



Upper Island Assessment and Resource Service

MANAGING COCAINE CRAVING

by T. Gorski

PART ONE

THE STAGES OF CRAVING

"I don't know what happened," Bob, a recovering cocaine addict, told his counsellor. "I was feeling fine. I hadn't used cocaine in about ten weeks and hadn't felt a craving or an urge for almost eight weeks. Then all of a sudden it happened. I went to a movie that dealt with cocaine dealing. It had vivid scenes of people snorting and free-basing. All of a sudden my palms got sweaty and my heart started to race. I could actually taste cocaine in my mouth. I was overwhelmed by memories of using cocaine. I wanted to leave the movie and call my pusher. It took all of my strength to call my sponsor and go to a meeting instead."

This is craving! A powerful and at times overwhelming need for cocaine, **craving** is a major cause of relapse for people recovering from cocaine dependency.

Although all chemically dependent people struggle with craving, the battle can be especially devastating for recovering cocaine addicts. Battling the intense craving can drain energy and sap strength. Lacking skills and knowledge to deal with craving we, who are recovering cocaine addicts, can only resist for so long before we feel depleted and want to give in. But once we given in to the urge, the madness of addiction begins all over again.

Craving is a serious problem that plagues many cocaine-dependent people. Uninterrupted, it often leads to relapse. Most cocaine-dependent people who relapse report that their inability to cope with craving was the main reason they went back to using the drug. Thus, recovering cocaine addicts need to focus on craving and its management.

This pamphlet can help us understand cocaine craving and learn to manage it before we relapse.

How Craving Begins

When we think of craving, what's the first thing that comes to our mind? Most of us think about the gut-wrenching need to pick up our drug of choice and use. We're so preoccupied with this intense urge to use that we forget that craving is a process. We focus on the end result, the powerful craving, and forget about the things that set us up to experience the craving in the first place.

We build to the point where we crave cocaine in three stages. First, we use **set-up behaviour**, which lowers our resistance. When our resistance is down, we're vulnerable to the **trigger events** that cause the actual feelings of craving to start. Once we feel the urge to use, we do things that amplify or make the craving worse. This is a **craving cycle**. We obsess about how "good" cocaine use was and how "awful" it is that we can't use it anymore. We exaggerate the power of the compulsion by telling ourselves that we can't stand it. We aggravate the physical craving by drinking caffeine by the gallon, smoking cigarettes by the pack, and eating junk foods by the truckload. We also begin to flirt with drug-seeking behaviour. ***It won't hurt me to be around the stuff. I can handle it!*** When we do "get around the stuff", the craving gets worse and the cycle starts all over again.

The Three Stages of Craving

1. Set-up behaviours
2. Trigger events
3. The craving cycle

Symptoms of Cocaine Craving

One of the most frequent and disturbing symptoms of cocaine craving is **flashback euphoria**. We feel as if we've used cocaine when we really haven't. It usually happens at night when we're in a light sleep. We wake up and actually **feel** as if we've used. Sometimes we think we see drug paraphernalia lying next to our bed, but it's not really there. Sometimes we wake up feeling hung over, the same way we felt when we were using.

Another powerful symptom is **physical anguish**. Some people describe this anguish as "an achiness in the joints" or say, "I just feel queasy all over". One person said that his teeth itched and he couldn't scratch them. Another said she felt as if her skin was crawling. Anguish can make us irritable and over reactive.

A person experiencing physical anguish may feel:

- Heart palpitations
- Elevated blood pressure
- Rapid pulse, sweating
- Shortness of breath

Even when there's no physical exertion involved, many people who have a craving begin breathing hard, as if they had just run up a flight of stairs. For most cocaine-dependent people in treatment, simply watching a cocaine-education film that shows someone snorting a line of cocaine will activate these physical changes.

When we take the blood pressure of alcoholics who say, "Right now I really want a drink," it may be slightly elevated. Their heartbeat and pulse may be a little faster, and they may feel a bit agitated. But when we take the vital signs of recovering cocaine-dependent persons who say, "I'm having a craving," we find their blood pressure is very high, their heart is racing wildly, and they're perspiring and tremendously agitated. The physical effects of cocaine craving are visibly and measurable more intense.

Another common symptom of craving is the **drug dream**. These are vivid three-dimensional dreams in which we sense the taste, smell, or body feelings associated with using drugs. We taste the drug; we feel as if it's present.

How many recovering cocaine-dependent people have experienced this? Almost **all** of us.

Stage One of Craving - Set-Up Behaviours that Lead to Craving

Set-up behaviours for cravings are a combination of physical, psychological, and social factors that lower our resistance so that craving overcomes us much more easily. What are the signs that a person is becoming "set-up" for cravings?

Five common physical set-ups for craving are:

- Brain dysfunction from cocaine use
- Poor diet
- Excessive use of caffeine and nicotine
- Lack of exercise
- Poor stress management

Let's look at each of these in more detail.

Brain dysfunction from cocaine use. Cocaine damages the brain. This physical damage occurs during active use of drugs and heals slowly over time. It leaves us physically set-up to experience powerful cravings. One recovering cocaine addict said, "I don't understand why I had a craving - I didn't do anything!" We don't have to do anything to have a craving. Our brain has been damaged in a way that sets us up for craving. If we don't do specific things to avoid cravings, we will have them.

Poor diet. Recovering cocaine addicts are often nutritional disaster areas. Many of us live on junk food and wouldn't know a healthy meal if it hit us in the face. Many of us have eating disorders, too, bingeing on junk food and then starving for days at a time to deal with the resulting weight gain.

Excessive use of caffeine and nicotine. Caffeine and nicotine are both stimulant drugs. Although they are not as powerful, they are drugs in the same general group as cocaine. Because caffeine and nicotine are low-grade uppers, they can reactivate the craving or desire for stronger highs. Excessive use of caffeine and nicotine will increase our likelihood to have cocaine craving.

Lack of exercise. Aerobic exercise reduces the intensity of craving, especially cocaine craving. It's one of the few protections we can use against craving, especially in the first six to nine months of recovery. Yet, we might say, "To heck with exercise. That's hard work, not fun."

Poor stress management. When we don't manage stress appropriately in recovery, we increase the risk of a craving by becoming stress-sensitive. We may say, "Nix on this meditation stuff. I don't want to become a guru. I don't want to contact my 'spirit guide'! Forget that!"

Psychological Set-Ups for Craving

The four major psychological ways we set ourselves up for cocaine craving are:

- ▶ Euphoric recall
- ▶ "Awfulizing" sobriety
- ▶ Magical thinking about future use
- ▶ Denial and evasion

Let's look at each of these in more detail.

Euphoric recall. We might "romance the high" by remembering and exaggerating pleasurable experiences of past cocaine use, while blocking out painful or unpleasant experiences. Euphoric recall is powerful for cocaine-dependent people. When cocaine is snorted, it takes only one to two minutes to experience the effect. When injected, it takes thirty seconds. When smoked, it takes just ten to fifteen seconds! As a result, we have powerful conditioned responses associated with cocaine. One person called his movement toward euphoria with cocaine the "slam-dunk". Up! - and then - down, fast!

Because cocaine powerfully affects the primitive drive centre of the brain, experiences with cocaine use are often associated with sex. During cocaine highs, many of us may have practised sexual activities that were, for us, unusually intense. Sexual highs became strongly associated with cocaine highs. As a result, there is a tendency for us to have craving whenever we begin experiencing intense sexual feelings. As we accumulate sober sexual experiences, the craving for cocaine stops being associated with sexuality, and we can have a normal sex life without feeling cocaine cravings.

"Awfulizing" sobriety. When we *awfulize* something, we notice all of the negatives and exaggerate them while we block out the positives. It's easy in early recovery to look at the negatives of being sober while blocking out the positives. We may complain, "Isn't sobriety awful?" We may repress or block out all of the comfort, pleasure, and satisfaction that is available.

A person may have sex or be out on a beautiful day, but still only wonders, *Is this all there is?* Life can seem to be a constant state of "blah".

One person expressed his current dissatisfaction this way: "Prior to smoking cocaine, my previous peak experience, 'a ten' on a ten-point scale in terms of pleasure, was sexual orgasm. Then I smoked cocaine and *that* became my new 'ten'. Orgasm became a 'three'. Now that I'm sober, who wants to live with a maximum of 'level-three' pleasure for the rest of your life, when you know a 'ten' is possible?! But that's only current dissatisfaction.

In terms of pleasure, cocaine became a "ten".

Magical thinking about future use. Many of us recovering cocaine addicts secretly believe that alcohol and other drug use is still a positive option. "They say I can't use alcohol or other drugs because I've got a fatal disease that will kill me if I do, but that's a rip-off. Everyone knows the good life is cocaine and alcohol!"

We may also believe that drugs will work for us again in the future. "If I could only use again, I'd feel really good, at least for a little while." Knowing that cocaine will kill us doesn't necessarily take away the belief that it can make us, temporarily, feel good again.

Many of us also hold on stubbornly to the belief that using the drug can make us or our situation better, that it can fix our situation. This is a form of "magical thinking" based on a mistaken belief that chemical use has the magical power to fix current problems.

"Knowing that cocaine will kill us doesn't necessarily take away the belief that it can make us...feel good again."

The irrational thinking that sets up craving goes like this: *Boy, I remember how good it was to use cocaine. It wasn't as bad as I thought. I can't have any good times without cocaine. Sobriety is boring, painful, and uncomfortable. Using cocaine was a lot more fun and exciting. Since cocaine use was so good in the past, I bet it would be great if I could use again in the future.* This powerful chain of irrational thinking sets a person up for craving and eventual relapse.

Denial and evasion. Cocaine addiction is a disease of denial. Denial doesn't go away simply because we're not using. When we're in recovery, our denial can set us up for craving. How many times have we said to ourselves, *Me? Setting myself up? How could that be? I'm working a good program!*

Denial is usually an unconscious process. We think we are telling the truth. The only giveaway is that certain questions make us angry. This tendency to believe that what we are saying is true is an unconscious process. Some people deny completely and absolutely. *No, not me. I'm not setting myself up for a craving.*

"Denial is usually an unconscious process."

Others of us minimize: *All right, my recovery program isn't perfect, but I wouldn't call it a set-up. Remember, we strive for progress, not perfection. I don't see why I need to change these things.* Still others deny by rationalizing: *I have a lot of good reasons why I do the things I'm doing. Let me explain them.*

Cocaine addiction, however, is a strange disease. *It doesn't matter if we "have to" or not.* Certain things will activate craving.

Social Set-Ups for Craving

The three major social ways we set ourselves up for craving are:

- ◆ Lack of communication
- ◆ Social conflict
- ◆ Socializing with drug-using friends

Lack of communication. When we stop talking about our experiences in recovery, we're in trouble. Superficial communication isn't enough. To deal with issues that cause craving, we must be rigorously honest with others, and this means in-depth, personal sharing of values, reactions, and perceptions.

Social conflict. We might start arguing about the program with a sponsor and other people. Perhaps we distance ourselves from family members and co-workers. We may avoid sober social situations and isolate ourselves from others, spending more and more time alone.

When we're alone, we can't do reality testing or sanity checking. Our thinking can get more and more crazy, and we don't even know it because we're not talking about our thoughts with anyone.

Socializing with drug-using friends. Out of our loneliness comes a desire to be with people who understand. And who could understand us better than our old friends, you know, the people we were close to when we were drinking and using other drugs? One person said this: "Now, I don't want you to get the silly idea that I want to see my old friends because they're using drugs. Heavens no! I just want to catch up on good times because we were so close."

It doesn't matter what your reason or excuse is for socializing with heavy drinkers and other drug users. If you're a cocaine addict, it can be deadly. Recent research conducted by Richard Rawson showed not one cocaine addict who decided to socialize with drug-using friends managed to stay sober. *Not one.* And everyone reported that being around drug-using people instantly activated powerful cravings. Thus, the decision to socialize with drug users is actually a decision to return to cocaine use.

Stage Two of Craving - Trigger Events for Cocaine Craving

A *trigger event* is anything that directly causes a craving. While set-up behaviours increase our risk of relapse, trigger events actually turn on the craving. Most cocaine cravings are triggered by a sensory cue - we see, hear, smell, touch, or taste something that instantly activates a craving.

Trigger events do three things simultaneously.

- They create a compulsion or an irrational urge to use cocaine.
- They cause intrusive thoughts about cocaine use to invade our mind. These cocaine thoughts can be so powerful that we can't turn them off even though we are trying to think about something else.
- They turn on a "tissue hunger" for the drug. We want cocaine really badly, and our body lets us know it. We sweat. Our heart beats rapidly. We get short of breath. Our joints ache. We want cocaine and our body isn't going to let us forget that.

The compulsion, obsession, and physical craving can activate drug-seeking behaviour. We actually begin to seek out drug-using people and drug-related places and things. We may not do this consciously. It can sort of "just happen". We make a decision to go for a ride just for fun. Next thing we know we "accidentally" end up driving past our pusher's house or past the bar where our drug-using friends hang out.

A trigger event might first lead us to use something we believe is a "non-drug" drug, like alcohol. To stay away from cocaine, we need to stay away from *all* mood-altering substances, whether we have abused them in the past or not. Using these chemicals lowers our resistance, and, suddenly, the craving for cocaine kicks in.

Any person, place, thing, mind-set, mood, or sensation that we strongly associate with cocaine use becomes a powerful trigger for us. Experiencing these things clean can instantly cause a craving. We can identify our potential triggers for craving by examining in detail the kinds of things we did and what our state of mind was while using cocaine.

An example of a potential trigger is the music we listen to while "high". When we're in treatment for cocaine addiction, we can list titles of songs we listened to while using cocaine. Typically, by the time we finish listing the titles, our heart is palpitating and we're sweating. If the music triggers a craving when we're in a controlled, drug-free environment like

treatment, it's also going to trigger a craving anytime and anywhere else. This helps to confront us with reality. *Do we really want to experience this? we ask ourselves.*

If something is going to trigger a craving, we need to become aware of it and deal with it. When we get out of treatment and back into the "real world", we experience triggers. Until we identify and learn to manage those triggers, they can continue to bring on cravings long after we've stopped using the drug.

Common Trigger Events

Recovering cocaine-dependent people consistently report four types of trigger events that are strongly associated with cocaine craving. These are:

- ◆ Thinking triggers
- ◆ Feeling triggers
- ◆ Acting triggers
- ◆ Relating triggers

Thinking triggers. These arise from "addictive thinking" or the "addictive mind-set". They cause us to have a total body experience of being in a drug-using situation. We can re-create this experience anytime we reflect back to a time when we were using drugs, by vividly imagining we are there again.

It's important to learn how to deal with these intrusive drug-use memories rather than to try to repress them. Why? Because we never extinguish anything by repressing it. If we try to do this, to say to ourselves, *I'm not going to think about this, I'm going to push it away*, the memory will come back stronger the next time, and even stronger still the next time.

A more effective way to deal with intrusive drug-use memories is to describe them in absolute detail in a controlled setting, such as in treatment, therapy, or recovery group. This way, we can talk them through and analyze them realistically with others. Then, using imagery, we can go back and make changes in those memories.

Too frequently, we misuse affirmations in our attempts to do this. Affirmations are powerful therapeutic tools, but many times we use them as tools of repression. We use affirmations to tell ourselves, *I feel fine, I feel wonderful, or I am perfect*. By taking this approach, we are, in fact, strengthening our denial of the disease. This is not a healthy use of affirmations. Healthy affirmations acknowledge reality.

When we experience a craving, a healthier affirmation for us to use is *I am now having a craving, but I don't need to act on it. I know that even as I'm thinking this, the craving is becoming less intense. I know I can choose how I react to this. I can choose to do something to manage it.*

Another effective way of phrasing an affirmation is to begin the sentence, *I used to believe that ...* and then state the mistaken belief. For example, we might say, *I used to believe that cocaine could make me smarter, or more attractive. I am now coming to believe that this is a mistake and that cocaine use will only destroy me.*

Feeling triggers. These come from sensory cues: seeing, hearing, touching, tasting, or smelling. As a result, any sight, sound, touch, taste, or smell that reminds us of cocaine can set off powerful cravings.

Odours associated with cocaine can be one of our strongest sensory cues and bring on profound cravings. One cocaine-dependent young man recalled using an ether-based solvent to clean the carburetor in his car. Just the smell of the ether that he associated with cocaine use sent him reeling into a profound craving. Before this, he had no thoughts of using the drug.

"Any sight, sound, touch, taste, or smell that reminds us of cocaine can set off powerful cravings."

Acting triggers. These are drug-seeking behaviours, such as going to bars, talking to dealers, and seeing our drug-using friends. Certain acting triggers should be extinguished as soon as possible. For instance, we should pay off dealers by mail to avoid personal contact. We can avoid old hangouts and develop a new circle of drug-free friends who will support us in exploring drug-free activities.

Relating triggers. These include any stressful relationships. A tough challenge for many of us is the fact that sex triggers craving. The high of cocaine may have become associated with the intense pleasure of orgasm, so that having sex during recovery can cause a strong urge to use again. There even appears to be a correlation between cocaine addiction and compulsive sexual behaviour. In these cases, it's important for the addict to seek outside help to address this serious threat for relapse. There are professional counsellors and self-help groups specifically for this problem.

Other Strong Triggers

Even if we've never abused them, alcohol or other drug use is by far the strongest trigger leading to cocaine relapse. This is especially true if we formerly used these with cocaine. Being where we can touch, feel, or smell cocaine, or seeing our drug-using friends, even if they are not using at the time, will trigger craving. Seeing others using cocaine or visiting places where cocaine is used will also trigger craving.

Finally, the heavy use of caffeine and nicotine can cause cravings. These create an amphetamine- or cocaine-like rush, especially if a person hasn't been eating. Often when we're using cocaine, our weight goes down. When we stop using cocaine and start gaining weight, we may go on horrible "crash" diets. For some of us, this can even lead to anorexic or bulimic behaviour. *Any emotional states that we previously managed by drug use are triggers.* We may have used cocaine to deal with anger or sadness, to get "up" when we were lethargic, or to get happy when we were depressed. Any emotional state that justified our drug use will bring back craving.

Cocaine cravings are powerful, and they are irrational when they hit. Even too much cash can trigger cocaine craving. In early recovery, addicts may need to put controls on their access to cash or on credit cards that can get them large amounts of cash.

Deactivating Triggers to Cravings

There are three stages in learning to cope with triggers.

- ◆ In the *first stage*, we learn to eliminate as many triggers as possible until we are stable.
- ◆ In the *second stage*, we gradually reintroduce ourselves to certain triggers so we can learn how to cope with them. During this period we need to explore our mental, physical, and behavioural responses to trigger events.
- ◆ In the *third stage*, we extinguish these triggers. We talk through our feelings and emotions associated with the triggers until we become comfortable.

Throughout this process, there is no excuse, *ever*, for being around drug paraphernalia. Get rid of it and stay away from it. Don't waste your time learning how to be comfortable around it. It is a loser's game. The only people that are around drug paraphernalia are drug users. If you don't want to be a drug user, stay away from drugs, the people who use them, and the equipment necessary to use them.

Stage Three of Craving - The Craving Cycle

The craving cycle is a combination of:

- Obsession
- Compulsion
- Physical craving
- Drug-seeking behaviour

The more set-up behaviours we have, the stronger each of these four factors will be.

Obsession. The first element of the craving cycle is *obsession*, the inability to stop thinking about cocaine, alcohol, and other drugs. Obsession consists of recurrent and persistent ideas, thoughts, and images of drug use. When we try to push these thoughts from our mind, they won't go away. When the thoughts do go, they come back. They seem to take on a life of their own.

Obsession is irrational and intrusive. The recovering cocaine addict's thoughts around drug use make no sense. We wonder, *Why do I think about this? I shouldn't be thinking about this.* Even when we are doing something else, thoughts of using cocaine leap into our mind against our conscious objections, often to a point where we can't think about other things. This thinking is also self-defeating. It weakens us in the long run.

Cocaine addicts usually obsess about positive memories of cocaine, alcohol and other drug use. We just can't stop thinking about how good it was. When we try to think about sobriety, we begin to obsess about how awful it is. We can't stop thinking about and exaggerating the pain and problems in recovery. It's now easy to obsess about the "magical" things cocaine, alcohol, and other drugs could do if only we could safely use them in the future.

Obsession is a mental state; it occurs in our head. When it moves to our gut and results in a strong irrational urge to use alcohol and other drugs, that's *compulsion*, the second component of the craving cycle.

Compulsion. This isn't a thinking state. It's an emotional state that is marked by an urge or desire to use alcohol or other drugs. Compulsion is strong, persistent, intrusive, irrational, and self-defeating. It's a compelling urge to action.

Physical cravings for cocaine never totally go away.

Physical craving. In the third part of the craving cycle, we feel a physical need or "tissue hunger" for a drug that's caused by brain chemistry imbalances. This isn't just a psychological trick we play on ourselves. We are dealing with brain chemistry here. Simply saying, "This too will pass", sometimes is not enough. It is basically *true*, however, because cravings are usually time-limited, lasting between one and five hours.

Our tendency to experience physical cravings never totally goes away. The risk of craving *goes down* when we practice an effective recovery program. The risk of craving *skyrockets* when we neglect our recovery program and begin using set-up behaviours.

Compulsive feelings and urges to use cocaine are fueled by obsessive thoughts, which create a physical craving. All of these factors overlap and mutually reinforce each other. When, as a recovering cocaine addict, we experience a strong, powerful craving, we have to address it at all three of these levels - obsession, compulsion, and physical craving - to break it. The over-powering desire for the drug leads to the fourth part of the craving cycle.

Drug-seeking behaviour. Many people think of this behaviour as what we do to get drugs, but that's only one aspect of it. It's more accurate and helpful to recognize that drug-seeking behaviour is *ritualized* and *habitual*. Once drug-seeking behaviour is activated, we do it automatically without thinking about it.

The ritual of drug-seeking behaviour begins with preparation. We get ready to start using. We drive down certain streets, call certain people, talk about certain things. Seeking drugs is like getting ready to go to church or to the prom. We fix ourselves up for it. We do the "right things" to our makeup and hair. We wear certain types of clothes.

"Punkers" I've seen in treatment report that the only time they had green hair was when they snorted cocaine. That was their "hair set" for snorting. They'd dye their hair green, don outrageous outfits, and go out on the town.

Drug-seeking behaviour is *habitual*. As addicts, we don't think about it; we just do it. Once the ritual starts, it unfolds step by step, and we are barely conscious of what we're going. When we know what our ritual behaviours are, we can use them as warning signs. At first we may have very sketchy memories about what we did to get ready to use. Be aware that as we become conscious of our rituals, all kinds of adverse feelings will surface.

The first step in interrupting drug-seeking behaviours is to become aware that they are happening. Perhaps the best way to do this is to keep a daily log or journal of your activities. Once we're aware that we're into a drug-seeking behaviour, it's important to stop it - *right now*. Research shows that the longer we wait to interrupt drug-seeking behaviour, the less likely we'll be able to stop it.

Drug-seeking behaviour is *compulsive*. Once started, it has to be acted out. It creates a mental state in which we justify using alcohol and other drugs. This ritualized behaviour is a form of self-hypnosis. The hypnotic state gives us a rationalization for use.

Drug-seeking behaviour drives the addict into compulsive contact with even more potent trigger events. The whole craving cycle starts again. New triggers intensify the obsession, compulsion, and physical craving, which, in turn, drive us into more intense drug-seeking behaviour, which, in turn, expose us to more opportunities to use drugs. This cycle continues until we seek help, somebody intervenes to stop the process, or we start using the drug.



PART TWO

BREAKING THE CRAVING

This is hope. We can learn to prevent cravings and manage them if they do occur. Two action plans that recovering people have found helpful in breaking the craving stages involve prevention and intervention. The *Craving Prevention Plan* suggests a number of things we can do to avoid getting a craving in the first place. The *Craving Intervention Plan* suggests things we can do to stop a craving should we experience one. Let's explore both of these plans in more detail.

The Craving Prevention Plan

A craving prevention plan is designed to lower our risk of having a craving. The ten basic steps involved in preventing a craving are:

1. Start a recovery program
2. Know your triggers
3. Avoid or cope with your triggers
4. Know your set-up behaviours
5. Avoid or cope with your set-up behaviours
6. Stop euphoric recall
7. Stop magical thinking about future use
8. Stop "awfulizing" about sobriety
9. Deal with physical and social set-ups
10. Know what to do to stop a craving

Let's look at each in more detail.

Start a recovery program. The single most effective way to prevent a craving is to have regular recovery activities that

put you in a sobriety-centred environment. For most of us, this involves a combination of Twelve Step meetings and professional counselling. Many successfully recovering people attend at least three Twelve Step meetings each week. Cocaine Anonymous, Narcotics Anonymous, or Alcoholics Anonymous are the three most frequently used by cocaine addicts. (Although AA's focus is on alcohol, the same principles apply to those addicted to other drugs as well.) Professional counselling needs to focus on the cocaine addiction and other related issues. The most effective form of professional counselling is group therapy supplemented by individual counselling sessions. Get counselling from someone who understands chemical addictions and cocaine addiction; it's generally best to seek treatment from a certified addictions counsellor.

Know your triggers. You need to know what trigger events have the power to set off a craving. Take a sheet of paper and, using pen or pencil, divide it into two columns. On the top of the first column write, "The people, places, and things that have triggered cravings in the past are..." On the top of the second column write, "The people, places, and things that I think are likely to trigger cravings in the future are..." Take a few minutes and write whatever comes to your mind.

Avoid or cope with your triggers. Review your list of triggers and decide which ones you can responsibly avoid. Then take a second sheet of paper and divide it into two columns. At the top of the first column write, "The triggers that I can avoid are..." At the top of the second column write, "How I need to change my life in order to avoid this trigger is..." Take a few minutes and write whatever comes to mind.

Then you need to identify the triggers that you can't responsibly avoid and develop new ways of coping with these triggers. Take a third sheet of paper and, at the top of the page, write one trigger that you cannot responsibly avoid; for example, "using the bathroom at work." Then divide the sheet into two columns.

At the top of the first column write how you used to respond to the trigger. For example: "I never spent much time in the coffee shop. I used to hang out in the bathroom whenever I could. I'd talk with other employees who used cocaine, so I could snort whenever I wanted.

At the top of the second column write, "New Coping Strategy". Describe underneath how you are going to cope with that trigger in the future. For example: "In the future I will only go into the bathroom when I need to use it. If I'm lonely or frustrated, I'll go to the employee coffee shop instead. When using the bathroom, I'll go in and out very quickly and avoid talking with the people who hang out there."

Know your set-up behaviours. The more you know about the set-ups that make you vulnerable to craving, the better off you'll be. Take a sheet of paper and fold it in half. On the top half of the page write, "Physical set-ups: the physical things that I do or don't do that set me up to have cravings are..." And write your thoughts.

At the bottom half of the page write, "The thoughts, feelings, and behaviours that set me up to have cravings are..." Again, write your thoughts.

Avoid or cope with your set-up behaviours. Just knowing your set-ups isn't enough. You have to stop setting yourself up. One way to do this is to make a conscious decision to abstain from your set-up behaviours.

Review your list of set-up behaviours. Pick the one you consider most dangerous. Take a three-by-five-inch file card, and on one side write, "The set-up behaviour I want to abstain from is..." And complete the sentence. Underneath that write three sentence beginnings:

1. "What I tend to think when I'm using this set-up behaviour is..."
2. "What I tend to feel when I'm using this set-up behaviours is..."
3. "What I tend to do or have an urge to do when I'm using this set-up behaviour is ..."

When you've completed each sentence, turn the card over and write three behaviours that you could use instead.

Following is an example of a *set-up elimination card*:

FRONT SIDE OF CARD	BACK SIDE OF CARD
<p>The set-up behaviour I want to abstain from is working so many hours that I become tired and burned out.</p> <p>What I tend to think when I'm using this set-up behaviour is that I have to get everything done right now without any help.</p> <p>What I tend to feel when I'm using this set-up behaviour is threatened and insecure.</p> <p>What I tend to do or have an urge to do when I'm using this set-up behaviour is work harder, avoid talking to my friends and family, and lose myself in my work.</p>	<p>Three things that I can do instead of burning myself out are:</p> <p>(1) schedule time for relaxation and rest;</p> <p>(2) set a definite time that I leave work and stick to it; and</p> <p>(3) go to bed by ten o'clock no matter how much I have to do.</p>

Once we've written out the card, we can carry it in our shirt pocket or purse. We can take the card out and read it every time we think about it. Be sure to read it at least four times a day: in the morning, at lunch, after work, and before going to bed. The more often we read it, the better. We can make mental notes about how often we're using the set-up behaviour and how often we're using the substitute behaviours, such as those described on the back of the card.

Once we've successfully eliminated one set-up from our life and maintained it for seven days^{*1}, we can select a second set-up behaviour from our list and work at eliminating that too.

At times we'll find ourselves engaging in set-ups even though we don't want to. We need to know what to do to stop that behaviour. Take another sheet of paper and divide it into two columns. Label the first column, "Set-Ups", and label the second column, "How to Stop the Set-Ups". We can list our major set-ups in the first column and then, in the second column, describe how we can stop those behaviour should we catch ourselves falling back into them. We can discuss these plans for stopping set-ups with our counsellor, sponsor, and at meetings.

Stop euphoric recall. If we want to avoid craving, we need to become aware of when we're experiencing euphoric recall. We can take an inventory several times each day by asking ourselves the following questions:

- ? Have I been thinking about the good times I had while using cocaine, booze, or other drugs?
- ? Could I be exaggerating those good memories? Is it possible the good times weren't as good as I've been remembering them?
- ? Have I been refusing to think about the pain and problems I had while using cocaine?

If we answer yes to any of these questions, we need to challenge and stop our euphoric recall. (Remember, refusing to answer the questions or answering but being angry about it usually means we're in denial.) The easiest way to challenge euphoric recall is to tell others about it. We can sit down with our counsellor or sponsor and tell the person that we need to share some memories about our past use. Ask him or her to listen without interrupting and, later, to ask questions that will help us see the negatives of using drugs.

Stop magical thinking about future use. Next you need to expressly focus on the mistaken belief that life would be better if only you could be a social drinker or recreational drug user. Take a sheet of paper, divide it into two columns, and at the top of the first column write, "Alcohol and other drug use isn't an option because..." Then list the reasons why you believe you will never be able to use cocaine, booze, or other drugs in a recreational way. In a second column on the page write, "Alcohol and other drug use might still be an option for me because..." Then write down all of the reasons that might mean you can use cocaine, alcohol, or other drugs in the future. When you do this, be fearless. We all have private thoughts and rationalizations, but as long as they are hidden, we can't deal with them. Once we get them down on paper, we can. It's not enough to just write out this exercise. We need to talk about it with a counsellor, sponsor, and at Twelve Step meetings.

Stop "awfulizing" about sobriety. Take an inventory several times a day, answering the following questions:

- ? Have I been thinking about how painful or uncomfortable sobriety is?
- ? Could I be exaggerating how bad it is? Is it possible that the pain and discomfort of sobriety aren't really as bad as I think?
- ? Have I been refusing to notice or think about the good times that sobriety has given me?

We should share the results of these inventories with a counsellor and sponsor. Then we can go one step further by talking with people who regularly attend our Twelve Step meetings or therapy groups. Ask them if they've noticed us having a negative attitude about recovery. See if they can give us specific feedback about how they think we're "awfulizing" sobriety.

¹ *Research shows that the more behaviours a person attempts to change at one time, the less likely any one behaviour will be changed. By focusing on one set-up behaviour per week, the chances of changing that behaviour and keeping it changed are the highest.

Deal with physical and social set-ups. Next, we tackle our physical or social set-ups. Our physical need for drugs is aggravated by excessive stress. We can't live a high-stress lifestyle anymore. We need to develop a proper diet. Recovering cocaine-dependent people can't be junk food junkies; that is, unless we want to experience craving.

HOW TO CAUSE A CRAVING

If we want to have a craving, here's what we do. Continue to live with our toes stretched out over the edge. Live life in the fast lane, sober. Don't eat a proper diet. Starve ourselves, overeat, use lots of sugar, caffeine, and nicotine, and don't exercise. Live in excessive stress and don't even consider trying meditation or any of the other relaxation techniques. If we do these things, we'll have a horrible craving every time. Guaranteed.

Know what to do to stop a craving. Be prepared. Cravings are a symptom of our disease. Even if we've eliminated all of our set-ups and triggers, we may still periodically have cravings. We need to know what to do when a craving starts, and that's where a craving intervention plan comes into play.

The Craving Intervention Plan

A craving intervention plan is designed to help us turn off a craving once one starts. A typical craving intervention plan would have the following elements:

1. Recognize the craving
2. Accept craving as normal
3. Go somewhere else
4. Talk it through
5. Exercise
6. Eat a healthy meal
7. Meditate and relax
8. Divert attention from the craving
9. Get a good night's sleep

Let's look at each in more detail.

Recognize the craving. We must not deny it or lie to ourselves about it. The craving is trying to tell us something. We might think, *I am having a craving! This doesn't mean that I'm going to use cocaine; it just means that the disease is trying to force me to use. I can choose how I respond to the craving. I can do things to make the craving better or worse.* If we lie to ourselves and try to deny that we're having it, the craving will only get stronger.

Accept craving as normal. If we have a craving, we don't need to panic. It's normal for recovering cocaine addicts to periodically experience a craving. We don't have to act it out. Remember, don't try to deny or repress the craving; this will only make it stronger. Instead, acknowledge it. We can say to ourselves, *I am having a craving. This is a normal and natural part of my recovery. I don't have to panic, and I don't have to act it out.*

We can take a deep breath to calm ourselves. It may help to carry this pamphlet or our set-up elimination cards (see page 9) to read through the steps on how to stop a craving. There is hope.

Go somewhere else. Remember, cravings are often triggered by subtle environmental cues. We are probably seeing, hearing, feeling, smelling, touching, or tasting something that's activating the craving. We may have no idea what it is. If we get a craving, we can get up and go somewhere else. This is a good time to go to a meeting or call our sponsor or another group member.

Talk it through. If we talk it out, we won't have to act it out. When a craving starts, we need to talk about it, right now. The longer we wait, the harder it is to talk it through. A craving kept secret gets worse. Most of the time talking about the craving will turn it off. Be sure that the people we talk to understand chemical dependency and are willing to listen to us, that they try to understand what we're experiencing and take us seriously. We can talk with people who support our sobriety. Don't expect the pusher to help us turn off a craving. The best places to go to talk through a craving are Twelve Step meetings, therapy groups, counselling sessions, or with our sponsor. The cravings will stop.

"A craving kept secret gets worse."

We can carry a list of phone numbers of a least five people we can call. Remember, craving often happens at inconvenient times such as the middle of the night, so we should get permission in advance so we know we won't be rejected.

The longer we wait to intervene, the more severe the craving may become and the more difficult it will be to stop. Don't play games. Put the intervention plan into effect immediately.

Exercise. Aerobic exercises seem to stop craving. Get out and jog; take a vigorous walk; go swimming. Anything strenuous enough to make us breathe hard and perspire is okay. Keep it up for fifteen to twenty minutes at least three times a week. This form of exercise reduces stress and causes the brain to create chemicals that turn off the craving. (It's advisable to check with your doctor before beginning any exercise program.)

Eat a healthy meal. Sometimes cravings are aggravated by a reaction to junk food, hunger, or a blood sugar imbalance. Have a high protein meal. The food will take about twenty minutes to start nourishing our body and reducing the feeling of craving. **DON'T EAT SUGAR.** The sugar rush may relieve the craving for about twenty minutes, but the craving usually comes back with a vengeance later.

Meditate and relax. Stress aggravates craving. Recovering people should regularly practice meditation and relaxation techniques. These techniques can lower stress and help to turn off cravings.

Divert attention from the craving. Most cravings are time limited and pass within hours. If we dwell on the craving and "awfulize" about it, it may get worse. If we've followed the first five steps suggested in the Craving Intervention Plan (listed on page 10) and we still feel the craving, we can get busy with constructive projects, such as writing a letter or building a bird house, and distract ourselves from it.

Get a good night's sleep. Many cravings are aggravated by fatigue. If we have difficulty sleeping, we might try listening to a relaxation tape or soothing music. We should avoid all chemical sleep aids including the "natural" remedies available over the counter *unless* they are prescribed by our therapist or a physician knowledgeable about chemical dependency.

A MEDITATION AND RELAXATION EXERCISE

When experiencing a craving, sit quietly in a private place. Take a deep breath and hold it until your lungs start to "burn" slightly. Then exhale slowly and as deeply as possible. Repeat this three times.

Then lean your head forward to your chest and slowly rotate it from side to side. Notice how rotating your head releases tension in your neck.

Slowly count backward from ten to zero, saying the words, "I am becoming more and more relaxed", after each count.

Now remember a time of life when you were sober and free of craving. Try to pick a memory of when sobriety felt really good. Close your eyes, go back to the memory, and imagine it happening all over again. Who is there and what are they doing? What colour clothes are they wearing? Listen. What sounds do you hear? Touch someone or something that is in the memory. Take a deep breath and notice what smells are in the air. Relax and enjoy yourself.

CONCLUSION

Craving is a serious problem for all people recovering from chemical dependency and is especially serious for recovering cocaine addicts. Yet, there is hope. We can learn to break the stages of craving and avoid relapse.

Three general keys can help us understand and manage craving.

- ◆ Recognize that we do things that set us up to experience craving. Once we recognize and eliminate these set-ups, the frequency and severity of craving will decrease.
- ◆ Know that specific triggers have the power to activate a craving. Once we identify and eliminate triggers, the risk of relapse goes down. We can also learn how to manage unavoidable triggers in a way that doesn't activate craving.
- ◆ Remember that craving isn't fatal and doesn't have to lead to cocaine, alcohol, or other drug use. Craving is unpleasant, uncomfortable, and inconvenient. But having a craving doesn't mean we have to act it out by using alcohol or other drugs.

Recovery is possible. We **can** break the craving cycle.

