

Link Between ADHD and Addiction

People with ADHD commonly attempt to soothe their restless brains and bodies with addictive substances such as alcohol, marijuana, heroin, prescription tranquilizers and pain killers, nicotine, caffeine, sugar, cocaine and street amphetamines. When people use substances to try to improve their abilities, or decrease and/or numb their feelings it is called self-medicating.

Initially, self-medicating works. It provides people with ADHD some relief from their symptoms. For some, drugs such as nicotine, caffeine, cocaine, diet pills and speed enable them to focus, think clearly and follow through with ideas and tasks. Others choose to soothe their ADHD symptoms with alcohol and marijuana.

Self-medicating can feel comforting, but it brings on a host of addiction-related problems which, over time, make people's lives much more difficult. What starts out as a solution can cause addiction, impulsive crimes, domestic violence, increased high-risk behaviors, the loss of jobs, relationships and families and death. Too many people with untreated ADHD learning and perceptual disabilities are incarcerated or dying from co-occurring addiction.

Self-medicating ADHD with alcohol and other drugs is like trying to put out a fire with gasoline. The person suffering from ADHD has pain and problems that are burning out of control and their lives could explode as they attempt to douse the flames with substance abuse.

According to an article in American Scientist, "In the United States there are 18 million cocaine addicts, 14.9 million who abuse other substances, 25 million addicted to nicotine."

Who will become addicted?

People with ADHD are vulnerable to abusing mind-altering substances. There are many reasons why one person becomes addicted and another does not. No single cause for addiction exists; rather, a combination of factors is usually involved: genetic predisposition, neurochemistry, family

history, trauma, life stress and other physical and emotional problems contribute. Part of what determines who becomes addicted and who does not is the combination and timing of these factors. Some people may have a genetic predisposition for alcoholism, but if they choose not to drink, they will not become addicted. The same is true for drug addictions.

The bottom line is that people with ADHD are more likely to medicate themselves with substances than those who do not have ADHD.

Doctors Hallowell and Ratey estimate that eight to 15 million Americans suffer from ADHD. Other researchers estimate that as many as 30 to 50 percent of them use drugs and alcohol to self-medicate their ADHD symptoms. This does not include those who use food and compulsive behaviors to self-medicate their ADHD brains and the many painful feelings associated with ADHD. When we see ADHD it is important to look for substance abuse with addictions and when we see substance abuse and addictions, it is equally important to look for ADHD.

Prevention and early intervention

“Just Say No!” may sound simple, but if it were that simple we would not have millions of children, adolescents and adults using drugs. Some individuals’ biological and emotional attraction to drugs is so powerful that they cannot conceptualize the risks of self-medication. This is especially true for the person with ADHD who may have an affinity for risky, stimulating experiences. This also applies to the person with ADHD who is physically and emotionally suffering from untreated ADHD with symptoms including restlessness, impulsiveness, low energy, shame, attention and organization problems, and a wide range of social pain.

It is difficult for people with ADHD, who are tormented by its symptoms to say no to drugs.

The sooner they enter treatment and are stabilized with prescribed medication, when indicated, the more likely they are to benefit from counseling to decrease or eliminate their self-medicating.

Untreated ADHD and addiction relapse

Untreated ADHD contributes to addictive relapse, and at best can be a huge factor in recovering people feeling miserable, depressed, unfulfilled and suicidal. Many individuals in recovery have spent countless hours in therapy working through childhood issues, getting to know their inner child and analyzing why they abuse substances and engage in addictive behaviors. Much of this soul searching, insight and release of feelings is necessary to maintain recovery. But what if, after years of group and individual therapy and continued involvement in addiction programs, your client still impulsively quits jobs and relationships, cannot follow through with his or her goals, and has a fast chaotic or slow energy level? What if, along with addiction, your client also has ADHD?

Treating both ADHD and addictions

It is not enough to treat addictions and not treat ADHD, nor is it enough to treat ADHD and not treat co-occurring addictions. Both need to be diagnosed and treated for the individual to have a chance at ongoing recovery. Now is the time to share information so that addiction specialists and those treating ADHD can work together. It is critical that chemical dependency practitioners understand that ADHD is based in our biology and responds well to a comprehensive treatment program that sometimes includes medications. It is also important for practitioners to support the recovering persons involvement in 12-step programs and help them to work with their fear about taking medication.

A comprehensive treatment program consists of:

- * a professional evaluation for ADHD and co-occurring addiction.
- Continued involvement in addiction recovery groups or 12-step programs
- * education about how ADHD affects each individual's life and the lives of those who love them
 - * building social, organizational, communication and work or school skills
 - * ADHD coaching and support groups
 - * close monitoring of medication when medication is indicated
 - * Support for an individual's decision to take medication or not. In time they may realize on their own that medication is an essential part of their

recovery.

Stages of recovery

Recovery is a process that can be divided into four stages: pre-recovery, early recovery, middle recovery.

Pre-recovery: This is the period before a person enters treatment for their addictions. It can be difficult to sort out ADHD symptoms from addictive behavior and intoxication. The focus at this point is to get the person into treatment for the chemical and/or behavioral addiction. This is not the time to treat ADHD. During this period it is also difficult, but not impossible, to sort out ADHD from the symptoms of abstinence, which include distractibility, restlessness, mood swings, confusion and impulsivity. Much of what looks like ADHD can disappear with time in recovery. The key is in the life long history of ADHD symptoms dating back to childhood.

Early Recovery: In most cases, this is not the time to use psychostimulant medication, unless the ADHD is affecting his or her ability to attain sobriety.

Middle Recovery: By now, addicts and alcoholics are settling into recovery, and they usually seek therapy for problems that did not disappear with recovery. It is much easier to diagnose ADHD at this stage; and medication, when indicated, can be very effective.

Long-term Recovery: This is an excellent time to treat ADHD with medications when warranted. By this stage, most people in recovery have lives that have expanded beyond intense focus on staying clean and sober. Their recovery is an important part of their life, and they have the flexibility to deal with their ADHD.

Medication and addiction

Psychostimulant medication when properly prescribed and monitored is effective for approximately 75 to 80 percent of people with ADHD. These

medications include Ritalin, Dexedrine, Adderall and Desoxyn. Recovering alcoholics and addicts are not flocking to doctors to get psychostimulant medication to treat their ADHD. The problem is that many are hesitant for good reasons to use medication, especially psychostimulants. But, it is important to note that when these medications are used to treat ADHD the dosage is much less than what addicts use to get high. When people are properly medicated they should not feel high or “speedy,” instead they will report increases in their abilities to concentrate, control their impulses and moderate their activity level. The route of delivery is also quite different. Medication to treat ADHD is taken orally, where street amphetamines are frequently injected or smoked. Non-stimulant medications such as Wellbutrin, Prozac, Nortriptyline, Effexor and Zoloft, frequently used in combination with a small dose of a psychostimulant, can also be effective in relieving ADHD symptoms for some people.

These prescribed medications can help people with ADHD concentrate, control their impulses and regulate their energy level, so they are less likely to self-medicate. n

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