



LOMA LINDA UNIVERSITY  
BEHAVIORAL MEDICINE CENTER

# Staying with Sobriety

WINTER 2009

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## We want to hear from you

To inspire our readers and recognize your accomplishments, we would like to feature your story in one of our upcoming newsletters. Please send us a personal article or poem depicting your experience with addiction and/or alcoholism to:

**Attn: Elaine Coyazo,  
LLUBMC, 1710 Barton Road,  
Redlands, CA 92373**

## A New Gateway Drug?

When asked what is the typical drug used in the United States, many might reply marijuana or cocaine. Marijuana has long been labeled a “gateway drug,” meaning that it is a link to much more dangerous illegal substances such as cocaine. However, an alarming trend has been noted lately — particularly among teens — in which heroin is the first substance used as a gateway drug. The National Institute of Health has noted that heroin abuse is linked to crime, violence, HIV/AIDS, tuberculosis, bacterial infections, vein collapse, hepatitis, abscesses, arthritis, disruptions in one’s family, school, and work environments, and prenatal effects. Heroin also has a high risk for overdose, often with fatal results. Michael Botticelli, director of the Massachusetts Bureau of Substance Abuse Services, noted that heroin no longer has the stigma it once had and, as such, it is often a teenager’s first choice. The rise of heroin’s presence in high schools has been felt across the country. As recently as March 2007, police arrested two teens who were selling heroin in a Redlands high school. This is not a problem purely in urban centers — it has also infiltrated the suburbs.



Heroin’s increasing use as a first substance is being noticed in the media as well. *US News & World Report* released an article in December 2008 regarding this problem among teens and 20-somethings. A spokeswoman for the National Drug Intelligence Center noted an increasing threat of prescription opiates, which are

in the same drug classification as heroin. The 2007 National Survey on Drug Use and Health’s results showed that of people ages 12 and older, 3.8 million reported using heroin at least one time, 366,000 in the past year, and 153,000 in the past month. 106,000 had used heroin for the first time in the past 12 months. Of those who were first-time users in 2007, the average age was 21.8 years-old, though these persons had an age range of 12 to 49 with a fair number of students reporting heroin was “fairly easy” or “very easy” to obtain. These numbers reflect the recent discovery of heroin’s presence in local schools.

Is there hope for those abusing or addicted to heroin? Simply stated, yes, there is. Fortunately, treatment programs for drug abuse and dependence—such as the Chemical Dependency Program at the Behavioral Medicine Center—are available for those seeking help. Many have found Narcotics Anonymous to be highly beneficial in conjunction with the care provided at the BMC. People can also

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# Heroin Use Among Teens On The Rise

At first glance you could never tell Allyson had a substance abuse problem or was addicted to heroin. She did not really present any significant indicators that would suggest she would be at risk for substance abuse (i.e., no addiction in her family, positive family relations, good scholastics). However, there were two important determinants which put her at risk for substance abuse. Even though she lived in a suburban community, the area was high risk because of the ease and accessibility of drugs. Secondly, she associated with peers who used drugs.

When asked about her first encounter with a substance, Allyson mentioned she had one drink at the age of 11 at her first dance. After that, the next time she drank was when she was a freshman in high school, but she did not like the feeling of having no control, so alcohol did not become her drug of choice. Instead, she would occasionally smoke marijuana — more so during

social outings. By her junior year, she had already experimented with ecstasy, cocaine, and prescription drugs such as Oxycontin.

The past couple of years, heroin became the popular choice of drug amongst her peers as it was accessible, cheaper than prescription drugs, and gave a better high. When asked how or why she began using heroin, Allyson commented that she did it out of curiosity, despite her boyfriend's warning to stay away from that drug. Shortly after, she found herself hooked on heroin, spending most of her days trying to find ways to get her next fix. Despite her preoccupation with procuring drugs, she managed to keep her job and go to college. However, her parents noticed she began isolating herself and withdrawing from everyday activities. When they expressed their concern, she would attribute her exhaustion and withdrawal to medical ailments such as anemia or low blood



sugar. It was not until her best friend told her parents she was using that they realized the seriousness of the situation. They began testing her at home and

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## At a Glance

### **CD Graduation Ceremony**

Sunday, March 8, 2009  
LLUBMC Gymnasium  
Loma Linda, California

In honor of those who completed treatment from July – December 2008. Invitations will be mailed soon. For more information, please call 909-558-9309.

### **All California Young People in AA Roundup**

Thursday – Sunday, March 12 – 15, 2009  
Irvine Marriot  
Irvine, California

In 1973, the All California Young People in Alcoholics Anonymous Round-Up was established as an annual gathering in California to provide an opportunity for young AAs to come together and share their experience, strength, and hope. ACYPAA is visible evidence that large numbers of people are achieving a lasting and comfortable sobriety in Alcoholics Anonymous. Come join us for AA meetings, and sober fun. Registration is \$15. For more information, visit [community.acypaa.org](http://community.acypaa.org)

### **25th Annual Sunshine of the Spirit High Desert Convention of AA**

Friday – Sunday, March 13 – 15, 2009  
Hilton Garden Hotel  
Victorville, California

“Together We Can.” Join us for marathon AA meetings, fellowship, comedy, dancing, and sober fun. For more information, visit [highdesertconvention.com](http://highdesertconvention.com)

### **RAA Men's Retreat**

Friday – Sunday, March 20 – 22, 2009

For more information, contact Rigo at 909-567-8211.

### **RAA Women's Retreat**

Friday – Sunday, April 17 – 19, 2009

For more information, contact Jennifer at 909-227-4308.

# Family Connection: Couples in Recovery from Alcoholism

Many people know that homes, with practicing alcoholics/drug addicts in them, are dysfunctional but do you know that many of the dysfunctions are still occurring years into recovery? Couples may be surprised to find that, once recovery occurs, they do not achieve a deeper, more intimate relationship. Many couples report continued or even worsened difficulties in their relationship after starting recovery. Couples in recovery, when coming for treatment, do not identify recovery as part of their problems. This is true, even years after a spouse enters recovery.

A study by the Mental Research Institute (MRI), a well-known and respected institute in Palo Alto, California did a

study on families in recovery and they discovered that recovery is long-term; covering many layers of families' lives and changing and developing over time. Families need to change attitudes towards drinking and using before recovery can occur. In addition, families can be traumatized by early recovery of the alcoholic/addict. They also found that change occurs slowly and over time. Finally, the instability in families continues long after the spouse obtains sobriety.

Therefore, couples in recovery should be aware of some of the following things. A couple new in recovery may experience changes in the role they played in relation to their spouse. For instance, a spouse

may have been the caretaker of an alcoholic/addict and now a caretaker is not needed, or they may have been the head of the household and the recovering alcoholic/addict takes that position back. Couples need to remain fluid in order to adapt with the changes that occur during recovery and most importantly, the couples need to recognize that they are individuals within a family system. In other words, they need to remember to take care of themselves first. It is a tough road but with awareness, it can become easier.

*Roberta Reid, MS, LMFT  
Clinical Therapist*

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## Heroin Use Among Teens On The Rise

prevented her from going out with her friends. Yet, she still managed to support her drug habit for a while longer.

Allyson came to the BMC, tired of the banality of constantly fixating on when she would get her next fix, and more importantly, she wanted to reconnect with her family as she felt herself becoming more and more distant. At the BMC, Allyson really resonated and identified with the peers in her support groups. While she knew a lot of the concepts concerning addiction, coming to the BMC helped reinforce those principles and provided her with a goal to work towards. She feels confident that if she is away from her friends and continues to follow the 12 steps and regularly attends support groups, she will succeed. When asked if there was anything that would have prevented her from using illicit drugs, she said perhaps if her parents talked to her before high school about drugs and presented her with someone who used but shared the consequences of using, she may not have experimented as much as she did.

Allyson's story is not unique. According to the National Institute of Drug Abuse, it is estimated that by the end of high school, more than 50% will have tried at least one illicit drug and teens who begin using illicit drugs before the age of 15, are more likely to develop a lifelong dependence on illegal substances. Detox and CD treatment can interrupt the cycle of using, however, continued support in AA/NA meetings, aftercare, etc. is essential to prevent relapse. Fortunately for Allyson, by making a conscious decision to come to the BMC and with the support of her family, she is working her way towards recovery.

*Huma Shah, MPH, CHES*

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## A New Gateway Drug?

address the reasons for starting their drug use in therapy, which can also be particularly helpful in addressing how heroin use has affected the family. There are other things that we can do to assist in recovery. Involvement in a spiritual community as well as prayer and meditation are important parts of holistic treatment. Setting goals and steps to reach them, particularly for teens who have many years ahead of them is an important step. Many things that our doctors repeatedly tell us that are vital parts of treatment and recovery: get 8 to 10 hours of sleep per night, eat a balanced diet, take your vitamins, and squeeze in 30 minutes of exercise per day. These simple actions enable our bodies to activate the natural reward system in our brains without having to turn to substances. Finally, find encouragement in the fact that others have undergone treatment for heroin use and are living fulfilling lives.

*Kristen J. Hill, MA*

# Critical Things You Should Know About Spiritual and Emotional Pain

Are you hiding some type of pain in your life? Do you feel time has taken care of it and you no longer have to? Do you feel that since you are Christian all pain is forever gone? The presence of spiritual, emotional, and/or psychological pain affects every area of life but is often disguised and hiding inside. What happens when we deny, ignore, suppress, and repress them?

## 1. It can be delayed but not denied

The pain associated with the struggle is woven into our very lives. Every painful memory is etched on the pages of our minds, to deny it is to deny who we are.

## 2. It's not worth it

Refusal to deal with the pain is not worth the effort invested, since it never goes away by denial. It just retreats further inside us and becomes more complex to resolve. It learns to disguise itself under some cleverly laid explanations and excuses. It develops elaborate strategies and schemes to justify its continued existence.

## 3. It keeps us tied to the past

A life that is tied to the past is like a ship tied up in dry dock, but is never launched to sail the ocean.

## 4. It hurts our relationships

Life is lived in relationships; relationships to God, self, and others. When we do not engage the pain within, it inhibits our ability to give ourselves fully to building meaningful connections with significant others in our lives.

## 5. It takes away our freedom of choice

Pain so dominates our lives that it takes all our resources to keep it from destroying us completely. In order to retain some semblance of normality, we surrender the right to make the choice to be free and happy.

Engaging the pain in our lives is often hard and challenging, but its benefits far outweigh its negatives.

*Conroy Reynolds, MS MA, is a mental health chaplain and ordained pastor.*



# How Different Am I?

How different am I?

I swear it's true,

Just let me tell you why.

I'm smart,

You're dumb,

You're mean,

I'm fun.

What's that you say?

We are the same...

In what way?

You're me

And I'm you?

What in the world —

That can't be true.

Ah, but you see

There is one difference

Between you

Between me

That one difference is...

I have sobriety.

*Quenna Jordan*



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BEHAVIORAL MEDICINE CENTER

## Staying with Sobriety

Chemical Dependency Services  
1710 Barton Road  
Redlands, CA 92373

Please write to the address below if you wish to have your name removed from the list to receive announcements or notices introducing new services, health educational programs and events, or products of Loma Linda University Behavioral Medicine Center. All reasonable efforts will be taken to ensure that your request is honored.

Promotional Services  
c/o Access Center  
245 East Redlands Blvd. Suite A  
San Bernardino, CA 92408

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