

Identify the signs  
Are you or your loved  
one suffering?

2010 Affordable Care Act  
Expands treatment for  
substance abuse disorders

Trying to quit?  
Your complete guide  
to smoking cessation

**MEDIA  
PLANET**

February 2011

# ADDICTION RECOVERY

3  
STEPS

## LIVING WELL & BREAKING THE CYCLE

**John Bradshaw**, acclaimed addiction counselor, writer and motivational speaker, helps us understand the underlying causes of the chronic disease of addiction

PHOTO: JOHN BRADSHAW MEDIA GROUP

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## CHALLENGES

Many people suffering from the **disease of addiction** come to serious harm.

Underdiagnosed, and often overlooked

**P**eople use many different mind-altering chemicals for many different reasons. Some want to alleviate depression, calm anxiety, soothe pain, or increase energy; others use drugs for exhilaration, exotic experiences, or because they simply like to get high. Many try to fill an emptiness within themselves that has no name. "Better living through chemistry" often substitutes for the harder work of psychological growth.

Most people who use mind-altering chemicals do not become addicted. Millions routinely use a common mind-altering drug—alcohol—without problems. But others do experience problems, even when full-blown addiction is not present. And then there are those whose use escalates over time until they suffer withdrawal symptoms. These people

have the disease of addiction.

Research demonstrates that people have different levels of risk from using chemicals, just as some people sunburn more easily than others. Individuals with a genetic family history of addiction are at greater risk. Use always entails risk and risk is not evenly distributed. Addiction is a chronic illness that, in over 50 percent of cases, has its onset when an individual is still under the care of a pediatrician.

#### Treating addictions

Many people suffering from the disease of addiction come to serious harm. The consequences are manifold: financial, legal and family difficulties, spiritual decay and emotional and physical illness. Because there are social consequences to addiction, politicians, courts and police often get involved. But there is no convincing evidence that these forces alone have solved any problems caused by drug



**Louis E. Baxter, Sr., M.D., FASAM**  
President, American Society of Addiction Medicine



**Timmen L. Cermak, M.D.**  
President, California Society of Addiction Medicine



"The economic burden of alcohol and other drug abuse to the United States is estimated at up to a trillion dollars a year."

abuse. Treating addiction as a disease, instead of a crime, is a far better way to reduce its threat to public health.

The economic burden of alcohol and other drug abuse to the United States is estimated at up to a trillion dollars a year. The Patient Protection and Affordable Care Act attacks this burden by integrating addiction treatment more fully into basic healthcare. But no price can be placed on a single devastated life when it is your family member or close friend.

The more we learn about addiction, the more we understand ourselves and how our brains function. The following information is based on the belief that our society is capable of a more sophisticated understanding of addiction, more compassion toward those who suffer from alcohol and other drug abuse, and a far more effective response to addiction through a commitment to prevention, early detection and treatment.



#### WE RECOMMEND



**Kenneth R. Seeley,**  
interventionist and author, explains if, when and how to intervene.

PAGE 6

## MEDIA PLANET

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## NEWS

# Change on the horizon for addiction treatment?

■ **Question:** Why do addicts choose to abuse?

■ **Answer:** Modern medicine and research show that addiction is a chronic disease, not a lifestyle choice, that requires comprehensive and long-term treatment.

Historically, addiction has been regarded as a moral failure, a sin or a display of weakness on the part of the user. It is widely believed that if people want to stop abusing drugs or alcohol “enough,” they can “just stop”—stop destroying their bodies, stop hurting their families and stop draining society. Modern medicine, sound research techniques and sophisticated brain imaging technology has directly disproved this belief and reinforces the reality that addiction to drugs or alco-



**Cynthia Moreno**  
Tuohy, NCAC II,  
CCDC III, SAP

hol is a brain disease that has many similarities to other chronic medical diseases.

Cravings, loss of control, physical dependence and tolerance: these established patterns of behavioral and physiological symptoms are associated with substance use disorders. Researchers and addiction professionals have also pinpointed a definitive and unique pattern of neurobiological adaptations that take place in the brain. We now know that chronic abuse of a psychoactive substance attacks the brain, resulting in long-lasting

adaptations, damage to the cerebral cortex and limbic system and disruptions in neurotransmission.

This new understanding does not mean that a person addicted to drugs or alcohol is helpless to change his or her behavior, but it does mean that people seeking help need more comprehensive and long-term treatment than originally thought. Effective addiction treatment requires biologically-based interventions that are used in conjunction with traditional psychotherapeutic techniques. It can take years to get the body back to its “normal” state, given that many of these neurobiological adaptations can persist for years after last use. Accordingly, addiction treatment services must also be accessible long-term.

Prior to the Affordable Care Act

(ACA), signed into law by President Obama in March 2010, comprehensive addiction treatment services were limited to those who had medical insurance with optional substance use disorder treatment benefits, leaving most people to pay for treatment out of pocket. Under the new law, services such as screening, early intervention, treatment and recovery support for clients with substance use disorders will be provided in the same primary care settings as services for diabetes, asthma or any other illness. The change will bring needed help to many as it also increases awareness that drug dependence is a chronic, treatable disease. The health care legislation also accommodates for broader coverage for Americans with substance use

disorders by providing coverage for those previously uninsured, requiring insurance plans to cover substance use disorders, prohibiting denial of coverage due to a pre-existing condition—including substance use disorders—and providing greater access to treatment through Medicaid.

In 2008, 23.1 million Americans aged 12 and older needed treatment for a substance use problem, and yet only 2.3 million—one in ten—received care at a specialty treatment center. Many of those who do not receive, but could benefit from treatment, do not have health insurance or other means to pay for it. As we move toward implementation of new health care regulations, more people will be able to get the care they need.



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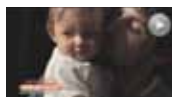
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# NEWS



Currently, **eighty percent of people incarcerated** in the state of California are there for non-violent, drug-related offenses, a number that points to a severe lack of resources for those suffering with addiction.

## In California, recovery homes under fire

**Throughout Southern California, private rehabilitation homes provide housing for those looking to kick their addiction and change their lives for the better.**

Patricia Bintliff, who sits on the board of directors at the Sober Living Network and is a certified addiction treatment counselor, says the goal of such operations is, "To be able to provide affordable, safe housing for people and to try and provide them with an opportunity to make positive changes in their lives." Sober Living alone pro-

vides six thousand beds in Southern California.

Such programs provide structure for residents with curfews, mandatory self-help meetings, participation in twelve-step programs, and randomized drug and alcohol testing.

### City requirements

However, many rehabilitation homes face roadblocks in the form of pressure from neighbors who don't always understand the goals of the organization, and city ordinances. Bintliff describes mandates that would not be applied to an ordinary



**LIFE FOR THE BETTER**

Patricia Bintliff stands proud in front of her sober living facility, Patricia's House of Hope.

residential property, but must be complied with by the Sober Living homes. By relabeling the houses rehabilitation facilities, the city

requires them to make such changes as broadening staircases or installing elaborate sprinkler systems, the cost of which is prohibitive to operation.

Bintliff calls for more cooperation and support from municipalities and neighborhoods. "People need to pull their heads out of the sand and realize [addiction] is huge in our society," she continues, "Addiction doesn't discriminate; it affects people of every size, shape, color, educational and economic background...We need people to understand that this is a very real problem in our society today, and that we are providing a very real and important service."

**AUSTIN KILHAM**

editorial@mediaplanet.com

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**--Mark**

## INSIGHT



# Family, friends and professional help are crucial for a successful intervention

## What are some signs that addiction is becoming a problem, and how can I identify when it is time to intervene?

**1** There are some specific signs to look for that signify someone may have a problem with addiction. Families should look at the following areas:

**Physical:** Loss of short term memory, decrease in appetite, poor personal hygiene.

**Emotional:** Withdrawn, depressed, volatile mood swings, frequent arguing with friends and families.

**Academic/work place:** Poor attendance, frequently late, poor marks or evaluations.

**Social:** Issues with law, inability to maintain friends, out all night, never leaves the room.

**Drug Use:** Frequently high or under the influence, denial of use when caught, refusal to take drug test.

In combination, these are some of the red flags that would indicate there may be a problem with addiction. This is just a partial list of issues with

behavior, attitude, and achievement that can be indicators of problems. Assessments can be done by a professional over the phone. A good interventionist will work with a family at any stage of the way from dependence on a substance to substance abuse or to full blown addiction. In my private practice we provide support for whatever situation you may be facing.

## How do we start the intervention process and get our loved one into the appropriate treatment center?

**2** Interventions are difficult and it is imperative to have a professional who knows what to do and has experience in avoiding the emotional pleas and manipulations from an addict and in helping move the healing process forward. Reach out to a professional so they can guide you through the process. The interventionist will also conduct the family education piece which is crucial for successful long term recovery. This process



*"I always stress to the families I work with that if they want the results, they need to do the work."*

**Kenneth R. Seeley,**  
Interventionist and  
Author

will teach the family how to change their behavior to inspire a change in the addict's behavior. The interventionist will also be able to make recommendations to an appropriate treatment facility which can be imperative in getting your loved one the right type of help.

## Do alcohol and drug interventions work?

**3** Interventions work when the professional helps the family identify what an addict's rock bottom will be, and then helps guide the family to raise that rock bottom on the day of the intervention. No one will change until they reach rock bottom, but as the family, you don't have to stand by to wait for that to happen. Interventions work when families get educated about how they can change their own behavior to support recovery and not the addiction. They also work because through the process, the family becomes unified and sends one message to the addict: Get Help.

The process is always done in a loving and respectful manner.

## What results can I expect from the intervention process?

**4** The ideal result is that your loved one agrees to treatment and maintains their recovery for the rest of their life. But the intervention process begins with the intervention and continues from there through treatment. The intervention is step one in a long term process for recovery. Like any other disease, long-term management of this chronic illness is required to help continue the success of the intervention. Long-term treatment, monitoring, case management and participation in a recovery program is critical for the desired long term sobriety. Families often think that their loved one will go to treatment and come back cured. I always stress to the families I work with that if they want the results, they need to do the work.

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## PROFESSIONAL INSIGHT

## I'm ready to seek treatment. What are my options?

**What is the most important thing to consider when choosing a tailored treatment program?**

■ Tailored programs cater to groups of a certain age, gender, lifestyle or socioeconomic background and focus on the specific issues which coincide with drug and alcohol addiction pertaining to these groups. If choosing a tailored program, the first step is to identify your specific needs which will enhance your recovery experience. Then make sure the program is run by educated professionals with experience in treating your needs.

**Why is it important for someone seeking treatment to escape their surroundings?**

■ Although it is not entirely necessary to escape your surroundings in order to succeed in recovery, removing yourself from your environment and traveling to a treatment facility adds a therapeutic measure to treatment. Whether the program is a two hour drive or a four hour flight, removing yourself from your local area can help to put you in the mindset of taking a journey for recovery. The using environment is often distracting during treatment, and being close to home makes it too easy to slip back into substance abuse. Alternatively, the return to the home environment after treatment can act as a trigger. Returning home after treatment requires a great amount of care and preparation.

**What are the benefits of inpatient therapy vs. outpatient therapy?**

■ Inpatient or residential care offers the guidance of experienced professionals around the clock to help patients experience and process every emotion that arises during the recovery process. Out-patient programs can act as alternatives for those with job or family commitments that require greater attention, but are best used as an aftercare tool for patients. This allows a person to return to their home environment from an inpatient program and continue to receive group therapy as well as individual counseling to process any new issues arising from being newly sober.

**What is a 12-step program, and how do I select between 12-step and non-12-step?**

■ The "12-step" method supports the 12 step principles of Alcoholics Anonymous, Narcotics Anonymous and other similar programs. These programs include meetings in their daily schedule and urge clients to continue with meetings once they discharge from the program, as the program recognizes that a person will always be in the process of recovering and will use the steps to guide them through life. A non-twelve step program is less likely to emphasize outside 12-step support once completed with the program.

**What does 'holistic' mean, and what kinds of alternatives are available?**

■ A holistic approach emphasizes the mind, body and spiritual connection in the recovery process.

**Alternative treatment approaches include:**

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**MIKE COHAN**  
Recovery Now TV  
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# NEWS

**Question:** Can you be dependent on something other than a psychoactive substance?

**Answer:** Yes. Addiction is a chronic disease of brain reward, characterized by impairment of behavioral control. This inability to consistently abstain can manifest in behaviors like pathological or compulsive gambling.

## Problem gambling, a crippling addiction

**Self-destructive and under-reported, problem gambling is a nationwide epidemic that causes disruption in every area of life, and ultimately could lead to financial ruin.**

Problem gambling, which can be, but is not limited to, pathological or compulsive gambling, is an addiction that is often hidden from friends and family members. "There is a huge amount of what we call the hide, deny, and lie paradigm, which is essentially a lack of truthfulness with regard to gambling activities," says Greg Brewer, executive director of the California Council on Problem Gambling. He goes on to explain how many prob-

lem gamblers understand their problem, and even how and where to get help, but the point must be reached where they realize the *necessity* of getting help.

### Prone to risky behaviors

Prevalence studies nationwide estimate that approximately two percent of the population are problem gamblers, with another one percent identified as pathological gamblers. Recent studies in California, indicative of nationwide numbers, report that eighty-three percent of people over eighteen have gambled in some form. The population most affected is young males aged 18 to 29, especially minority populations.

Problem gamblers have a high rate of dysfunction in family life, are

more prone to other risky behaviors, alcohol abuse, and illicit drug use. Twenty percent of problem gamblers are likely to be arrested and thirty-six percent of those arrested will be incarcerated. There is also a higher incidence of depression and suicide.

"Problem gambling is not a me problem, it is a we problem. It is not specific to the gambler—it involves everyone," explains Brewer. With state resources that have yet to catch up with demand for recovery programs it is important to recognize the problem and realize that, "The individual's crisis falls into the lap of the community."

AUSTIN KILHAM

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### QUESTION & ANSWER

**Are individuals who suffer from one addiction more prone to developing other addictions?**

**1** Yes. Emerging research with advanced diagnostic methods is suggesting that various substances as well as behaviors have similar neurological pathways. Recovery treatment addresses addiction—not merely one substance.

**What does it mean when people say addiction is a co-occurring disorder, and what is dual diagnosis?**

**2** This is common terminology used to describe a person who has at the same time a substance use disorder and a psychological or psychiatric condition. For example: alcoholism and schizophrenia both deserve professional care and we recommend concurrent treatment.

**What is brain mapping?**

**3** Brain mapping is the emerging application of neural imaging that helps characterize bio-chemistry changes. One exciting finding of this new science is the implication that multiple substances may have similar brain responses.

**What are the approved medication-assisted treatments, and how effective are they?**

**4** Current research suggests that the use of medication, such as buprenorphine for opiate dependence, can significantly improve long-term sobriety rates. However, it is important to remember that medical treatment is constantly improving. Modern treatment incorporates the best practices of the day. It is vital for the educated consumer to choose a recovery program that is passionately committed to the application of real life science. It is as naïve to think that medications alone can treat an addiction as to think that medications are not indicated for recovery.

### Remember two things:

Select a clinician who is a board certified specialist in addiction recovery.

Addiction disease recovery is an ongoing process. Developing an alliance with knowledgeable trusted treatment professionals assures that you are not alone.

ORVIN FILLMAN, DRPH, MHA  
REGIONAL EXECUTIVE DIRECTOR  
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**Rapid detoxification is an alternative treatment method for individuals with opiate dependencies.**

The Waismann Method of Opiate Detoxification is a safe and humane form of rapid detox that uses advanced medical techniques to eliminate physical dependency while also alleviating the painful process often associated with opiate withdrawal and treatment. Thousands of patients have been successfully treated with the Waismann Method and the medical professionals administering the procedure have been doing so for the last 10 years, handling patients with the highest level of professionalism, dignity and respect. Patients who undergo the Waismann Method of Opiate Detoxification can achieve a reversal of their physical drug dependency without suffering unnecessary pain, fear, or loss of dignity, all within a matter of days, rather than weeks or months as with most traditional rehabilitation methods. This full-service program also offers patients the option to enter an aftercare retreat providing varying levels of physical and emotional care based on their individual needs.

**Question:** After years of alcohol abuse, how did John Bradshaw finally find sobriety?

**Answer:** He joined Alcoholics Anonymous, and shared his personal story in an effort to help others—and himself.

## The role of family in addiction

According to the World Health Organization, “Substance dependence is multifactorial.” It is determined by genetically inherited traits and social, cultural, and environmental factors.

Addiction can also have a huge effect on family life. “For the first time in human history we have a clear model of what makes a healthy family and what makes an unhealthy family,” says John Bradshaw, a fellow at The Meadows Institute. It is important to examine the role of family in all factors.

### Turning a life around

John Bradshaw recently celebrated his forty-fifth year of sobriety. Born the son of an alcoholic father, by age fourteen Bradshaw himself suffered from addiction, pointing to a distinct lack of familial support in abetting his dependence.

He felt flawed, and a sense of “toxic shame” and defectiveness. To compensate, Bradshaw took on a “hero” role in the family, excelling athletically, in school, and later joining a seminary, a source of pride for his family. It was in seminary that Bradshaw’s alcoholism spiraled out of control: Something had to be done. He joined Alcoholics Anonymous, and in 1965 took his last drink.

Drawing on his personal life, professional training and schooling, Bradshaw began to share his experiences with an ever growing audience through lectures, a series for public television, and through work with various addiction recovery facilities. A large part of his work is stressing the role of the family in either enabling, or in discovering the cause of an addiction and helping to heal it.

### No-talk, no-feel

In a family with a substance addicted individual Bradshaw

“Everybody knows what’s going on, but everybody agrees not to talk about it.”



**John Bradshaw**  
New York Times Bestselling Author,  
TV Personality, Counselor, Theologian,  
Educator, and Elder

says, “Everybody knows what’s going on, but everybody agrees not to talk about it.” Bradshaw calls this the no-talk, no-feel rule. By not talking openly, and by letting shame reroute true feelings and emotions, a family member’s addiction is allowed to continue with no foreseeable end or solution. Bradshaw asserts, “Dysfunction is maintained by a faulty solution when there’s distress in the family.”

### Family for healing

Currently in Bradshaw’s work he requests the presence of family members in the healing process. “We need the whole family to see their part. There’s a system here. When one part of it is sick the whole system gets sick,” he says. “The theory of family systems is that it’s not just an individual problem.”

**AUSTIN KILHAM**  
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# NEWS

In the United States, tobacco use is **responsible for nearly one in five deaths**, accounting for at least 30 percent of all cancer deaths and 87 percent of lung cancer deaths, according to Cancer Facts & Figures 2010.

## Are you or someone you love addicted to cigarettes?

**Each year, about 3,400 non-smoking adults die of lung cancer as a result of breathing secondhand smoke, and about 46,000 people who are not current smokers die from heart disease caused by second-hand smoke.**

Smoking can lead to respiratory diseases, heart diseases, erectile dysfunction, fetus and infant death, and is the leading cause of cancer death in the United States for both men and women.

For more than a decade, California's Tobacco Control Program (CTCP) has helped save lives and has impacted the health of every Californian. In 2008, California voters approved Proposition 99, the tax increase of 25 cents per pack of cigarettes and on other

tobacco products, positioning California as a leader in lowering adult smoking rates. Currently, only Utah has a lower smoking rate in the nation.

### Your quitting guide:

**Step 1:** Decide between quitting cold turkey or with a quitting aid. Withdrawal is the body's way of getting used to being a nonsmoker, the most common symptoms being: cravings, irritability, anxiety, headache, fatigue, hunger, cough, dizziness, insomnia, depression and difficulty concentrating. These are signs that you are making progress. If withdrawal is a concern, you may want to consider using a quitting aid. The FDA (Food and Drug Administration) has approved the following medicines to reduce withdrawal symptoms and the urge to smoke: nicotine gum, nicotine inhaler, nicotine tablet, nico-

tine nose spray, nicotine skin patch, Bupropion pills and Varenicline pills.

**Step 2:** Choose a quit day. Find a calendar and look ahead at the next couple of weeks. Choose a date so that your first week of quitting will be relatively stress-free. Mark your calendar and commit to that day.

**Step 3:** Predict your trigger situations. Write them down, and look ahead to the whole first week of quitting. A good plan focuses on the first seven days. Weekday triggers and weekend triggers can be very different, so be sure to think of both.

**Step 4:** Plan strategies for your trigger situations. What purpose does the cigarette serve in that situation? Try to think of other things you can do that will serve the same purpose.

**Step 5:** Get support. Quitting can be easier and more rewarding when others in your life help you make it work.

### Can I help my loved one quit?

■ Agree on rules for where it is OK to smoke. With rules limiting where smoking is permitted, smoking will take more effort.

■ Let your loved one who smokes raise the topic of quitting—try very hard not to jump right in with your opinion.

■ Allow for bad moods. Remind the person quitting that withdrawal is only temporary.

■ Help them change their routine.

■ Avoid nagging at all costs.

■ Try to stay positive, even if they slip up and smoke. Remind yourself this is a very difficult habit to break.

■ Celebrate success.

■ Remember that relapse is common. For most people it takes more than one try, and the first two weeks are usually the hardest.

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### QUESTION & ANSWER



### Smokeless electronic cigarettes, rising trend

#### ■ What are electronic cigarettes and how do they work?

An electronic cigarette is a battery-powered device that provides inhaled doses of nicotine or non-nicotine vaporized solution. In addition to nicotine delivery, they produce a flavor and physical sensation similar to that of inhaled tobacco smoke, without the smoke and combustion processes.

Studies report that electronic cigarettes help people quit smoking with a success rate of about 75 percent. In their five years of existence, electronic cigarettes have helped over 50,000 people quit smoking, while the success rate for quitting using gums or patches is reportedly less than 10 percent.

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