

ADHD Addiction

By Louise Levin

Today, the most commonly held definition of ADHD is that it is a neurobiological disorder, located in the prefrontal lobe that impacts attention, executive function and impulse control. Prior to this current iteration, ADHD was believed to be caused by bad mothering, or that it was a politically correct code for people who are “stupid, lazy or crazy.” Or, ADHD was considered to be a ruse, a made-up complaint and excuse to give wealthy children extended time on tests and unfair accommodation in the classroom. Those who exhibited ADHD symptoms were blamed, accused of being manipulative and obstinate; or, they were simply not trying hard enough. Despite the strides that we have made today in acknowledging the challenges attributed to ADHD, there are still many who would prefer that the disorder remain a stigma rather than a legitimate disorder.

The continuing social stigmas associated with ADHD has caused many individuals, either diagnosed or not, to mitigate the discomfort and challenges associated with the disorder by self-medicating. Reluctance of unaffected family, friends or colleagues to identify the inherent challenges, further exacerbates the situation. This path of self-medication and self-diagnosis may prove perilous and the ADHD individual, in striving to regulate his or her symptoms, could well be a candidate for Addiction.

An effective understanding of Addictive personalities within the ADHD community begins with education about the primary aberrations, discomforts and symptoms that are being medicated. Only through acknowledgement and education can those affected, either directly or indirectly, begin to become solution rather than problem-focused. Drug addiction is never an isolated ailment; family, friends and colleagues are always swept into the vortex, and irreparable damage to relationships results. Assistance from family and professionals can, in time, generate a solution rather than problem focused approach to the painful and damaging fallout from ADHD-related Addiction.

The most relevant symptom of ADHD in the discussion on addiction, contributing to the individual's penchant to participation in extreme and risky behaviors or substances, is the diminished capacity to control impulses. According to a [study](#) conducted by Elizabeth Sowell, M.D., an assistant professor of neurology at the David Geffen School of Medicine at the University of California at Los Angeles, the anterior temporal regions of the brain, responsible for impulse control, are less developed in an ADHD individual. Through the use of brain scans, Sowell was able to identify the physical symptoms of the disorder to aid professionals in future diagnosis and treatment.

An ADHD individual's susceptibility to drug Addiction can be exacerbated by the presence of a “Co-morbidity” or Additional neurobiological disorder. These may include learning disabilities such as: dyslexia, short and/or long-term attention issues, auditory and/or visual processing issues; depression/anxiety disorders, Obsessive Compulsive Disorder (OCD), Oppositional Defiance Disorder (ODD), Bipolar Disorder, or poor organizational/memory/fine motor skills. Co-morbidities must be treated alongside ADHD and may directly relate to an individual's dependence on drugs, alcohol or other Addictive substances.

The discomfort caused by the initial doses of prescribed drugs is another contributing factor to an ADHD individual's reluctance to take prescribed medication. Diagnosis may be perceived as proof of personal weakness or parental incompetence. There is also fear, not unfounded, that prescribed medications may themselves lead to Addiction, either by the prescribed individual or his or her peers. (Cite newsletter)

The issue with illegal drug use is *not* that the drugs don't help; they do. For an ADHD individual, cocaine may create a state of hyper-focus, not unlike prescribed stimulants; conversely, substances such as marijuana and alcohol will regulate a frantic mind, not unlike an anti-depressant. The problem is that these controlled substances only offer *momentary* release from pain, and use is seldom monitored. For an ADHD individual, the perception that drug use can be "controlled," is inherently false, as the individual is already predisposed to an impulsive personality. Continued abuse will often result in physical, psychological or emotional dependence.

Additionally, the search for new and exciting things is constant among ADHDers, as distaste for the "routine" catalyzes accompanying feelings of personal unrest, or "dysphoria." Other Addictions may also manifest themselves. The adrenaline rush attributed to "the chase" of a sexual partner, the extravagant shopping spree or "the high" of a synthetic stimulant may trigger temporary relief from symptoms. Though it is simple to identify pills, powder and credit card statements as the tangible forces at play in Addiction, it is the lack of impulse control that keeps ADHD individuals hooked on their coping mechanism of choice.

Though good intentions of friends and family are indispensable to continued health and wellness, true recovery from Addiction cannot be achieved without the continued guidance of trained professionals.