

Phoenix Program in the News

The following articles are a series written by Yvonne Hess, LMFT, CAP and were printed in the Citrus Chronicle and can be viewed online at www.chronicleonline.com.

Yvonne Hess, Walking the Walk, 12/15/09

By Yvonne Hess

Recent news stories chronicle prescription drug addiction and how this issue is escalating seemingly out of control. The courts, police and service agencies are all identifying prescription drug abuse as a priority problem they confront. In the midst of all the data there is also a personal aspect, one I see every day as a treatment provider.

I have immense empathy for a client in the throes of prescription drug addiction, their lives in ashes around them, their families often at the point of hopelessness.

Clients are usually angry that they began to use prescriptions to reduce pain from an injury or illness and along the way became addicted to the very substance that was supposed to help them. They are shameful about the lying and manipulative habits they used to support an ever-increasing dependence on the medicines.

Families are emotionally and financially exhausted at continuously trying to rescue their loved one from the consequences of their addiction. Recently, a 22-year-old man stated, "I can't stand to see the pain in my parents' eyes. Sometimes I wish I could die and not hurt them anymore. They've been through this five times with me."

The major categories of prescription drug abuse are: opiate pain management medicines, anxiety medicines called benzodiazepines, and stimulants used in treating ADHD. This article will focus on opiates and future articles will highlight the other two. The most common pain medicines are hydrocodone/vicodin and lortab, oxycontin/oxycodone and percodan, propoxyphene /darvon, morphine, methadone and, recently, suboxone, which is used as a maintenance drug but is now available on the street.

Patients can quickly build a tolerance to their medicines, needing more and more of the drug to numb the pain. They go through their scripts quickly and seek other sources as a supplement: buying on the street, stealing from family and friends, mixing them in potentially lethal combination with other drugs. A tragedy of opiates is that they strip the normally occurring chemicals in the brain that provide pleasure, emotional stability, and balance to life stressors.

Because the normal brain chemistry is not functioning, numbing the emotional pain symptoms becomes as important as stopping the original physical pain. It can take 18 to 24 months after stopping use to build the brain chemistry to normal levels.

Many people try to stop using on their own, experiencing severe withdrawal symptoms. Opiate withdrawal is a terrible mix of flu-like symptoms and intense drug cravings. The Post Withdrawal Syndrome can persist for three to six months after detox. Symptoms of depressed mood, heightened anxiety, fatigue, and severe stress reactions can drive a person back to using. One woman said to me, "the downward spiral of my addiction has the Grim Reaper as its next stop, and I don't want to die, but I always go back".

Clients begin to bloom in recovery. Once detoxification is done, the road to abstinence is started. Clients learn the skills they'll need to move through early recovery.

They build resources: relapse prevention strategies, emotional and mood stability, problem solving skills, and stress management skills while staying abstinent from all substances. They learn strategies for health care advocacy and ways to manage pain without narcotics.

Desperation gives way to hope. Shame is released and self-worth is established.

Clients feel encouraged and strengthened, their families are given support and education. They become involved with community-based recovery systems. Although recovery is a road laden with obstacles, it is also a paved with promise and the skills to become a "winner" in the battle against addiction.

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Yvonne Hess, Walking the Walk, 11/17/09

By Yvonne Hess

I'm an addict. I'm an alcoholic. I have experienced childhood trauma. I've learned to survive. I have many years of sobriety by not using drugs and alcohol to numb, escape or "forget" the emotions or memories that trigger feelings of despair or sadness.

Like many people who have struggled with addictions — drugs, alcohol, food, sex, pornography, shopping, gambling or relationships — I count myself as a survivor. I've learned to close the doors on behaviors that lead to certain death and focus on the behaviors that build a healthy life. I am in "recovery."

Unfortunately, like many others in recovery, I found that as I closed doors on poor choices I found myself alone in a very dark hallway. I had a lifetime of surviving and had no idea how to change that into thriving. The skills I knew that helped me to live through the trauma and addiction worked against me as I tried desperately to build a positive lifestyle. It wasn't until I started working in the field of families with addictions that I made the connection of how to become a winner in life.

As we connect each month, I will share the struggles and successes of people as they "strive to thrive." We will explore topics of interest in the field of addiction and recovery. We will celebrate the lives of winners, learning the strategies and tools that are making a huge difference in their recovery. We will look in-depth at issues and concerns that are important to our local community and families.

I will share the most recent research on treatment. We will dispel myths and gain insights. We will join in constructing new doorways and windows into healthy ways of living. We will see things from a wide variety of viewpoints: those of addicts and alcoholics, people who grew up in homes with addiction, people who have lived through childhood trauma, whose families were torn apart due to violence or abuse or divorce, people who live with emotional baggage from toxic relationships, and how families cope with one of their own struggling in active addiction.

Along with being a recovering addict I'm also a wife, a mother, a neighbor, and a friend. I am a Licensed Marriage and Family Therapist (LMFT). I am a Certified Addictions Professional (CAP) with an International Certification as an Alcohol and Drug Counselor (ICADC). Since I'm very old, I have a couple of decades of experience working with people in all phases and with all types of addiction. I'm excited to have the opportunity to raise reader awareness about topics that are near and dear to my heart.

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