
THREE

The Cocaine Addiction Cycle

Principles

- 1. Once addicted, the cocaine user falls into a cyclic use pattern.**
- 2. The Cocaine Addiction Cycle is divided into five distinct stages.**
- 3. The addict can recover, but only when he pulls himself completely out of the Cocaine Addiction Cycle.**

This chapter will describe the repeatable patterns that cocaine users develop as they progress into cocaine addiction. These patterns are created by the toxic effects of cocaine on the brain. Much like the monkey described in Chapter Two, the cocaine user becomes trained in destructive patterns. These patterns evolve without the user's conscious knowledge. Cocaine cannot be used continuously. Instead, the vast majority of cocaine users are entrained by cocaine to alternate between periods of compulsive consumption and complete abstinence. This is the Cocaine Addiction Cycle.

Most cocaine addicts begin using cocaine casually on the weekends or at social functions. Use may be sporadic for a period of time, especially if one begins using the drug by insufflation (snorting). If a user continues to snort the drug, his binge pattern becomes more and more regular. He may start using every weekend, or every pay-day. He may escalate rapidly, until he snorts the drug each evening.

Most addicts engage in the addiction cycle by establishing a characteristic pattern, alternating between use and forced abstinence. As the snorting episodes intensify, the user develops increasingly bizarre cocaine rituals.

Some people begin their addiction by smoking or shooting cocaine from the start. Friends commonly introduce others to smoking or shooting cocaine. If this happens, and one is susceptible¹ to the effects of cocaine, the addiction may take hold immediately. One or two episodes of smoking crack or injecting cocaine can lead to compulsive binges that continue until the money or the cocaine is gone.

Principle 1—Once addicted, the cocaine user falls into a cyclic use pattern.

A cocaine user may be unaware at first of how his use of cocaine has changed. A casual user may find himself thinking, “It isn’t a party without a little coke!” or “It’s a long weekend, time for cocaine!” Initial casual use has, at this point, shifted into heavier use with less control over the amount used and the amount of time spent using. The binges become more periodic, and more frequent vows to never use again are made during the post-cocaine crash. The addict may find that he makes a commitment on Monday not to use that coming week. By Friday, the user holds his paycheck in his hand as he drives to the dealer’s house. He is compelled by the Cocaine Addiction Cycle to use again.

1. Almost all researchers in the field of addiction agree that certain individuals seem more prone to develop addiction than others. This tendency may be determined by genetic factors, an individual’s sociological pressures, or by the components of one’s internal psychological structure. Increasing evidence points to a genetic (inherited) tendency to develop alcoholism. Many clinicians assert that all addictive diseases have a strong genetic component, based on evidence from alcoholism research. The works of Wallace and Goodwin (see *Additional Readings* at the end of Part One) discuss the genetic and biologic characteristics of addiction. Other researchers indicate that cocaine addiction occurs in psychologically susceptible individuals, as in the works of Khantzian and Gawin (see *Additional Readings*). Sociologists point out that dispossessed segments of society have a high incidence of addictive diseases (e.g. American Indians and the Alaskan Eskimo) and therefore point to societal problems in the genesis of addictive disease.

What makes up the addiction cycle? This will be examined in some depth. The exercises in *The Cocaine Recovery Workbook* will help an addict understand his own pattern of use. Once an addict is clear about the addiction cycle, he will know how to extract himself from that cycle with the help of treatment and the tools described in Part Two of this book.

Principle 2—The Cocaine Addiction Cycle is divided into five distinct stages.

Cocaine consumption only occurs in Stage I of the Cocaine Addiction Cycle. Once an addict stops the binge consumption of the drug, he moves to Stage II. The crash from the cocaine high occurs in two distinct phases: Stages II and III. The addict most often ends Stage III with a long sleep. Awaking the next morning with little drug craving, the addict pronounces himself cured. This is Stage IV in the addiction cycle. Stage IV is the most variable in length. People who are in Stage IV emphatically state: “I’ll never use cocaine again.” The addict then moves from Stage IV to Stage V. This movement is triggered by various cues that ignite cocaine craving. If an addict rationalizes using cocaine again and begins searching for the drug, he is in Stage V. If, in turn, he is successful in obtaining cocaine, he returns to Stage I, the using stage. The Cocaine Addiction Cycle is illustrated in Figure 3. Let us examine each stage in more detail.

STAGE I - Cocaine Consumption

Stage I may start innocently enough. If a cocaine user is early in his addiction, he may just use a small quantity of cocaine at a bar or with friends. It makes him feel good. He decides to use more and sets out to find additional cocaine.

As the user progresses into addiction, he may need to rationalize his cocaine use. Remembering his last cocaine episode, he tells himself that he will only consume a small quantity of cocaine this time. Toward this end, he may purchase a small quantity, telling himself, “This time I will have a little better control and buy only a small amount.” As soon as this amount is consumed, he experiences almost immediate cravings for more. These cravings produce the continued obsessive use characteristic of each binge.

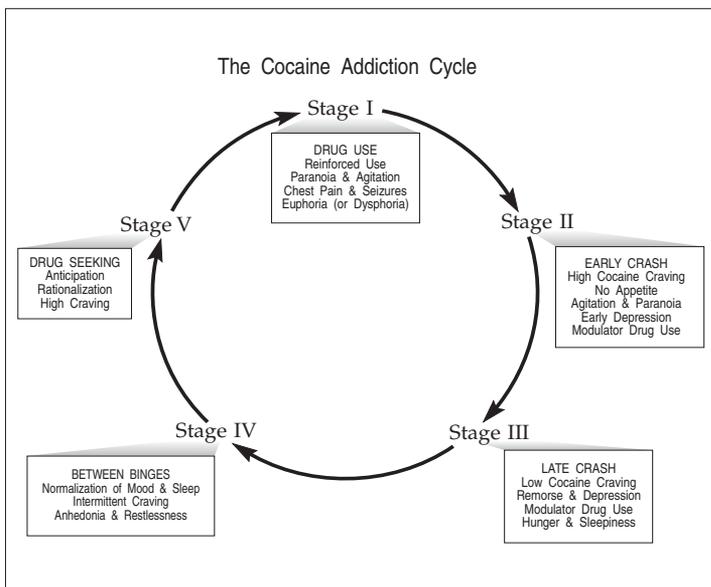


Figure 3

When an addict becomes addicted to cocaine, he begins using in a cyclic pattern known as the Cocaine Addiction Cycle. To recover, the addict must be completely removed from this cycle.

An addict late in the progression of cocaine addiction may find that many of the rationalizations about cocaine use have completely dropped away. He is driven to consume large quantities at great expense and spend long hours binging on cocaine. He knows he is an addict and knows that he is out of control. At this point, however, he doesn't care. He will purchase a large quantity of the drug, knowing all too well that he will go into a full blown cocaine binge.

However Stage I begins, once an addict starts, the rest of the binge follows a predictable course. When the initial euphoric effect of the drug begins to wear off, the addict experiences almost immediate cravings for more cocaine. These cravings are very intense, coming from outside of the addict's own rational self. The addict rationalizes the continued use of the drug saying, "This cocaine was not strong enough" or "It would have worked, if I had bought enough in the first place." While in this phase of the binge, the addict will find himself returning immediately to the source of the drug to purchase more. If he has ready access to the drug or already

has a large quantity on hand, he will compulsively use more and more—unable to stop.

After repeated use, cocaine does not create any appreciable euphoria. In fact, the addict may feel somewhat despondent and dysphoric. He finds that each subsequent dose seems to do less toward making him feel good, despite increasing the dose. The lack of euphoria does nothing to stop the cravings.

Later in the binge, the addict finds himself very intoxicated and beginning to experience many of the side effects of cocaine. He may see small flicks of light flashing in front of his vision (cocaine lights). He experiences paranoia. If he began using with others, he leaves these friends so he can use alone in peace. He becomes suspicious of those around him or wonders if the police or some other authority figure know about his cocaine use. His pulse begins to race and his chest begins to ache. It is often during this phase that the addict regrets using cocaine in the first place. If more cocaine is available, the overpowering drive to use more usually overwhelms this feeling of remorse. The addict is left searching for more money and more cocaine. This continues until no more cocaine is to be had.

Cocaine addicts find the physical interruption of the drug supply (such as a dealer who has gone away or to bed), the lack of money, or their own physical exhaustion to be the sole factors in discontinuing their cocaine binges. Often, the cocaine addict binges long into the night or next day, missing work, or showing up late for appointments. It is in the midst of such a binge that seizures occur. The cocaine user may also feel chest pain; many develop the symptoms of heart attack and heart standstill. Despite the fact that the drug level remains very high in the body, each repeated dose of cocaine seems less effective. This disparity between the increasing toxic effects of cocaine and the decreasing euphoric effect pushes the cocaine addict to consume huge quantities, sometimes resulting in life-threatening overdoses.

Late in the binge, cocaine addicts often find themselves pacing around the house, or consuming other drugs to modulate the effects of cocaine on the body. Addicts may consume alcohol, sedative drugs such as diazepam (Valium®), chlordiazepoxide (Librium®), lorazepam (Ativan®), alprazolam (Xanax®), and flurazepam (Dalmane®), barbiturates, or narcotics to temper the effects of cocaine on the body. Addicts use modulator drugs to temper cocaine's

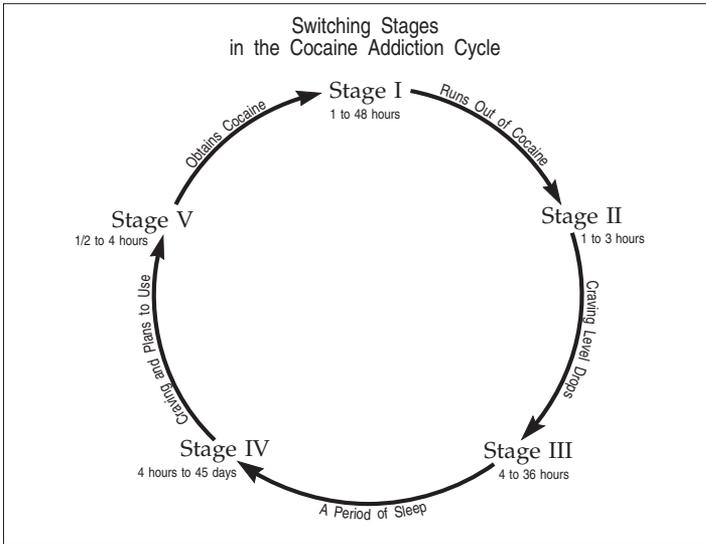


Figure 4

Specific events move the addict from stage to stage in the Cocaine Addiction Cycle.

undesirable side effects on the mind as well. Late in Stage I, an addict may find himself craving the modulator drugs and may consume them in large quantities.

When the addict runs out of money or cocaine or the dealer is no longer available, the drug binge ends. Cocaine dealers or other individuals who have access to huge quantities of the drug find themselves discontinuing their cocaine binge only because they are too exhausted to manage administering more cocaine.

STAGE II— Early Crash

Stage II begins at the end of the actual binge of cocaine consumption. Stage II is typified by intense feelings of anxiety. Drug craving remains extremely high and the addict finds himself searching for ways of obtaining more money or more cocaine. Often, despite his full rational knowledge that there is no way that more cocaine can be obtained, the addict develops fantasies about more drugs being available. Cocaine addicts will search the floor for small white flecks of dust or lint that resemble cocaine. They may think about a small stash they have hidden somewhere despite their rational

mind knowing that the stash was consumed weeks ago. The hyperactivity that started in Stage I continues—they pace the floor.

Despite being used in large quantities, the modulator drugs do little to temper the effects of cocaine on the mind. Cocaine users who rarely drink unless on a cocaine binge, find themselves consuming large amounts of alcohol in Stage II. Addicts swallow handfuls of sedatives, huge quantities of marijuana or narcotics to cut the edge off the cocaine crash.

During Stage II, the addict's hunger for food is extremely low. Often the idea of food is revolting. His body temperature is very high and, as a result, he sweats profusely. Due to time distortion, Stage II appears to last a long time. Several hours of intense cocaine craving feels like several days. In fact, this stage of the cocaine crash lasts about one to four hours, depending on the amount of the drug consumed. In Stage II, the addict begins to feel remorse about this binge. The onset of remorse marks the transition into Stage III.

STAGE III—Late Crash

Stage III begins when, over the course of one-half hour, the drug craving shifts from a very high level to a very low level. Stage III usually begins within three to five hours of the last cocaine use. In Stage III, the addict feels extremely depressed and remorseful but, at the same time, less anxious. He begins to feel hungry and, at times, he either feels sleepy or dazed. Later in Stage III, the addict begins to doze. If he remains awake, he is hungry and often eats voraciously.

It is in Stage III that addicts feel the most intense remorse over what they have done. In fact, all the shame and self-deprecatory thoughts from the entire addiction cycle are magnified in Stage III. This remorse propels addicts to consider suicide, running away, or entering treatment. The majority of emergency calls to treatment centers and drug hot lines occur in Stage III. In this stage, the agitation seems to subside. Because the agitation is less, the addict discontinues his consumption of modulator drugs. Stage III is filled with ultimatums, such as: "I'll never do this again!" and "If you get me through this one, God, I'll never be tempted again." Any ultimatum or pledge seems sincere, well meaning, and lasting. As well intentioned as these ultimatums appear, the addict moves on to minimize his addiction dilemma in Stage IV.

STAGE IV—Between Binges

The addict, twenty-four to forty-eight hours after his last cocaine binge, experiences an improving mood and outlook on life. He senses relief, having made it through the horror of the binge. He may have feelings of uniqueness or grandiosity about his ability to cope with cocaine. His friends have had social and medical problems from their cocaine usage, but he believes it will never happen to him! Unfortunately, this grandiosity can only lead the addict to relapse.

During Stage IV, the addict believes his mood is returning to normal. His sleep patterns normalize. He may experience an increasing amount of energy, but at times he feels restless. This is combined with a deeper feeling of emptiness. The cocaine has flooded and shorted out the natural reward mechanisms, making life seem without meaning or goals. This flat, grey feeling is called anhedonia. Anhedonia is characteristic of addicts in Stage IV.

After surviving each cocaine binge and living through the post-cocaine crash, the addict usually feels he has overcome his cocaine problem. Despite the fact that he used four or five days ago, he believes he has his drug problem under control. He believes he has lived up to all the grand ultimatums made in Stage III; after all, he has stopped using for the past four days! During Stage IV, the addict feels that cocaine has little, if any, power over his mind. In truth, the toxic effects of cocaine remain intense; they have simply gone underground into his subconscious.

In Stage IV, the addict will experience drug craving episodes. Craving is often triggered by exposure to cocaine, spending time with cocaine-using friends, or having available cash. If the addict encourages the drug craving for a period of time, he will proceed into Stage V, the drug seeking stage. This will start the cycle all over again. On the other hand, the addict may spend an extended amount of time in Stage IV and not recover from cocaine dependence. Without treatment, addicts are unable to disentangle themselves from the addiction cycle, and suffer a forced abstinence. The addict may remain in Stage IV for long periods of time, experience a seemingly normal mood without sleep problems, and have intermittent cravings for the drug. This is the most insidious and troublesome part of the Cocaine Addiction Cycle. If the addict does not seek treatment, he will endure long periods of emptiness and discontent.

Stage IV does offer hope. It is out of Stage IV that the recovery reflex begins. The recovery reflex is a natural response to the trauma of being chemically dependent; a response that occurs when an addict discontinues addicting chemicals. The tools for this reflex are fully described in Part Two of this book. Stage IV is, then, a fork in the road. One half of the fork leads to recovery; the other to Stage V and continued use. Part Two of this book describes how the addict extracts himself from the Cocaine Addiction Cycle and moves into recovery.

STAGE V—Drug Seeking

In Stage V, the addict finds himself flipping from the cured feeling of Stage IV to the drug craving characteristic of Stage V. Because he is deluded into believing his cocaine problem is under control, the addict frequently makes foolhardy decisions while in Stage IV. He may feel he can handle being around friends who are using. Or he may return to selling cocaine to make up for the large amount of money he spent on drugs. If the addict is able to resist using after being exposed to cocaine, he develops a false sense of security. Repeated exposure to the drug eventually causes an intense craving, and the addiction cycle continues.

Other environmental or internal cues trigger craving as well. Craving can be brought on by music, thoughts about using (good or bad), or simply discussing a past binge with a friend. Craving can also be triggered by certain locations, a racing heart, or even gastrointestinal distress.

Once the addict begins craving and decides that he needs cocaine, the drug seeking of Stage V begins. The cocaine-seeking behavior of Stage V is persistent and driving. Addicts who are impatient about everything else will wait hours for their dealer's phone call. Late in addiction, drug seeking has a panicky quality. Thus, the cocaine addict will wake up friends in the middle of the night seeking the drug or drive long distances to obtain cocaine. The addict experiences tremendous anticipation about the effects of the drug. The anticipation only serves to augment the drug seeking in a vicious circle.

This anticipation is called the *pre-cocaine jitters*. These jitters consist of a dry mouth, a racing pulse, cold sweaty palms, and hypermotility of the gastrointestinal tract. This experience is similar to being very

anxious prior to a speech or other performance. The euphoric qualities of past cocaine highs add a strong edge of anticipation to the jittery pre-cocaine feeling.

Stage V is filled with rationalizations. The addict may tell himself that he will only use a small amount or stop himself before he becomes out of control. These rationalizations arise despite the fact that after each previous time the addict used cocaine, he found himself in deep trouble. Rationalizations diminish the true impact of cocaine dependence on the addict, and allow the drug seeking behavior to continue.

If the addict is successful in obtaining cocaine, Stage I recurs and the Cocaine Addiction Cycle continues.

Principle 3—The addict can recover, but only when he pulls himself completely out of the Cocaine Addiction Cycle.

When a person becomes entangled in the Cocaine Addiction Cycle, he shifts from a unique individual to an individual who is constantly using, recovering from the crash, attempting to normalize his thoughts about the using world, and then finding ways and means of getting more cocaine. This results in more cocaine use, and another turn around the Cocaine Addiction Cycle. The cycle can be completed once a month or once a day. Once entrenched in the cocaine addiction cycle, the cycle itself becomes a learned pattern for living—a repeatable, endless loop in the brain. Addicts enter treatment late in Stage III or in Stage IV. While in treatment, the addict has the opportunity to completely remove himself from the addiction cycle.

Not all cocaine users consume cocaine in the addiction cycle described in this chapter. If a person does not use in a cyclic pattern, it may indicate that he has biochemical differences from other cocaine addicts. If an addict believes that his use of cocaine is different, he should discuss this with a therapist or doctor.

Recovery is not about training oneself not to use. Recovery is a shift or transformation completely out of the Cocaine Addiction Cycle. This transformation does not delay or repress the Cocaine Addiction Cycle. Instead, recovery pulls the addict out of the cycle altogether. Once out of the cycle, the possibility of a life with enriching growth is opened up.

In Part Two, I will describe the process of recovery. Cocaine quickly trains the mind in self-destructive patterns. Deprogramming the mind from the effects of cocaine is more difficult. Part Two contains techniques to assist the recovery reflex, permanently removing the addict from the Cocaine Addiction Cycle.

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