

# Commencement Connection



Spring 2011

## The Gift of Recovery

By: *Rob Hinzman CAC, Business Manager*

Recovery is looked upon as a journey. There are your ups and downs, but a gradual movement forward. With failures, come successes. And with mistakes, come lessons. The success of recovery is possible for anyone that can get honest and have a strong enough desire to do the necessary steps.

Everyone's eyes are open to our country's struggling economy. It has affected us all one way or another. And some worse than others. It has affected some to lose their sobriety and even lives. Many people lost their jobs and homes, but are able to hang on to maintain their sobriety through the programs of AA and NA. Some people do not have a choice with losing employment or income, but they do have the choice of recovery. With hard work and the tools that are taught in recovery, most people are able to pick up the pieces to move forward with their journey.

People from all over the world have or will have experience some sort of hardship in their lives. Whether it's losing your house or job, living through a natural disaster or experiencing a death of a loved one, look at recovery as a gift that nobody or nothing can take from you. Your sobriety is yours to lose. A drink or drug will only make the hardship harder. These hardships are going to happen either way; people in recovery have learned how to use support of AA and NA to cope with life as we live it through a journey. This is a gift because recovery allows people to deal with hardships without completely losing all sanity.

Tragedies better very quickly turn into comedies or this world is in a lot of trouble.

.....Jimmy Buffett

## Make A List!

By: *Karen Skinner, MED, CAC II, Aftercare Counselor*

I don't know about you, but I never thought myself to be a list maker. This is not a to do list; it is a gratitude list. Alcoholics Anonymous has its members discussing gratitude a lot. So much so, that in early recovery I hated to hear the topic come up! What on Earth, was there to be grateful for..... Today, I see much to be grateful for. A lot of that appreciation has come through looking and noticing what is happening in my world around me. Recovery has taught me to slow down: and notice.

One of my nightly rituals is to take a minute and remember the gifts from God that were in my day. These are specific only to ME. The deer I saw, the cardinal on my deck, a sponsee phone call, a hug at a meeting, I could go on and on with more examples. What were your gifts today? I like to make a list of these so I can go back and remember them when I am feeling NOT special.

I also keep a mental list of things I am grateful for that I see happening in your life!! Each day of continued sobriety YOU add, every chip YOU pick up. Each step YOU complete and each sponsee YOU are blessed to work with. These are all

evidences that God is alive and well and busy in YOUR lives as well as in mine. How awesome it is that I work where I get to hear these wonderful things! You keep my gratitude list growing!

Alcoholics Anonymous suggests that we make a list of ten things to be grateful for and carry them around on our person, so we can find it quickly for review should we be considering relapse. I know a lot of people who carry that list indefinitely. For many it is frayed around the edges. It works.

I wanted to sound elegant, brilliant and philosophical on my list of ten. Here, at the Athens Area Commencement Center we assign a list of one hundred things to be grateful for. Try sounding elegant, brilliant and philosophical one hundred times in a row!!! This list allowed me to get gratitude down to a daily observation. Pretty sky, colorful flowers, smiling faces, etc. Making this list brings a smile to my face, even as I type!! May I suggest you MAKE A LIST. I hope it will make you smile as much as it does me!! Corn and beach sand are two of MINE!!!

ATHENS AREA COMMENCEMENT CENTER

## Mission

*Athens Area Commencement Center strives to be an outstanding substance abuse treatment program. Based upon our understanding of addiction as a family disease, we provide holistic and preventive care that is safe, confidential and is delivered in a therapeutic environment.*

*Services are provided with dignity and compassion by competent, qualified staff who have the necessary skills, certifications and*

*credentials to ensure good outcomes. Care is individualized to best treat each client's needs. Different treatment modalities are provided and include, Ambulatory Detoxification, Day/Evening Outpatient Services and Aftercare. Client care is delivered in a fiscally responsible fashion.*

*Our primary goal is to discharge clients who contribute to their families, communities and nation by desiring and working for life-long sobriety.*

# Pharmacotherapy in Addiction Treatment

By: Dr. Merrill Norton Pharm. D., D.Ph., ICCDP-D

University of Georgia College of Pharmacy

## The Brain's Anti-Reward System

Withdrawal from a drug of abuse induces symptoms of negative affect such as dysphoria, depression, irritability, and anxiety. Dysregulation of brain reward systems involves some of the same neurochemical pathways implicated in the drug's acute reinforcing effects, but in this case, they represent an opponent process. During acute abstinence, increases in brain reward thresholds (a higher set point for drug reward) are a consequence of altered reward neurotransmitters. This in turn may contribute to the negative motivational state of withdrawal and vulnerability to relapse. Neurochemical changes during opioid withdrawal include decreases in dopaminergic and serotonergic transmission and increased sensitivity of opioid receptor transduction mechanisms. Escalating doses of opioids, like those seen in the human pattern of morphine or heroin use, are associated with profound alterations in the function of mu-opioid receptors. A decrease in baseline reward mechanisms leads to an increase in drug intake to compensate for the shift in reward baseline.

For the addict, the situation deteriorates. Stress response systems of the body contribute to the negative emotional state associated with abstinence and can exacerbate drug taking throughout the addiction cycle. In response to taking the drug, the neuroendocrine system kicks in to attempt to restore the brain to normal function. Chronic drug use adversely affects the hypothalamic-pituitary-adrenal axis, disrupting regulation of hypothalamic corticotropin releasing factor (CRF). Particularly important is activation of CRF in the extrahypothalamic brain stress system of the extended amygdala. The extended amygdala is a structure comprised of the bed nucleus of the stria terminalis, the central nucleus of the amygdala, and a transition zone in the medial subregion of the nucleus accumbens and a major projection to the lateral hypothalamus. CRF controls hormonal, sympathetic, and behavioral responses to stress. During acute withdrawal of the drug, production of adrenocorticotropic

hormone, corticosterone, amygdala CRF, norepinephrine, dynorphin, and inhibition of neuropeptide Y induce brain arousal, stress-like responses, and a dysphoric, aversive state. The activation and recruitment of brain and hormonal stress responses contribute to a deviation in brain reward set point. These are the sources of negative reinforcement that lead to compulsive drug-seeking behavior and addiction.

## Craving and Relapse

The preoccupation/anticipation stage of the addiction cycle is mediated via afferent projections to the extended amygdala and nucleus accumbens. There are different stimuli for craving a drug of abuse, leading to relapse. It can be drug-induced, cue-induced, or stress-induced.

Chronic relapse is a significant problem in drug addiction, with about half of all addicts relapsing into drug taking. Addicts can return to compulsive drug taking long after acute withdrawal exhibiting behavior that corresponds to the preoccupation/anticipation stage of addiction. Drug-related cues and stressors are a powerful inducement to return to drug use. Areas of the brain associated with drug and cue-induced reinstatement are the prefrontal cortex (orbitofrontal, medial prefrontal, prelimbic/cingulate), and the basolateral amygdala. The neurotransmitters involved in relapse are dopamine, opioid peptides, glutamate, and GABA. Relapse can also be precipitated by stress and the release of CRF, glucocorticoids and norepinephrine. Many different stressors can provoke drug craving and drug-seeking behavior.

Although the importance of treatment for substance abuse to public health is increasingly acknowledged, pharmacotherapy is generally underutilized. However, the selection of medications for clinical testing is increasingly guided by the rapidly evolving science of addictive drugs and behavior. Although no new medications are approved for cocaine and amphetamine abuse, a variety of candidate treatments have shown promise

in ongoing studies. Opiate substitution therapy is highly effective for rehabilitation of heroin addiction, and several alternative forms will soon be available; alternative forms of opiate detoxification have also received attention. Overall, there is increasing recognition that physicians have an obligation to identify and treat all forms of substance dependence, although knowledge of the efficacy of the available treatments is steadily increasing.

The following is a list of pharmacotherapies that are used to help stabilize the anti-reward brain in early recovery:

- Acamprosate (Campral®) – oral medication that reduces feelings of cravings and overall desire to drink alcohol.
- Buprenorphine (Suboxone®) and Subutex® – oral medication used for opiate withdrawal stabilization and ongoing treatment for opioid addictions, including heroin and prescription pain medications.
- Disulfiram (Antabuse®) – oral medication that produces an unpleasant reaction when a person drinks even a little amount of alcohol.
- Naltrexone (Revia®) – an oral medication that completely blocks the opiate receptor to prevent the activity of the opiate in the body. It can also be effective for the daily management of alcohol dependence.
- Naltrexone (Vivitrol®) – a time-released injection which lasts for 30 days and prevents addicts from getting drunk or feeling a “high” or euphoria from alcohol during that time. It also reduces cravings and the severity of a relapse.

Recovery from the anti-reward brain syndrome is achieved by a paradigm shift in the recovering person's belief that recovery is possible and can be accomplished by learning to live life one day at a time. Pharmacotherapies used in treatment settings help the individual to stabilize their moods, cravings, and decision making to help them to get into this recovery process.

## Baby Boomers being at risk for addiction:

By: Jim Hinzman, MAC, CCS, Administrator

Baby Boomers that drank alcohol and did drugs and have been functioning for the last 30 some years or so are retiring with more free time and is drinking and using drugs more and more. Boomers needing Chemical Dependency Treatment after retirement is becoming more and more a reality.

Athens Area Commencement Center hired a Business Consultant, January 2011. The Consultant began asking me questions about the kinds of clients

attending the Treatment Center. Her probing questions were leading towards our future vision and mission of Athens Area Commencement Center and the kind of clients we may see in the next 5 to 20 years. She said, (knowing she herself was a boomer); “do you see any baby boomers seeking treatment more today than the past?” My obvious answer was, “of course, we are having more and more clients over the age of 55 accessing treatment services for alcohol,

pot, and prescription pain medication addiction”.

In year 2009 alone, doctors wrote 128 million prescriptions for hydrocodone-acetaminophen combination products such as Vicodin. These drugs spare people a lot of pain, but they are highly addictive. These drugs, in the language of Addiction Treatment Centers, are heroin in a pill form. Alcohol remains the most commonly abused drug among the boomers but **Continued on pg.3**

We continue to enjoy our collegiality working with University of Georgia. We provide educational placements for students in the School of Social Work, UGA Sonat Nurses, and School of Pharmacy. Welcome back from the Christmas Break. We always enjoy the enthusiasm the University students bring to our Program.

## On Hope and Despair

By: Joe Preston, LCSW, CAC II

I wrote this some time ago. I wrote it for myself. At the time, I was feeling pretty morose- too much so for me to give it to Jim to use this in the Newsletter. Maybe it is now time.

The news came by phone. It was the ultimate bad news about a man I loved. A relapse had led to suicide. Such a waste! This was not a down-and-out guy. He was kind, funny and smart. He had a great job and a relationship with an absolutely awesome woman. How did it happen? Why did it happen? Why?... Always the big question. And one with no acceptable answer.

Pain...Relapse...Despair...Death. Some of you share with me a memory of the taste of gun oil on smooth, cold metal. The feeling of failure at not carrying out that final act of despair. Good for you and good for me! Never forget. I hope I won't. I cannot afford to forget that feeling or that the drugs I loved placed me in that tar pit. Nor can I afford to forget:

Hope. That wonderful gift from God, delivered through a program of recovery. Presented to me, and millions of others,

by those with one day, one week or ten years more clean time than I had.

Hope-the belief that I can be OK. That I can find joy again. That there is someone (or SOMEONE) who loves me and wants my love in return. Hope that I have value and purpose-even if that purpose is never clear to me. Hope that, even in the face of relapse, recovery with all its miracles and blessings, is still possible. I wish my friend had not lost sight of that fact... that hope.

My prayers go out for his parents, for the lovely woman who loved him and to all those who will miss his smile and kooky sense of humor. So I will also pray for him, for myself and for each of you. That prayer is that hope will always replace despair.

Ride on buddy. I'll miss you. Next time we meet, you lead the discussion and I'll give out the chips.

I don't think it is time for me to stop going to meetings yet.

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### From the Desk of the Administrator

I was looking on the Internet for Treatment Programs providing Alcohol and Drug Treatment and follow up Aftercare Groups post Treatment. I was disappointed in the lack of Treatment Programs providing weekly Aftercare Services. I believe that positive prognosis for sobriety and recovery is closely related to post treatment Aftercare Services. Aftercare Services are designed to identify relapse symptoms and intervene prior to chemical use. Chemical Dependency is a chronic brain disease and we must treat the disease with long term therapeutic processes that slowly put our recovering clients back into their communities and family's alcohol and drug free.

In my opinion, weekly Aftercare for one hour, facilitating random drug screens, crisis intervention and coaching life coping/living skills, and encouraging 12 Step processes is an absolute requirement for long term sobriety/recovery.

What is very interesting and foretelling of recovery is the individuals I see every week for one hour Aftercare. Those

individuals coming weekly for Aftercare, more than likely, I will see them sober and clean the next week. And for individuals in Aftercare that may experience relapse, early intervention, and brief stabilization put them back in control with little disruption in their employment and family.

Equally important to the client's recovery is the help given to their families. Of course we refer the family to their support group (Al-Anon), but we also provide the client and his significant other a one hour Couple Aftercare Group for ongoing detection of marital and family distress. Early detection of distress may receive a referral for more intense relationship work. The client and significant other must be in recovery together.

At the same time, the money to provide Treatment Services and Aftercare is less. Resources from the State and Federal response to provide addiction services are reducing at an all time rapid rate. Instead of therapy and support groups to treat addiction, the field will rely upon pharmacotherapy that we have already proven from past failures

to treat addiction. Sad to say.....but we will see a more of an up swing in alcohol and drug use resulting in more death and incarceration from addiction. Let me reiterate this issue more strongly, free treatment services are becoming a thing of the past. Therefore, the need of Support Groups, as years ago, will become more than likely the main milieu of treatment for addiction. Our present medical model of treating addiction may cease to exist.

Athens Area Commencement Center is like any other treatment program today or business. We must meet expenses, pay our certified and licensed staff, maintain our liability, and provide our paid staff their needed benefits. We, like other treatment programs, are looking for new and continued revenues to pay our expenses. It will also require us to review all of our clinical and financial processes. At the heart of this matter, the mission of Athens Area Commencement Center is treating this chronic disease, getting our people back to work, and bringing families and community together. And at the heart of this matter, Aftercare Services is a key process to recovery.

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### Baby Boomers being at risk for addiction: By: Jim Hinzman, MAC, CCS, Administrator

due to prescription drugs, the drug use for boomers is rising.

It is predicted that the number of boomers with chemical dependency problems will double from 2.5 million in 1999 to over 5 million in 2020. The need for treatment will double as boomers gain access to prescription drugs. Overdoses/death from prescription drug use is second to the number of deaths from automobile accidents.

So the news for boomers, you are at risk of getting sick from alcohol and drugs and chronic use of these drugs will more than likely increase at retirement, having more free time to manage, and growing medical/physical problems. Therefore, you using these drugs minimally or with medical supervision are imperative for your good health.

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Athens Area Commencement Center has contracted with Athens Area Health Plan Select, Health Partners, United Behavioral Healthcare, Aetna Behavioral Healthcare and Magellan for Addiction Services. These Services include Ambulatory Detoxification, Partial Hospitalization, and Intensive Outpatient Services.

**Please check our Website: [www.thecommentcenter.com](http://www.thecommentcenter.com)**

# Athens Area Commencement Center Staff are Certified or Licensed to treat Addictions

*All our Staff is qualified to treat  
the brain disease of addiction.*

*Each one of our staff demonstrates  
the knowledge to treat clients with  
the diagnosis of Alcohol / Drug  
Dependence*

**Athens Area Commencement Center  
is located near the intersection of the Atlanta  
Highway (Broad Street)  
and Mitchell Bridge Road.**



## ATHENS AREA COMMENCEMENT CENTER *A Place of Healing...*

Alcohol and Drug Treatment for 30 years.



*“We can't make quitting easy  
but we can make it possible”*

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