

Drug & Alcohol COMMISSION

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Family Resources

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What is Addiction?

By Brian Wilson

When someone using a substance wants to stop using and can't, because the desire to use is overwhelming, it is called addiction.

Addiction can happen quickly. When a person makes the decision to try drugs or alcohol, they don't plan on becoming addicted. At first they enjoy the way the substance makes them feel, but it can rapidly progress into needing it, and more of it, just to feel "normal."

In the beginning, addicts think they can control their use, but drugs and

alcohol change the brain and these changes can last a long time.

The need for the drug can reach a point where it takes precedence over everything. Addicts will spend their waking hours thinking and planning about their next fix and how they are going to get more of the substance. This obsession with using will take over their life to the point where things that used to give them pleasure no longer will.

Someone who is addicted will do almost anything to continue using the substance, including

lying, stealing, or hurting people, despite any resulting consequences.

Sometimes people misunderstand addiction as simply a weakness, but in reality, addiction is a disease, just like diabetes and cancer are diseases.

Addiction doesn't discriminate, and anyone can become addicted regardless of gender, ethnicity, income or age. Addiction can happen at any age, and it can affect one's mood, personality, memory, thinking, learning, and decision-making abilities.

What is Recovery?

By Brenda Stirling

When someone identifies themselves as an alcoholic or addict and has stopped drinking or using drugs, they have taken the first step toward being "in recovery" from their addiction, regardless of the substance of choice. Recovery is the process of change that leads to a healthier, self-directed life, in which the person continues to learn and

grow over a lifetime.

Because the person is always working on improving the way they see things, feel things, process things, and communicate with others about things while clean and sober, recovery is really a life-long process. No one, then, is ever "recovered." Life's challenges and experiences continue on a

daily basis, keeping the need for recovery efforts always current and ever-present.

Influences that will lead to a relapse are equally as ever-present. A person in recovery must have an action plan ready to deal with these influences.

Regular attendance at self-help meetings, such as AA and NA, is absolutely essential in order to maintain recovery. It is important

for family members to be supportive of this practice and to understand its significance in being a priority for the person in recovery. It is through the participation in AA/NA, and through ongoing contact with a

sponsor from AA/NA, that the person will have an action plan ready and available to follow in order to maintain recovery.

Recovery is a life-long process.

Codependency

By Brenda Stirling

Addiction is a family disease. There is often a ripple effect of insanity in which those who are closely attached to an addict often suffer similar consequences of their own unhealthy behaviors. Because they become caught up in the web of problems and in the dependency of the addict, their own lives become miserable and unmanageable. These loved ones are identified as co-dependent.

Codependency is clearly an issue when you live for someone else more so than for yourself. Working so hard to create, instigate, manipulate, fabricate, perpetuate, and ultimately control the outcomes of another person's life is unhealthy. Codependents often realize that they are compromising themselves but tend to rationalize

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that the sacrifices made are worth it. Meanwhile, despite all of this hard work, sacrifice, and dedication to someone else, the codependent is ultimately not able to fix the addict anyway. The lifestyle of a codependent and the tremendous disappointment of not being able to control outcomes are emotionally draining. It is important for codependents to seek help for themselves through Codependents Anonymous.

A Codependents Anonymous meeting is held every Wednesday at 7:30 pm at Denny Hall, Room 15, Basement, at 199 W. High Street in Carlisle, PA. You may also call the Cumberland-Perry Drug & Alcohol Commission at 717-240-6300 or 866-240-6300 (toll free) for additional resources.

Symptoms of Codependency:

- ⇒ Low Self-Esteem
- ⇒ People-Pleasing
- ⇒ Poor Boundaries
- ⇒ Caretaking
- ⇒ Defensiveness
- ⇒ Controlling
- ⇒ Poor Communication
- ⇒ Fear of Rejection
- ⇒ Denial
- ⇒ Problems with Intimacy
- ⇒ Depression and Despair
- ⇒ Anxiety

Enabling

By Corinna Van Hine

The desire to help is a natural urge we feel towards those we love. Because we care, we instinctively want to make things easier and less painful for our loved ones, thinking that they might feel better, and GET better, more easily if we smooth out the road ahead of them. This can be a healthy behavior, but with alcoholics and drug addicts, it is a recipe for disaster.

In a healthy sense, to “enable” is to “empower” or to “allow”—to help someone build upon his or her existing positive foundation in order to succeed. Merit-based college scholarships are a good example—they reward hard-working students

by helping them to afford a higher education.

But if the underlying behaviors we are trying to empower are **negative** ones (like addiction), then enabling has the opposite effect—even though our goal is to help, our helping actually just helps keep the addict in his or her active addiction for longer.

For a person to choose to change, they must have a **reason** to change. Those reasons are often to remove or avoid negative consequences of their behavior. But if someone else assumes the burden of those negative consequences, the addict

loses the reason to change, since someone else took care of that for them.

Some examples of enabling include:

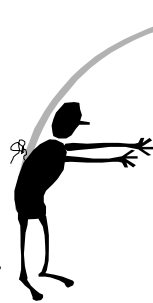
- Lending money to pay the addict's bills
- Making excuses for them to their employers for missed work
- Paying bail if they get sent to jail
- Letting them stay with you so they don't become homeless
- Avoiding talking about their addiction so as not to make them angry
- Blaming others for the addict's unhealthy situation

Intervention

By Corinna Van Hine

The myth that an addict has to “hit rock bottom” before they get help is just that—a myth. An addict can choose to change at any time on their journey, but addiction often clouds an individual’s judgment and awareness about their present reality. This state is called “denial” and is a common feature of the disease of addiction.

Many addicts are unaware, whether unintentionally or purposefully, about how their behaviors impact the lives of those around them.



Breaking through these first walls of denial is a critical early step towards recovery. Families, friends, and other loved ones can choose to confront the addict, in a healthy and supportive way, to help them recognize how their behaviors are impacting themselves and others.

An intervention is a planned, step-by-step process by which those individuals close to the addict (family, friends, colleagues) arrange to formally express their concerns to the addict in hopes of addressing their denial, and subsequently

enacting a change in their behaviors. Often, those participating in the confrontation work ahead of time with a professional to plan and implement the actual intervention.

Because the goal of an intervention is to encourage the addict to change their behaviors, the option of treatment is usually presented to the addict as their best choice for change. It is critically important that treatment options are explored and set up ahead of time, before the intervention itself, so any delays are minimized if the addict agrees to participate in treatment.

More information about staging an intervention can be found by calling ARISE Intervention at 866-769-6822, or the RASE Project at 717-232-8535.

Treatment

By Sally Kraus

Many different kinds of professionals provide treatment services to persons with substance use issues. These treatment professionals may be clinical counselors, social workers, case managers, doctors, nurses, as well as other persons who are in recovery.

Treatment usually occurs on a continuum, with detoxification being the most structured level of care. Detox services are warranted when the substance of choice necessitates. Not all abused substances require detox.

Inpatient rehabilitation is a structured program where the substance abuser resides at the treatment facility for a specified period of time, usually 14 days to 6 months or longer. While in inpatient, the person is expected to participate in group and individual

sessions as well as self-help meetings. Residential programs often have phases of treatment with different expectations during each phase. The length of stay at inpatient is varied depending upon many different factors.

Once a person has completed inpatient treatment, they are often recommended to attend a step-down program referred to as intensive outpatient (IOP). The person will attend treatment at a facility but will live at home or another safe alternative. During IOP, the person may be expected to attend treatment 3 or 4 times weekly for several months.

After IOP has been completed, the

recovering person is recommended to attend outpatient (OP). This treatment is also offered at a facility but requires fewer hours per week than IOP. During this phase, the client is expected to have

assimilated recovery into their lives, and this phase reiterates the information they have gained at the previous treatment levels.

OP may last for

several months to a year.

All alcohol and drug abuse treatment is voluntary.

It is important to remember that self-help meeting attendance (like AA or NA) is a part of treatment and offers support to the recovering individual. Self-help is “support,” not “treatment,” and self-help groups are necessary for living a life of recovery.

Finally, an important message to remember is that all alcohol and drug abuse treatment is voluntary.

Paying for Treatment

By Corinna Van Hine

Funding for substance abuse treatment is available from a variety of sources.

If a person has insurance coverage, whether through their own employer, their spouse's employer, a parent/guardian, or a government-funded source (Medicare/Medicaid), they should contact their insurance provider first to see what substance abuse treatment programs are covered, and if any benefit limitations exist. Usually there are phone numbers listed on the back of the insurance ID card for "Behavioral Health" or "Substance Abuse Services;" if not, call the listed customer service number. Callers should ask what substance abuse treatment services are covered, whether or not a precertification is required, what are the co-pays and deductible, and which providers are in-network for

the services requested.

Military veterans with "honorable discharge" status may be eligible for substance abuse treatment services through the Veterans Administration (VA), even if they have never received VA benefits before. Veterans should call their local Veterans Affairs office; the Cumberland County office number is 717-240-6178, and the Perry County office number is 717-582-5133.

Cumberland and Perry County residents who do not have private, public, or VA insurance coverage for substance abuse treatment may be eligible for treatment funding through the Cumberland-Perry Drug & Alcohol Commission, with fees to be determined on a sliding-scale basis. Uninsured residents should call the Commission at 717-240-6300 and ask to speak to the

Case Manager on duty. Case Managers can also answer questions for insurance-funded clients on how to access their benefits for treatment.

There are some therapeutic, recovery-oriented residential programs which are "program-funded," meaning the facility covers most or all of the participants' costs and fees via grants and charitable donations. The Commission can provide contact information for these programs.

Finally, an individual (and/or their family) can self-pay for treatment services. These fees can range from \$25 per group session for outpatient services, to over \$500 per day for specialized inpatient services.



Letting Go

Author Unknown

To let go doesn't mean to stop caring, it means "I can't do it for someone else."

To let go is not to cut myself off, it's the realization that I can't control another.

To let go is not to enable, but to allow learning from natural consequences.

To let go is to admit powerlessness, which means the outcome is not in my hands.

To let go is not to try to change or blame another, I can only change myself.

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To let go is not to care for, but to care about.

To let go is not to fix, but to be supportive.

To let go is not to judge, but to allow another to be a human being.

To let go is not to be in the middle arranging all the outcomes, but to allow others to effect their own outcomes.

To let go is not to be protective, it is to permit another to face reality.

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To let go is not to deny, but to accept.

To let go is not to nag, scold, or argue, but to search out my own shortcomings and to correct them.

To let go is not to regret the past, but to grow and live for the future.

To let go is not to adjust everything to my desires, but to take each day as it comes, and to cherish the moment.

To let go is not to criticize or regulate anyone, but to try and become whatever I dream I can be.

To let go is to fear less and to love more.

Impact of Substance Abuse on Children

By Sally Kraus

While we recognize that addiction is a disease that knows no bounds, there are many innocent victims who live in a family with an addiction and who may get lost in the chaos created.

Children of Alcoholics or Addicts (COA's) are defined as the children whose biological parents are or have been alcoholics, or they live with persons who abuse substances.

One in four children under the age of 18 live in a home where substance use is a part of daily life. These children are at significantly greater risk for mental illness or

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emotional problems, physical health problems, or learning difficulties. They are also more likely to be victims of verbal, physical and emotional abuse which puts them at greater risk of removal from their

home. These children are also more prone to developing addiction themselves.

There are resources for help for these innocent victims, and if you contact our office, we can help direct you to those resources. Please remember that while the person(s) with the addiction is in need of treatment, the other members of the household are also affected, and help is available for them as well.

Fetal Alcohol Spectrum Disorders

By Sally Kraus

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in a person whose mother drank alcohol during pregnancy. FASD may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The range of FASD is more common than disorders such as autism and Down syndrome. FASD is one of the few birth defects that is 100% preventable!

FASD is a direct result of a woman using alcohol while pregnant. No alcohol use during pregnancy is recommended. It is often at days 3-7 of a pregnancy that alcohol is most detrimental to the fetus, and this early, most women do not even know they are pregnant. Therefore

any woman of childbearing age is at risk to having a child with FASD if she drinks.

A child with FASD has their own unique difficulties which carry on throughout life. Having FASD is not something which will change; children do not "grow out of it."

If you are concerned about yourself or your children, please contact our agency to help direct you to resources, including your physician. In addition, you can contact Glenys DeLissio at Perry Human Services at 717-582-8703, or Carol O'Hara at The Arc of Cumberland and Perry Counties at 717-249-2611, or at <http://www.cparc.org/>

The Twelve Steps of Alcoholics Anonymous

1. *We admitted we were powerless over alcohol—that our lives had become unmanageable.*
2. *Came to believe that a power greater than ourselves could restore us to sanity.*
3. *Made a decision to turn our will and our lives over to the care of God as we understood Him.*
4. *Made a searching and fearless moral inventory of ourselves.*
5. *Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.*
6. *Were entirely ready to have God remove all these defects of character.*
7. *Humbly asked Him to remove our shortcomings.*
8. *Made a list of all persons we had harmed, and became willing to make amends to them all.*
9. *Made direct amends to such people wherever possible, except when to do so would injure them or others.*
10. *Continued to take personal inventory, and when we were wrong, promptly admitted it.*
11. *Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.*
12. *Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.*

Referring to Student Assistance Programs

By Chad Acker

A Student Assistance Program (SAP) is a comprehensive (K-12) school-based program that identifies issues which prevent students from learning and being successful in school. SAP provides education, prevention, early identification, intervention, referral, and support groups for affected students.

Every school district in the state of Pennsylvania is required to have a Student Assistance Team. The team is made up of professionally-trained school staff and liaisons from community agencies who will help find the necessary assistance in school or in the community.

Anyone can make a referral to the SAP team, and the referral

source is kept anonymous.

Some reasons for a referral can be mental health concerns, stress, a drop in grades, substance use by the student or a history of family substance use, etc.



SAP follows the Federal Drug and Alcohol Confidentiality Law which requires that information received from the student must remain confidential. The student will be asked to sign consents to release information to the Student Assistance Team and guardian(s).

Members of the SAP team are also bound by confidentiality. They cannot release any information to anyone else who is not a member of the team.

For more information on Student Assistance Programs, please contact your child's school district.

Prevention

By Fiona Williston

The goal of the Cumberland-Perry Drug & Alcohol Commission's Prevention Unit is to help create a healthy community in which to live, play, and work across Cumberland and Perry Counties. In such a community, more individuals are likely to participate in safe and healthy behaviors while reducing the prevalence of alcohol, tobacco, and other drug abuse.

Achieving this ambitious goal requires a concerted and coordinated effort from individuals, families, organizations, schools, and businesses, utilizing both paid staff and volunteers. Each year, the Commission creates and operates from a prevention plan which is designed around community concerns and needs. We also endeavor to incorporate the latest

science based research and best practices regarding prevention effectiveness.

Key strategies include:

- Information and referral services
- Providing a wide variety of trainings and presentations to youth, adults, and other professionals
- Collaborating with existing school and community groups; also coordinating our own coalition to develop and implement community based programs

"The goal of the Commission's Prevention Unit is to help create a healthy community in which to live, play, and work"

- Promoting alternatives to use
- Advocacy around policy and legislative solutions

Our Prevention Unit offers a wide range of services and can assist residents in determining the best program for their needs. We strive to provide a timely, individualized and effective response to all requests. Please contact us by

phone, email, on the Commission website, or in person for more information.

If you are interested in helping the

Commission develop community-based solutions to substance abuse issues, we also actively recruit volunteers to serve on our youth and adult coalitions.

Support Groups

By Steven Manuel

Addiction is a family disease that affects everyone close to the addict, not just the individual with the addiction. Anyone involved in an addict's life is welcome to attend 12-step meetings. The groups are for individuals who have known a feeling of desperation concerning their own addiction as well as for their loved ones. Other people at the meeting have traveled the same difficult road and are searching for the same answers.

All of the meetings are free. All meetings are built on the principle of anonymity, that what is shared in meetings remains there, and is not discussed outside of the meeting. It is not necessary to disclose your name, or say anything

if you do not wish to do so. In fact, for the newcomer, it may be best to listen only and say nothing.

There are a variety of different support groups out there. These include

Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Al-Anon, Nar-Anon, and Al-Ateen.

Another support group is Celebrate Recovery. While groups such as AA and NA focus on the addict themselves, "Anon" and "Ateen" groups are designed to support the addict's families and loved ones.

An open meeting is a meeting that is open to anyone to attend; a closed meeting may only be attended by recovering persons themselves.

Just as there are a variety of support groups, there are also different kinds of meetings, including speaker, discussion, literature, and tradition meetings. There are a variety of specialty groups, including gender-specific, dual-diagnosis, and LGBT meetings. An open meeting is a meeting that is open to anyone to

attend; a closed meeting may only be attended by recovering persons themselves.

Not all groups and meetings are the same. If one group does not feel like a

good fit for you, you should attend a group at a different location, or on a different day. Keep looking until you find a group that suits you better.

Resources

By Corinna Van Hine

The Cumberland-Perry Drug & Alcohol Commission maintains an extensive **resource lending library** which contains a variety of printed and digital material, covering the full spectrum of addiction- and recovery-related topics. While some of these resources are only available for in-office review, many of them may be borrowed like a standard lending library. Please contact the Commission and speak to front-desk staff to ask about how to borrow materials from the resource library.

Crisis Intervention services are available by calling 717-763-2222 (Holy Spirit Hospital), 717-243-6005 (Carlisle Regional Medical Center), or 800-350-HELP.

Al-Anon/Alateen
<http://www.al-anon.alateen.org/>
 Hotline 717-257-1033

Cumberland Valley Intergroup (AA)
<http://www.aacarlislepa.org/>
 Hotline 717-422-4888

Alcoholics Anonymous (AA) Harrisburg
<http://www.aaharrisburg.org/>
 Hotline 717-234-5390

Narcotics Anonymous (NA) Mid-Atlantic
<http://www.marscna.org/>
 Hotline 717-233-3733

SMART Recovery (general addictions groups)
<http://www.smartrecovery.org/>
 Hotline 717-802-0830; 717-686-7813

Celebrate Recovery (faith-based support groups)
<http://www.celebraterecovery.com/>
 Contact phone 717-240-0060

Gamblers Anonymous (GA)
<http://www.gamblersanonymous.org/ga/>
 Hotline 215-987-3723

Gam-Anon (gamblers' loved ones)
 Hotline 718-352-1671

Codependents Anonymous (CoDA)
<http://www.coda.org/>
 Info by phone 888-444-2359

Adult Children of Alcoholics (ACA)
<http://www.adultchildren.org/>
 Contact phone 717-350-1004

Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.
<http://www.samhsa.gov>

National Institute on Drug Abuse (NIDA)'s mission is to lead the Nation in bringing the power of science to bear on drug abuse and addiction.
<http://www.drugabuse.gov/>

How To Love An Addict

By Brenda Stirling

It's the person we love and the addiction we hate. It may be our son, our daughter, our partner, or our parent. We care. Some of us care too much. We care more than the addict cares. When it feels like that, we are caring too much. We can never help an addict more than an addict helps himself, no matter how much love we have to share. If we do, our love isn't love at all. It's a sickness that we must admit as equally as the addict must admit his own addiction. Further, our love, expressed like this, keeps the addict in his sickness.

"Love is not love if it supports the addiction and enables it to continue."

This is not always easy to swallow. We have our own set of excuses. We rest on the premise that our love should be congruent with caring, helping, and protecting. We think that we may be judged a poor parent or a poor lover if we fail to carry out our responsibility to protect the person we claim we love. We judge ourselves harshly with this pretense and this, in turn, motivates us to do more for the addict. While we do more, they do more. They do more drugs.

The way to love an addict is to keep ourselves healthy. It is to educate ourselves about addiction. It is to seek support and therapy for ourselves, while encouraging the addict to do the same. It is to care, certainly, and it is to love and embrace that individual, separate from his addiction. Love is not love

if it supports the addiction and enables it to continue.

Love is not giving the addict money. Love is not bailing the addict out of jail. Love is not intervening to prevent the addict from the consequences of his behavior. Love is not pitching in, offering to pay bills, cover the rent, put food on the table, or agreeing to allow or supply that one last "hit" the addict says he needs before he will get help and stop using drugs for good. Love is not buying into the addict's excuses or into the guilt trips he'll manipulatively try to place on us.

Looking for reasons, we unknowingly shift our focus from the addict to ourselves. We may wonder where we went wrong. We tend to take on some sort of responsibility for the addict's behavior, thinking we have been, or are in, control of it or the cause of it somehow. We try to love and protect the addict that much more in an effort to compensate for our presumed guilt. It is not our fault. We are responsible only for our own choices. The addict is responsible for his.

The best way to love an addict is to be responsible **to** him, not **for** him. It means to set boundaries, no matter how uncomfortable it may feel for us to do that. To love an addict is to expect him to be responsible for his own actions and behavior. It means forcing him to face his own uncomfortable

consequences.

This is a difficult love. This is a tough kind of love. It involves the ten thousand tears we cry when we fear for the addict. It involves the closeness we'll discover we never knew we had with God because of our constant prayers and pleas for mercy and guidance. It involves sleepless nights, wondering if we're doing the right thing. Many times doing nothing is doing the right thing.

To love an addict is to force his discomfort and not our own. Create a chaos for him if it will bring about change. As long as an addict feels comfortable, and is comfortable, with his addiction, he will remain active in his addiction. Forcing an addict to face consequences offers a discomfort that motivates change. Only then will an addict really have a chance at recovery. He must want it for himself. If we protect an addict from consequences, we are contributing to his ability to continue to use. Further, if we seem to have all of the consequences instead of the addict, something is very wrong with our kind of love.

