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FAITH SEEKING UNDERSTANDING

Coping with Cravings: Ready, Set, Go!

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Terence Gorski described a [three-stage model](#) for addicts and alcoholics to manage cravings without them leading back to active drug or alcohol use. The first stage was what he called Set-Up Behaviors—“ways of thinking, managing feelings, and behaving that increase the risk of relapse.” The second stage was Trigger Events—“events that activate the physiological brain responses associated with craving.” The third stage was the Craving Cycle—“a series of self-reinforcing thoughts and behaviors that continue to activate and intensify the craving response.” For ease of remembrance, we will refer to the first stage as “Ready,” the second stage as “Set,” and the third stage as “Go.”

Within the Ready stage, Gorski described physical, psychological and social set-ups that can lower the individual’s resistance to craving. At the Set stage, he said there were four primary kinds of triggers that could immediately activate a craving: Thoughts, Feelings, Behaviors and Situations. The Go stage, what Gorski called the Craving Cycle, was obsession, compulsion, physical craving and drug-seeking behavior.

There is often a progression from Ready, to Set, to Go—but not always. For example, euphoric recall is one of the psychological set-ups within the Ready stage, but these memories can be powerful enough to immediately activate a craving cycle (the Go stage). Here the memory is a “thought trigger” in the Set stage, one that immediately triggers a craving. Conversely, sometimes there can be set-ups—say socializing with drug-using friends—that don’t trigger thoughts, feelings, behaviors or situations that lead to a craving cycle. But such “misses” can give a person a false sense of security about future opportunities within this kind of set-up. The next time, you may not be so lucky.

The Ready Stage

Physical Set-Ups

Gorski said there are five common physical set-ups for craving. The first is Brain Dysfunction from Drug Use. "Mind altering drugs [including alcohol] damage the brain" when they are misused or abused. I would add that all drugs with mind-altering properties should be included here. The obvious drug classes are the benzodiazepines and opioids. However, I'd also include the antidepressants and the antipsychotics.

Current antidepressant medications typically modify levels of serotonin (or sometimes norepinephrine) in the brain. Antipsychotics generally work by blocking a dopamine receptor referred to as the D2 receptor. This receptor has been suggested in research to be related to compulsive eating and cocaine abuse. Carleton Erickson, in *The Science of Addiction*, indicated there were fifteen separate receptor subtypes of serotonin involved in chemical dependence, and five separate dopamine receptor subtypes. Neurontin (gabapentin) effects levels of the neurotransmitter GABA, which is influenced by benzodiazepines. GABA dysregulation also plays a part in alcohol dependence. My point is not that all addicts should taper off of their psychotropic medication. But in learning to manage and cope with cravings, they should consider the potential influence of their medications.

The second physical set-up is poor diet. Simply put, "Recovering addicts are often nutritional disaster areas because they live on junk food and don't know what a healthy meal is." Gorski adds that many individuals have coexisting eating disorders.

A third physical set-up for cravings is the excessive use of caffeine and nicotine. Gorski noted how both caffeine and nicotine, which are low-grade stimulants, could increase the likelihood of having a craving.

The fourth physical set-up is a lack of exercise. "Regular aerobic exercise is a protective factor against craving." It can reduce the intensity of cravings.

A fifth physical set-up is poor stress management. Stress management activities such as meditation, relaxation exercises, regular periods of rest, relaxation and sleep are all helpful ways to manage stress. When people do not manage stress appropriately in recovery, they set themselves up for cravings during the times of stress that often occur in early recovery.

Psychological Set-ups

Euphoric recall occurs when an addict "romances" past times of drug use. They remember and magnify the pleasurable experiences of past use, while blocking out the painful and unpleasant memories. Spontaneous recollection of past "fun" times is common. To avoid euphoric recall leading to a craving cycle, "play the whole tape." Don't stop at the fun times, intentionally add where the pain and unpleasantness of past use fits into the story.

Awfulizing abstinence is another set-up. Here the addict attends to all the negatives and perceived losses about getting sober, while blocking out thoughts of the benefits. This leads to a mistaken belief that “being sober is not nearly as good as using the drug.”

In magical thinking, the addict sees drug use as the solution to their problems. Gorski said this was a combination of euphoric recall (Remember how good using was) and “awfulizing” sobriety (how awful it is that I can’t use). I’d suggest that an individual is also in magical thinking when their using history has demonstrated a clear inability to control drug or alcohol use, but they continue to harbor thoughts that when XYZ happens, they could try social or controlled using again.

This will lead to empowering the compulsion. The person exaggerates the power of the compulsion by telling themselves there is no way they can resist the craving; they can’t stand not having the drug. I’ve seen a subtype of this psychological set-up where the person will convince themselves they wouldn’t be able to resist the compulsion to use again if “X” disaster or crisis happened to them.

Gorski sees the psychological set-ups listed above as leading to the fifth and final one of denial and evasion. Here the addict rejects or denies that their actions could be setting themselves up to have a craving. They may deny that they need the help of a recovery program or treatment. “This denial does not go away simply because they are not using the drug.” Because denial is largely an unconscious process, many addicts believe they are doing the best they can; that they are making the right decision for their life and recovery when, in fact, they aren’t.

I’d comment here that the stress of the instability and unmanageable circumstances that often occur in early recovery could lead to this as well. Awfulizing the obligations of early recovery or their lives, such as time away from work and family for treatment or meetings, possibly changing jobs or colleges, fear of financial consequences from not working, etc., can lead to this set-up.

Social Set-Ups

Socializing with drug using friends can be a stumbling block for addicts. Trying to negotiate abstinence without losing the ability to go around certain people who they used to drink and drug with is a major problem for some people. A potential loss of the relationship seems unthinkable at the time. Even when the active user voices support of the individual’s desire to establish and maintain abstinence, the contact may not be a good idea. For one thing, knowing the person is high, or has drugs close by can be a trigger for craving.

One of the reasons that an addict, particularly in early recovery, is drawn to socialize with their using friends is the desire to be with other people who understand them—how they think and what they struggle with. This is why social isolation is so dangerous for someone in recovery. This also points to a couple of the benefits to active participation in AA or NA—these are places where the person can share their

fears, doubts and struggles without fear of rejection. And they can form new friendships with people who can relate to how they think and feel.

When open and honest self-disclosure is replaced by superficial communication, the person in recovery gets into trouble. They neutralize another benefit of active participation in self-help groups—the ability to get feedback and reality checks from others who understand how they think and feel about an issue. The lack of honest, heart-felt communication with other people who understand addiction is another social set-up.

If the above lack of honest sharing with others continues, it can lead to isolation from other people in recovery. This can happen through decreased meeting attendance and/or avoiding sober social situations with other recovering addicts. Another contributing factor here is if conflict of some sort occurs and becomes a justification for why the person avoid a particular meeting, or why honest sharing of what they are struggling with is not talked about. Unresolved conflict is another social set-up.

The Set Stage

There are four main triggers that can activate immediate, powerful cravings during the Set stage, according to Gorski. Thinking triggers arise out of the mind-set or pattern of thought that follows the person into early recovery. Abstinence doesn't magically make them disappear. Feeling triggers often come from sensory cues—seeing, hearing, touching tasting or smelling something that reminds the person of their drug of choice. "It also results from experiencing feelings or emotions that were normally medicated by use." Behavioral triggers stem from behaviors and rituals that were previously associated with drug use. Situational triggers include relationships or circumstances that used to be associated with using.

There can be some overlap between set-ups and triggers. What distinguishes them in the discussion by Gorski seems to be the ability of a trigger to activate the immediate experience of a craving cycle.

Euphoric recall or fantasy that continues unchecked could become a thought or feeling trigger. Listening attentively as someone describes his or her own struggles with past addictive behavior or current struggles with set-ups or cravings can lead to a thought trigger. Seeing movies that portray drug use can initiate a strong craving. Intravenous drug users can be triggered when their blood is drawn. Alcoholics can be triggered by hearing someone snap open a soda can.

Certain situations, rituals or behaviors that become associated with using can become behavioral or situational triggers. Think here about the principles of classical Pavlovian conditioning. One person I knew couldn't listen to a certain CD, because he has regularly listened to it when he was high. Another individual discovered that sitting and thinking in a particular chair in their home was a trigger, because that was where she had sat when she drank. Another person avoided the

cleaning supply aisle in supermarkets because they had used chore boy scrubbers to make their crack pipes.

The often-repeated mantra to avoid People, Places and Things associated with addiction will include all the above categories of set-ups and triggers. But the nuance of addictive experience means that not every physical, psychological or social set-up is equally dangerous to all addicts and alcoholics. Not all thinking, feeling, behavioral or situational events will immediately trigger a craving cycle with all alcoholics and addicts. Not all People, Places and Things put addicts and alcoholics equally at risk of cravings or relapse. The failure to acknowledge this will potentially awfulize recovery (one of the psychological set-ups).

Using Gorski's stages of set-ups and triggers, I'd suggest that any person, place or thing associated with addiction should be considered to be a set-up. Careful examination, discussion and analysis of these set-ups will determine whether they have a greater or lesser potential to become a trigger and activate a craving cycle for the individual. The earlier a person is in recovery, or the more stressful or unstable the life of a person with longer-term recovery is, the more careful they should be to avoid set-ups. The more stable the person's life and recovery is, the greater nuance they can have in their exposure to set-ups. Any set-up that carries the potential to become a trigger should be avoided. The diversity of experiences when using, even among individuals with the same drug of choice, means that not every physical, psychological or social set-up is equally dangerous to all addicts and alcoholics.

The Go Stage

The third stage of craving is the actual craving cycle. Here the obsessive thoughts to use triggers a compulsive desire to get high, with physical cravings for the drug and then actual drug seeking behavior occurs.

When an obsession becomes activated, the person experiences a loss-of-control with their thinking. "Intrusive thoughts invade their mind and they can't turn them off." The obsession will quickly become a compulsion. Despite knowing it would be dangerous to use drugs, in a compulsion the person has an overwhelming urge to get high. This obsession and compulsion leads to full-blown physical craving, which can be quite powerful. The person may have a rapid heart beat, shortness of breath, perspiration; even an actual sense of tasting smelling, or feeling the drug they are craving.

Attempting to manage the cycle of obsession, compulsion and craving, the person begins active drug-seeking behavior. They might return to their old hangouts; call up old drug using friends. In other words, return to people, places and things associated with addiction. This exposure to more triggers intensifies the craving cycle. Ultimately, the person becomes overwhelmed with this cycle of obsession-compulsion-craving and they return to active drug use.

Preventing and Stopping Craving

This is not an inevitable process. Cravings can be prevented if you follow a few simple guidelines. And they can be managed without a return to active drug use. Gorski suggested five preventive measures against craving.

- First, develop and maintain a structured recovery program that keeps you in regular, continuous, daily contact with other recovering people.
- Second, know what your triggers are. “Identify the things that activate the craving and learn how to cope with those triggers.”
- Third, know and avoid your set-up behaviors; learn how to cope with them if you can’t avoid them.
- Fourth, dismantle euphoric recall—intentionally include where the “fun” of the high will eventually lead you. Remember where it took you in the past.
- Fifth, stop awfulizing sobriety and put an end to magical thinking.

Despite your best efforts, you may still experience cravings. Remember that they are a normal symptom experienced by most addicts in recovery. While there are a fortunate few who have minimal or no problems with cravings in early recovery, they are the exception, not the rule. So if you have cravings, stop them from leading you back to active drug use by practicing a few simple steps.

- First, recognize the craving. This may seem obvious, but sometimes the craving is mild and appears to be something you can “white knuckle” it through until it’s over. “Many addicts fail to identify mild craving as problematic and wait until they are full-blown, severe cravings before taking action.”
- Second, don’t panic if you have one. Remember that cravings are normally experienced by addicts in recovery. It doesn’t mean you are doomed to resume active drug use or that you aren’t doing enough for your recovery.
- Third, get away from where you are. A craving might be activated by an environmental trigger. You may have thought a situation wouldn’t be a trigger, only to discover once you are in it, that it triggers you. GET OUT OF THERE and go to “an environment that supports recovery.”
- A fourth step you can take is to talk the craving cycle through with someone. “If you talk it through, you don’t have to act it out.” Honestly talking the process through from beginning to end can discharge the urge to use because you are mentally removing yourself from it. It’s like you have a video of the process that you are reviewing. You stop, rewind, fast-forward, and go frame by frame with the recording of what happened to discover the timeline and cause-and-effect chain reaction of what led to the craving.
- Fifth, distract yourself. Divert attention from the craving by engaging in other productive, positive activities that require your full attention.
- You could do some aerobic exercise, a sixth action step to cope with cravings. Aerobic exercise can stimulate brain chemistry that reduces cravings.

- Seventh, you can try meditation or relaxation. Cravings are often intensified under high stress. “The more a person can relax, the mowder the intensity of the craving.”
- Eighth, you can eat a healthy meal to nourish your brain.
- Ninth, remember they are time-limited and will eventually pass. Most cravings won’t last more than two or three hours. If you persist in the steps suggested here to the point of getting fatigued enough to fall asleep, many people wake up with the craving gone.

It is possible to understand drug craving and to learn how to manage craving without returning to use. A model that allows people to identify set-up behaviors, trigger events, and the cycle of craving itself, and intervening upon this process has proven effective in reducing relapse among addicts.