

CHAPTER ONE

WHO IS AN ADDICT?

Most of us do not have to think twice about this question. WE KNOW. Our whole life and thinking is centered in drugs in one form or another, the getting and using and finding ways and means to get more. We use to live and live to use. Very simply an addict is a man or woman whose life is controlled by drugs. We are people in the grip of a continuing and progressive illness whose ends are always the same: jails, institutions and death.

The user may be unaware that a problem exists until, for example, the drugs run out and they begin to feel the early stages of withdrawal. Or, they keep using but start to notice if they try to stop, that they are unable, or when using they have lost control over the amount. We admitted that we used drugs, but many of us did not think we had a problem.

As practicing addicts, we were keenly aware of the difference between right and wrong. Many of us were convinced that we were right and the world was wrong, and used this belief to justify our self-destructive behavior. Many of us developed a loser's point of view which enabled us to pursue our addiction without the restraints of concern about our well-being. Simply, the loser's point of view focuses on the negative in all things.

We realized that our record had not been good, but that was due to being in the wrong place at the wrong time, or so we thought. We were yet to realize that our "bad luck" was caused by situations we had placed ourselves in, through the

1 As practicing addicts, we could really get down and if
2 we experienced a periodic jolt of self-awareness, it seemed
3 as if we were two people instead of one, like Dr. Jekyll and
4 Mr. Hyde. We became capable of depravity--of betrayal to
5 ourselves and to others. Temporarily clean, we ran around
6 trying to get it all squared away before our next spree.
7 Sometimes we could do this very well, but later it seemed less
8 important, and at the same time, more impossible. After years
9 of trying to make ourselves happy with cars, sex and dope, we
10 were unhappy and less satisfied than when it all started.

11 Some of us first saw the effects of addiction in the people
12 we were close to. We became very dependent on people to carry
13 us emotionally through life. We were always left disappointed
14 and hurt when they had other interests, other friends and
15 loved ones. We regretted the past; we feared the future. We
16 were constantly searching for "the answer"--searching for
17 meaninglessness and purposelessness. While using, we lacked
18 the ability to cope with day-to-day affairs. As our addiction
19 caught up to us, we found ourselves in and out of hospitals,
20 jails and institutions more and more. Because of these experi-
21 ences, we began to realize how screwed up our lives really
22 were. Drugs could no longer hide the pain. We just wanted
23 an easy way out. Suicide was on many of our minds. Our sui-
24 cide attempts were often feeble, and only helped to contribute
25 to our feelings of worthlessness. Part of ourselves could see
26 what was happening; another part would not accept it. We were
27 caught in an illusion of "what if," "if only," and "just one
28 more try."

29 We remember going through a lot of pain and despair before
30 considering the possible connection between drugs and our
31 misery. We had used all sorts of drugs over the years and
32 experienced numerous living problems as the result of our
33 using and yet did not consider ourselves addicted. The problem
34 was that most of the information available to us, before coming
35 to the Fellowship of Narcotics Anonymous, came to us from
36 misinformed people or others who also used heavily but did not

consider themselves to be addicted. We did not see our- 1
selves as being addicted, as long as we could periodically 2
stop using for a day, a week, or even a month or more. We 3
looked at the stopping, not the using. Of course, as our 4
addiction progressed, we thought of stopping less and less. 5
Many of us had reached the point where we saw ourselves 6
hopelessly deteriorating; by that time we asked ourselves, 7
"Could it be the drugs?" 8

Things did not get bad for some of us, at least on the 9
outside. We never considered ourselves addicts, although 10
some of us have used, misused and abused drugs for half of 11
our lives or more. The term "drug addict" conjured up vi- 12
sions of street crime, fear of the law, and needles. Our 13
belief was that the drug addict lived in a skid-row envi- 14
ronment. We believed we could not be addicts since we could 15
not fit into that picture. We looked at our differences 16
rather than our sameness. Yet the things we had in common 17
put us all in the same dimension, the dimension of addiction. 18

Did we want to stop using and could we do it alone? 19
What did we use and how did we use it? Did we "con" doctors 20
for prescriptions, telling ourselves that it was O.K. to use 21
these drugs because they were legal? Did we have more than 22
one prescription being filled at the same time by different 23
doctors? Did we need something to help us get going in the 24
morning, or something to slow us down at night? Were we 25
using illegal drugs and thinking there was nothing that 26
could be done to kick the habit? Were we in trouble with 27
friends, family, and/or the law because of drug-related 28
incidents? 29

Something inside said, "No more." We had begun to have 30
silent thoughts that maybe the dope was killing us. In a 31
rare moment of clarity, we were able to look at the whole 32
scene in all its insanity. We realized that drugs were en- 33
slaving us instead of setting us free. We were prisoners in 34
our own mind, condemned to slow execution by our own sense 35
of guilt. We had all but given up on ever getting help. 36
Our previous attempts to stay clean had always failed, caus- 37
ing us many years of pain and misery. 38

1 Our futures appeared hopeless until we found clean addicts
2 who were willing to share. In the Fellowship of N.A., the
3 desire to stop using was all that we needed in the beginning.
4 Our recovery began with our first admission that we needed
5 help. Denial of our addiction is what kept us sick and honest
6 admission of our addiction enabled us to stop using. We were
7 able to open up and ask for help by attending meetings. We
8 went to meetings and heard people sharing their feelings and
9 realized that we had felt those feelings ourselves. We were
10 no longer alone. People told us they were addicts and that
11 they were recovering. If they could do it, so could we. We
12 feel from our experience that each individual has to answer
13 the question, "Am I an addict?"

14 We began to accept ourselves as addicts when we made the
15 connection between our drug use and our problems. We see many
16 differences between us, but more importantly, we see similarities.
17 The differing definitions of addiction are based on our "research"
18 and personal experience. It is not surprising that there are
19 many areas of honest disagreement in defining addiction. Some
20 definitions seem to fit the facts better than others. We know
21 our own viewpoint, but need to listen to others in the hope
22 that we might come to a better understanding of addiction and
23 the addict.

24 Addiction is a contradiction to living. It is a state of
25 mind which relies on convincing ourselves that drugs are neces-
26 sary to maintain our sense of well-being. For us, an addict is
27 a person who uses drugs, in any form, to the extent that the
28 individual cannot live normally with or without them. On one
29 hand we sought feelings of superiority, and on the other, we
30 accepted the most intolerable existence on earth.

31 Some of the highs felt great, especially in the beginning,
32 but the things we had to tolerate to support our habits reflect-
33 ed desperation. We sank to the depths of stealing, lying,
34 prostituting ourselves, and cheating our friends. We manipu-
35 lated people and conditions and tried to control all of their
36 actions. We failed to realize that the need for control sprang
37 from the fear of losing control. This fear, based in part on

past failures and disappointments, prevented us from making 1
meaningful choices. 2

Our addiction involved more than drug use. It aggravated 3
our character defects and reinforced personality disorders. 4
Failure and fear of failure began to invade every area of our 5
lives as our addiction progressed. We, in the grip of a com- 6
pulsion, were often forced to survive in any way we could, 7
at all costs. 8

All through our usage we kept telling ourselves, "I can 9
handle it." Maybe this was true in the beginning, but not 10
now. We avoided people and places that did not condone our 11
using. We spent our money on drugs, and if there was noth- 12
ing left, we simply did not eat. We assumed everyone else 13
was crazy, and that we were the only sane ones. The thought 14
of running out of drugs left us with a sense of impending 15
doom. Peace of mind was non-existent. The only relief was 16
a comparatively short-lived "high." We had a distinct de- 17
sire to consume drugs beyond our capacity to control them. 18
Our using defied all rules of common sense. We not only 19
had an abnormal craving for drugs, but we yielded to it at 20
the worst possible times. We did not have sense enough to 21
know when not to begin. We went through stages of dark des- 22
pair and we were sure that there was something wrong with 23
us. Other times, we were under the illusion that we had 24
things under control. We came to hate ourselves for wast- 25
ing the talents with which we had been endowed and for the 26
trouble we were causing our families and others. Frequently, 27
we indulged in self-pity and proclaimed that nothing could 28
help us. When loaded, we had no concern for the rest of the 29
world. 30

The mental aspect of addiction comes with our inability 31
to deal with life on its own terms. We tried drugs and com- 32
binations of drugs in an effort to cope with a seemingly 33
hostile world. We dreamed of finding the right medication 34
or fix, the magic elixir, that would solve our ultimate 35
problem--ourselves. This reliance on drugs had harmed us 36
emotionally. The fact is that we cannot successfully handle 37

1 any mind-changing or mood-altering substance. The addict
2 who only smoked pot or did non-narcotic drugs is in as much
3 danger as the "junkie." Our thrills turned out to be a habit
4 which eventually turned on us, almost killing us. We no longer
5 had an addiction; our addiction had us.

6 Drugs ceased to make us feel good. We could not get the
7 euphoria we craved. When we did seek help, we sought the
8 absence of pain.

9 If you think you might have a drug problem, you probably
10 do. Few of us set out to become addicted, because when we
11 used, we thought we were in our normal state. We sought eu-
12 phoria, the highest state of pleasure, at the outset of our
13 addiction. In the final stages of our disease, we used to
14 keep from getting sick. We used in order to survive because
15 it was the only way of life that we knew.

16 Many of us fall into the old pattern of thinking--remember-
17 ing only our "good" drug experiences; the fact that drugs could
18 make us feel great. Such selective thinking can destroy our
19 lives and our capacity to live.

20 Modern drug technology and media attention have made a
21 social anti-hero of the addict. Since many of us were street
22 addicts, we dealt in illicit drugs and lived criminally. This
23 could have something to do with our being different. Many of
24 us have participated in sub-cultural or bizarre behaviors that
25 may have given us different experiences than those of the non-
26 addict. The fact that those of us who have become addicted
27 come from all levels of society is no guarantee that we will
28 not end our addiction in jail or the graveyard. Miracles are
29 performed everyday when the laws of nature are suspended. The
30 most natural thing for an addict to do is to use. Everyday an
31 addict does not use, a miracle happens. Yet an active addict's
32 prognosis is poor.

33 Ironically, drugs can also drive addicts past normal human
34 limits, often helping them to win great fame or recognition,
35 until their obsession burns them out. The drug-induced state
36 can allow a person to exclude normal background awareness and to
37 focus on a single point. At first, this can be like a handy

magnifying glass used at will. Later, it can become a hor- 1
rible sequence of all-consuming bits and pieces that rush up 2
continually until we find ourselves powerless to control what 3
is happening. Prescription addicts are usually slow to re- 4
cognize that they have a problem. Legal doses of prescribed 5
medication can addict a person because of unknown side- 6
effects, combinations with other drugs or an inborn suscep- 7
tability to addiction. We could get high to relieve the pain 8
of living, through the use of prescriptions, at school or at 9
work. We found it difficult to face life so we used drugs as 10
a means of escape. 11

Addiction isolated us from people except for the getting, 12
using, and finding ways and means to get more. Hostile, re- 13
sentful, self-centered and self-seeking, we cut off all out- 14
side interests from our lives. Anything not completely 15
familiar became alien and dangerous. Our world shrank and 16
isolation became our life. 17

Non-addicts have great trouble understanding our dilemma. 18
It is often nearly impossible to make sense of our behavior 19
and the consuming drive to use, even after repeated and pro- 20
longed efforts to stay clean. Identification can guide us 21
in our recovery, since we can see a little of ourselves in 22
every addict. We thought of our addiction as hopeless 23
before finding the Fellowship of Narcotics Anonymous. 24

Addiction is a treatable disease: as soon as we begin 25
to "treat" our addiction by working the Twelve Steps that 26
have worked repeatedly, we experience very positive results. 27
When our addiction is treated as a crime or moral deficiency, 28
we become rebellious and are driven deeper into our isolation. 29

Addicts who would otherwise waste away in institutions 30
very often respond to the love and fellowship offered in 31
N.A. Ours is a proven program of recovery. We have no 32
choice but to help one another, for the assurance and 33
strength of our own recovery lies in the helping of other 34
addicts. 35

The disease of addiction can also be seen in its social 36
aspects. Addiction in its broadest sense is a disease of 37

1 our times. It embraces all our social ills. Drug manufacture
2 and the innovation of new drugs in modern times have created
3 an availability of potentially addictive drugs never before
4 known in the history of man.

5 One of the ancient dreams of man seems to be coming true;
6 the ability of modern drug technology to combat disease and
7 alleviate human suffering. Hidden in this blessing, however,
8 is a cruel reversal of effect which is our addiction. The
9 innate susceptibility to our disease through genetic factors
10 and complete knowledge of the sources of our behavioral inclin-
11 ations is of no concern in our recovery through N.A. The "why"
12 is not important; the "what to do" is our chief question.

13 We feel it is important to share our experience, strength
14 and hope with others who may suffer from our disease, letting
15 them know what they can do, if they desire to recover.

16 Although some of us have not been street addicts, many of
17 us have, and we consider the street addict the most conspicuous
18 and the most vulnerable to the more severe abuses resulting from
19 the stigma with which addiction is branded. In many locations,
20 street addicts are processed as habitual offenders when treat-
21 ment of their disease could restore them to productive lives.

22 We continued to use time and time again, despite the symp-
23 toms of withdrawal. There are many different symptoms of with-
24 drawal from drugs. We can't list them all. We have, however,
25 been addicted to thousands of drugs and know first hand how
26 they feel and what the initial abstinence is like. In this,
27 we can reassure each other and the newcomer that it will get
28 better if they don't use. If we do use, in the face of with-
29 drawal, the next time it will be worse.

30 Addiction is chronic, progressive and fatal. The cycle can
31 be broken by not taking that first fix, pill, drink, or toke.

32 Like other incurable diseases, addiction can be arrested.
33 We agree that there is nothing shameful about being an addict
34 provided we accept our dilemma and honestly take action. We
35 are willing to admit without reservation that we are "allergic"
36 to drugs. Common sense tells us that it would be insane to go
37 back to the source of our "allergy." We, as recovering addicts,

can tell you that medicine cannot "cure" our illness. We 1
regained good physical health many times only to relapse. 2
Our past records show that it is impossible for us, as addicts, 3
to use with control, no matter how well we may appear to be 4
in control of our feelings. 5

Social adjustments failed to bring about recovery. We 6
thought a suitable job or social relationship could be the 7
answer to our dilemma. Addiction, in its progression, causes 8
us to flounder and fail, consuming us with anger and fear. 9

Higher mental and emotional functions, such as conscience 10
and love, are sharply affected by our use of drugs. Our liv- 11
ing skills may be reduced to the animal level, if we have 12
suffered long enough. The person within is submerged and 13
the capacity to be human is lost. This is an extreme state, 14
but most of us have been there. 15

Learning to live without drugs is complicated by the fact 16
that it is so hard for many of us to accept our disease. 17
Again, susceptibility and availability have combined in the 18
addict to form dependency. Many of the doctors among us 19
came into the Fellowship with an attitude of denial. We 20
have found in the progression of our addictions that we had 21
been devastated by the disease to the point where denial was 22
futile. Part of the risk run by society in keeping the lid 23
on our addiction is the social stigma that keeps the addict 24
who might seek help from seeking it because of a fear of 25
never being able to live it down. 26

Addiction is the disease and Narcotics Anonymous is a 27
proven path of on-going recovery. Our experience shows that 28
those who keep coming to meetings regularly, stay clean. We 29
continue in our recovery until we die. In our addiction, we 30
practiced dying. In our recovery, we practice living today! 31
We can feel, care, love and be loved. We no longer have to 32
be isolated, and in time, can feel free to go anywhere and 33
do almost anything except use. We do not use because we do 34
not want to. Today we have a choice. 35

Many of us sought answers but failed to find any we 36
could use until we found each other. Most of us have become 37

1 very grateful in the course of our recovery. We have a disease
2 that we can recover from. Our lives can return to being useful,
3 in the course of our abstinence and through the working of the
4 Twelve Steps of N.A., explained in this book. The use of any
5 sort of medication may lead us back to active addiction. We
6 must be careful when seeking treatment from any doctor not
7 totally acquainted with our disease. We strongly suggest to
8 one another that we break our anonymity to the doctor admin-
9 istering drugs to us and trust that our medical records will be
10 kept confidential. One of the danger zones in our recovery is
11 that when we get ill and are prescribed legitimate medication,
12 it may lead us back to our drug of choice. We call this relapse.

13 All too many times, doctors who meant well, but did not know
14 of our disease, enabled our addictions. We cannot recover over-
15 night and we cannot expect sincere physicians to review their
16 options or methods of treatment overnight. Our place is to help
17 the addict who still suffers, particularly those who are seeking
18 help.

19 All of the psychological and social commentary ever written
20 on this subject has failed to answer this question thoroughly.
21 Rather than enter the area of medical theory and legalities, we
22 feel that it is more worthwhile to discuss the answers we have
23 found. Instead of concentrating on the problem, let's look at
24 the solution.

25 Narcotics Anonymous concerns itself with recovery. We all
26 know how to use drugs. We know the effect they have had on us.
27 The primary thing we are interested in is how to stay clean, how
28 to cope with life without using, how to handle unpleasant feel-
29 ings and emotions--in other words, how to get better. It was
30 conceivable in our addictive thinking that something would work
31 for us without any work on our part. That was how the drugs
32 worked. How wrong we were. It has been our experience that the
33 program works as long as we work it, just for today, to the best
34 of our ability.

35 The mind begins to accept new ideas which lead to a new
36 way of life as the grip of drugs and our past way of thinking
37 and doing begins to relax. We find ourselves no longer pressed

between those who use and those who don't in this new way of 1
life. Our world constantly expands to include new associa- 2
tions and eventually we become members of society. Problems 3
that had no solutions became transparent and unreal in the 4
light of our new understanding. Old grudges and resentments 5
fade as we loosen our sick point of view. A warm feeling of 6
belonging replaces the hole in our gut left by our addictions. 7
It is no accident--it's the way the program works. A miracle 8
takes place as the drugs are washed from our bodies by daily 9
abstinence and our minds begin to clear from the effects of 10
our using. We come to understand that our recovery is a 11
gift from a power greater than ourselves. We are made aware 12
of this gift in a thousand ways. This power wants only that 13
we realize ourselves as much as possible. The longer we 14
stay clean, the more we will want to clear away the shame 15
and falseness of our lives. It is a great gift to be a 16
human being. 17

What we have just been describing are some of the bene- 18
fits involved in recovery. There is only one alternative 19
to recovery and that is the progression of our disease. 20
The progression of our addiction has been compared to an 21
elevator that is always going down. We have found that we 22
can get clean at any level we want. Unfortunately, the 23
nature of our disease makes us abnormally susceptible to 24
rationalizing our addiction instead of dealing with the 25
fact. If you are an addict, you can find a new life through 26
the program that would not otherwise be possible. 27

Many drugs require no extended period of use to trigger 28
allergic reactions, although physical and mental tolerance 29
can play a role. It is not how much we use that makes us 30
addicts, but what it does to us. Certain things follow as 31
usage continues. Setting aside the physical effects of 32
addiction, as the regularity of usage increases, we become 33
accustomed to the state of mind common to addicts; we forget 34
what it was like before we started using. We forget the 35
social graces, acquire weird habits and mannerisms, forget 36
how to work, forget how to express ourselves and show con- 37

1 concern for others and we forget how to feel. We, as recover-
2 ing addicts, have to relearn things forgotten and learn what we
3 have missed.

4 We may lose jobs, get divorced, lose friends and find our-
5 selves unable to account for these changes, as our disease pro-
6 gresses. Generally, our **use** of drugs increases with all these
7 changes or during intervals between changes. We can continue in
8 this condition indefinitely, or as our using increases, progress
9 rapidly in our addiction. If at any point we make the basic con-
10 nection between our use of drugs and the way things have been
11 going for us, we can begin recovery by admitting our need for
12 help.

13 We addicts value personal freedom highly. Perhaps because we
14 want it so much and experience it so seldom in the progression of
15 our illness. Even in periods of abstinence, freedom is curtailed.
16 We are never quite sure that our choice of action is based on a
17 conscious desire for continued clean time or an unconscious wish
18 to return to using.

19 Our addiction developed in us an emotional instability. We
20 became very sluggish or glum without drugs. Some of us felt we
21 had to have drugs to deal with our feelings. We felt, as if our
22 world was hollow, dull, meaningless; that there was no purpose
23 to life but to use and to find ways and means to get more. Some
24 of us eventually landed in the mental hospitals, fearing for our
25 sanity. What we learned behind the walls of the various insti-
26 tutions was that the most sincere and constructive efforts of
27 medicine and psychiatry had few answers for us that we could use
28 in achieving ongoing recovery. We, in the later stages, are
29 usually the very last to recognize our need for help. The prin-
30 ciple of one addict helping another pyramids and the solution to
31 our dilemma has begun.

32 We have also learned that there are few alternatives for the
33 addict. If we continue to use, the problem will become progres-
34 sively worse; we are on the path that leads to skid row, hospitals,
35 jails, institutions or to an early grave.

36 Incarceration and institutionalization sometimes led us to
37 the realization that the drugs were letting us down. Where these

drugs once had given us the feeling that we could handle what- 1
ever situation that might come down, we became aware that these 2
same drugs were largely responsible for our having gotten into 3
our very worst predicaments. Some of us hit many institutions 4
and few or no jails. Some of us may spend the rest of our 5
lives in jail for a drug-related crime or a crime committed 6
under the influence.

Addiction is a disease which manifested in us at an inde- 7
terminable point in our lives. Some recovering addicts believe 8
that the disease was present long before the first pill, fix, 9
drink or toke. Some of us believe that the disease is here- 10
ditary, due to parents, grandparents or other relatives who 11
are addicted. How we got the disease, however, is of no imme- 12
diate importance to us. What concerns us at present is how we 13
can continue our own recovery while helping the addict who 14
still suffers. 15

We have found through our experiences that addiction has 16
three major phases, the first of which is practicing addic- 17
tion. We were using in a manner which seemed to be social or 18
at least controllable with little indication of the disaster 19
which the future held for us. This phase varies in duration 20
from addict to addict. We have found that it is very diffi- 21
cult to help anyone in this phase. 22

At some point, our using became uncontrollable and defi- 23
nitely anti-social. This phase of uncontrollable using is 24
suffering addiction and usually began when things were going 25
well and we were in situations that allowed us to use as fre- 26
quently as we wanted. It is marked by a decline and usually 27
the end of good living as we knew it. We went from a state 28
of drugged success and well-being to complete spiritual, 29
mental and emotional bankruptcy. This state of decline 30
varies in length. We can only say that for some it was a 31
matter of months or even days and for others it was a matter 32
of years. We who are recovering and thus alive today, tried 33
to moderate, substitute or even stop using. Those of us that 34
did that did not seek to change died from the disease, went 35
to prison, or were committed to mental institutions as hope- 36

1 lessly insane. Some of us who sought out changes were graced
2 by the life force of the universe and found the N.A. program.

3 It was when we were suffering that we were willing to stop
4 using. It was much easier to help suffering addicts when we
5 were in the latter part of the suffering stage for it was easier
6 for us to see the destruction, disaster and delusion of our
7 using. Many times when the problems caused by drug usage were
8 staring us in the face we could not see it as a problem, until
9 we reached our bottoms.

10 The third major phase is in our recovery. We, as recover-
11 ing addicts in the N.A. Fellowship, practice living and enjoy-
12 ing life on a day to day basis by living the Twelve Steps. We
13 realize that we are never cured and carry the disease within us
14 to the grave. We addicts, recovering in N.A., are convinced
15 that there is only one way for us to live, and that is the N.A.
16 way. Due to our Fifth Tradition and Twelfth Step, our primary
17 purpose in life is to stay clean by carrying the message to the
18 addict who still suffers.

19 We can die from untreated addiction. But before we die, the
20 disease takes from us our pride, our self-esteem, our families
21 and loved ones. And finally, it takes our very will to live.

22 We of Narcotics Anonymous were raised from hell to find that
23 the program is a way of life. We know that a new life is laid
24 out for us every day if we want it and don't use. A new place
25 awaits us in the society that, during our using, offered only
26 misgivings. We come to know success. We have found all this
27 through dependence on a Power greater than ourselves, a group
28 of our fellow addicts, and spiritual principles.