

Take an honest look at your use of alcohol and drugs. Are these substances necessary for you to relax, cope or escape from everyday life?

Repeated use of addictive substances, such as alcohol, some prescription drugs and certain illegal drugs, depletes certain "pleasure" chemicals in your brain.

There comes a point when you may become addicted due to this chemical imbalance.

It's as if a switch in the brain is flipped, and you no longer have the ability to make free choices about the continued use of the drugs or alcohol. You may need them just to feel "normal."

You are not alone. Many people from all walks of life — including successful business executives, stay-at-home parents and teens — can fall victim to addictions.

The good news: You can learn to compensate for these changes in your brain. You can live a life of recovery.

Presenting Sponsor:



P O W E R *over* Addiction

Compassion and aggressive treatment can change the face of addiction

Dear Reader,

My knowledge of addiction came early in childhood. My uncle was an alcoholic, and I saw how the addiction tore his family apart. Later, while working in a hospital, I witnessed how alcohol had destroyed his liver in the horrible end-stage consequences of an untreated addiction. Too soon, his life ended.

Over the course of my career, the health of people from all walks of life has been severely affected by the sadness and pain of drug and alcohol abuse. Addiction destroys lives, shatters families and threatens the safety of our neighborhoods. Preventing addiction is not only important, but we all can play a role in prevention. Parents, please talk with your children and stay alert to the signs of drug abuse.

The 2007 Youth Risk Behavior Survey data shows:

- > 75.2 percent of Indiana high school students have tried alcohol, and
- > 43.9 percent are current users of alcohol
- > More than 37 percent of our youth have tried marijuana
- > 18.9 percent are current users
- > 8 percent have tried some form of cocaine

These statistics should tell you that your children or grandchildren and their friends are at risk. Get involved in your community and school and encourage individuals with substance abuse problems to seek help.

One of my favorite patients, a woman in her 80s and a cancer survivor, failed to come in for a scheduled appointment. We called to check on her only to learn she had been killed in an automobile accident. A 16-year-old driver ran a red light while legally intoxicated. Don't let this be your child or grandmother.

Many Hoosiers who are dependent on drugs and alcohol are not receiving the treatment they need. More needs to be done to support research and education efforts to eliminate the stigma often attached to addiction. We must aggressively promote compassionate treatment for those suffering from addiction.

I hope you better understand addiction after reading the following stories and expert information. Then take it to the next level — use your influence to fight the challenge of addiction that causes suffering in so many lives. Take the important first step toward your own recovery — seek treatment to regain your dignity and hope. Or, encourage someone within your circle of influence who can't control alcohol, tobacco or drug use to get the help he or she needs.



Judy Monroe, M.D.
State Health Commissioner

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Understanding Addiction

Identifying the disease early can prevent long-term health issues

by Timothy J. Kelly, M.D.,
Addictionologist, Fairbanks



Addiction is a chronic disease rooted in genetic, psychological and environmental factors. The disease is characterized by:

- > Impaired control over drinking or using prescription or illicit drugs
- > Continued use of the substance despite adverse consequences
- > Preoccupations with the drug or alcohol use
- > Distortions of thinking, most notably denial
- > Strong hereditary susceptibility

Scientific research has identified the regions of the brain affected by, and involved in, substance abuse and addiction. The common denominator in the acute effects of all drugs of abuse is the activation of the brain's dopamine system, or the "fun center" of the brain.

This kind of research helps us move away from considering addiction a moral weakness and allows us to see it as a chronic medical condition, though the American Medical Association defined alcohol dependence as a disease as early as 1954.

Between 20 percent to 50 percent of alcohol-dependent individuals are ever identified by their attending physicians or emergency room physicians as having a drinking or drug problem. If you recognize the signs of alcohol or drug abuse in yourself or a loved one, seek the advice of your health care provider. Research has proven that treatment for addiction is as successful as treatment for diabetes, hypertension and asthma.

Seeking medical treatment of addiction can decrease the prevalence of associated health conditions such as:

- > Brain damage
- > Liver disease
- > Gastrointestinal problems
- > Pancreatitis
- > Cardiovascular disorders
- > Cancer
- > Nutritional deficiencies

Early diagnosis and treatment are important pieces in the puzzle of creating a long-term recovery support system. *



Timothy J. Kelly

Addiction: Alcohol, drugs and tobacco

How much do you really understand?

1. **True** **False** Everybody reacts to alcohol the same way.
2. **True** **False** You'll get drunk a lot quicker with hard liquor than with a beer or wine cooler.
3. **True** **False** More than anything else, drug addiction is a character flaw.
4. **True** **False** In addition to highly addictive nicotine, there are 27 harmful chemicals in cigarettes.
5. **True** **False** No one voluntarily seeks treatment until he or she hits rock bottom.
6. **True** **False** The liver has great restorative power and often is able to repair some of the damage caused by alcohol.
7. **True** **False** Addiction to nicotine is only physical.
8. **True** **False** There is a connection between heavy alcohol consumption and increased risk for cancer.
9. **True** **False** Women are the fastest-growing segment of substance abusers in the United States.
10. **True** **False** Most people addicted to drugs and alcohol are unemployed.
11. **True** **False** First use of alcohol typically begins at age 12.
12. **True** **False** Teenagers abuse prescription drugs more than any illicit drug except marijuana.

(Answers on page 15)

"That addiction is tied to changes in brain structure and function is what makes it, fundamentally, a brain disease. A metaphorical switch in the brain seems to be thrown as a result of prolonged drug use. Initially, drug use is a voluntary behavior, but when that switch is thrown, the individual moves into the state of addiction ..."

— Alan I. Leshner, Addiction is a Brain Disease, and It Matters, CEO, American Association for the Advancement of Science and former director of the National Institute on Drug Abuse.

Prescription Sleeping Pills

Safe use requires a doctor's care and monitoring

THE MAYO CLINIC OFFERS THESE tips for taking prescription sleeping pills:

Get a medical evaluation.

Before taking sleeping pills, your doctor can help you identify reasons for your insomnia. Sleeping on a regular schedule, exercising regularly, avoiding caffeine and daytime naps, and keeping stress in check are helpful foundations to an effective treatment. You may want to consider behavioral therapy as an effective alternative to taking prescription sleeping pills on a longer-term basis.

Only take a sleeping pill when you're going to bed. Taking a sleeping pill, then trying to do things may lead to dangerous situations in which you're not aware of what you're doing.

Avoid alcohol. Alcohol alone can cause insomnia. Never mix alcohol and sleeping pills. Alcohol increases the effects of the pills. Even a small amount of alcohol combined with sleeping pills can make you feel dizzy, confused or faint.

Quit carefully. When you're ready to stop taking sleeping pills, follow your doctor's instructions; read the directions on the label. Some medications must be stopped gradually to avoid unpleasant withdrawal effects.

Keep an eye on side effects. If you feel sleepy or dizzy during the day, talk to your doctor about changing the dosage or discontinuing the pills. *



Prescription drug abuse

Medical treatment can become an addiction

by Deb Wezensky

Though stories about increased use of the stimulant methamphetamine are in the news, prescription drug abuse and addiction problems are not new. In the 1960s and early '70s, the prescription of methamphetamines, especially for women with an unhealthy fixation on physical image, was rampant, says George Brenner, licensed clinical social worker and director of Addiction Services for Community Health Network. Instead of a focus on nutrition and exercise to maintain a healthy self-image, our culture promotes the "quick fix."

We live in a time of instant gratification. The temptation is to take a pill to look and feel good, instead of doing the work to create healthier lives. This shortcut approach often causes more threatening health issues like abuse and possible addiction when drugs are the only treatment sought as solutions to health issues. Some prescription drugs that negatively affect many women are painkillers, sleeping pills and tranquilizers.

Painkillers or opioid drugs

You may have chronic pain from a car accident or a fall, or you pulled a muscle while working out. Or, perhaps, you are recovering from surgery, suffer from a chronic disease, such as fibromyalgia or severe arthritis, or are undergoing cancer treatments. Your health care provider is likely to prescribe a painkiller to help you manage your pain.

But long after you have recovered from your injury, illness or surgery, you still are taking

OxyContin, Vicodin or other opioid painkillers. And worse, months later, you may be taking the drug more often, with less time between doses, Brenner says. Now the pain of injury is compounded by the discomfort of withdrawal from the prolonged use of pain medication. Now you are experiencing intensified pain levels that beg for more prescription drugs. Perhaps you tell your doctor that some of the pills met with a demise so you need more. Without proper monitoring from your doctor, you may be filling your prescription sooner than if you would have taken the drug as prescribed.



George Brenner

Sleeping pills or sedatives

Perhaps the demands and stresses of your life have kept you from sleeping enough hours each night. Our busy lifestyles cause many of us to have a sleep deficit. Lack of sleep may begin to affect your job performance.

You may find you almost fall asleep at work or while driving, or you just can't stop thinking about concerns you have about finances, your marriage, your divorce or your children. You seek the advice of your doctor and you get a prescription for a sleeping aid, such as Halcion, Sonata or Lunesta.

Tranquilizers

Maybe stress and anxiety have caused disruptions in your ability to function in



daily life. You consult your doctor, and he or she prescribes a tranquilizer such as Xanax. It has a shorter “half life,” which means it gets in and out of your system more quickly to help you avoid feeling anxiety. But it is highly addictive. The problem is that whenever the triggers for your anxiety occur again, you are quick to take another dose of Xanax to get “instant” relief. Anything that prompts “going to the well over and over again” and quickly alleviates symptoms is more addictive, Brenner says.

Brenner recommends talking to your physician to see if an antidepressant is an option for treating anxiety.

Taking caution

So, while properly used prescription painkillers, sleep aids and tranquilizers have a valuable role in maintaining our health, the abuse of them often can lead to additional medical problems and even addiction. Research shows 2 million Americans use opioid painkillers a year. In some communities, abuse of prescription painkillers has overtaken cocaine and marijuana use, according to the 2002 National Household Survey on Drug Abuse.

How can the prevalence of prescription drug abuse and addiction be reduced?

Careful screening and monitoring by doctors is key. Screening for prescription drug abuse can be a routine part of medical visits. Your doctor should ask about any substance abuse history, your current prescription and over-the-counter use, and reasons for use to help determine if you are at risk for abuse of prescription drugs, Brenner advises.

Take medications according to your doctor’s advice. Understand the need for each medication. Take them correctly at the right dosage and time. Inform your doctor and pharmacist if you feel your medications are working differently than prescribed.

Your doctor should check to see if you struggle with alcohol use. Doctors should use the CAGE questionnaire (see page 7), Brenner says, to determine if you have an alcohol dependency. Your doctor also should ask if you have tried to cut back on alcohol use and have not been able to. He or she should ask if people have annoyed you by criticizing your use. Let your doctor know if you have felt guilt because of your use.

And last, let your doctor know if you feel the need for an eye opener first thing in the morning to steady your nerves or get rid of a hangover. *

Now “Blessed”

Walking away from the poison of addiction brings new life

by Deb Wezensky

“I am blessed” were the first words out of Tonya’s mouth when asked about her former life of addiction. “It’s an honor to tell my story,” she says. “I hope my words can inspire someone today who is walking in a place where I once was.”

Tonya’s life is very different now than it was two years ago when she took the first step to walk away from her addiction to cocaine.

While growing up, Tonya’s childhood was less than ideal. Her mother worked multiple jobs to support her family — often leaving Tonya with the burden of cooking, cleaning, doing laundry and caring for a younger sibling.

After doing homework and caring for a neighbor’s two boys at night, Tonya had little time for herself.

By the time she was 25, Tonya already had experienced the deaths of three of her four children. Her youngest son died at the age of 6 months. Her mother died two months later.

Calmly, she says, “Life goes on. It got easier, time heals, but some things are never forgotten.” When the love of her life then died, she “couldn’t take it any more.” It seemed that everyone she loved died. Tonya lay down on the couch and didn’t get up.

“Relief” from a relative

Seeing Tonya’s depression, a close relative stopped by with cocaine and said, “Here, try this.” From that day on, she was addicted; the euphoria of the drug numbed all her ugly feelings, recalls Tonya, who asked that her last name remain confidential.

It was “a way to deal with all the pain and sorrow that consumed my entire life,” she says. As long as she used, she didn’t have to think, remember or deal with her heartache.

While her career as a patient care technician provided Tonya a successful life, it also supported her uncontrolled cocaine use. Eventually, her work suffered, her patient load diminished and she lost her job. She no longer cared about her family, friends, the dog — or herself, she recalls.

What she did care about was when she would use cocaine next. Tonya resorted to an increasingly regrettable lifestyle to continue using. Her weight dropped to 98 pounds. Any money she could make paid for her

cocaine use. Sliding into the very bowels of addiction, an arrest rescued her.

A moment of truth

The day of her rescue came none too soon. From repeated and intensified use, Tonya’s blood level was saturated with cocaine. The addiction brought her close to death. One particular officer arrested Tonya one more time. He was the man who continued to intervene in her broken life; this man who was “doing his job” became her “angel,” she says.

On that day, she was rescued from her substance use addiction, and a sense of peace enfolded her. From that day on, she became strong. A critical three-day hospital stay gave Tonya the chance to think seriously about her recovery.

Today, Tonya works with a counselor at Midtown Community Mental Health Center to heal past wounds. She never has taken time to truly care for herself. She is beginning to acknowledge the pain that has been buried inside her. She shares how some people may say she is making an excuse for her addiction. She now feels valued and respected as she shares what has been hidden so long by denial and drug use.

Tonya looks forward to her future when she has recovered enough to provide support to others.

A new way to live

Tonya knows a person has to want to change and, if she is willing, there are answers. The Alcoholics Anonymous book has given her a way to live healthier. She says emphatically, “It works — just follow the 12 steps.”

She also advises people suffering from addiction seek a support system that can show you the way to change your destructive thought patterns and habits. Relating to others who “have been there” is extremely helpful when walking away from addiction.

People “were there when I was ready. My teachers appeared when I was ready,” says Tonya, as she reflects on her recovery. If just one person who hears her story realizes what it means to be poisoned by addiction — and then takes that first step toward recovery for new life, Tonya says, her life is blessed once again. *



Women and Alcohol

Alcohol's negative effects harm females disproportionately

by Rebecca H Kelly, MD, president of the Indiana Society of Addiction Medicine, Medical Director of Women's Program, Fairbanks



Rebecca J. Kelly

Studies indicate about 5.3 million American women drink alcohol to excess — four or more drinks per week as defined by the American Society of

Addiction Medicine.

Heavy drinking can result in consequences that affect health, safety and general well-being.

Women are more susceptible than men to many of these adverse effects due to factors like lower body weight, lower percentage of body water (in which alcohol is transported) and the absence of an enzyme system present in the digestive tracts of men. This enzyme breaks down some of the alcohol before distribution to the brain, liver and other organs.

The result is higher blood alcohol levels

in women causing them to become more intoxicated than in men when equal amounts are consumed. Women also are known to develop cirrhosis at an average age of 35, compared with an average age of 45 for men.

Alcohol has been implicated in the development of serious diseases like cancers (breast, liver and others) and in accidents, suicides, homicides and domestic violence.

The adverse effects of alcohol on the unborn have been well documented. What is not known is how much alcohol is required to cause this damage known as Fetal Alcohol Syndrome. Therefore, pregnant women are advised not to drink alcohol at all.

For more information and an assessment of your personal risk, discuss your concerns with your doctor as you would any health question. *

“Substance use is the most common chronic disease and public health issue in pregnancy affecting 12 to 18 percent of pregnant women in Indiana. Unfortunately, less than 5 percent of users are ever identified. Health care providers must overcome misconceptions that drug abuse in pregnancy is limited to rural crystal meth users or urban crack smokers. It is just as common in middle and upper class women living in the suburbs. The most important hurdle to overcome is the failure to use a simple and effective screening approach to detect substance abuse during pregnancy. When identified, 50 percent will ‘clean up’ if their doctor simply tells them to stop, and with a little encouragement, 85 percent of our patients were clean at delivery. Moreover, pregnancy enhances recovery; 65 percent of women who recover during pregnancy are clean one year after delivery.

— James J. Nocon, M.D., J.D., chairman, Indiana Prenatal Substance Abuse



Commission; director, Prenatal Recovery Clinic, Wishard Memorial Hospital

James J. Nocon

Know the Terms

Notes From the Field

Project Home delivers hope to women struggling with addictions

by Deb Wezensky

Studies have shown one drink a day can be healthy for a woman.

However, many of us don't take into consideration another fact: Though that one drink may be fine for one woman, it could be the first step toward addiction for another.

No one takes a drink or uses drugs thinking, *Today, I'm going to become addicted.*

But some brains react differently to alcohol and other addictive substances, experts say. And that difference can lead to addiction. Then cravings for the substance or substances of choice take precedence over other pursuits and goals. One day, you wake up and realize you have lost your life.

The hopes and dreams for many women throughout our community are drained by substance use disorders. Though addiction affects women across all social and economical levels, a local center has stepped in to assist some of the most vulnerable.

At Project Home, which offers substance abuse services as part of Midtown Community Health Center, staff members noticed substance use often became a means of coping for many pregnant women who came to the center.

The center, which has evolved to meet that specific need, is now an outpatient site that provides treatment for women carrying an unborn child who have substance use disorders. The majority use cocaine, alcohol and marijuana. Many cases are supported through Medicaid or Wishard Advantage.

Licensed clinical social workers Tanya Thompson and Stephania Lovell, who work with Project Home clients, say women do not have to be alone in their struggle with addiction.

By counseling women to stop denying their addiction, they offer tools and resources to enable their clients to help them learn a new way of life — one free from addiction. *

Addiction — Uncontrollable, compulsive substance seeking and use — even in the face of negative health, legal and social consequences.

Binge drinking — Having five or more drinks on the same occasion on at least one day within 30 days. For women, it's three or more drinks on the same occasion.

Heavy drinking — Binge drinking on at least five days within a 30-day period.

Intervention — The process in which a group of prepared, concerned parties intervene to encourage a person to get help for a substance use disorder.

Physical dependence — A state of adaptation that often includes tolerance and is manifested by a specific withdrawal syndrome produced by abrupt cessation or rapid dose reduction. This can include nausea, sweating, shakiness and anxiety.

Recovery — Abstinence from abusing substances plus a return to physical, mental and social health.

Recovery support groups — Groups that gather to help themselves and support one another in their recovery.

Relapse — The recurrence of symptoms and behaviors of substance use disorders, following a period of abstinence.

Roads (or paths) to recovery — The use of multiple paths, like clinical treatment, 12-step programs, medication-assisted recovery and faith-based recovery, to achieve successful recovery.

Substance dependence — A cluster of cognitive, behavioral and physiological symptoms that indicate the individual continues use of the substance despite significant health, social and psychological problems.

Substance use disorder — Includes misuse, dependence and addiction to tobacco, alcohol and/or legal and illegal drugs.

Treatment — Planned, intentional intervention in the health, behavior, personal and/or family life of an individual suffering from substance abuse so he or she no longer abuses drugs, alcohol or uses tobacco so that physical and mental health can be restored.

Source: Substance Use Disorders: A Guide to the Use of Language, 2004, U.S. Department of Health and Human Services and Substance Abuse and Mental Health Services Administration

For health care providers:

THE **CAGE** QUESTIONNAIRE CAN HELP HEALTH CARE PROVIDERS determine whether a patient is alcohol dependent, according to J.A. Ewing from the *Journal of the American Medical Association*.

1. Have you ever felt you should **Cut down** on your drinking?
2. Have people **Annoyed you** by criticizing your drinking?
3. Have you ever felt bad or **Guilty** about your drinking?
4. Have you had an **"Eye opener"** first thing in the morning to steady nerves or get rid of a hangover?

Scoring: Count one point for each positive answer.

A score of 1 to 3 should create a high index of suspicion and warrants further evaluation.

Score of 1 — 80 percent are alcohol dependent

Score of 2 — 89 percent are alcohol dependent

Score of 3 — 99 percent are alcohol dependent

Score of 4 — 100 percent are alcohol dependent

Nicotine: An Addictive Drug

It's never too late to stop the cycle of tobacco addiction

by Deborah M. Hudson, B.S., R.R.T, program manager,
Clarian Tobacco Control Center



Deborah M. Hudson

Of the 4,000 chemicals and toxins in tobacco, 63 are known to cause cancer, and one is highly addictive. That chemical, or drug, is nicotine. The amount of nicotine found in most tobacco products (cigars, pipes, cigarettes, chewing tobacco) doesn't cause heart disease, cancer or even lung disease. It does, however, leave people wanting more. That's because nicotine results in a number of pleasurable feelings after it is used. It gives the user more energy, relaxes them, alters their mood, helps relieve stress, suppresses the appetite, and the list goes on. This is why it can be difficult to quit.

Nicotine addiction is complex. It is a three-part addiction: physical, psychological and behavioral/social. The visual image of a three-link chain helps to conceptualize the complexity of nicotine addiction. Additionally, each person's nicotine addiction is different and has different intensity levels as each of these links can vary in intensity from person to person.

Tobacco or nicotine addiction is similar to many other drug addictions. It has been determined nicotine is more addictive than cocaine or heroine. Unlike cocaine and heroine, though, tobacco users become addicted as young as age 10 and usually have only smoked occasionally.

As with other drugs, nicotine use leads to a "cycle of addiction." It begins when the drug first is taken into the body, with nine out of 10 women smokers before 19 years of age.

Cigarette smokers inhale the smoke and within seven to 10 seconds, nicotine hits the brain. After a while, the effects have "worn off," and the individual is left wanting more.

After repeated use, the individual needs more and more to get the same effect. This is called tolerance. In turn, the individual may find he/she is increasing the amount of tobacco used. He/she may become irritable, experience a "craving" for a cigarette (dip, cigar, etc.), have difficulty concentrating or become restless after going for periods of time without a "nicotine fix." These are all signs of withdrawal. To avoid this uncomfortable feeling, another cigarette or dip is used. And so the cycle continues.

So, if nicotine doesn't cause heart disease, lung disease and cancer, what's the harm in smoking? The harm comes from the 3,999 other chemicals and gases in the tobacco smoke, or tobacco juice for smokeless users, such as acetone, benzene, cyanide, arsenic and formaldehyde. These chemicals are inhaled into the lungs with the rest of the smoke. From the lungs, the smoke goes to the heart and is pumped through the rest of the body, bathing the entire body in cancer-causing and harmful chemicals.

Cigarette smoking plays a major role in the deaths of women in Indiana and across the world. Approximately 90 percent of all lung cancer deaths among women are attributable to smoking. Though the number of lung cancer deaths in women surpasses the number of breast cancer deaths, many other health consequences among women

are related to tobacco use:

- > Cancers of mouth, bladder, pancreas, kidney, breast, larynx, esophagus, liver, colon and cervix
- > Cardiovascular disease
- > Stroke
- > Lung diseases, like emphysema, chronic bronchitis, asthma, resulting in increased death rates among women for the past 20 to 30 years
- > Menstrual problems, like painful menstruation, absence of menstruation, irregularity, menopause at younger ages, more severe menopause symptoms
- > Reproductive problems, like difficulty getting pregnant, infertility, ectopic pregnancy and spontaneous abortion
- > Lower bone density and increase fracture risks
- > Rheumatoid arthritis
- > Cataract and age-related macular degeneration

In Indiana, 4,125 women die each year from smoking. These women leave behind 260 children younger than 18 and 1,800 older than 18.

It's likely many of these children have or will experience health effects themselves from the secondhand smoke (SHS) they breathed. SHS has been determined to increase the chances exposed children will suffer from:

- > Coughs and wheezing
- > Pneumonia
- > Bronchitis
- > Ear infections
- > Asthma
- > SIDS

Health effects related to the smoke encountered inside their mother's womb include:

- > Still births
- > Low birth weight, meaning sicker babies, not just smaller babies
- > SIDS
- > Respiratory problems
- > Ear and eye problems
- > Growth and mental retardation
- > Attention deficit disorder
- > Other learning and developmental problems. *



Motivation to Stop

A son's plea makes his mother's good intentions to quit smoking turn to action

by Deb Wezensky



Lisa White with her sons and father

Lisa White smoked for 15 of her 31 years. She always had wanted to quit smoking, but whenever she tried, she says, it never happened. She found herself coming up with every excuse in the book: She was “too stressed at work,” or she would reason “I’ll quit next week.”

White knew smoking not only caused major health issues but also wrinkles. Yet she continued to smoke. Then something made her commitment to quit smoking unshakeable.

Her father, a state trooper, was diagnosed with throat cancer. He underwent all sorts of treatments to stop the disease, including chemotherapy and radiation — but it just didn’t going away. He was miserable. He couldn’t eat, had no saliva in his mouth and could barely talk, White recalls.

When White’s 8-year-old son saw what

his grandfather experienced, his anguished response hit home. He implored her, “Mom, don’t you see what Papa is going through? What if that happens to you? I want you to quit smoking!”

White’s heart sank when hit with the realization she really needed to quit. She didn’t want her children to see her die or experience such pain and suffering from smoking. She started thinking more clearly about her addiction to tobacco.

“I still have the rest of my life ahead of me, and I want my future with my husband and two children to be a healthy one,” she says.

So, while White’s mind told her she wanted just one cigarette, her heart told her to be strong and say “No.” Though she found breaking her tobacco habit extremely tough, White reminded herself it was “mind over matter.”

White quit cold turkey. Though she craved cigarettes in the early days, her support system of family and co-workers helped her successfully stay smoke free. Looking at her life ahead, her family, her loved ones and her father’s fight with cancer, made White proclaim, “I am doing this!”

And she did. White has triumphed over her addiction to tobacco. *



Help Hoosiers Quit Smoking

by Karla Sneegas, Executive Director, Indiana Tobacco Prevention and Cessation

Resources are available to help you break your addiction to tobacco now.

Research shows when smokers combine the use of health coaching or counseling together with some type of stop-smoking medication the rate of quitting jumps from a mere 3 percent (cold turkey) to more than 20 percent.

Indiana offers access to such assistance through its toll-free Indiana Tobacco Quitline, a free service for Hoosiers who are ready to quit. It offers free health coaching.

While supplies last, free nicotine patches or gum also are offered to callers to assist them in the first two weeks of their efforts to quit.

Call 1-800-QUIT-NOW or 1-800-784-8669.

The Indiana Tobacco Quitline is funded by the 2007 increase in Indiana’s cigarette tax. Research shows higher cigarette taxes are one of the most effective ways to reduce smoking among youth and adults.

The rising number of smoke-free communities also supports these smokers wanting to quit and protect nonsmokers from breathing harmful secondhand smoke.

The 2000 U.S. Surgeon General’s Report on Reducing Tobacco Use found smoke-free laws “have been shown to decrease daily tobacco consumption and to increase smoking cessation among smokers.”

With these effective strategies, the tobacco addiction can be broken. *

“Addictions are brain diseases to which adolescents and the mentally ill are particularly biologically vulnerable. Unfortunately, society and the health care industry still do not recognize addictions as biomedical illnesses that should be treated as a cornerstone of preventative medicine. Until we support the development of a strong, scientifically informed and widely available psychiatric and addictions treatment infrastructure that can provide evidence-based care to both adolescents and their parents, the cycle of addiction will continue at its present pace ...” —

Andrew Chambers, M.D., Assistant Professor of Psychiatry, Indiana University School of Medicine; Director, Laboratory for Translational Neuroscience of Dual Diagnosis and Development



Andrew Chambers



Damaged Before Birth

Various programs target substance use during pregnancy

by Carolyn S. Waller, Ph.D., Indiana State Department of Health

One of the leading preventable causes of poor birth outcomes, including stillbirths, miscarriages, mental retardation, fetal alcohol syndrome and respiratory problems in Indiana is the use of alcohol, tobacco and other drugs during pregnancy.

Education, treatment and support do help women decrease or stop substance use during their pregnancies. Helping them locate these programs is each person's responsibility.

The Prenatal Substance Use Prevention Program (PSUPP), is administered by the Indiana State Department of Health and funded by the Indiana Division of Mental Health, the Indiana Tobacco Prevention and Cessation Program and Maternal and Child

Health Services. The goal is to prevent poor birth outcomes by ensuring babies in Indiana are born to women who decrease or eliminate alcohol, tobacco and other drug use during pregnancy.

The PSUPP program has 18 clinics throughout the state and collectively serves, but is not limited to, constituents from 25 Indiana counties. They are Allen, Clark, Dearborn, Dubois, Delaware, Elkhart, Franklin, Grant, Jennings, Lake, LaPorte, Madison, Marion, Ohio, Owen, Pike, Putnam, Ripley, Spencer, St. Joseph, Switzerland, Tippecanoe, Vanderburgh, Vigo and Warrick.

The program supports three objectives:

- Identify high risk, chemically dependent pregnant women, promote abstinence and provide referrals for treatment/follow-up.

- Facilitate training and education for professionals and para-professionals who do not provide substance abuse treatment, but do work with women of child-bearing age.

- Provide public education on the possible hazards to a fetus when ATOD are used during pregnancy.

Realizing success

Quarterly and annual reports show improved birth outcomes; a reduction/termination in substance abuse; increased community awareness about the hazards of substance use during pregnancy; increased involvement from service providers and physicians to assist pregnant women to stop using alcohol, tobacco and other drugs; and increased community and professional networking to capitalize on programs in place already serving the PSUPP target population.

The following is a trend analysis from all the PSUPP clinics:

Year	Total Screened	Reduction at Delivery			Reduction 3 months			Percentage Full Term
		Smoking	Alcohol	Drugs	Smoking	Alcohol	Drugs	
2003	3606	44.2	87.8	66.7	34.8	67.6	52.0	90.9
2004	3561	51.0	92.3	79.4	29.0	57.1	56.6	90.0
2005	3894	49.5	84.6	69.0	34.5	65.3	64.5	87.5
2006	4004	47.8	82.1	38.9	37.6	68.4	54.5	87.8
2007	4540	48.2	86.3	69.2	43.4	62.8	84.4	91.8

Not So Invincible

A teen learns the hard way about the consequences of addiction

by Deb Wezensky

Kelsey, who asked that her last name not be disclosed, was only 13 when she first started using alcohol and drugs. Like most teens, she felt invincible, says Kelsey, who gained access to the substances through a friend's parents.



Kelsey and Sharrie

She tried to disregard what the drugs and alcohol did to her life. She dropped from a size 11 to a size 2 and wore heavy makeup to conceal her gray, sallow skin. Fights with family members constantly disrupted her home life.

At one low point, her mother, Sharrie, was called to her high school when Kelsey and her brother fought in the school cafeteria.

A turn for the worse

When Kelsey turned 16, she and her friends took a drive just for fun. The thrill ride ended when the group became involved in a serious car accident. Kelsey suffered a head injury. The driver suffered life-threatening injuries.

Though her head injury was a major concern, the accident also revealed other health problems for Kelsey.

"I was devastated," Sharrie recalls. "We were in the emergency room, and the doctors began to name off all the substances they found in her system — Xanax, cocaine, marijuana ... It was unbelievable that she had been using all those drugs."

Though Sharrie knew of Kelsey's past marijuana use, she thought her daughter's days of using drugs had passed.

The road to recovery

Kelsey's parents took her to an in-patient treatment site for people with addictions.

"I was completely bruised from the car accident," Kelsey says. "Initially, I was scared that I could have died, but as the bruises faded, so did my fear."

She made progress in her recovery from addiction. But the lessons learned soon faded. Kelsey again used drugs and alcohol. This time, it was a much different experience for her.

Kelsey says she had a glimpse of a healthier way to live. Her constant lies to cover her addiction also took a toll on her conscience. She became aware of how her addiction caused pain in her own life and in the lives of those around her.

Eventually, she talked more openly with her mother. Kelsey's treatment finally helped her realize how much drugs and alcohol affected her life. With continued treatment, she learned to embrace her recovery goals.

Kelsey believes switching schools also helped in her recovery process. Her new school, Hope Academy, is a charter public high school specifically designed for students trying to maintain sobriety.

"I feel like this new environment helped me get back on track with my recovery," she says. "I can talk about my recovery in school with my peers. When talking about it, it gives you the chance to carry the message, and you don't have to keep everything inside."

After graduation, Kelsey plans to pursue nursing and, possibly, addiction counseling. *

Know the Limits

STANDARD SERVING OF ALCOHOL:

- > 5 ounces of wine
- > 1.5 ounces of liquor
- > 1 12-ounce bottle of beer or wine cooler

Standard drinks also include wine coolers, aperitifs, and fortified wines.

According to Dietary Guidelines from the U.S. Department of Health and Human Services, moderate drinking is one drink a day for women and no more than two drinks a day for men

YOU SHOULD NOT DRINK ANY ALCOHOL IF YOU:

- > Cannot control your drinking
- > Have a history of drug problems
- > Take certain medications that may interact with alcohol
- > Plan to drive, use machinery or are participating in any activity that requires attention, skill or coordination
- > Are pregnant or plan to get pregnant



Kids and Drug Abuse

Know the personality, physical and social warning signs

compiled by Deb Wezensky

Experimenting with self-expression is a part of growing up. However, sudden and extreme changes in your child may signal drug use. According to the Substance Abuse and Mental Health Services Administration, be alert if your child:

- > Becomes disrespectful or verbally and physically abusive
- > Expresses a great deal of anger, acts paranoid or confused
- > Seems depressed and less outgoing
- > Is secretive and lies about what she is doing and where she is going
- > Steals or "loses" possessions she used to value
- > Seems to have a lot of money or is always asking for money
- > Withdraws from family and family activities
- > Physical appearance
- > Not practicing good hygiene
- > Not sleeping or sleeping too much
- > Loss of appetite; weight loss or gain
- > Too hyperactive or too little energy
- > Social activity and school performance
- > Drops old friends and activities
- > Loses interest in schoolwork and is getting low grades; skips school; or sleeps in class
- > Loses concentration and is having trouble remembering things

A leading risk factor for adolescents in acquiring substance use disorders is a parent with an untreated disorder, whether it involves alcohol, nicotine, marijuana or other substances, says R. Andrew Chambers, M.D., director, Laboratory for Translational Neuroscience of Dual Diagnosis and Development. He says in such cases, it is critical the parent model participation in

treatment for the child. "Do as I say, and not as I do" really doesn't work.

If you think your child may have a problem with drugs:

Consult a health care provider to examine your child and rule out physical causes.

Talk to other adults who know your child well. Are they seeing the same changes in your child that you do?

Talk to your child. Remember young people may not be truthful about drug use, and you may have to have a professional evaluation by an addictions health care professional, such as a psychologist.

Get treatment referrals from trustworthy agencies or individuals like your doctor.

Examine your child's mental health. A child with emotional or social problems may use drugs for self-medication.

Don't deny that there is a problem. Your child needs your help and parental support.

Avoid blaming yourself or any other family member for the problem — focus on getting whatever help is needed as soon as possible.

Your entire family can be affected when your child abuses drugs. Keep the lines of communication open with all your children, and get family counseling if recommended.

Limit access to drugs in your home. Get rid of any excess prescribed medications that are not used regularly. If there are sedatives, painkillers or any other such substances used on a regular basis, consider locking them up, Chambers suggests.

Your child can recover from the effects of drug abuse. Early diagnosis and treatment from addiction or other health care providers can improve her or his chances for a more complete and timely recovery. *

Adolescents and Addiction

Know the signs to prevent downward spiral in brain function

by Sigurd Zielke, Clinical Specialist,
Fairbanks and Hope Academy

Adolescence is the time of metamorphosis from child to young adult and offers our youth very real possibilities. But it also presents very real hazards that have the potential to derail young lives. The abuse of alcohol and other drugs is one of those hazards.

According to a recent Indiana study, almost half of all Indiana high school seniors reported drinking in the past month, with 28 percent reporting binge drinking (drinking to get drunk) in the previous two weeks. One out of 20 drinks alcohol daily, with comparable numbers for daily marijuana smokers.

These facts become especially sobering, considering recent data from the field of brain science. For example, chronic abuse of alcohol has been strongly associated with reduced memory, learning, visual and spatial processing, and the mental capacity to exercise self-command and control. All of these are necessary for an adolescent's best performance at school.

From the young person's perspective, substance use is seen as part of the excitement of stepping out of adult norms and taking risks. For most youth, alcohol and drug use stops with experimentation. Yet, for others, being intoxicated becomes a desired end.

The most important thing you as a parent can do is keep your eyes and ears open. Look for and recognize any changes in your child's friends, grades, appearance, activities and attitude.

It's important to understand all you can about addiction. Read everything. Seek the advice of professionals in the field of addiction. Treatment designed especially for adolescents and matched to the severity of the disease interrupts the downward spiral.

There is hope in recovery. It happens every day for millions of people across our country. Consistent participation in recovery and wellness activities is linked to sobriety and to the restoration of young lives. *



Treating Addiction

Various options are available for a successful recovery

by Deb Wezensky

Because of societal stigmas about substance use disorder and a lack of knowledge about treatment options, those who need to be diagnosed and treated seldom get the care they need. Those factors may render you, or a loved one, silent behind a veil of denial.

Many people use substances to self-medicate. But it's a short-term "fix" that can cause negative long-term consequences for addiction, says Paul Riley, M.D., Medical Director for Chemical Dependency, St. Vincent Stress Center. Through therapy, healthier ways to cope can be learned to help you deal with stress and anxiety.

You can deal with your dependence on alcohol, illicit drugs like cocaine and methamphetamine or prescription medications like sedatives and pain killers. With proper treatment by an addictions professional, you have a 50 to 70 percent chance of recovery from this relapsing disease, Riley says. "Think about it; this prognosis is much better than other medical diseases such as diabetes."

Be motivated to change. Recognize and accept you have a problem.

Riley suggests you ask yourself, "What do I want to do about my life falling apart?" Then seek the advice of your family doctor. He or she can advise you where to get help.

Proceed with caution

Several dangerous detoxifications are related to alcohol, sleeping pill and tranquilizer addictions, says Riley, who has treated people with substance use disorders for 40 years.

Don't make this critical decision alone. An addictions expert can determine if you

need an inpatient medical detox treatment in a hospital or treatment center setting.

Outpatient therapy sessions, offered at places like Fairbanks, St. Vincent Stress Center and Cummins, provide education on addiction, and behavioral and group therapy.

Programs like Alcoholics Anonymous and Narcotics Anonymous, and faith-based recovery groups provide additional support by linking you to others who share a common difficulty with addiction.

Promising medical treatments

Various medications are available that can increase the effectiveness of treatment for substance use disorder. They include:

Campral. Works by blocking glutamate receptors (excitatory receptors). The effectiveness of treatment is promising compared to prior treatment methods with few side effects.

Revia. This medication works in the brain to decrease cravings that are the result of the abuse of narcotics used to relieve pain. It is an opiate blocker that doesn't allow narcotics like OxyContin or heroin to provide the desired effects of getting "high." It also is used to treat alcohol addiction.

Vivitro. Like Revia, Vivitro reduces cravings for opiates. It is injected once a month to block opiates from reacting with the brain's receptors.

Using Campral, in combination with Revia or Vivitro, increases the success rate for treatment and recovery by 30 to 40 percent.

Suboxone. A medication used for detoxification without painful withdrawal symptoms from opiate dependencies. While your body detoxifies, Suboxone fools the brain into thinking the opiates are still there. *

The End of the Tunnel

Recover and maintain sobriety through a holistic approach

by Ashley English,
Recovery Coach, Fairbanks

Recovery from alcohol and drug addiction is a lifelong process that can produce extraordinary results for individuals



Ashley English

committed to their sobriety. Seeking a life in recovery means a person has made a conscious decision to stop hurting and start healing by abstaining from drugs and alcohol.

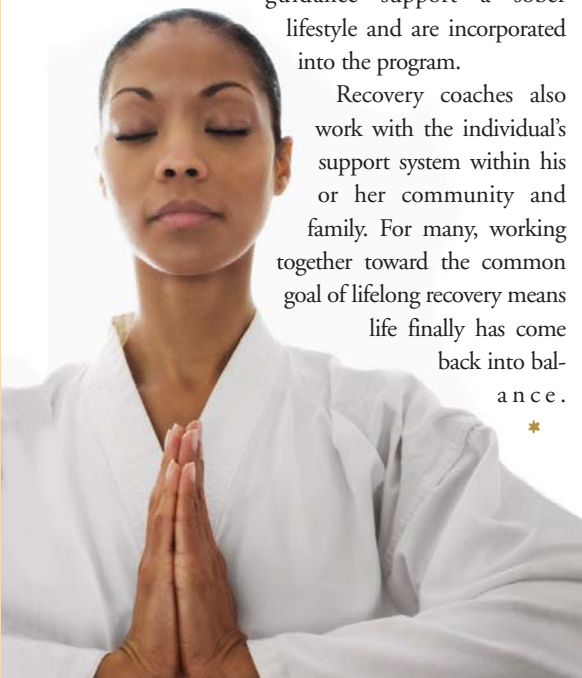
Treating a person in recovery requires a holistic approach to produce tremendous therapeutic results. Treatment professionals are making strides in supporting the recovery process by transitioning from the acute model of care to one that accurately treats the disease as lifelong.

Experience shows individuals who stay connected to a recovery community find their treatment more successful than those who leave treatment without support. A recovery management philosophy empowers the individual to restore balance in his or her life.

Recovery coaches are at the heart of the programming. They work with individuals to restore aspects of life lost during their active addiction. Mending relationships, restoring health and positive coping mechanisms, like meditation, art therapy and nutritional guidance support a sober lifestyle and are incorporated into the program.

Recovery coaches also work with the individual's support system within his or her community and family. For many, working together toward the common goal of lifelong recovery means life finally has come back into balance.

ance.
*



Blood Alcohol Concentration for Women

Drinks ^A	Body Weight In Pounds								Influence ^B
	90	100	120	140	160	180	200	220	
1	.05	.05	.04	.03	.03	.03	.02	.02	Possibly
2	.10	.09	.08	.07	.06	.05	.05	.04	
3	.15	.14	.11	.10	.09	.08	.07	.06	Impaired
4	.20	.18	.15	.13	.11	.10	.09	.08	
5	.25	.23	.19	.16	.14	.13	.11	.10	DUI
6	.30	.27	.23	.19	.17	.15	.14	.12	
7	.35	.32	.27	.23	.20	.18	.16	.14	
8	.40	.36	.30	.26	.23	.20	.18	.17	
9	.45	.41	.34	.29	.26	.23	.20	.19	
10	.51	.45	.38	.32	.28	.25	.23	.21	

^A One drink is 1.25 oz. of 80 proof liquor, 12 oz. beer or 5 oz. of wine

^B Subtract .01 for each hour of drinking

Finding Hope

A family's journey to recovery starts through Fairbanks program

by Erica Petty, Communications Coordinator, Fairbanks

The disease of addiction often affects the entire family.

Melinda, who asked her last name remain confidential, found that to be the case when her mother, Adell, battled alcoholism.

Melinda struggled with feelings of hopelessness during that period. "Before my mother embraced treatment and recovery, I felt certain her addiction and way of life was going to kill her," she says.

"I'd moved her into my home, but she was so sick, and I knew she needed help." Melinda reached out to Fairbanks, an addiction treatment center, to see how she could help her mother.

"I came to Fairbanks because I didn't know what else to do or where else to go," she says. "I just knew that we needed help."

Melinda wasn't sure Adell would be willing to seek help since they had tried treatment once before without success. But Melinda was both surprised and relieved



Melinda and Adell

when her mother agreed.

Adell recalls coming to Fairbanks feeling very sick. At times she was too weak to walk, but she remained hopeful.

"I wasn't totally in control, and I didn't know what to expect," Adell recalls. "I made up my mind to do whatever I was told to do to make recovery work."

Melinda and Adell learned treatment was only the beginning of the recovery process. Through programming and recovery management services, the pair learned how to manage the disease of addiction and how to recover as a family.

Melinda says Adell has made significant changes in her life by sharing her story and volunteering at Fairbanks. She attributes Adell's changes to Fairbanks' programs, including the supportive living apartments, recovery coaching and volunteering.

"Recovery means bringing life back to a loved one, and it has truly been a blessing for her, our family and me," Melinda says. "I'm indebted to Fairbanks forever." *



Dean Babcock

About Addictions

Your Questions Answered

by Dean Babcock, MSW, LCSW, Associate Vice President, Midtown Community Mental Health Center, Wishard Health Services

Q: What are the costs of addiction?

A: Addiction results in significant health, legal, social, familial, spiritual and economic problems. The overlap of addiction and other mental illness is between 45 to 65 percent. About 8 percent of deaths in Indiana are attributed to alcohol. Smoking is the leading cause of preventable death in the United States. Nationally, the social costs of addiction are estimated at more than \$294 billion.

Q: Why is early diagnosis and treatment so important?

A: Addiction starts in childhood. Studies show that 90 percent of all individuals with dependence started using before age 18, and 50 percent started using before age 15. Research shows that genetics play a critical role in addiction. We already know who is at the highest risk. Also, the use of drugs and alcohol changes the brain, especially the developing brain. The new science bears out how damaging addiction can be. One in four high school students, and 50 percent of high school seniors, drink at binge levels. Studies also indicate that routine alcohol screening, brief intervention and treatment are effective. The earlier the intervention, the better.

Q: What is the biggest barrier to advocacy for those with addiction?

A: First, there is the stigma associated with having an addiction. Also, well-organized efforts to advocate for addiction issues are relatively new as compared with other illnesses. We are making progress, but more people need to speak out to have their voices heard.

Q: How are advocacy efforts making a difference to decrease substance use?

A: Numerous organizations are making a difference, like the Indiana Addiction Issues Coalition, Indiana Association of Addiction Professionals, and the Governor's Commission for a Drug-Free Indiana. Every article, public service announcement and phone call makes a difference. Call or e-mail your legislator. Lawmakers need to hear from citizens affected by substance abuse. The work of the National Institute on Drug Abuse (NIDA) Clinical Trials Network also is important.

Q: Why is overcoming stigma so important?

A: Stigma, often due to a lack of understanding, keeps people from entering treatment, results in poor funding and impedes recognition of the illness. Addiction is a brain disease and should be thought of, and treated, like any other chronic medical condition. Compliance rates for addiction treatment are very similar to other illnesses like hypertension and diabetes.

Q: How well are addiction programs funded?

A: It is estimated that for every dollar spent on treatment there is a return of \$4 to \$7 in crime-related costs. Savings related to health care costs can exceed \$12 for every one dollar spent on treatment. There simply is not enough funding to meet the needs of addicted Hoosiers. Seventy percent of addiction treatment in Indiana is supported by public funds. And, studies indicate less than 20 percent of people who need treatment receive it. *



Set up for Failure

Policies perpetuate cycle, including inadequate treatment and relapse

by Linda Chezem, J.D.

Laws and policies governing alcohol, addictions and other drugs have lacked clarity, consistency and effectiveness throughout recorded time. From the Code of Hammurabi in ancient Mesopotamia setting a fair price for beer to the 18th and 21st amendments to the U.S. Constitution, societies have sought to impose law and policy around alcohol.

Indiana, under pressure from the federal government (as a condition for the use of taxes), has been forced to apprehend and jail the addicted and drunk. With moral and legal arrogance, communities have ignored the need for treatment improvement for alcohol use disorders and other drug addictions. "Three strikes and you are out" legislation makes a policy choice for imprisonment over treatment.

The systemic injustice in taking guilty pleas to felony offenses in order to get treatment is more glaring when the treatment needed actually may not be available. Make no mistake. Adequate treatment and continuing research for better treatment are essential public health and justice services.

The burden from alcohol use disorders is far larger than from illegal drug use. Alcohol use disorders — the oldest puzzle in human legal history — are not impossible to solve.

Solutions lie in the following recommendations:

- Fund individually appropriate treatment based on research.
- Fund research and more rapid translation and dissemination of that research by the National Institute on Alcohol Abuse and Alcoholism.
- Build public health law and policy around alcohol and other drugs using the core functions of public health.
- Fight health disparities to provide public health screening and brief intervention for alcohol use disorders at the local levels. *

Making a Connection

Hope Academy provides a fresh approach to education and recovery

by Helene M. Cross, CEO, Hope Academy; President and CEO, Fairbanks

Adolescents on a journey to find recovery from alcohol and drug addiction face many obstacles. For them the “good times” in life were often the “high times.” They see treatment as loss of pleasure, peers and places to hang out. What’s left? Often, it’s low self-esteem, few friends, failing grades and emotional immaturity. It’s no wonder more than 50 percent of our nation’s teens relapse during the first 90 days after treatment with an added number who also leave school.



Helene M. Cross

With a focus on long-term recovery as our mission, Fairbanks wanted to offer something more for young people in recovery. In 2006, we created a charter high school, Hope Academy.

We provide a challenging academic experience for students who share a commitment to sobriety, education and personal growth. Our teachers and staff recognize the physical, emotional and spiritual effects of addiction. Through brain research we know that as the “clean” brain rejuvenates cells, the first renewed area providing stimulus for learning is the visual part of the brain. Hope Academy incorporates teaching techniques that support those learning needs.

The first year’s class achieved more than 91 percent attendance; five of the six graduates are attending college or employed. This year there are 40 students enrolled representing 12 Indiana counties; together they celebrate nearly 6,000 days clean and sober.

With the constancy of caring teachers, counselors and volunteers offering support, we expect our students to achieve personal growth in all areas of their lives. We know their ability to learn and to achieve has advanced in the environment of Hope Academy.

For more information about Hope Academy, log on www.fairbankscd.org. Applications are available online. *



Quiz Answers: *(From page 3)*

1. False. Not everyone reacts to alcohol the same way. Alcohol affects everyone differently. In fact, an individual’s reaction to alcohol can vary depending on body weight, gender, body chemistry, tolerance and your genetic predisposition for addiction.

2. False. You will not get drunk a lot quicker with hard liquor than with a beer or wine cooler. Alcohol is alcohol. In standard amounts, beer, wine coolers, wine and hard liquor all have equivalent levels of alcohol and will make you equally intoxicated.

3. False. Drug addiction is not a character flaw. Drug addiction is a brain disease. Every type of drug of abuse has its own individual mechanism for augmenting how the brain functions.

4. False. There are more than 27 harmful chemicals in cigarettes. In addition to highly addictive nicotine, there are 4,000 chemicals and toxins in cigarettes — 63 are known to cause cancer. Though nicotine doesn’t cause cancer, it is the drug that causes the addiction to tobacco.

5. False. Some people do voluntarily seek treatment before they hit rock bottom. Many things that can motivate a person to enter and complete treatment before that happens.

Pressure from family members and employers, as well as personal recognition that they have a problem, can be powerful motivators. For teens, parents and school administrators often are driving forces in seeking treatment.

6. True. The liver has great restorative power and often is able to repair some of the damage caused by alcohol. The goal of treatment is to restore some or all of the liver’s normal functioning. In most cases, the only damage it cannot reverse is scarring from cirrhosis.

7. False. Addiction to nicotine is physical but also social and psychological. Nicotine addiction is powerful. But with the help of Nicorette gum, medication and expert counseling you can successfully break your addiction. When you identify triggers that produce cravings, you can learn strategies to prevent these symptoms and urges and improve your chances to stop using tobacco, according to the National Institute on Drug Abuse.

8. True. There is a connection between heavy alcohol consumption and increased risk for cancer. With an estimated 2 percent to 4 percent of all cancer cases thought to be caused either directly or indirectly by alcohol, 3.6 percent of all cancer cases worldwide are related to alcohol drinking, resulting in 3.5 percent of all cancer deaths.

9. True. Women are the fastest-growing segment of substance abusers in the United States. About 2.7 million American women abuse alcohol or drugs, or one-quarter of all abusers, according to the Center for Substance Abuse Prevention.

10. False. Many people addicted to drugs and alcohol are employed. Of the current alcohol and drug users ages 18 or older, 13.4 million (or 74.9 percent) are employed either full or part time.

11. True. The first use of alcohol typically begins at age 12. Age of drinking onset strongly predicts development of alcohol dependence over the course of a lifespan. About 40 percent of those who start drinking at age 14 or younger develop alcohol dependence at some point in their lives.

12. True. Teenagers abuse prescription drugs more than any illicit drug except marijuana. The abuse of prescription drugs by teens is more than their use of cocaine, heroine and methamphetamine combined. Many teens wrongly believe abusing prescription drugs is “safer” than using illicit drugs. Teen abuse of prescription drugs is drastically on the rise. *

Resources to prevent and treat addiction

Alcoholics Anonymous — Makes referrals to local AA groups and provides informational materials on the AA program. Log on www.aa.org or call (212) 870-3400.

American Academy of Family Physicians — Provides the resource *Drug Abuse: How to Break the Habit*. Log on <http://familydoctor.org/>.

Centers for Disease Control and Prevention — Provides the resource Questions and Answers on Alcohol Consumption. Log on cdc.gov/alcohol/faqs.htm.

Drug Free Marion County — Coordinates community efforts to prevent and reduce alcohol, tobacco and other drug abuse. Log on to www.drugfreemc.org or call (317) 254-2815.

Fairbanks — Helps people move toward a better life through addiction recovery. Call (317) 849-8222 or log on www.fairbanksd.org.

Governor's Commission for a Drug-Free Indiana — Links resources, advocacy, collaboration and coordination among agencies and individuals to create a safer, healthier place to live. Log on www.in.gov/cji/drugfree/about.html.

Indiana Addiction Issues Coalition — Promotes advocacy and education for individuals, organizations and legislators about addiction. Log on www.mentalhealthassociation.com/IAIC.htm.

Indiana Association for Addiction Professionals — Provides resources for substance abuse counseling and addictions counseling professionals throughout Indiana. Log on www.iaapin.org

Indiana Family & Social Services Administration — Provides addiction and mental health services to uninsured and underinsured Hoosiers. Log on www.in.gov/fssa/dmha/index.htm.

Indiana Family Helpline — Provides resources and support to quit smoking. Log on www.in.gov/inshape/2275.htm or call (800) 433-0746.

Indiana Minority Health Coalition — Enhances the health of racial/ethnic minorities through education, research, advocacy and the provision of community-based services. Call (317) 926-4011 or log on www.imhc.org.

Indiana Tobacco Quitline — Provides free one-on-one phone counseling service that helps Indiana smokers quit. Log on www.indianatobaccoquitline.net or call (800) 784-8669.

Indiana Tobacco Prevention & Cessation — Works to reduce the number of tobacco users in Indiana through providing resources, education and support for public policies for prevention and cessation. Log on www.in.gov/itpc/ or call (317) 234-1787.

Mental Health America of Greater Indianapolis — Provides education, advocacy and service through programs designed to promote health. Log on www.mhaindy.org.

Mothers Against Drunk Driving Indiana — Log on www.madd.org.in or call (317) 781-6233.

National Association for Children of Alcoholics — Works on behalf of children of alcohol- and drug-dependent parents. Log on www.nacoa.net or call (888) 554-2627.

National Council on Alcoholism and Drug Dependence — Provides educational materials on alcoholism. Log on to www.ncadd.org or call (800) 622-2255.

National Clearinghouse for Alcohol and Drug Information — Provides information on substance abuse and treatment. Log on ncadi.samhsa.gov or call (800) 729-6686.

National Institute on Alcohol Abuse and Alcoholism — Offers a video on Alcohol: A Women's Health Issue. Log on www.stopalcoholabuse.gov or call (301) 496-8176.

National Institute on Drug Abuse — Provides resources for the prevention, treatment and policy as it relates to drug abuse and addiction. Log on www.drugabuse.gov.

Substance Abuse Treatment Facility Locator — Provides a directory of drug and alcohol treatment programs that treat alcoholism, alcohol abuse and drug abuse problems. Log on findtreatment.samhsa.gov or call (800) 662-4357.

Voice — Helps Indiana youth speak out against tobacco use. Log on www.voice.tv.

White Lies — Hoosiers taking action against tobacco use and working for smoke-free air. Log on www.whitelies.tv.

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