When Depression and Substance Abuse Coexist

by ERIC PATTERSON

The Connection Between Depression and Substance Abuse

Having depression or symptoms of depression is a test of your coping skills. If your skills are strong and resilient, even the most pervasive depression can be managed. On the other hand, if your coping skills are lacking you will struggle with mild symptoms.

Coping skills come in many shapes and sizes, but generally, you can divide them into two groups: positive coping skills and negative coping skills. The positives work towards resolving the issue in the long-term. The negatives are only worried about making you feel better now. The desperation and urgency that comes with depression paired with the instant gratification is a scary combination.

Substance abuse is the culmination of negative coping skills for depression. Alcohol and other drugs (AOD) do not solve problems. What they do is cover up problems, issues, unwanted feelings and undesirable thoughts by serving as a distraction. Distraction plus time equals avoidance. Unfortunately, all of the things that AOD help you avoid lay in wait, to spring out at you when you are most vulnerable.

Understanding the power of substance abuse, assessing your relationship with AOD and knowing how specific substances interact with depression gives you the power to stop addiction from entering your life. If AOD abuse is already a problem, gaining information can help point you in healthier directions. It is time to remove the negatives from your life to allow the positives in.

Assessing AOD

Do you have a problem with alcohol and other drugs? Knowing can be difficult, as people look for specific measurements that clearly point to a definitive answer. Are you an alcoholic because you drink three beers nightly? Are you a drug addict because you used marijuana last weekend or because you sometimes take an extra pain pill when you back is really hurting? Like many things in life, the shades of grey are infinite.

If you are drinking a fifth of whiskey every day, it is reasonable to say you are dependent on alcohol. If you drink one glass of wine on your birthday, it is safe to say you are not. These examples are simple, but most situations are not so obvious. Rather than base your decision on the quantity you are consuming, consider the reasons why you use, how you feel when using and the consequences of using.

Ask yourself these questions:

- Am I different when I use AOD?
- Has my use ever caused problems like poor grades in school, missing appointments or poor performance at work?
- Do I have trouble using in moderation?
- Do people in my life see my AOD use as a problem?

- Do I need to use some type of substance every day?
- Have I had trouble with the law because of my use?
- Do I use AOD to escape or deal with reality?

Next page: use, absuse, or dependence?

Use, Abuse or Dependence

If you answered yes to any of these questions, it is possible you have an issue with AOD. The intensity of the problem depends on many factors. Consider the following terms to identify your level:

- **Use:** Most people fit into this level. People that use AOD appropriately can manage their use with other parts of their lives. Their work and relationships are not impacted negatively by their use. They are usually free from symptoms of mental health disorders. For some substances like alcohol and marijuana, maintaining this level is easy because they are not as highly addictive as other substances. It is fairly difficult to be a recreational cocaine user as its addictive nature makes it challenging to stay at this level.
- **Abuse:** The next level of intensity is abuse. People that fall into this category use AOD with increased regularity and consistency. They have had several negative experiences triggered by their abuse and continue to use despite this. People that binge drink or routinely break the law to use drugs will fit into this category.
- **Dependence:** This is the most intense level of addiction. In this stage, you are psychologically and/or physically addicted to the substance and failure to continue use ends with intense emotional or physical pain. You will need to use before you go to bed at night and again when you wake in the morning. Suddenly ending use at this stage is dangerous and can lead to sickness, seizure or death. The phrase “going cold turkey” refers to the powerful effects of ending opiate use while physically dependent. This act creates significant goose bumps on the skin so that the addict’s skin looks like a cold turkey.

There is disagreement in discussions involving dependence. Some believe that any use of crack cocaine leads to dependence. Others believe marijuana dependence is rare even for daily users as there is unclear evidence about physical addiction. Again, in this situation, it is important to give equal consideration to the psychological impact of the substance as the physical impact.

Self-Medication

As stated earlier, someone with depression constantly looks for sources of relief. Increasing exercise, changing diet and attending therapy are known to be effective but require commitment, consistency and diligence. Wouldn’t it be nice if you could just drink a beer or take a friend’s prescription stimulant to make you feel better? Yes. It would be nice and convenient, but it would not be best.

People with depression, even if they have not yet been diagnosed, are likely experiment with AOD. During this process, they find that a particular substance or combination of substances make them feel better. This happens in two ways. The first is by reducing the unwanted symptoms of low mood, negative thinking patterns, low energy and sleep problems. The second is by increasing perceived positive aspects of their lives like social acceptance and self-esteem. Of course, these perceptions are flawed, fleeting and only lead to increased problems in the future.

People that self-medicate stifle their own social and emotional development. Not only is substance abuse a negative coping skill, but it also takes away your ability to learn positive coping skills. The way that you handle problems when you are using AOD does not translate to your sober life. If you begin AOD abuse as a 15-year-old and do not stop until you are 30, you will try to address your issues as you did as a 15-year-old. The emotional and social immaturity will impede all aspects of your life.

Next page: substance-induced depression.

Substance-Induced Depression

Some people use because they are depressed and some are depressed because they use. Abuse and dependence on drugs can change your brain in three ways. The first is by impersonating your brain's neurotransmitters. Marijuana and opiates like heroin trick your brain into sending false signals. When the drugs are removed, you brain will struggle to return to typical operations allowing depression to take hold.

The second way substances can trigger depression is by overstimulating centers of your brain. Drugs like cocaine and methamphetamine flood your brain with a huge amount of neurotransmitters that cause feelings of pleasure and happiness. After using these drugs for a period of time, common, everyday events no longer create the same levels of enjoyment as they once did because your threshold has shifted. If everything seems mundane, ordinary or disappointing, depression moves in.

The final way AOD invite depression is by changing the structure of your brain. Prolonged alcohol use can change the structure of your brain by adding more receptors for desired neurotransmitters. With the increase, the receptors begin to outnumber the neurotransmitters that can fill the receptors. Empty receptors lead to feelings of depression.

What to Do?

The good news is that the same methods used to treat depression without substance abuse are effective in treating depression with substance abuse. Having a therapist, a psychiatrist and an addiction specialist will ensure that all aspects of your mental health and well-being are addressed. Building and developing new coping skills will be a focus of your appointments.

Depending on the duration of your addiction, your treatment may be more involved or require other specialized interventions like detoxification or a drug management program. Always be sure to communicate your level of AOD involvement to your therapist. Be aware that some medications prescribed for depression can interact poorly with AOD, so honesty is essential with your psychiatrist.

Conclusion

Substance use, abuse and dependence are common in people with depression. The importance of working to identify the level AOD you experience cannot be overstated. Denial of addiction ensures failure. By being honestly objective with yourself while listening to the concerns of trusted supports, you can change your course. Defy the odds by ending addiction before it begins.