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OVERCOMING ADDICTIONS

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INTRODUCTION TO ADDICTIVE DISORDERS

In this guide, the Addictive Disorders discussed refer to health matters dealing with both physical and psychological intense desires or cravings for substances or behaviors that grow into dependency. For example, not only will alcohol and drug dependency be addressed, but addictions dealing with issues like emotional, “things” or “people” attachments. The general concept is that these cravings or yearnings are ongoing in spite of the fact that they cause the addicted person, and at times others, harm at various levels; social, psychological and physical. And on the whole, the addictive disorders that are discussed are considered progressive or advancing in nature, and chronic or lasting for a long period of time, with distinct periods of recurrence.

There are some alarming facts to consider regarding addictive disorders. For instance, a recent report in the National Drug Addiction Recovery Month Kit showed the cost of alcohol and illicit drug use in the workplace, including lost productivity, accidents and medical claims to be an estimated \$140 billion per year.

Another fact: every eight seconds, a person dies due to a tobacco-related illness, according to the World Health Organization.

Also, an estimated 28 percent to 30 percent of people in the U.S.A. alone have an addictive substance abuse disorder, a mental health disorder or both, according to a 2002 report by the National Mental Health Association.

And alcohol abuse and dependence occurs four times as much among men over the age of 65 than women in the same age group, according to the Surgeon General's Report on Mental Health, 1999.

With Addictive Disorders being such a large important part of everyday life, this ebook strives to help clear up myths from facts and present an overview of the issues surrounding the disorders. It includes information about some of the top addictions in society today, along with a variety of solutions available to help with treatment and coping, based upon the most recent studies, research, reports, articles, findings, products and services available, so that you can learn more about Overcoming Addictions.

For example, consider the following and decide if it is myth or truth: addicts cannot be medically treated. This is a myth. Some substance addicts can be medically treated via a detoxifying program, followed up by treatment with new medicines like *Bupropion* (Zyban) and *Naltrexone* (ReVia). These medicines help people who are refraining from addictive substances to keep their desires for them in check.

Note that the contents here are not presented from a medical practitioner, and that any and all health care planning should be made under the guidance of your own medical and health practitioners. The content within only presents an overview of Overcoming Addictions research for educational purposes and does not replace medical advice from a professional physician.

UNDERSTANDING ADDICTION IN LAYMEN'S TERMS

Many researchers believe that addiction is a behavior that can be controlled to some extent and also a brain disease. And since some testing with functional magnetic resonance imaging (fMRI) found that all addictions tend to cause nearly the same reactions inside the brain, there could be one type of control model for addiction health-related issues. In other words, just as there is one disorder or disease labeled asthma, there would be one for addiction, covering all addictions; gambling, smoking, overeating, drugs, etc. Then one main treatment strategy or plan could be used to treat all addictions.

How addiction works in a nutshell is like this. The brain, the center of the body's nervous system, handles addiction by increasing dopamine levels in response to increased reactions from behaviors, also referred to as compulsions, like gambling or over eating, and / or in response to increased repeated substance abuse, like from cocaine or alcohol. And this addiction affects the three functioning processes of the nervous system; sensing, perceiving and reacting. How? Let's take a quick peak...

Dopamine, the chemical transmitter to the "pleasure center," the place where survival instincts like eating and reproduction focus in the brain, activates cells individually or energizes them. Each energized cell in turn energizes another cell, and so on down the line, resulting in a spontaneous or systematic process of ecstasy or elation.

The problem is the brain doesn't realize what it is that is causing the ecstasy reaction. So when this flutter of activity increases the creation of dopamine for the negative behaviors and substances like drugs, alcohol, gambling, etc., it neglects the natural survival instinct reaction mechanisms, replacing them with the ecstasy instead.

Note that also, depending upon the addiction, nervous system functions are altered. So sensing, perceiving and reacting functions of individuals are impeded. For example, alcohol is a depressant and slows down all of these functions. So a drunk driver facing an immediate collision will in all likelihood react slower than a healthy, alert driver. And whether or not the addictive substances are inhaled, going into the lung system; or injected, traveling via the blood system; or swallowed, entering the digestive system, also affects different bodily reactions, responses and overall health.

One long-term effect is an increased tolerance level with dopamine reaching out into other brain areas that cloud judgment and behavioral considerations and choices. And ultimately depression results, even amidst opposing or negative stimuli, like the negative effects of narcotics on behaviors and on the body / mind and like trying to withdrawal or discontinue use.

Note: other long-term effects can include changing of the brain's shape and possible permanent brain damage, depending upon the addiction and length of compulsive activity. And other health problems like cancer from cigarette smoking can result.

Addiction summed up is: compulsive behavior despite negative consequences.

OTHER FACTORS IN ADDICTION

Of course no two people are 100 percent the same. So since internal genetic and external environmental and behavioral factors and influences vary, so can addiction issues with each person. In other words, a child born of an alcoholic parent may have an altered or different brain chemistry or make up than a child not born of an alcoholic. However, other factors need to be taken into account with regards to whether or not and to what extent the child is susceptible to addictive behaviors or substances. For instance, genetics, mental state and the environmental setting of the child, especially during early developmental years could all play key roles as to how the child or growing adult will react when confronted with certain behaviors or instances.

So take for example a soldier. Surviving temporarily on the only remedy available in hostile territory, he becomes addicted to morphine while outside his element or home environment. Later he returns to his home environment. Will he stay addicted to the morphine? Will it be difficult to stop using it?

The answers vary, depending upon the soldier's predisposition or susceptibility to addiction; his home environment, his mental state, his genetics with family history, and other factors. In other words, if he came from a background of living long-term with a family of addicts, socialized with addicts in his neighborhood and school environments, and already battled with smoking cigarettes, marijuana and other substances routinely, this soldier may have a difficult time withdrawing from morphine. Whereas, a soldier who had never seen addiction up close before, either in his family, neighbors, school friends, etc., and who otherwise came back with a fairly healthy mental state, may be able to stop using morphine with little or no problems and get back to his "normal" routine.

Which leads to, "How can you tell if someone is addicted or not?"

DOMINATING DEPENDENCIES: RELATIONSHIP, DRUGS, ALCOHOL, GAMBLING, INTERNET

Addictions present some common and some unique characteristics and behaviors across the board, depending upon the behaviors and / or substances associated with the addiction. Let's take a look at some common symptoms or traits and a little about how to begin getting help for the more common addictions or dominating dependencies today.

Odors associated with the substances like cigarette or marijuana smoke are fairly noticeable traits. Here are some maybe not so obvious:

- Fatigue
- Uncontrolled cravings
- Wearing long sleeves (to cover needle marks) during hot weather
- Hanging out with known addicts

- Thoughts, actions—nearly everything—focused on addiction
- Nasal congestion (sniffing, nose bleeds...), eye changes (redness, glassy, wears sunglasses when not needed, etc...)
- Behavioral changes (moodiness, mood swings with hyperactive, lethargy, violence, paranoia, secretive, confused thoughts and actions)
- Denial of use, addiction, etc.
- Memory loss, distorted time
- Stealing or excessive / unusual borrowing of funds
- Unkempt appearance, truant / absenteeism from work, school, home...
- Sudden changes in school work and grades, job performance, regular behavior
- Withdrawal from normal activities, friends, family
- Withdrawal symptoms: nausea, sweating, chills, convulsions, anxiety, nervousness, depression, headaches, hallucinations, diarrhea, restlessness / sleep disturbances, shaking (uncontrolled), sensitivity.

Now for a look at how to begin getting help for the more dominating dependencies today.

RELATIONSHIP ADDICTION

One major addiction facing many people because of the nature of its definition is relationship addiction or co-dependency. It is a learned dependent behavioral condition, generally with the existence of emotional, physical and / or sexual abuse, that affects people with or related (not necessarily “blood related” but environmentally or socially) to those having alcohol or drug, gambling, sex, food, work or other dependencies, or the mentally ill. This unhealthy condition is learned from the abusers’ relationships and affects a person’s ability to have a healthy relationship. Co-dependent is associated with “dysfunctional family” members or those feeling anger, shame, fear or pain mainly because of the addiction that is “unspoken” or discussed. The person or persons addicted are in denial and don’t admit their dependencies or problems surrounding them. And those in relationships with them adapt this type behavior as well, keeping the “status quo” at an even keel to avoid confrontational issues and rock the boat.

Co-dependent people repress their emotions and ignore their own needs while being compulsive caretakers for the addicts. And as a result they become “survivors.” To help keep addictions hidden, they distance themselves from the addict as well as the problems associated with the addiction, and certain behaviors develop over time.

CO-DEPENDENT BEHAVIORS / TRAITS

Inhibited Emotions – Detachment occurs. Don’t touch, don’t feel, don’t talk, don’t trust, don’t confront. Keeping the addiction hidden becomes then entire focus of the addict’s family and / or others in co-dependent relationships, shifting all main focus of safety, health, and basically life to the sick person or addict. With the focus off themselves, the co-dependent people neglect their own safety, health...in short, lives.

Self – Esteem – Low self-esteem is common among co-dependent people. To substitute something in the “real world” that would make them feel better, since their fantasy of the hidden addiction becomes their real world, they often become addicts themselves, diving into gambling, illicit sex, cigarette or marijuana smoking, work (becoming workaholics), or drugs and alcohol as well.

Martyr – These caretakers take on a martyr role while trying to “help” the addict. But their exaggerated, compulsive behaviors that they think actually “help” others, in reality negate their supposed “help.” For example; a co-dependent person may think nothing of lying for his or her spouse or adult (or teen) children to cover up for theft to fund a drug addiction. Since this behavior does indeed “help” the addict – stay addicted, that is, the co-dependent person feels “needed” and a cycle of dependency develops around the addict – addictive behavior / substance – caretaker – caretakers compulsive actions / behaviors.

Victim - Co-dependent people feel caught up in the cycle of dependency and feel helpless to break free. They see themselves as victims and are magnetically drawn to others in similar circumstances in their relationships.

Confused – Because of the nature of the disorder, co-dependent people often confuse love with pity and rescuing. They hold on to unhealthy relationships at all costs to avoid feeling abandoned. They feel guilty when trying to be in control, yet they feel driven to control people around them. They desperately seek approval or to be recognized, in part because of their identity loss while trying to hide the addict and addiction problems. And in part because they don’t trust themselves or others with all of the lying going on, and can’t identify reality very well or trust their own feelings. (Outward shows of appreciation like rewards and approval help ground them).

Unhealthy emotions – Intimacy and personal boundaries become problematic, as escaping reality unfortunately comes with the need to find escape outlets. So dealing with intimate emotional issues like feeling loved can mean reaching out to the wrong person. Anger and how to deal with it also becomes a problem and can be misdirected – both internally, causing health problems like ulcers, and externally, like in violent behaviors, because the person doesn’t know how to cope or where to turn for help. And adjusting to change is burdensome, with lack of effective communication skills and healthy decision-making tossed aside. So depression and anxiety-related emotions surface and fester.

CO-DEPENDENCY HELP

The key to getting help for co-dependency is acknowledging the problem. Then seek help. Check out library books on co-dependency and to find helpful resources. Search the Yellow Pages (under recovery programs, addiction recovery, etc.) and ask your healthcare provider or local hospitals and healthcare centers for more information and places to start.

Also visit sites like the one for Co-Dependents Anonymous at www.coda.org (in Spanish and English) for contacts in your state, Frequently Asked Questions, meetings, list groups, helpful literature and other tools like the 12-Steps used as a base or foundation in many recovery programs.

For more website, simply conduct a quick search of words or phrases associated with co-dependency. They will yield many sites, chat rooms, list groups, ezines and other helpful resources to aid in recovery. For example, using your favorite search engine, type in words like; co-dependency, co-dependent relationships, and codependent recovery.

Also target groups and other resources associated with the addiction(s) directly. Each addiction pretty much has its own network of healing and recovery resources. For instance, there is Gamblers Anonymous, Alcoholics Anonymous, Nar-Anon (for narcotics), etc. Online, simply key in the addiction and “anon” after it or “recovery” to get you started.

DRUGS AND ALCOHOL ADDICTION

Some people, both professionals and non-professionals or lay people, believe that there are **three types** of people who drink and use drugs; Social Users, Substance Abusers and Addicts. They consider Social Users those people who are supposedly trying to make something more out of otherwise positive, upbeat social situation – be it an interview, sporting event, date, family gathering or other activity where people are together. The user may be uncomfortable and try drugs to feel more at ease, to fit in, to feel less inhibited or any other number of mood-alterations, instead of simply not going or facing reality and participating in healthier situations for himself or herself. And supposedly, as a result of this social drug or alcohol use, these Social Users do not report negative consequences like being out of control or exhibiting any bad behaviors.

Substance abusers, on the other hand, who supposedly use alcohol or drugs in light of negative experiences or episodes, as well as positive ones, report some negative effects. In general, though, instances seem relatively minor to them, like lampshades on heads or broken promises and after-party complaints. Sometimes only one negative issue will surface afterwards; sometimes a combination of issues will surface. Not much concrete to go on is characterized with this middle stage.

Now for the heavier hitters, known as Abusers, a number of negative consequences result, regardless of whether or not the alcohol or drugs are taken for positive, negative, any and all reasons. From one to any combination of the following negatives are often reported; negative reoccurrence of the same bad behaviors (maybe broken lamps from tripping instead of lampshades on heads), broken promises and broken limits set beforehand, mental

mania or diving into deep subjects (almost in a psychological way), denial (of being drunk or high), crying jag or emotional outbursts, memory loss or confusion, and many (repeated) complaints are brought to light after the events by others.

DRUGS AND ALCOHOL ADDICTION BEHAVIORS / TRAITS

Regardless of the type of alcohol or drug dependent person, addiction or dependence is characterized by professional standards according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (1994). To sum up, the DSM-IV identifies an addict as having three or more of the following “symptoms” within a year’s time period:

- Mental thoughts focused on the substance (alcohol or drugs) even when not using.
- Withdrawal from society, friends, loved ones, normal activities – to focus on continued substance use.
- Using more than expected
- Substance abuse even though negative consequences directly result from the abuse (at any level: physical, emotional, social, work-related, etc.)
- Attempts to stop or “control” use and withdrawal symptoms develop (shakes, hallucinations, cravings, etc.)
- Tolerance levels can change; i.e. it takes more and more to get and sustain a drunk or high state

DRUGS AND ALCOHOL ADDICTION HELP

Similar to the key to getting help for co-dependency, the key to getting help for drug and alcohol addiction is first in acknowledging the problem, then in getting help. Check out library books on co-dependency and to find helpful resources. Search the Yellow Pages, online search engines, 12-Step Groups listed in community calendars, Alcoholics Anonymous, Narcotics (or the specific drug name like “Cocaine”) Anonymous, etc.

GAMBLING ADDICTION

Another top addiction is gambling. In fact, studies including research by the National Gambling Impact Commission show that gambling nationwide affects a minimum of 2.5 million people, over 1 percent of the population. In targeted gambling areas like Las Vegas, over 5 percent of the people are expected to end up having some sort of gambling problems. To help put those figures into perspective, gambling problems occur twice as often as cancer and twice as often as cocaine addiction. That’s a LOT of impact.

And young people battle gambling addiction more than adults. Here are the latest prevalence rates as reported by the National Coalition Against Legalized Gambling, the following are the prevalence rates:

- 16-24 year old males 4%
- 11-18 year old males 4-7%
- National average, all ages 1.2%

How can you tell if someone is addicted to gambling? Similar to the characteristics noted for other top addictions, the main ones to look out for with gambling follow.

Signs of a Gambling Addiction

- Repeated attempts to stop gambling.
- Serious financial problems
- Has unrealistic view of what “life” and “the world” owes you
- Preoccupation with gambling, lying about it and denying addiction

Help for Gambling Addiction

Help is unfortunately often not sought until people hit “rock bottom” or pretty much lose about all they own, owe nearly anyone and about everyone they know (and many don’t). Once reality sets in and denial isn’t an issue any longer (and even in some cases where it’s borderline) a nationwide 12-Step program is available, Gamblers Anonymous. Other help can come from a combination of psychotherapist and / or counselor who helps focus on internal emotional issues, group therapy to interact with fellow addicts in recovery, and inpatient, residential or outpatient care, for short-term and long-term recovery options. You can seek recommendations from your healthcare providers or local hospitals.

INTERNET ADDICTION

Even the Internet can be addicting! Although Internet Addiction is not yet an official disorder, obsessive Internet use is a real problem for some today.

Signs of “Internet Addiction”

Some signs of trouble are:

- Using the Internet more and more, while going out into the real world less and less.
- Checking email too frequently during the day – every day.
- Going online every day, rarely taking a day off.
- Sneaking online to sites that you shouldn’t visit.
- Others say that you are indeed online too much.
- Sneaking online and checking email when you should be doing other things like working. Arriving before work, staying after work, skipping lunch, avoiding meetings, avoiding co-workers – to use the Internet.

But there are ways to overcome the trouble spots. Similar to other addiction recovery, realizing there is a problem is the starting point. Facing “why” the escape from the real world is necessary is next. Then decreasing online activity and replacing it with healthier activities can help the person get back to normal.

MORE HELP FOR INTERNET ADDICTS

Ways to help deal with Internet over-use are to monitor and log use, then set goals for daily activity in its place and follow up with more monitoring and strategic planning. Being logging “when” you go online and “why” and “where.” Then over time, cut back usage by replacing alternative resources for your attention.

For example, instead of emailing people all day long, grab the phone and call others. Instead of playing games on Yahoo all night, allow yourself one hour and play solitaire or visit with a neighbor or friend and play a board game like chess. And instead of reading ebooks and forum posts for hours on end, grab some nonfiction self-improvement books, daily newspapers or popular magazines and learn more about the industries in your work environment or about nonprofits of interest and how you can join in their causes. Take charge and keep your mind stimulated and yourself active in the real world.

A counselor recommended by a healthcare provider may be about to help with this process, too. In this type of addiction, getting online help is probably not a good idea, since the goal is to spend LESS time online. So seek help from those referred by your local healthcare providers for starters. Monitoring online activity, what triggers jumping online each time, and replacing it with more appropriate, healthier activity is the key to recovery.

RECOVERY TOOLS

Regardless of the addiction, be it drugs, alcohol, gambling, relationships, etc., a 12-step program is the fundamental tool of many recovery programs. The basic 12 steps that groups' members actively stress are as follows, varying in some degree per addiction recovery program. Note that no particular religion or spiritual affiliation is required. All are welcome and invited.

12-Step Program

- 1) We admit we are powerless over our addiction - that our lives have become unmanageable
- 2) We believe that a Power greater than ourselves could restore us to sanity
- 3) We made a decision to turn our will and our lives over to the care of God as we understood God
- 4) We made a searching and fearless moral inventory of ourselves
- 5) We admitted to God, to ourselves and to another human being the exact nature of our wrongs
- 6) We are entirely ready to have God remove all these defects of character
- 7) We humbly asked God to remove our shortcomings
- 8) We made a list of all persons we had harmed, and became willing to make amends to them all
- 9) We made direct amends to such people wherever possible, except when to do so would injure them or others
- 10) We continue to take personal inventory and when we are wrong promptly admit it
- 11) We seek through prayer and meditation to improve our conscious contact with God as we understand God, praying only for knowledge of God's will for us and the power to carry that out
- 12) Having had a spiritual awakening as the result of these steps, we try to carry this message to other addicts, and to practice these principles in all our affairs.

Basically members recite the steps at their meetings. And there may be a presentation or group discussion based upon one particular step that day, with the rest of the event focused on individual needs or issues that are brought up by members, so that each member gets to address his or her top or immediate concerns, seek help and help others to get through, "One day at a time."

OTHER RECOVERY TOOLS

Here are more tools to aid with healing from addictions, listed in no particular order.

Internal Motivators– Many decide to kick their addictions based upon interior motives like love, a sense of achievement, competition, responsibility and a number of other reasons. A love for a child can make some stop the denial process dead in its tracks, allowing recovery to step in. Watching a close friend or relative who is farther along the addictive path of destruction can also be an eye-opener, resulting in some addicts adopting the “I can do it” attitude to kick the habit. Some simply want their own self-respect back and respect from others. While other addicts prefer better health and a sharper mental state, and decide to overcome their addictions and recover. Regardless of the reasons, internal motivators can be welcome stepping-stones in the path of recovery.

External Motivators - Other motivators along the way are external, like money, work, housing, etc. For example, an addict is generally well aware of the money needed for the continued purchasing of the addictive substances. Someone not used to living in less desirable conditions because income is lacking, may not need much of a jolt of reality other than the first eviction notice, to spur him or her to quit spending hard-earned money on drugs, gambling, porn or cigarettes, etc. And some who may really value their jobs and are striving to maintain good work standards and ethics, may see reality when they are passed over for a promotion or annual raise because of tardiness, sloppiness, mishandling of money, etc., and may seek help to get their work act together promptly.

To help with internal and motivators, addicts and their support people can turn to recovery tools like books, videos, movies, healing music, speakers and events focused on addiction and recovery. A good place to begin is at your own local library or favorite bookstore. Online you can search Amazon.com, Barnes and Noble (BN.com) or even your favorite search engine. Type in terms like “addiction recovery” and / or add the addictive substance or behavior (“gambling recovery” “overcoming cigarette addiction”).

RECOVERY BOOKS

Some popular recovery books are:

Addiction & Recovery for Dummies, by Brian F. Shaw, Paul Ritvo, Jane Irvine, M. David Lewis; For Dummies; (December 13, 2004).

7 Tools to Beat Addiction, by Stanton PHD Peele; Three Rivers Press; (July 27, 2004).

The Addictive Personality: Understanding the Addictive Process and Compulsive Behavior, by Craig Nakken; Hazelden Publishing & Educational Services; 2nd edition (September 1, 1996).

The Addiction Workbook: A Step-By-Step Guide to Quitting Alcohol and Drugs (New Harbinger Workbooks), by Patrick Fanning, John T. O'Neill, John O'Neill; New Harbinger Publications; (June 1, 1996).

Bridges to Recovery : Addiction, Family Therapy, and Multicultural Treatment, by Jo-ann Krestan; Free Press; (March 15, 2000).

For online chat rooms and message boards where recovering addicts seek fellowship, simply type “recovery message board” or “recovery chat room” in your favorite search engine. Include specific addictions like gambling and cocaine for more focused groups.

INTERVENTION

Another popular recovery tool is called an intervention. An intervention generally refers to a planned gathering of people who know the addict and want to offer support and intervene to stop the addiction. Friends, family, co-workers, church members or in short close contacts meet and gently confront the person with the addiction to drugs, alcohol, gambling, sex or other behavior or substance addiction.

It is believed that by close contacts sharing their personal feelings and thoughts for the addict’s well being, the addict will feel safer and confront denial issues, opening up a pathway for recovery and healing. By actually being with so many caring people, the addict may also become motivated to seek help and change, and realize that he or she hasn’t faked everyone out with lies about the addiction. Many want to seek help so that they are not alone in their struggle any longer, preferring recovery and health instead.

The intervention team becomes part of their support network. Each member shares his or her own experiences with the addict and the problems arising from the addiction. And in turn, each shares their love, support and encouragement for recovery as well as any healing resources or tools they may have. For example, maybe one member who faced similar addiction issues found help from a local 12-step program and therapist, and brought the meeting information (location and times) plus the therapist’s phone number alone to share.

Trained people are also available to help groups with interventions. Some go through a 3-stage intervention program.

Stage I—This focuses on telephone coaching over the phone. A trained professional helps you build a foundation with hope and figure out whom to ask to join in an intervention plan. They also help strategize – gather the intervention team together, educate about goals and overall plan, and help with getting the addict to the intervention meeting the first time.

Stage II—This stage generally begins if no treatment has yet kicked into place after Stage I. Generally, the main person in charge of gathering the intervention team together meets with the professionally trained counselor get together for strategy planning about a half-dozen times. Note that the addict is not present at these. Goals are to

educate, support and develop a plan of action that includes healing treatment with the one seeking help for the addict first.

Stage III—At this point, other intervention team members are brought in and counseled. And the addict is invited to the meetings where intervention members share their new boundaries and coping skills with the addict (if he or she comes along). The intervention members' love and support are demonstrated more than once, and by now the addict has had multiple opportunities to enter recovery and treatment but has not yet taken the plunge to seek help.

Results with this 3-stage program are long-term help for not only the addict, but the support people as well. The addict is generally removed or placed outside the dysfunctional family environment. And both family and addict learn healthier behaviors, communication and coping skills. For more information about interventions, contact:

Illinois Institute for Addiction Recovery
Outpatient Center
5409 N. Knoxville Ave.
Peoria, IL 61614
1-800-522-3784

Check with your libraries and bookstores for helpful intervention books. Here are a couple of popular ones:

- Crisis Intervention Strategies (with InfoTrac) (Counseling Series) by Richard K. James, Burl E. Gilliland Richard K. James, Burl E. Gilliland; Wadsworth Publishing; 4 edition (August 10, 2000).
- A Guide to Crisis Intervention, by Kristi Kanel; Wadsworth Publishing; 2 edition (February 21, 2002).

And check out what resources National Intervention Referral has available in your area by contacting them at (800) 399- 3612 (24 hours / 7 days), or by visiting them at and filling out their online form_ www.nationalinterventionreferral.org .

TREATMENT ALTERNATIVES

For treatment alternatives in your area, some places to contact include counselors (educational, school, professional / medical like psychologists), doctors and hospitals. They may offer treatment solutions that include self-help, smoking patches, online treatment and housing alternatives. Some other options follow:

Treatment Centers (mental health, crisis centers, substance abuse programs) – For help locating treatment facilities in an area near you, contact:

The U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration (SAMHSA)

200 Independence Avenue, S.W.
Washington, D.C. 20201
Telephone: 202-619-0257
Toll Free: 1-877-696-6775

National Toll-Free Help Lines – For organizations that offer mental health information, referrals some crisis counseling, dial these toll-free numbers (from within the United States:

- National Treatment Referral Hotline

800- 375- 4577 www.nationalhotline.org

- National Mental Health Association

800-969-NMHA (6642)

- National Suicide Prevention Lifeline

800-273-TALK (8255)

- Obsessive-Compulsive Foundation

800-639-7462

- SAMHSA's Center for Substance Abuse Treatment

800-662-HELP (4357), 800-487-4889 (TDD)

- SAMHSA's National Clearinghouse for Alcohol & Drug Info

800-729-6686

Detoxification – Immediately halting an addict’s alcohol or drugs, can result in not only emotional but physical withdrawal, as the body has become dependent. So medical detoxification, or “de-tox” for short, is sometimes a treatment option. De-tox is the process by which an addict is actively withdrawn with the help of his physician while the negative substances are gradually removed from his body’s system, in a step-by-step process. Depending upon the addiction, some medications have been found to help with controlling mild to extreme withdrawal symptoms like seizures, delirium and shaking, with inpatient care. For example, with alcohol addiction, benzodiazepines, carbamazepine and clonidine are sometimes used. And tranquilizers can be used for outpatient care. While with cocaine, Antidepressant drugs may be used to help treat depression and anxiety during

withdrawal. De-tox combined with a recovery program can produce a greater positive response in improving the patient's healthcare.

Inpatient / Outpatient Services – Inpatient services like de-tox may be available at hospitals and residential treatment centers, and are considered to be quicker if careful monitoring of the patient is done so that no additional addictive substances are used during the time of treatment. However, outpatient services performed in private, addiction treatment or mental health offices or centers, while less expensive and intrusive on day-to-day lifestyles (especially with those continuing in their daily jobs), can be equally effective if a careful support treatment strategy is in place and used by the patient so that he or she does not return to using addictive substances while on the outside.

Nutrition - Unfortunately, nutrition is often not a focus when a person is addicted, regardless of whether the substance is alcohol, drugs, cigarettes, etc. So in order to help get the brain back to a healthier state and improve "thinking" and overall health, good nutrition is taught and supplements are often encouraged. For starters, many suggest lowering or limiting dietary intake of simple starches and sugars, upping the intake of protein. A good multivitamin / multi-mineral supplement recommended by a family or healthcare provider can be a helpful tool in a well-rounded recovery plan, too.

Retreats / Rehabs - Today there is a wide variety of rehabilitation or rehab centers to aid recovery and healing programs in targeted environments. Choose from rehabs focused mainly for Teens, Christian-based Programs, Executives, Gay & Lesbian Programs, Prescription Addiction, Residential Treatment Programs, Intervention Partners, Coast-specific (East or West), or 12-Step Rehab, for starters. A good place to begin is with a call to the National Treatment Referral Hotline at 800- 375- 4577 or fill out a brief info request online at www.nationalhotline.org about your case.

SUPPORT GROUPS, ORGANIZATIONS & RECOVERY PROGRAMS

Following are a variety of groups, organizations and programs to aid in addiction recovery. They are listed in no particular order of importance.

Alcoholics Anonymous www.alcoholics-anonymous.org - This is a group whose primary purpose is to stay sober and help other alcoholics achieve sobriety. Their site has lots of helpful information and a section with local links for more targeted help in each state of the USA and in Canada.

Street Address:

Alcoholics Anonymous
475 Riverside Drive
11th Floor
New York, N.Y. 10115

Mailing Address:

Alcoholics Anonymous
Grand Central Station
P.O. Box 459

New York, N.Y. 10163 **Al-Anon & Alateen** www.al-anon.alateen.org - This is the support group for friends and family of alcoholics. Their site, in English and Spanish, offers support meetings, surveys, literature and more.

Contact them at:

Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
Tel: (757) 563-1600
Fax: (757) 563-1655
wso@al-anon.org

Gamblers Anonymous

www.gamblersanonymous.org
International Service Office
P.O. Box 17173, Los Angeles, CA 90017
(213) 386-8789 - Fax (213) 386-0030

Cocaine Anonymous www.ca.org

Narcotics Anonymous www.na.org

World Service Office in Los Angeles
PO Box 9999
Van Nuys, California 91409 USA
Telephone (818) 773-9999
Fax (818) 700-0700

National Drug and Alcohol Treatment Referral Service (800) 729-4357. The National Institute on Drug Abuse

www.nida.nih.gov - The National Institute on Drug Abuse (NIDA) is part of the National Institutes of Health (NIH), a component of the U.S. Department of Health and Human Services. Their site contains prevention, treatment, and other information on drugs and abuse for researchers, educators, parents and other interested parties. Subscribe free to their email notification list and keep updated.

HEALTHY LIVING, HEALTHY CHOICES TIPS

Healthier living is a choice. And here are some choice tips towards a healthier approach to life.

ONLINE COMMUNICATIONS

For help 24 / 7, reach out via the World Wide Web. A variety of chat boards, list groups, email pals, message boards and other means of cyber-communications can help link people up for fellowship during their recovery. And some programs, like 12-steps, offer online meetings for those unable to attend in person. Used in a safe and sensible manner, these online communication systems can offer healing interaction among fellow addiction fighters.

Here are some general guidelines to follow for safe, healthy and effective communications. First, depending upon the means of communication, most generally offer the user to key or type in comments, questions, share ideas, ask for help, cry on cyber-shoulders, etc. pretty much instantly. And those places with archived posts allow for browsing and in-depth reading for those wanting to learn more on their own. Take time to look around and learn the system and setup. Ask the moderator or person in charge of the site (usually listed on the Contact Us page) for help.

Second, when typing responses, do not use all capital letters. That means shouting to some people and they may take offense.

And third, be leery of sharing images. They can be altered and re-used by anyone. Scenic shots might be fine to share, like of recovery places to visit (public parks, scenic drives, etc.) However, think twice before sharing family photos online with strangers. Ask permission if others are in the shots, too, before sharing. If you don't have their permission, don't share - - general rule of thumb.

ONLINE SAFETY TIPS

Don't disclose personal information or anything that makes you uncomfortable. Many people feel they have the right to ask anything and plunge right on in. Ignore them, use your delete button or simply say that you are not comfortable discussing "that" right now.

Try not to be rude, even if the other inquiring person is, and try to keep out of cyber-fights. If you need help, seek out the moderator or webmaster (usually linked on the bottom of the website pages.) If all else fails, move on to another forum, message board or other cyber-location, and leave that one alone for awhile. If and when things calm down, you can always revisit, see how things are and try again.

Don't lie. Part of recovery is facing denial and no more lies. So if you are not comfortable telling the truth, stop. Don't lie, just stop. Return to healing and recovery resources that you ARE comfortable with and don't harm yourself. Realize that all kinds of people of all ages jump on the Internet, many healthy, but many unhealthy. So

not every place is a healthy environment for you at all times. Nothing personal, it's just life. Period. And it's not your fault; there's nothing you can do. Instead, seek healthier recovery activities and keep healing!

Avoid topics that can trigger bad episodes, especially those that could possibly mean returning to past addiction – related issues. Here's a visual way to explain this, as shared at some recovery 12-step meetings:

ONE OF LIFE'S PATHS

A man walks down the sidewalk and falls into a hole. He picks himself up, dusts himself off, climbs out of the hole and moves on.

Next time this same man walks down that same sidewalk, he sees the hole up ahead and decides to go around it. However, just as he skirts the edge of the hole, he accidentally falls in again. As before, he picks himself up, dusts himself off, climbs out of the hole and moves on.

A third time going down the same sidewalk, this same man walks a little farther away from the hole, trying to bypass it. However, he trips over a rock in the path and falls in again anyway. And as before, he picks himself up, dusts himself off, climbs out of the hole and moves on.

The fourth time - - the same man chooses a DIFFERENT sidewalk and enjoys his walk. The hole isn't there; he doesn't fall; there's no need to climb out. Success!

Moral of the story: choose your paths wisely!

MORE HEALTHY LIVING DAY-TO-DAY TIPS

Good Habits—Bad habits took time to develop; so do good ones. Take it a day at a time and focus on replacing the bad ones with good ones. Jot your progress down in a private journal. Reward your good days and good times with stickers, colored marker smiles, silly color-pencil sketches, etc. And stick with it! Remember “slow and steady wins the race,” not racing through things like the tortoise!

Be Your Best Friend—Forgive yourself and be a friend to yourself. No one is perfect. Be aware of your inner feelings and take care to find healthy outlets for yourself. For example, find healthy ways to express anger (yes, it's OK to be angry sometimes!) and healthy outlets for fun (around healthy people and places). Parent yourself by adopting better grooming habits, eating healthier and getting plenty of rest. And have your support network and healthcare professionals on your team help you learn how to handle stress and anything that triggers old addictive behaviors and ways to pop up. Jot down notes for reference, if necessary, but bring them out as soon as you can and face them so that you can overcome them with healthier alternatives. Messed up in the meantime? Forgive yourself and move on. Don't dwell on the negative. Instead, embrace the positive and your new network, support team and resources.

Stop and Smell the Roses—Life does have a lot to offer. And much is forgotten during stages of addiction. Keep an ongoing list of fun, neat things you'd like to do and USE it. For some ideas refer to the five senses; sight, taste, touch, smell, sound. For example your list can include a walk in the park, collecting leaves, a swim at a local hotel or YMCA, sitting on a porch swing with a friend, singing your favorite songs, whistling your favorite tunes, enjoying a warm bubble bath, buying some fresh flowers, lighting a scented candle, eating your favorite healthy foods, preparing a fun snack and sharing it with a friend, playing a board game and walking the dog. When you're bored, anxious, or just need a break, grab your list and choose an item to do or plan.

Self-Improvement—Often addiction problems get started and continue because of lack of self-esteem. So reach out and continue your education, either formally or informally. Read motivational materials, listen to self-help tapes, watch inspiring movies, videos and DVDs. Learn goal setting, money handling, business skills, time management skills and more through library books, local workshops and online opportunities. Take charge of your life and be responsible. With learning opportunities available from free to all variety of budget ranges, the time for excuses is over!

Time-Out—This does not refer to the "time out" punishment, like sending a child to stand in the corner at a daycare facility. This is a time-out for yourself and allowing "bad" stress to take its course. In reality not everything is perfect. And that's OK. There is no need to get high, drunk or escape in any other unhealthy way every time things aren't perfect. Acceptance is OK. In other words, it's OK to feel angry, sad, unhappy or other not so positive feelings sometimes. That's natural and part of life.

However, instead of turning to negative addictive behaviors, get with your support team ahead of time and plan pro-active strategies for handling these sometimes-difficult issues. For example with anger, punch a pillow. Shed some tears when you're sad. Take a time-out break and rest during heavier issues. Relax with some herbal tea. Tell yourself everything will be OK. And enjoy some relaxing music.

Then before you know it, the sun will come back up, and everything will be OK again. As they say, there is a season for everything. Life is a process and each of us has to take the good with the bad and make that proverbial lemonade out of lemons. "Bad" times may get you down for a while, but turn them around as quickly as you can and reach out for healthier "good" behaviors.

OVERCOMING ADDICTION: REWARDS & RESOURCES

There is an interesting relationship between addictive behavior and reward systems. Many people focus on addictions as a way to escape reality, rewarding themselves with false happiness like highs or drunken binges and gambling sprees that pull them way down over time.

However when these unhealthy rewards are replaced with healthier ones during recovery and healing, things can turn around. For example, saving a little money for a special trip can be rewarding. No need to gamble or get high; just enjoy swimming, shopping, skiing, and other fun activities instead.

But problems arise, like learning how much to save and where to go, how to get there, etc. And thus planning can be overwhelming and stressful.

To help addicts and those with tendencies toward addictive behaviors learn how to make and put a positive reward system into place, the first step is grabbing hold of reality and figuring out what WOULD be rewarding.

Reward yourself—with healthy rewards—along the way to success. That's the goal!

- 1) Begin by keeping a notebook or journal listing rewards you would like to have. Start with something you think is totally unobtainable if you like. But start somewhere. And write down your thoughts so that you'll be accountable and take responsibility for yourself and your actions and behaviors.

No one has to see this rewards notebook or journal but you. So feel free to use misspellings, bad grammar, doodles, magic markers, highlighters, clipped magazine pictures of what you want, etc. Be creative; make it colorful. It's for YOU.

For example, your notebook could contain a list with some items like these that you think might be great: traveling, having lots of friends, being a part of a group, wearing designer clothes, having a new car, running your own business. Maybe you'd like to work part time, yet earn full time pay. Maybe you'd like to adopt children, join the Peace Corps, build your own boat or house. Dare to dream and live, jotting down ideas.

Then as time allows, research your ideas and find out what it would take to put them into action and make them reality. Do you need more money? More education? A scheduled time for a trip? A sewing machine to design clothes? Whatever it is that you'll need, write it down.

Don't know what you'll need? Can't figure out quite how to plan it all or get where you want? Use resources.

- 2) Seek help—ask trusted friends, write your congressman, check with your neighbor, move on to your net item and skip an unknown for now. Ask others at our 12-step meeting, research current trends in magazines and newspapers, ask the librarian for help and check via your favorite search engines. The goal is to reach out with your resources. No need to go it alone!
- 3) Then make it so, as they say on the television show Star Trek. Reach for the stars, your stars. Make time and plan your rewards one at a time. Have fun and enjoy life while you're living it in a healthier, real way, with real friends and real vacations. Show off your one new suit of clothes that you worked for and saved for while paying all your other regular bills in the meantime.
- 4) Give back and help others plan their own rewards, too. That's a reward in itself! Encourage your support team, your family, your friends, your co-workers, your neighbors and your healthcare team. Helping each other in life can be very rewarding. Don't miss out on non-monetary rewards!

REWARDS AND RESOURCES

Here are some places to turn to for overcoming addiction with rewards and resources. Enjoy fellowship with others who are also looking for rewards to help motivate them through the recovery and healing process. Be a friend; make a friend.

Addiction Treatment Forum www.atforum.com - this offers more than a forum for communicating with others. There is a FAQs section for learning more about addiction issues, news with updates section and archives, a resource section with pdf reports on a variety of addiction-related topics, a calendar of industry events and a guide to other online resource links.

National Mental Health Association www.nmha.org - This is one of the oldest and largest nonprofit organizations that addresses all aspects of mental health and mental illness, issues surrounding addictive disorders. They have over 340 affiliates nationwide and focus on improving mental health via education, advocacy, service and research. For additional help, contact them at 2001 N. Beauregard Street, 12th Floor, Alexandria, VA 22311. Phone (703) 684-7722, fax (703) 684-5968. Mental Health Resource Center (800)969-NMHA. TTY Line (800)433-5959.

In summary, since Addictive Disorders are such an important part of everyday life, and with a variety of solutions and services available to help with treatment and coping, hopefully you can learn more about Overcoming Addictions and share this with others. Knowledge is a key to success.

