Addiction is defined as “a chronic relapsing condition characterized by compulsive drug-seeking and abuse and by long-lasting chemical changes in the brain.” - MedTerms

The term relapse is the most significant in the definition of addiction. Mark Twain’s famous quote “Quitting smoking is easy, I’ve done it dozens of times” helps express how addiction becomes a physical and psychological disorder.

**The Three Headed Dragon**
The metaphor of the three headed dragon was first popularized by a therapist in San Francisco. The first head is physical.

Addiction is a chronic illness requiring a lifetime of attention. The second head is psychological. Addiction is a disorder with mental, emotional, and behavioural components. And the third head of the dragon is spiritual. Addiction is an existential state, experienced in isolation from others.

“Chasing the Dragon”
The term “chasing the dragon” is a term used by addicts in an effort to catch the first high they had on their drug of choice. “Because of the unique reaction that the genetically addiction-prone individual experiences to his drug of choice, he or she programs his or herself belief system with the deep conviction that the substance is ‘good,’” writes Richard Seymour. “This is where self-help becomes intrinsic to recovery. Unless one deals with the third head, unless one changes the belief system and effects a turning-about in the deepest seat of consciousness, there is no recovery…” - “The Chemical Carousel” by Dirk Hanson

**Short-term Fix with Long-term Consequences**

There are endless reasons for a person to use and abuse substances. Many people use drugs in order to escape physical and emotional distress. Some may drink to numb feelings, smoke marijuana to deal with stress, use cocaine to boost energy levels and confidence, take sleeping pills to treat a panic attack, or take pain killers to relieve body aches and pains. But while drugs may make you feel better in the short term, these attempts to self-medicate ultimately backfire. They do not treat the underlying problem, but simply mask the symptoms. Unfortunately, the psychological, physical, and social toll drug abuse takes on the addict is worse than the original problem that he/she was trying to fix.

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**Vulnerability to addiction:**

- Family history of addiction
- Abuse, neglect, or other traumatic experiences in childhood
- Mental disorders such as depression and anxiety
- Early use of drugs

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See inside: How to spot drug abuse of:

- Marijuana
- Alcohol
- Depressants
- Stimulants
- Cocaine
- Methamphetamines
- Prescription Drugs

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**General Physical Symptoms**

**Physical Signs:**
- Loss of appetite, increase in appetite, any changes in eating habits, unexplained weight loss or gain
- Slowed or staggering walk; poor physical coordination
- Inability to sleep, awake at unusual times, unusual laziness
- Red, watery eyes, pupils larger or smaller than usual; blank stare
- Cold, sweaty palms, shaking hands
- Puffy face, blushing or paleness
- Smell of substance on breath, body or clothes
- Extreme hyperactivity; excessive talkativeness
- Runny nose; hacking cough
- Needle marks on lower arm, leg or bottom of feet
- Nausea, vomiting or excessive sweating
- Tremors or shakes of hands, feet, head

Unexplained change in physical behaviour could be a sign of drug abuse.

**Drug Specific Symptoms**

**Marijuana:**
- Glassy, red eyes; dilated pupils
- Smell on clothing, room, car
- Sleepy appearance; reduced motivation
- Cigarette rolling papers
- Pipes, bongs, homemade smoking devices

**Alcohol:**
- Slurred speech
- Disorientation; poor coordination
- Sweating
- Smell of alcohol on clothing, breath
- Strange mood swings
- Fake IDs, empty bottles
- Difficulty waking up and excessive thirst in morning

**Heroin:**
- Dry mouth
- Droopy appearance
- Alternately wakeful and drowsy
- Disorientation, poor function
- Signs of injection; infection
- Shallow breathing

**Steroids:**
- Rapid muscle gain
- Mood swings
- Change in appetite
- Heightened aggressiveness
- Unusually fast recovery from sports injuries

**Ecstasy:**
- Hyper-alertness
- Sweating and dry mouth
- Increased heart rate
- Fatigue; agitation
- Jaw clenching and grinding
- Hyperthermia
- Increased emotional response

**Inhalants:**
- Strong chemical odour
- Missing chemicals in home
- Extremely drowsy in appearance
- Paper bags or rages used to sniff
- Strange aerosol cans hidden in room; whip cream, dust off, etc
- Large supply of chemicals with strong odour

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General Behavioural Signs

**Behavioural Signs:**
- ☐ Change in overall attitude/personality for no reason
- ☐ Changes in friends; new hangouts; sudden avoidance of old crowd; friends are known drug users
- ☐ Change in activities or hobbies
- ☐ Drop in grades at school or performance at work; skips school
- ☐ Change in habits at home; loss of interest in family
- ☐ Difficulty paying attention; forgetfulness
- ☐ General lack of motivation, energy, self-esteem, “I don’t care” attitude
- ☐ Sudden oversensitivity, temper tantrums or resentful behavior
- ☐ Moodiness, irritability, nervousness
- ☐ Silliness or giddiness
- ☐ Paranoia
- ☐ Excessive need for privacy; unreachable
- ☐ Secretive or suspicious behavior
- ☐ Car accidents
- ☐ Chronic dishonesty
- ☐ Unexplained need for money; stealing money or items
- ☐ Change in personal grooming habits
- ☐ Possession of drug paraphernalia

Drug Specific Symptoms

**Cocaine:**
- Dilated pupils
- Hyper-alertness
- Lack of fatigue/sleeplessness
- Panic and/or increased anxiety
- Paranoia; extremely talkative
- Runny nose or bloody nose
- Seizures
- White powder seen on face or clothes

**Methamphetamines**
- Euphoric state
- Paranoia; increased activity
- Decreased weight/appetite
- Anxiety; shaking hands
- High temperature; chest pains
- Dry, itchy skin; acne; picking at skin or hair; tooth decay
- Dilated pupils; sweating
- Aggressive behaviour

**Prescription Drugs:**
- Prescription bottles in someone else’s name or labels torn off
- Weight loss (“diet” pills)
- Agitated or anxious
- Sleepy or “out of it”
- Pills missing from medicine cabinet
- Unidentified pills found in belongings

Online Resources

- **Sarnia Lambton Drug Strategy**
  www.drugfreesarnialambton.com
- **Community Health Services**
  www.lambtonhealth.on.ca
- **Centre for Addiction and Mental Health**
  www.camh.net
- **Canadian Centre on Substance Abuse**
  www.ccsa.ca
- **Health Canada**
  www.hc-sc.gc.ca

Addiction Services

- **Lambton County Addiction Services**
  (519) 464-4400 ext. 5370
- **Kent County Addiction Services**
  (519) 436-2599
- **Kids Help Phone**
  1-800-668-6868
- **Westover Treatment Centre**
  (519) 692-5110
- **Community Health Services**
  (519) 383-8331
Myth 1: Overcoming addiction is simply a matter of willpower. You can stop if you really want to. Prolonged exposure to drugs alters the brain in ways that result in powerful cravings and a compulsion to use.

Myth 2: Addiction is a disease; there’s nothing you can do. Most experts agree that it is a brain disease, but that does not mean a victim is helpless. The brain changes associated with addiction can be treated and reversed.

Myth 3: Addicts have to hit rock bottom before they can get better. Recovery can begin at any point in the addiction process—the earlier the better! The longer the abuse continues, the stronger the addiction becomes. Don’t wait to intervene.

Myth 4: You can’t force someone into treatment. They have to want help. Treatment doesn’t have to be voluntary to be successful. People who are pressured into treatment by their family, employer, or legal system are just as likely to benefit as those who seek treatment on their own.

Myth 5: Treatment didn’t work before, so there’s no point trying again. Some cases are hopeless. Recovery from drug addiction is a long process that often involves setbacks. Relapse doesn’t mean that treatment has failed. Rather, it’s a signal to get back on track, either by going back to treatment or adjusting the treatment approach.

- HelpGuide.org—“Understanding Drug Addiction”

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