



LOMA LINDA UNIVERSITY
BEHAVIORAL MEDICINE CENTER

Staying with Sobriety

SPRING/SUMMER 2011

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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



Addiction and Aging

Substance abuse among the elderly is a growing problem. Some of these individuals have been “problem drinkers” or recreational users for much of their lives. They were able to keep things “under control” or at least avoid major consequences through their fear of losing their jobs, their relationships or legal problems. Others may have never had any problems with drinking, but have now developed an addiction to pain or other pills as they have aged.

Alcoholism/addiction can frequently be spotted by various warning signs: struggles at work, driving under the influence or relationship problems. Unfortunately, an older adult who is retired, living alone and driving minimally or not at all may have an addiction worsen for quite some time before others will become aware of it.

Addiction warning signs may also include changes in personality or physical appearance, health problems, memory lapses, irritability and depression. All of

these symptoms may also simply be signs of aging so it can become very difficult for loved ones or care givers to recognize the addiction for what it is.

Our American society tends to value and promote a strong work ethic. Most adults in the American society tend to focus most of their energies toward work, and making enough money to “get ahead”. Unfortunately, if these individuals simply retire from their jobs and do not do something else (travel, hobbies, etc.) they are at a high risk to develop boredom and depression. Social drinking can then easily escalate into problem drinking or addiction.

Currently the “Baby Boomer” generation is heading toward and into retirement age. This generation has grown up with behaviors established in the 60’s and 70’s, including wide acceptance of drinking and illicit drug use. This generation is also currently faced with the economic downturn in this country and has likely had increased stress from economic

Gratifying Work



Donna Malczewski is a charge nurse for the Chemical Dependency program and has been with LLUBMC since 2000. She has 15 years of med surg experience and over 15 years of experience as a psychiatric nurse.

Donna finds working with chemical dependency patients gratifying. She further explains when working in med surg, she saw outer wounds healed such as lacerations and broken bones, but in behavioral health, “the healing happens on the inside and is not as overt... one has to really connect and look closer and deeper to see the healing process of the patients.” Often she knows the healing process has begun when her patients

come to her and say, “I deserve to have a good life”...or “I love myself and now have hope in my future”.

As a charge nurse at LLUBMC, Donna is managing more than her patient’s medical needs and medications. She works closely with the treatment team to provide the best care that is unique to each patient’s needs. Additionally, unlike other behavioral health facilities, she is able to be present and listen to her patients and offer spiritual support such as prayer, should the patient request it. “When patients come through our doors, they are often broken and isolated from their families and friends.” Donna recalls a patient she had who was challenging and difficult to please. Instead of turning away from the patient, she spent a lot of time just

listening to her without judgment. Upon discharge, the patient thanked her for her patience and said, “without your support, I would have left treatment and probably would have died.” These words still ring dear to Donna’s heart and is a source of encouragement for her as she engages with her patients.

When asked if she had any closing remarks, Donna shared that she would love to see people looking at addiction as more of a disease than a moral issue. She goes on to say, “Nobody asks for this. It is not a choice. We need to give these individuals an opportunity to change.” If society would set the stigma of addiction aside and treat it like they do diabetes or heart disease then more people could get help and lives would change.

At a Glance

37th MAAD DOG DAZE

Friday–Sunday, August 5–7, 2011
The Doral Desert Princess Resort
67967 Vista Chino
Cathedral City, California

AA/Al-Anon/Alateen participation. Marathon meetings, golf tournament, Al-Anon luncheon, banquet and much more.

Registration \$15, \$20 at the door, mailed to:
Ninth District Convention, PO Box 4383,
Palm Desert, CA 92261

For more information, please visit www.maaddogdaze.org

15th Annual Inland Empire Women’s AA Banquet

Saturday, August 27, 2011
Fox Event Center
123 Cajon Street, Redlands, CA

Come join us for food, fellowship and a celebration of recovery.
\$31.00 (includes tip and tax). No tickets sold at the door.
Check-in at 5 p.m., dinner at 6 p.m., and speaker at 7 p.m.

For more information, call Peggy M. 909-253-1100,
Ann P. 909-798-5651 or Trish L. 909-307-8669.

RAA 20th Annual Golf Tournament

Saturday, September 10, 2011

The LLUBMC Recovering Alumni Association is holding a day of golf, fun and fellowship. The day will include refreshments, awards, luncheon, prizes, etc. For more information contact James D. at 909-215-4779.

3rd Annual, Southern California Young People AA Conference

Thursday–Sunday, November 24–27, 2011
Renaissance Hotel
888 East Tahquitz Canyon Way
Palm Springs, California

Speaker meetings, marathon meetings, banquet, entertainment, hospitality room and MORE!

Registration \$15 online or mailed to:
SOCALYPAA 3, PO Box 4450, Palm Desert, CA 92261

For more information, please visit www.socalypaa3.org

Pizza and a Movie

Third Sunday of each month

The Recovering Alumni Association invites all alumni to come and join in the fun. The third Sunday of each month tickets are available to have pizza and attend the movie of your choice at Redlands Krikorian Theater. Tickets are \$10.00 per person. For more, information, call Darlene H. 909-792-9005.

Is it Alcohol or Age?

Two sons talked to me as their mother entered treatment for detoxification from alcohol at LLUBMC's Chemical Dependency Unit. One of the sons commented, "I don't know if this is her old age causing her to fall and do all these crazy things or if it is the alcohol she is drinking. Once she gets through detox we will know the difference." If only it was that simple.

Addiction is a family disease. One in four adults has an addiction and one in three families have at least one family member with an addiction.^{1,2}

It becomes more complicated when an older mother or father is addicted to pain medications for real injuries and pains. How do you say that they can't have their pain medication if they are really in pain? Yet, they are falling and hurting themselves. They are leaving the pot on the stove and burning it up. You are fearful for them but not sure that it is time to bring them to your home or place them in a higher level of care. What if it is the alcohol they are drinking? "The doctor said drinking a little wine every day would be good for their health."

Perhaps you may not even recognize the signs of addiction in an older adult and then just say, "Oh, it's just them getting older." On the other hand, you may ask yourself, "is it the medication or is there an addiction going on?" What are some of the signs to look for when you love an older adult who may be addicted?

- ♦ Chronic and unsupported health complaints.
- ♦ Hostility or depression.
- ♦ Memory loss and confusion.
- ♦ Solitary or secretive drinking.
- ♦ A ritual of drinking before, with or after dinner.
- ♦ A loss of interest in hobbies or pleasurable activities.
- ♦ Drinking in spite of warning labels on prescription drugs.
- ♦ Immediate and frequent use of tranquilizers.

Do not think that an older adult can't change because "they have been doing this all their life." Older people have the highest rate of recovery and the family's involvement is the biggest source for them seeking treatment.³ Also, don't think that

this may be the last thing that they have left that makes them happy. Drugs and alcohol are depressants and may not be doing anything but taking away their happiness.

As a family member, get involved in recovery. Understand addiction and understand how it affects you and family members. That is the best road to travel in life's journey of family addiction and recovery.

*Roberta Reid, MS, LMFT,
Family Therapist*

1. University of Pennsylvania Health System: A Stairway to Recovery.
2. <http://www.uphs.upenn.edu/addiction/berman/family/>
3. Hazelden Treatment Center "How to Talk to an Older Person Who Has a Problem with Alcohol or Medications."

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Addiction and Aging

concerns and may have lost their jobs, or their homes. These factors combined are putting the "Baby Boomer" generation at risk for increased problems from drinking and using.

One factor of addiction many are aware of is tolerance. As a person consumes alcohol or drugs, over time their tolerance increases and it takes more and more to feel drunk or "high." However, many may not be aware that physical changes associated with aging can change tolerance. An older person may feel "high" after consuming fairly small amounts of alcohol or drugs.

Some other dangers increase as well. Older people tend to take more medicines than younger persons and mixing alcohol with many of these medicines can be dangerous, or even fatal. Alcohol can also make existing medical conditions such as coronary disease or diabetes more deadly. A simple fall due to intoxication can easily cause much more damage to an older person than a young person.

According to a report by the American Medical Association, many doctors "may deny that the patient has a drinking problem or be reluctant to make a diagnosis, because they are uncertain how to treat the disease." The AMA is encouraging doctors to speak with their older patients to assess "excessive use of alcohol".

Fortunately, this story can have a happy ending. Alcoholism and addiction can strike anyone regardless of age or other factors. However, treatment can also be very successful, no matter what age. In fact, older alcoholics and addicts tend to respond very well to treatment and 12 step programs. Many are very grateful to find others with whom they can identify and gain a "new lease on life".

Elaine Coyazo

Sources

- National Institute on Alcohol Abuse and Alcoholism
- Drug Addiction Support.org
- American Medical Association
- AARP Magazine

Five Things You Should Know About Shame

Shame is destructive. When we are serious about recovery, we do well to avoid it. Here are five ways shame works to keep us in addiction.

1. Shame keeps us stuck in our mess

Shame is an emotion that inhibits growth. By encouraging us to believe that there is something inherently wrong with us, we are given a ready made excuse to keep on doing what we have been doing. If I am already messed up and there is nothing I can do about it, why bother to try?

2. It is the language of losers

Recovery is not achieved by chance. It is something that requires a great deal of time in emotional and physical investment. Shame makes it easy to give up, throw in the towel and accept the fate of a loser in the battle of life. It does so by disguising itself as responsibility. "It's all my fault," and "I am to blame," may seem as though they are the right things to say but in reality it is the language of defeat. The truth is, it does not matter whose fault it is. The real question is, "what do I do now?"

3. It is one of the twins of doom

Shame is the twin sister to blame. As noted previously, knowing who is to blame does not help in recovery. All it does is to give us an excuse for doing what we do. If I am not to be blamed, then I am not responsible; or if I am to be blamed, it proves I am really a screw up and I can't really help myself. By contrast taking responsibility suggests I am aware that I made some mistakes and I am ready to change whatever that requires.

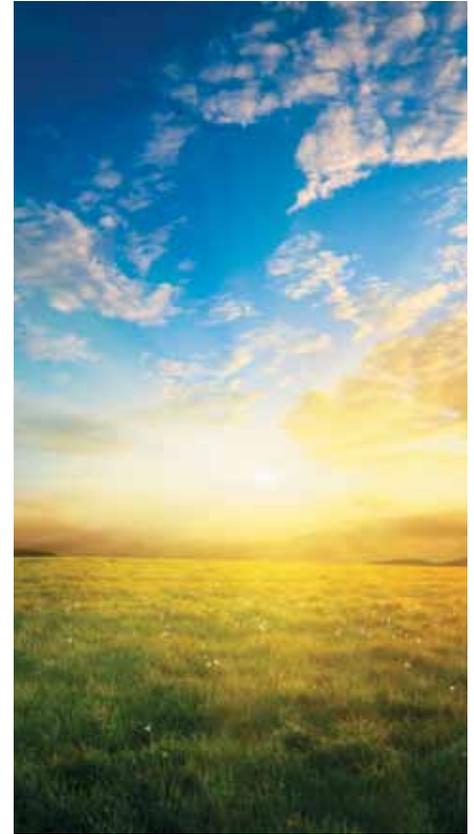
4. It is dishonest

Shame tricks us into lying to ourselves. We believe that by holding on to secret wrongs we avoid exposure and embarrassment. Therefore we conclude anything is better than letting go of the secrets. As a result we live a lie and our recovery is sabotaged.

5. It is a trigger for relapse

As noted shame is characterized by self deception, blaming and secrecy; any or all of which can lead to relapse. It is critical for the recovering addict to accept his or her mistakes and claim a new future based on forgiveness from God, self forgiveness and forgiveness of others. A prerequisite for forgiveness is repentance, a willingness to take responsibility for one's actions. Responsibility says, "I will not blame anything or anyone for my situation and that includes myself." This opens the road to recovery.

Conroy Reynolds, Chaplain



A man should never be ashamed to own that he has been in the wrong, which is but saying ... that he is wiser today than yesterday.

—Jonathan Swift



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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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