



Addictions

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Addictions

Acknowledgments

A.A. General Service Conference Lit.

A brief guide to Alcoholics Anonymous

This is A.A.

2011 membership survey

MediLexicon's Medical Dictionary

www.AddictionsAndRecovery.org

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Big Book - Alcoholics Anonymous

Research

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Opioid Abuse - An Epidemic

Acknowledgments

Center for Disease Control

National Institute on Drug Abuse

Dr. Tom Frieden's Articles

Dr. Katherine Watkins Articles

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1. Habit. It is done by choice and one can choose to stop and stop successfully if one wants to. The physical and psychological aspects are not an issue. A habit may eventually develop into an addiction.
2. Addiction. There is a psychological and physical component and the person is unable to control the aspects of the addiction. People with an addiction do not have control over what they are doing and may reach a point of being harmful to themselves or others.
3. Alcoholism. The first thing about alcoholism is that it is one of the oldest problems in history. There is no formal “definition” of alcoholism. It is generally described as a physical compulsion coupled with a mental obsession. There is a physical desire to consume alcohol beyond control and all rules of common sense! Our own willpower alone was not enough to avoid that first drink and stay sober. In the U. S., it is the third greatest killer, after heart disease and cancer. The damage harms homes, jobs, etc. and costs communities millions every year. Directly or indirectly alcoholism could affect all our lives.
4. The Alcoholic. Men and women who have discovered, and admitted the loss of control of alcohol. We must live without it to avoid disaster for ourselves, family friends, jobs, the law, etc. Not planning to get drunk – “just one more” – lie about drinking, hide bottles, have blackouts, loss of memory, fail to eat, loss of sleep, become physically ill, liver problems, the “shakes,” hallucinate, and maybe convulsions when withdrawing from alcohol. This is a dangerous time for one’s well-being. Moderate drinkers can take it or leave it alone. The real alcoholic at some stage begins to lose all control. Liquor is concealed all over the house to be certain all of it is not dumped down the drain.
5. The Solution. Almost none of us liked the self-searching, the leveling of our pride, the confession of shortcomings which the process requires for its successful consummation. Many alcoholics end up seeing doctors – in hospitals,

mental institutions, treatment facilities, prison due to alcohol related problems, etc., etc. There are many treatment facilities for addictions promoted – some are paid for by insurance and some aren't and become costly.

6. Recovery. Alcoholics Anonymous Tradition 4 – each group should be autonomous except in matters affecting other groups or A. A. as a whole.

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other to solve their common problem and help others to recover from alcoholism.

The only requirement for membership is a desire to stop drinking. There are no dues or fees for A. A. membership; we are self-supporting through our own contributions.

A. A. is not allied with any sect, denomination, political organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes.

Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

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"A. A. does not teach us how to handle our drinking – it teaches us how to handle sobriety."

It's no great trick to stop drinking; the trick is to stay stopped.

7. Help. Help is available to all that have a drinking problem and want to do something about it. Being alcohol free, our bodies get well, our minds and

emotions begin to change, confused thinking and unhappy feelings slip away by following A. A.'s "Twelve Steps" to recovery. These steps suggest ideas and actions toward happy and useful lives.

Attend meetings regularly – meetings are established in 170+ countries around the world with members attending about 3 per week.

Establish oneself with a "home group" and become involved.

Get a sponsor – this person is a connection to help and shares practical ways to realize continuous sobriety.

Read and study the "Big Book" – step study and big book study groups are a big help.

Our book is meant to be suggestive only. We realize we know only a little. God will constantly disclose more to you and to us. Ask Him in your morning meditation what you can do each day for the man who is still sick. The answers will come, if your own house is in order. But obviously you cannot transmit something you haven't got. See to it that your relationship with Him is right, and great events will come to pass for you and countless others. This is the Great Fact for us.

Opioid Abuse: An Epidemic

(The information on Opioid Abuse included in this packet is enough for a presentation on its own. We cannot hope to cover all of the information in both sections during the time allotted.)

There is an epidemic sweeping our country. It isn't an epidemic we can ignore thinking it is a problem that doesn't affect us, or that we won't be caught in the aftermath. It is a problem that even if we are not involved in the immediate issue, we may be in the fringes through a family member. The only inoculation against it is EDUCATION and VIGILANCE. This epidemic is caused by the over use of, and addiction to, a group of drugs called "Opioids".

There is a huge amount of information in the news and on the web about the "Opioid Tsunami" or "Opioid Epidemic" in the United States. We need to understand the problem and learn what we can do to protect ourselves and others.

Information from the Center for Disease Control (CDC) states:

"Drug overdose deaths and opioid-involved deaths continue to increase in the United States. The majority of drug overdose deaths (more than six out of ten) involve an opioid.¹ Since 1999, the number of overdose deaths involving opioids (including prescription opioids and heroin(<https://www.cdc.gov/drugoverdose/opioids/heroin.html>)) quadrupled.² From 2000 to 2015 more than half a million people died from drug overdoses. 91 Americans die every day from an opioid overdose.

We now know that overdoses from prescription opioids are a driving factor in the 15-year increase in opioid overdose deaths. The amount of prescription opioids sold to pharmacies, hospitals, and doctors' offices nearly quadrupled from 1999 to 2010,^{3,4} yet there had not been an overall change in the amount of pain that Americans reported.^{5,6} Deaths from prescription opioids—drugs like oxycodone, hydrocodone, and methadone—have more than quadrupled since 1999.⁷"

"Drug abuse is a serious public health problem that affects almost every community and family in some way. Each year drug abuse causes millions of serious illnesses or injuries among Americans. Abused drugs include

- Methamphetamine
- Anabolic steroids
- Club drugs
- Cocaine
- Heroin
- Inhalants
- Marijuana
- Prescription drugs, including opioids

Drug abuse also plays a role in many major social problems, such as drugged driving, violence, stress, and child abuse. Drug abuse can lead to homelessness, crime, and missed work or problems with keeping a job. It harms unborn babies and destroys families. There are different types of treatment for drug abuse. But the best is to prevent drug abuse in the first place." (NIH: National Institute on Drug Abuse)

History of Opioid Pain Relievers

In October of 2016 Cable News Network (CNN) did a program titled: "Opioid history: From 'wonder drug' to abuse epidemic." Below is an excerpt from that program:

"The abuse of opioids, including prescription painkillers and drugs like heroin, is something the United States has struggled with since before the 1900s. But it's a problem that keeps coming back.

Early 1900s: Morphine and the creation of pain management

Civil War veterans whose injuries were treated with morphine were among those hooked on opioids at the turn of the century. But "drugs were already on the scene and being consumed at alarming rates long before the start of the war," said Mark A. Quinones, a scholar who studied drug abuse during the Civil War.

In 1898, the Bayer Co. started production of another opioid, heroin, on a commercial scale. From its first clinical trials, it was considered a "wonder drug," and its use spread as addicts discovered that its effects could be amplified by injecting it.

In 1914, the Harrison Narcotics Tax Act imposed a tax on those making, importing or selling any derivative of opium or coca leaves. By the 1920s, doctors were aware of the highly addictive nature of opioids and tried to avoid treating patients with them. Heroin became illegal in 1924.

World War II was a turning point for physicians treating pain as doctors worked to treat severely injured soldiers. Anesthesiologists opened "nerve block clinics" in the 1950s and 1960s to manage pain without having to resort to surgery, according to a history published in the Journal of the American Medical Association in 2003.

1970s, '80s and early '90s: A change in thought

Drug use in the United States escalated so much in the 1970s that President Gerald Ford set up a task force to study the problem. It recommended that the Drug Enforcement Administration and the Customs Service focus less on intercepting marijuana and cocaine traffickers and more on heroin. By the mid- and late-1970s, when Percocet and Vicodin came on the market, doctors had long been taught to avoid prescribing highly addictive opioids to patients.

Patients with terminal illnesses started being treated more with prescription opioids, and doctors and researchers wanted to look at treating patients with chronic pain.

Six years later, a paper by pain-management specialist Dr. Russell Portenoy chronicled 38 patients treated with opioids for non-cancer pain. Two of them had issues with addiction to the drug, but he concluded that "opioid maintenance therapy can be a safe, salutary and more humane alternative" to surgery or to not treating a patient with chronic pain.

The studies by Portenoy and others created a discussion in the '90s around making pain treatment a priority for all patients. Johnson, of the Center for Substance Abuse Treatment, said that after a heroin epidemic in the 1970s, doctors were concerned about abuse of opioids in the '80s, but things started to shift in the '90s.

"People started talking about pain as the fifth vital sign," Johnson said. "There was a real push to do a better job of treating pain."

1996: The birth of OxyContin

Purdue Pharma started testing OxyContin as a long-term painkiller in 1994, and it went on the market in 1996.

In the early '90s, the number of painkiller prescriptions filled at U.S. pharmacies increased by 2 million to 3 million each year, according to a National Institute on Drug Abuse study. From 1995 to 1996, the number of prescriptions jumped by 8 million.

In 1998, Purdue Pharma created a video promotion called "I Got My Life Back." It followed six people who suffered from chronic pain and were treated with OxyContin. The company distributed (PDF)

15,000 copies of the video to be used in in "physician waiting rooms as a 'check out' item for an office's patient education library."

"They don't wear out; they go on working; they do not have serious medical side effects," a doctor featured in the video said. "So, these drugs, which I repeat, are our best, strongest pain medications, should be used much more than they are for patients in pain."

A year after the video came out, the overall number of opioid painkiller prescriptions filled jumped by 11 million.

Purdue Pharma took out ads for OxyContin in medical journals across the nation in 2000. Seven years later, the company and three of its executives would be charged with misbranding its drug and downplaying the possibility of addiction. Three executives pleaded guilty, and the company settled with the U.S. government for \$635 million.

A spokeswoman for Purdue Pharma said that the company's products represent "less than 2% of all opioid prescriptions" and that Purdue has led the industry in creating medicines with abuse-deterrent properties.

"Opioid abuse and addiction is one of our top national health challenges, and that's why for more than a decade Purdue Pharma has undertaken efforts to help address this crisis," the company said in a statement.

2001: A new standard

Making pain treatment a priority came to the attention of the Joint Commission, a nonprofit that sets standards and accredits hospitals and medical centers.

The group created this standard in 2001: "Pain is assessed in all patients." Medical centers and their doctors were required to examine their patients' pain levels -- and the Joint Commission would give hospitals "requirements for Improvement" if they failed to meet this standard.

Though the standard makes no mention of treating pain with drugs or even mentioning opioids as a treatment, the Joint Commission printed a book in 2000 for purchase by doctors as part of required continuing education seminars. The book cited studies that claimed "there is no evidence that addiction is a significant issue when persons are given opioids for pain control." It also called doctors' concerns about addiction side effects "inaccurate and exaggerated." The book was sponsored by Purdue Pharma. Dr. David W. Baker, the Joint Commission's executive vice president for health care quality evaluation, said the information was sourced with conventional wisdom among pain experts at the time.

"There is no doubt that the widely held belief that short-term use of opioids had low risk of addiction was an important contributor to inappropriate prescribing patterns for opioids and the subsequent opioid epidemic," Baker said in an emailed statement. "The Joint Commission was one of the dozens of individual authors and organizations that developed educational materials for pain management that propagated this erroneous information."

The Joint Commission removed its standard to assess pain in all patients in 2009.

August 2010: From pills to heroin

The makers of OxyContin released a newly formulated version of the drug -- one with an "abuse deterrent" -- with the hope of making it more difficult to crush and abuse by snorting or injecting it.

A study published in the New England Journal of Medicine surveyed more than 2,500 people who used OxyContin before and after safety measures were added. It found that before the anti-abuse measures were put in place, 35.6% of people questioned admitted abusing the drug. Nearly two years after the deterrent was added, that number dropped to 12.8%. But 24% of those surveyed still found a way defeat the tamper-resistant properties of the medicine.

"Most people that I know don't use OxyContin to get high anymore," one opioid user said in the study. "They have moved on to heroin [because] it is easier to use, much cheaper and easily available."

The study also showed that 66% of those surveyed switched to other opioids. Still, makers of some of the other opioid drugs on the market maintain that their products are safe.

Endo Pharmaceuticals, the maker of Percocet, said pain medications still play an important role in treating more than 100 million Americans suffering from chronic pain.

"We manufacture and develop high-quality products that are safe and effective when used as prescribed by physicians," a spokesman said in an emailed statement.

2011: 'If I had an inkling of what I know now ...'

Portenoy, the doctor who wrote one of several studies that claimed there was little risk of addiction in using opioids to treat chronic pain, spoke out about his own role in the epidemic.

"What I was trying to do was create a narrative so that the primary care audience would ... feel more comfortable about opioids in a way they hadn't before. In essence, this was education to destigmatize, and because the primary goal was to destigmatize, we often left evidence behind," Portenoy said.

"Clearly if I had an inkling of what I know now then, I wouldn't have spoken in the way that I spoke. It was clearly the wrong thing to do."

March 2016: 'We know of no other medication ... that kills patients so frequently'

The FDA and CDC have started taking steps to address the opioid abuse epidemic. In March, CDC Director Dr. Tom Frieden wrote in the New England Journal of Medicine that there still aren't enough data about long-term use of prescription opioids.

But, he wrote, "We know of no other medication routinely used for a nonfatal condition that kills patients so frequently."

He shared some information gathered from studies on prescription opioids used to treat pain long-term:

- Most trials have lasted six weeks or less, and the few that have been longer had "consistently poor results." In fact, several studies have showed that use of opioids for chronic pain may actually worsen pain and functioning, possibly by increasing pain perception.
- Opioid dependence may be as high as 26% for patients using opioids for chronic non-cancer pain.
- One out of every 550 patients started on opioid therapy died of opioid-related causes a median of 2.6 years after their first opioid prescription. " (CNN program)

Effects of Drug Use

Drug use can hurt the people who take drugs AND the people around them, including families, kids, and babies who aren't yet born. Drug use can hurt the body and the brain, sometimes forever. Drug use can also lead to addiction, a long-lasting brain disease in which people can't stop taking drugs on their own, even when they know that bad things could happen if they keep using them.

Drug use can cause many problems:

- fighting and violence inside and outside the home
- money problems
- trouble at school
- trouble at work or losing a job
- trouble in relationships
- child abuse or neglect
- driving crashes
- arrests and jail

ASK: What can we do to help stem the abuse of Opioid drugs, both prescription and street drugs, and the associated problems? Education, of ourselves and those around us, and vigilance is the key. We need to learn what symptoms and behaviors to watch for.

DISCUSS: Symptoms of Pain Medicine Abuse and Addiction: Page 11 of this packet

What can Doctors and Health Care Systems do? In an article by HealthDaily, Dr. Katherine Watkins wrote:

"In 2015, America's opioid epidemic took the lives of more than 33,000 people, three simple steps might cut that number by about a third, a new study suggests.

Those steps include:

- Not prescribing narcotic pain medicines or anti-anxiety drugs to people who are addicted to opioids;
- Counseling;
- Seeing a doctor every three months.

"People with opioid use disorders die at greater rates than people in the general population, by as much as 20 times higher, so finding ways to lower the risk of death is very important," said lead researcher Dr. Katherine Watkins. She's a senior physician policy researcher at the Rand Corporation, an U.S. nonprofit research organization.

Doctors can help lower the risk of dying whether or not these patients are being treated for their addiction, she said.

Watkins didn't know how often these three interventions are done in general medical practice.

"What's important is that they could be done, not so much whether they're done," she said.

"Health care systems need to invest in providing quality care, and these are simple things that doctors and health care systems can do," Watkins explained. **Close Quote**

Most of the information in the "Opioid Abuse: An Epidemic" portion of this presentation is to help us educate ourselves and help make us aware of the issue. We have an obligation to learn all we can about the issues facing our nation and mankind.

The information in the "Addiction" portion of the presentation can also be beneficial to help us determine if we may be a candidate for any addiction.

From the National Institute on Drug Abuse:

Signs of Pain Medicine Abuse and Addiction

Pain medicine abuse can make you throw up.

Pain medicine abuse makes the pupils (the black circle in the center of each eye) get very small.

Pain medicine abuse can cause constipation (trouble having a bowel movement).

When people smoke, snort, or inject pain medicines, they get a stronger reaction than they would if they swallowed the pills. The high might be stronger, but it's even more dangerous and can cause problems breathing.

People who get addicted to pain medicine need to take more and more of the drug to get the same high.

People who are addicted to pain medicine might steal pills from a loved one, get them from a friend, or buy them from a dealer. Some people might even visit different doctors for prescriptions and fill them at different pharmacies.

People who are trying to stop abusing pain medicine might:

- have pain in muscles and bones
- get chills
- throw up
- have diarrhea ("the runs")
- feel nervous, angry, or very sad
- be unable to sleep

They will feel a very strong need to take the drug.

Information from the Center for Disease Control and Prevention:

To read more on each subject below hi-light the underlined heading and right click, from the drop down menu choose "open Hyperlink" you will be taken to the US National Library of Medicine where you can find more information on the topic.

Prescription Drug Abuse

If you take a medicine in a way that is different from what the doctor prescribed, it is called prescription drug abuse. Abusing some prescription drugs—including narcotics, sedatives, tranquilizers, and stimulants—can lead to use disorder.

Research Report: Prescription Drug Abuse

The nonmedical use and abuse of prescription drugs is a serious public health problem in this country. Although most people take prescription medications responsibly, an estimated 52 million people have used prescription drugs for nonmedical reasons at least once in their lifetimes.

Abuse of Prescription Pain Medications Risks Heroin Use

In 2010, almost 1 in 20 adolescents and adults—12 million people—used prescription pain medication when it was not prescribed for them or only for the feeling it caused. While many believe these drugs are not dangerous because they can be prescribed by a doctor, abuse often leads to dependence.

When the Prescription Becomes the Problem

Help the Centers for Disease Control and Prevention (CDC) tell the stories of the many people whose lives have been affected by prescription drug use disorder or the death of a loved one. Encourage those in need to seek treatment for use disorder. Celebrate others who are already working to change lives, and inspire our communities to improve patient safety and the way we treat pain.

Abuse of Prescription (Rx) Drugs Affects Young Adults Most (June 2013)

Young adults (age 18 to 25) are the biggest abusers of prescription (Rx) opioid pain relievers, ADHD stimulants, and anti-anxiety drugs. They do it for all kinds of reasons, including to get high, or because they think Rx stimulants will help them study better. But Rx abuse is dangerous.

Prescription Drug Abuse: Young People at Risk

After marijuana, prescription and over-the-counter medications account for most of the past-year use of commonly abused drugs among high school seniors. About 1 in 9 youth or 11.4% of young people aged 12 to 25 used prescription drugs nonmedically within the past year.

Teens Mix Prescription Opioids with Other Substances

Abusing prescription opioid pain relievers is a major problem among young people, and a new study shows users are combining those drugs with other substances. The new research findings highlight the importance of addressing combined drug use in interventions to prevent substance abuse in young people.

Nearly Half of Homeless Youth Have Misused Rx Drugs

Homeless youth are more likely to use illegal drugs and alcohol than their housed peers. Better understanding how common prescription drug misuse is and what puts youth at risk can help programs improve their intake process and tailor services to address prescription drug problems.

A.A phone numbers for Cities in Oregon

Albany & Corvallis [Dist. 21]	541-967-4252
[Lebanon, Sweet Home, Philomath, Monroe, Halsey]	
Astoria-Gearhart, Seaside	503-861-5526
Bend, Burns	541-548-0440
Brookings	541-469-2440
Corvallis/Albany	541-974-0960
The Dalles, Hood River	800-999-9210
Florence, Mapleton & nearby	541-902-0152
Grants Pass	541-474-0782
Klamath Falls	541-883-4970
Lincoln City, Newport	541-265-1953
Medford	541-732-1850
Newberg	503-472-1172
- toll free	888-472-1172
Molalla	503-399-0599
Ontario [incl. Boise, Id]	208-344-6611
Portland	503-223-8569
Redmond	541-923-8199
Reedsport & Gardiner	541-548-0440
District 8 answering service	1-888-203-1432
Reedsport & South	541-269-5265
[Bandon, Coos Bay, Coquille, N. Bend, Lakeside, Scottsburg-Winchester Bay]	888-203-1432
Roseburg	541-673-7552
Salem	503-399-0599
Seaside	503-861-5526
Siletz	541-265-1953

Oregon A.A Intergroups

Central Office S.Oregon	541-474-0782
Grants Pass www.grantsspassaa.org	
Central Oregon Intergroup	541-923-8199
www.coiaa.org	
Redmond	541-548-0440
Jackson County Central Office	541-732-1850
Medford www.medfordareaaa.org	
Klamath Falls / Lake Intergroup	541-883-4970
Portland Area Intergroup	503-223-8569
Portland www.pdxaa.com	
Southern Oregon Coast AA (Bandon)	541-347-1720
Brookings	541-469-2440
www.aa-district30-area58.org	
Willamette Valley Intergroup	503-399-0599
Salem www.aa-salem.com	
Yamhill County Intergroup	503-472-1172
McMinnville	