given up. The "mediation" substances we are most familiar with in the recovery community are caffeine, nicotine and sugar. We are also familiar with the "13th Step" phenomenon of program members "hitting on" newcomer's which can be a symptom of sex and/or love addiction.

Replacement Addiction occurs when one addiction replaces another with the majority of emotional and behavioral features remaining the same. An example of this process would be the

businessman who moved into compulsive indebtedness and then began smoking marijuana to reduce the stress related to this. His wife became upset with his smoking and got him into treatment, but the financial problem was not addressed because it is such a common (but secondary) issue with addicts. A year into his recovery from cocaine use the man gets into compulsive gambling and to relieve the stress of that problem starts seeing prostitutes, which creates even more cash flow problems and more stress. But the wife remains oblivious to his spiraling problems *because he's not smoking marijuana.*

The man stopped one addiction but kept an underlying level of compulsion going and even picked up two more addictions to replace the one he stopped. This is a classic example of addictions as a "package" or "constellation" that overlay core problems that must be addressed in order to resolve ongoing addictive behavior.

Alternating Addiction Cycles occurs when an addict cycles back and forth in a patterned, systemic way. One example of this is a young woman who was promiscuous and also a food anorexic. She was out of control sexually and depriving herself of food at the same time. Her solution was to get married, but when she did she shut down sexually and began to compulsively eat. After gaining 100 pounds, she divorced and went back to being overactive sexually and anorexic. She went on to repeat the pattern several times. The risk to recovery here is that treatment may focus on the eating disorder and fail to address the underlying sexual/relationship problem. The risk of this happening may be increased by the woman's own shame and reluctance to tell the counselor about her sexual acting-out.

Masking may also occur if an addict uses one addiction to cover for another, less acceptable addiction as in, "I only did that because I was drinking."

Ritualizing occurs when the addictive behavior of one addiction serves as a ritual pattern to engage in another. In the movie, "Looking for Mr. Goodbar," the woman's dressing, cruising, drugging and drinking were all part of the same ritual. Most of the buys for cocaine are done in a sexual context, linking one with the other.

There are three aspects to ***Intensification- Fusion, Partial Fusion and Binge Features.*** The linking of cocaine and sex is a good example of ***Fusion*** - addicts will not use cocaine without sex, nor will they have sex without cocaine. 50- 70% of all cocaine addicts also have a problem with sex addiction.

In ***Partial Fusion,*** two addictions are combined in such a fashion as to be more potent than if each addiction is used separately, the addictions are only used separately some of the time. About 2/3 of the men who have a problem with compulsive prostitution use also have a problem with compulsive

spending- money becomes eroticized for them. But they may also have some compulsive spending that's not erotic. Assessing for and clarifying the nature of the two addictions is crucial to resolving the real problem.

Binge Features occurs when there is multiple episode use yet those episodes are functionally independent of one another. An example of this would be the alcoholic, sex addict, or the compulsive gambler who goes to a topless bar casino for "one-stop shopping." They have found a place they can binge and do everything at once, each aspect of the event intensifies the other.

In ***Numbing*** one addiction is used to medicate the shame or pain caused by another addiction or by addictive bingeing. The addict may spend the night engaging in high-risk sexual bingeing and then go home and numb-out by drinking or with compulsive masturbation.

In ***Disinhibiting*** one addiction is used to lower the inhibitions of another addictive acting out- as when someone drinks to act out sexually.

When ***Combining***, an addict is mixing addictive experiences to moderate responses due to neuropathway interaction- drugs, alcohol, sex, etc. trying to get right to the edge and hold it. They may hold the desired feeling for weeks, but when they crash they crash hard.

For those of us in Recovery, we must be ever-vigilant to our tendency to shift from one compulsive behavior to another. Recognizing our own unique pattern of AID may help us address and resolve other addictive behaviors that are sabotaging our short-or-long-term sobriety.

Addiction Interaction Disorder also holds several implications for the addiction treatment field. As treatment providers, we must be aware that addictions often come in "interactive packages" that need to be assessed for and clarified. Defining the primary addiction will impact the effectiveness of treatment and long-range recovery. We are challenged to overcome our own inhibitions in discussing sexual issues and we must be able to assess for possible sex addiction. Successful long-term recovery may depend on the addict attending several different 12-Step programs. We need to be familiar with these and have referral information available.

Participating in the C.S.A.T. training not only increased my knowledge of treating sexual addictions, it greatly enriched my understanding of multiple addictions and their interactive nature. I highly recommend that every agency consider having at least one staff member trained in this area and that addiction counselors in private practice consider adding this training to your services- sex addiction is flourishing in the age of "Cybersex," but it goes undiagnosed and untreated.