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Addiction Medicine & Psychiatry



“Romancing the Drug” Causes Relapse

When I run group therapy sessions for recovering addicts and co-dependents, I strongly discourage sentimental, verbally exhibitionistic renditions of past drug use experiences. The main reason is that “romancing the drug,” as one of my patients called it, can be dangerous to recovery.

I learned that lesson in the 1970’s when I was a consultant in a drug rehab hospital. One day our patients were watching a new “educational” video on cocaine addiction. In colorful detail, backed up by thumping rock music – the film showed mirrors, pipes and other drug paraphernalia.

When the lights came on and I began to discuss the film with the patients, one man abruptly left the room. Because a number of patients had relapsed in recent weeks, I went to look for him a few minutes later; there was a good chance, I thought, that he was heading for the parking lot to do drugs.

To my surprise he was nervously pacing in the hallway outside of our conference room. When I asked why he had walked out, he taught me a valuable lesson.

“This may be a prestige rehab center,” he said cuttingly, “but you doctors and counselors don’t seem to know much about drug addicts.” He was quite agitated.

“Don’t you people realize that this kind of film can really set an addict off?” he chastised me. “I’d be willing to bet that half the people in that room feel like using cocaine right now.”

I was taken aback momentarily, but in view of what research was beginning to show about the brain chemistry of cocaine, his reaction made sense. His pulse was fast and his palms were sweaty. Together we walked back into the classroom.

In the ensuing discussion the other drug addicts admitted that they, too, had become agitated. Some said that they felt a taste sensation of cocaine in the back of their throats and others thought they could smell cocaine or pot in the room.

Since then, extensive research has been done to try to understand this phenomenon. But all we know today is that cocaine excites the brain’s “pleasure centers” which causes intense euphoria, but when cocaine is stopped, there follows depression which is known as “crashing.”

Clinically, the bottom line is this: If you are a cocaine addict, all we can do right now is to help you change the behavior parts of your addiction lifestyle. You start your recovery by learning to avoid certain stimulating situations that include people, places and things.

Here are some examples:

- People: Don’t hang out with people who still get high or sell drugs. (That includes lovers and even spouses.)
- Places: Don’t sit and daydream on the same park bench where you used to get loaded; don’t keep driving around your coke dealer’s neighborhood; and don’t call your dealer’s answering machine just to hear the friendly voice.
- Things. Don’t hang on to drug paraphernalia for sentimental reasons or, as one of my patients said sardonically, “to have it on hand just in case a friend drops by and wants to do drugs” (He might have added, “while I watch.”)

In discussions with friends or in group therapy sessions, don’t talk about drugs. (If knowledge about drugs were helpful, doctors would not be drug addicts.) Instead, talk about recovery. We find that patients who are emotionally immature or in heavy denial want to keep reliving their addiction verbally

and vicariously. (I call them “chippers” because they usually have a pocket full of 30-day sobriety chips.) When you tell them to stop their drug-using stories and focus on recovery, they get angry, but with group support, they’ll come around.

Special problems are addicts who, in early treatment, obsess on traumatic memories that are connected to a drug use episode. We ask such patients to repeatedly “unload” or work out these emotions either in one-to-one therapy sessions with a counselor or with their 12-Step sponsor rather than verbally relive their drug stories and thereby stimulate themselves and other group members into a relapse.

The clinical evidence is clear: “Romancing the Drug” is a bad idea. At worst, it precipitates relapse, at best, it unnecessarily delays emotional maturation which is necessary for solid recovery.

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