



GENERAL ARTICLES

▶ WORKING WITH ADDICTION: A NATIONWIDE CRISIS



A glass of perfectly chilled champagne to toast a milestone is one of life's rituals, and pharmaceutical products are crucial for managing pain. While alcohol and prescription drugs have value, they also come with a cruel downside: the addiction to such substances has the power to take control of one's life, often causing immeasurable damage. Addiction is a formidable challenge. The National Institute on Drug Abuse describes it as "a chronic disease characterized by drug-seeking and use that is compulsive, or difficult to control, despite harmful consequences." No one chooses to be an addict; instead, it usually creeps up on people. One drink follows another, or unrelenting pain creates the need for more medication. Repeated use, however, leads to changes in the brain that interfere with self-control and destroys an individual's ability to resist the urge to have one more drink or take another pill.

It's impossible to definitively predict who is going to become an alcoholic or a person addicted to other drugs. "Early childhood trauma, genetics, and the environment all contribute to the odds of developing a substance use disorder," says Fay Zenoff, a San Anselmo resident and executive director of the Center for Open Recovery, a nonprofit working to end the stigma of addiction so more people can find help. "With more than 20 million people in the U.S. currently struggling with dependency, it's impossible to readily identify who needs help, as the majority of people don't fit the commonly misconstrued negative stereotype," she says. "People with substance use disorder can look just like you." The San Francisco-based organization encourages open dialogue, inviting people in recovery to talk openly, rather than keeping silent due to shame and society's blame, which is preventing people from finding treatment, Zenoff says. Rather than focusing on the experience of addiction, Zenoff says that talking about recovery can change understanding about outcomes and help normalize the disease so misunderstood.



Zenoff reports that a surprisingly large number of people in senior and middle-management positions across industries are affected, but because they're high-functioning individuals, many don't self-identify as having a drinking or using problem while others keep their conditions a secret for fear of negative consequences. Employment is often the last thing to go in a person's life when it's unraveling due to substance use disorders. In fact, 70 percent of people with addiction are employed, and maintain their employment while keeping their addiction a secret. "We're really invisible to our colleagues," says Zenoff, who only recognized that her drinking was a problem at the age of 40 and is in long-term recovery.

Rehab

People can't overcome dependency without treatment—despite the often-persistent belief that it's simply a matter of willpower—and when people seek help, addiction isn't usually the driving force. "Every person is coming to treatment due to some external factor," says Jen Carvalho, chief executive officer of Azure Acres in Sebastopol, a facility that began as

an alcohol treatment center 60 years ago, and later expanded to treat drug addiction. The catalyst for seeking treatment might be the loss of a job, a troubled marriage, health problems or an accident, and the addiction itself might be related to Adverse Childhood Experiences (ACE) that created a predisposition, family history or environmental circumstances. Addiction knows no boundaries and is unrelated to socioeconomic status, education, race, religion or geographic location. "Everyone has an equal opportunity to become addicted to drugs or alcohol. We treat soccer moms, attorneys, doctors and those who have lost homes, careers and families," says Carvalho. "We've treated several victims who lost their homes in the Tubbs Fire," she adds, and she recognizes the addictions to increased drug/alcohol consumption can be as response to traumatic loss.

The approach to treatment is similar, whether the substance involved is drugs or alcohol. "It's the disease of addiction; the substance varies," says Carvalho, explaining that both cause a chemical brain dysfunction. For some clients, the road to recovery begins with detoxification to treat physical symptoms for five to seven days under the supervision of a physician, with the services of a 24-hour nursing team. From there, an individual goes to residential care, which is usually for 30 days and includes meetings with drug and alcohol counselors, and one-on-one sessions with a licensed therapist to deal with issues such as trauma, anxiety and depression. Treatment usually takes place at Azure Acres' 30-acre campus, which minimizes distractions so clients can focus on the path they're taking and devote their energy to recovery. "The serenity of this campus can't be overstated," says Carvalho.

Partial hospitalization allows clients to live at home, or in off-site facilities and go to the campus for counseling, therapy, family therapy, and outpatient services are also available in Santa Rosa and Sacramento. Regardless of where a client chooses to get treatment, the need for a continuing care plan is essential if one is to be successful in maintaining sobriety after rehab. "This is a bubble," Carvalho says, observing that rehab is a 30-day reprieve from daily challenges, and clients begin working on a long-term plan from the day they arrive. Among the strategies is identifying the top 10 things they're going to do every day once they return to their regular lives, whether it's prayer, attending a meeting or doing service with Azure Acres' alumni program, as well as taking good care of themselves. Everything is outlined on the continuing care plan.

A different approach

Reflections, located in Novato, is a unique kind of rehab facility, as it is not based on the 12-step or behavior-modification programs that are typical. "We're what is termed a dual-diagnosis program," says founder and owner Louise McCallion. She explains that the primary focus is on the mental health components that drive substance abuse in the first place. "Thus, our primary therapists are doctorate level clinical psychologists, who treat conditions such as PTSD, repression and unresolved childhood trauma, and the substance involved could be alcohol, opiates, pain-killers or methamphetamines. We treat dependence to most substances," she says. Reflections also specializes in treating executive clients, who have an additional set of challenges. Many feel they have the weight of the world on their shoulders and a great deal of responsibility, and they don't believe they have the time to leave work to find the root cause of their self-medication, which is often drinking as a way to relieve stress. Therefore, the approach is more practical. "Most of our clients are able to continue working remotely during their residential treatment, as long as it's not interfering," says McCallion. As a result, business executives can participate in conference calls, doctors can continue practicing medicine, and musicians can keep on writing.



Usually, people enter rehab against their will, perhaps because they're under pressure from their bosses, have received ultimatums from their families or been ordered to do so by the courts. At Reflections, however, they usually join the program willingly, McCallion reports, because they want to address the underlying issues and dig deep into the mental-health issues to find out what's driving their substance dependency. Executives are used to having substantial power and control over other people, so they have to make some adjustments. "Many executives will come into treatment and have an, 'I'm different from anybody attitude'" she explains. This can impact treatment. The social-model approach encourages them to see their similarities to other people rather than the differences. "It's a paradigm shift for many executives," she says.

"The most important aspect is to find the right match," she adds, explaining that many of Reflections' clients would not do well in a more typical behavior modification or 12-step program. Although the dual treatment model works better for them, she acknowledges that it isn't for everyone. Reflections does a careful clinical assessment first to make sure it's the right fit, and if it isn't, she refers a potential client to a more appropriate facility. If a parent inquires about treatment for an 18-year-old son who has not demonstrated existence of mental health issues, for example, she might recommend that they try a boot camp or 12-step program first.

What happens after rehab is equally important. Clients start working on an individualized continuing care plan from the beginning of their stay. It might involve arranging for them to see a psychiatrist and also include social activities, self-care habits, routine structure and family therapy. "We work with them to develop a strong continuing care plan for life," says McCallion. The idea is to keep clients from relapsing, she explains, and so clients develop structures to help them abstain from choosing drugs or alcohol and learn to become aware of cultural triggers, through challenging situations and apply the skills they learned in rehab to get through them.

Obstacles

Historically, the inability to control drinking and the use of illegal drugs were considered moral failings. Early on, men who were considered drunks were arrested as an intervention—the thinking was a night in jail to "sleep it off" and a harsh warning could solve the problem. For women, they were sent to asylums and institutions, often receiving shock therapy to address their condition. Even with advanced medical knowledge about the nature of addiction, old notions persist, and stigma and shame are still attached to the disease, severely limiting access to treatment and preventing recovery, Zenoff explains.

"It's not a far stretch to say a third of your workplace is likely dealing with issues related to addiction and recovery between those struggling personally, those concerned about a loved-one's use and those in recovery themselves," says Zenoff. And yet, it's still a hidden disease. She points out that most organizations have a culture where colleagues rally around an individual who is recovering from other illnesses, but those who have undergone treatment for addiction return to work and their condition is not readily discussed or supported, making recovery a hidden process. "Many organizations have practices of using alcohol as the symbol of success, drinking with clients, toasting goal achievements, having annual parties with abundant alcohol and companies where booze is readily available in the office," says Zenoff. "Alcohol and drugs contribute to harassment in the workplace, accidents, absenteeism, reduced productivity and lost morale. It's an issue that needs to be addressed in the workplace, at home and in our society at large."

In the case of recovery from Alcohol Use Disorder, it's difficult for people to return from rehab to an environment where drinking is ubiquitous. "Alcohol is so much the norm, it's entrenched. In our culture, we use alcohol as a symbol of success," she says. She gives the example of members of a team that meets high performance targets being greeted with a glass of champagne and orange juice on every desk the next day. Toasting success is an accepted way to celebrate, and people who don't partake are labeled. "In recovery, it absolutely disregards us. Social stigma and personal biases have an enormous impact on the ability of others to get well," she says. People should have the freedom to choose not to drink alcohol, she adds, just as vegetarians can opt out of eating meat without repercussions.

In the case of the opioid crisis, she points out that people who go from prescription pain medication to becoming heroin-using addicts don't fit the usual pattern. "It hit us so quickly that it gained a lot of attention, and it scared a lot of people." She notes that the norm today seems to be overprescribing medication, as if people can't tolerate. "We're pushing pharmaceuticals, instead of putting health and wellness first," she says. For a change in the perception of addiction, she believes that people who are stigmatized need to step out of the shadows and educate others. "I really believe those who are ready have a responsibility to come forward and help shatter the stereotypes," she says. "We're not marching and demanding," she says. Rather, those who do have the ability and courage to be open about their disease can be role models and inspire and educate others instead of remaining anonymous.

Another strategy would be for organizations to retain a professional to audit their culture and practices. An audit could check to find out whether insurance policies offer other modalities of pain medication and longer treatment, and if an organization celebrates success with alcohol. It could also look at the morale and health of its employees, as happiness leads to productivity and longevity. "It impacts health, bottom line," she says.

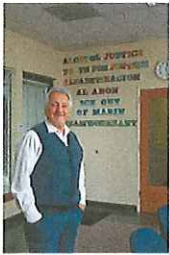
Accountability

The Centers for Disease Control report that 4,654 residents of California died of opioid overdoses in 2016, and in the face of a growing epidemic, harmful practices of the alcohol and pharmaceutical industries are coming under scrutiny. At least 35 counties in California filed lawsuits against pharmaceutical manufacturers and distributors in May of 2018, and they include Marin, Napa and Sonoma counties. The lawsuits fault the defendants for misleading the public about the dangers of opioid use by claiming they did not pose a risk for addiction, and aggressively encouraging physicians to write prescriptions. If the lawsuits are successful, the counties will receive reimbursement for public tax dollars they have expended to respond to the opioid epidemic, and additional funds will go to create a fund to pay for programs in addiction prevention and rehabilitation.

Alcohol Justice in San Rafael focuses on alcohol and has a long record of holding the alcohol beverage industry

accountable for actions that are detrimental, particularly those that target youth. Among its accomplishments are removing alcohol advertising from public property and helping to defeat a bill allowing bars to stay open until 4 a.m., which the California State Senate approved. It is currently advocating for raising the alcohol tax as a way to fund treatment and prevention programs. Endowed by the Buck Trust, with funds from the late Beryl Buck's multimillion dollar legacy to Marin County, it began as the Marin Institute in 1987 with a mission to advocate and do research into alcohol and drug issues. Public Affairs Director Michael Scippa explains that because its core funding is secure, Alcohol Justice has the ability to take on campaigns that other nonprofits can't, and its goal is to reduce harm, one way or another. He observes that alcohol is pervasive in our culture. "It's engrained in all of us that life is better with a drink in your hand. It's not true," he says. "It's woven into the tapestry of our lives, and nobody talks about it."

The alcoholic-beverage industry is constantly pushing to reduce or relax rules, and its marketing often targets the most vulnerable. Alcopops are an example, because their appeal is to youth and they're a way to entice new consumers. "They taste nothing like alcohol," says Scippa. Alcohol Justice makes educating youth a priority. Members of one of the groups it sponsors, Youth for Justice, went to various outlets in San Rafael's Canal neighborhood to ask managers to remove alcopops from their shelves voluntarily, and most of them did.



Another notable accomplishment was defeating California Senate Bill 905, sponsored by State Senator Scott Weiner, which proposed allowing drinking establishments in nine cities in California, including San Francisco, to serve alcohol until 4 a.m. However, that battle will be fought again in 2019, as the Senator has reintroduced the bill again as SB 58. "We already have enough problems at 2 a.m.," says Scippa, who describes the late-night bar bill as public enemy number one and believes that the legislature ignored data proving that increasing drinking hours would cause additional harm. The bill went down to defeat with a veto from Governor Jerry Brown, who did not ignore the facts. "The Governor's message of 'mischief' and 'mayhem' was spot-on," says Scippa. "It doesn't help when people who are creating new policies avoid the best advice."

Everything Alcohol Justice does is evidence-based, and the goal is to challenge Big Alcohol's profit-based policies, change the culture of consumption, and educate people by providing them with current data relating to alcohol-related harm. Scippa emphasizes that Alcohol Justice is not prohibitionist, and no one currently on the staff is in recovery, though some choose not to drink anyway. Rather, they believe that there are acceptable limits to consumption. For example, he believes many other parts of the world are more enlightened. Australia, for example, lowered its allowable blood alcohol level to .05, and it is as low as .03 in some countries. The U.S., the U.K. and parts of Canada are the only countries left that do not have .05 BAC or less. While it's not realistic to think that people will immediately change their behavior and abide by a new policy or law, "It slowly starts to percolate and change people's behavior about alcohol consumption," he says. "In terms of public health and safety, consuming less is far better."

Treatment, education and prevention are positive strategies, but it will take a concerted, long-term effort on many fronts to address addiction as a societal malady and successfully change the culture. Meanwhile, for those who are afflicted, recovery is possible with the right kind of help and support. "My personal journey has been a 20-year abstinence from alcohol and drugs," says Carvalho, describing herself as a woman in long-term recovery. "People do recover, and that's a powerful message for someone in early recovery," she says. "Lives do change. We can conquer it." It's a message of hope for those who are struggling.

ALCOHOL USE DISORDER

The National Institute on Alcohol Abuse and Alcoholism describes Alcohol Use Disorder (AUD) as a chronic relapsing brain disease, characterized by an impaired ability to stop or control alcohol despite negative consequences. AUD can range from mild to severe, and recovery is possible regardless of severity. The National Institute for Health reports the following:

- An estimated 88,000 people (62,000 men and 26,000 women) die from alcohol-related causes each year in the United States.
- In 2014, alcohol-impaired driving caused 9,967 fatalities.
- In 2010, alcohol misuse cost the United States \$249 billion.
- In 2012, 3.3 million deaths worldwide—5.9 percent of all global deaths—were attributed to alcohol consumption.
- More than 10 percent of American children live with a parent suffering from alcohol problems.
- A 2015 study revealed that 1.5 million people aged 12 to 20 had engaged in binge drinking in the previous month. Binge drinking causes the blood alcohol level to rise to .08 percent and typically occurs after four drinks for women and five

drinks for men in about two hours. Research shows that alcohol use in the adolescent years can interfere with brain development and increase the likelihood of developing AUD.

Source: National Institute on Alcohol Abuse and Alcoholism

OPIOIDS

More than 115 people in the United States die each day from overdoses of opioids, according to the National Institute on Drug Abuse. The deaths are as a result of the misuse of and subsequent addiction to prescription pain relievers, synthetic opioids and heroin. Opioids include prescription drugs that physicians prescribe to relieve a patient's pain, and codeine, morphine and oxycodone—which have brands names such as Vicodin and OxyContin—are among them. They work by attaching themselves to the body's nerve cells to stop pain messages from reaching the brain. Misuse, such as taking too many pills rather than taking them as prescribed or taking someone else's pills, contribute to the current epidemic, but even regular use of opioid drugs as recommended by a medical professional can lead to dependency.

California had 4.90 deaths per 100,000 people in 2016 and 47.90 opioid prescriptions for every 100 people in 2015, the last years for which data is available. At 47th place, California ranked relatively low. In contrast, West Virginia, which scored Number One for opioid use, had 43.40 deaths per 100,000 people and 110 prescriptions for every 100 people.

Source: National Institute on Drug Abuse, www.drugabuse.gov.

IF YOU NEED HELP

Individuals and their families have several options for finding treatment and getting support during recovery. Among them are the following:

Alcoholics Anonymous, www.aa.org

Behavioral Health Treatment Services Locator, 800-662-4357 (National Helpline), 800-487-4889 (TTY) or www.findtreatment.samhsa.gov

NAR-Anon www.nar-anon.org

Narcotics Anonymous, www.nna.org

Adult Children of Alcoholics, adultchildren.org

SMART Recovery, www.smartrecovery.org

LifeRing, lifering.org

OPIOID SAFETY INITIATIVE

The Redwood Community Health Coalition serves Sonoma, Napa, Marin and Yolo counties, and its opioid safety initiative brings together health-care providers, health plans, public health advocates, law enforcement, schools and educators, victims and concerned citizens to take action to change practices in pain management and still treat patients to relieve pain. Among its findings, it reports that more deaths result from opioid analgesics than from suicide and motor-vehicle accidents combined. Its strategic partners include the Sonoma County Department of Health Services, RxSafe Marin and Napa Opioid Safety Coalition. Learn more about its work at www.rchc.net.

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