

# Helping Families with Prescription Addiction CEU Material



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## Support for Families

**F**or every man or woman who suffers with addiction, at least five or six others are suffering also, often deeply. These are family members and close friends who anguish over seeing a loved one self-destruct with powerful prescription drugs. Addiction is a family disease—it affects everyone in the circle of family and friends. No one escapes the pain and the chaos. All too often, children bear emotional scars for life as a result of being raised in a home with an addicted parent; however, family members can take actions that may help their loved one. And there are actions that family members can take to ease their own pain.

### **Addiction Affects the Entire Family**

All too often, family and friends see the addict as being the only one with the problem. But the drug abuser's behavior takes an emotional toll on everyone around him or her. Without insights and understanding, loved ones also spiral downward, deeper into the addiction trap.

If you have an addict in your family, you already know the pain and despair that addiction brings. Many families are ashamed about having an addict in the family—what will friends and relatives think? Living in the midst of addiction produces a range of other painful emotions—confusion, anxiety, and often depression.

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Experts describe addiction as causing a form of “insanity,” or emotional chaos, within a family. When the chemical of choice is a prescription drug, this insanity is intensified. Family members are further confused. At first, they believe their loved one must need the drug. Then, gradually, they question the way the addict is abusing the drug. They wonder if the doctor is aware of this abuse. If so, why does the physician continue to prescribe?

Furthermore, these drugs are not coming from a shadowy street dealer—in many cases, they’re being prescribed by health professionals. Even though we know the addict is ultimately responsible, the family questions how a health-care system that heals us and saves lives can be the same system administering a drug that contributes to the destruction of their loved one.

#### **The Toll of Addiction**

“Drug abuse leads to violence, separation of parents and children, loss of jobs, feelings of hopelessness, serious money problems, single parenthood, anxiety over child-care needs, bad relationships, and emotional and behavioral difficulties in children. Many drug abusers end up in prison or jail. Sometimes they steal property to get money for drugs; or, often, they will commit crimes while ‘high’ on drugs.”

—National Institutes for Health

#### **Enabling the Addict**

Those of us who have lived with addiction have seen its ravages in the form of family arguments, ruined holidays, legal problems, job loss, financial problems, traffic tickets, and worse—traffic accidents. Indeed, feeling powerless to stop someone you love from destroying himself or herself is an extremely painful experience. Many of us, with only the best

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of intentions, try to help, try to save our loved one from harm's way. But families, operating out of simple love and concern, often do the wrong thing because they do not understand the dynamics of addiction. Families and friends often *enable* the addict. Enabling involves rescuing or doing for someone what he or she should be doing himself or herself.

### *Levels of Enabling*

Family and friends enable anytime they try to minimize the consequences of the addict's behavior. There are two stages of enabling—*innocent* and *desperate*.

In the *innocent phase* of enabling, family members think the person is just going through a little difficulty in his or her life, and so they try to “cover up” the consequences. An example of this might be paying the fine for a traffic accident, rather than addressing the underlying cause of the accident. The enabler may say, “Well, this is our beloved Jeff or our beloved Mary, who can't possibly be an addict like those people who live on the other side of the tracks.”

In the *desperate phase*, the family finally realizes, because of the continuing consequences, that a loved one has a true addiction problem. They are so horrified that they actually step up the enabling process because they don't want the worst consequences to come about, such as a family member going to jail or losing a job. So they actually go into high gear enabling the problem, paying rent or paying medical expenses that may arise from the addiction.

### *Jill's Story*

#### *Learning to Not Enable*

My twenty-three-year-old daughter Laura had originally been prescribed painkillers for legitimate chronic pain, but she increased the dosages and began a destructive, five-year bout with addiction. In hindsight, I realize our entire family enabled Laura.

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Fortunately, she is in recovery now. I used to say her addiction was like seeing her on a speeding train heading toward a brick wall, and I could do nothing to stop it. It was so painful to see her destroying herself. In the beginning, we tried to help her, but we really were enabling her. For example, on three separate occasions, we set her up in an apartment. We helped her find each apartment and paid the deposits and first month's rent. We always thought Laura would get on her feet and be responsible. But she didn't. When she didn't pay the rent, the landlords would come looking for us.

Laura was a young woman who had never caused us problems or been in trouble. But as an addict, she was a different person altogether. We were exasperated. One doctor told us she was an addict, but we didn't believe it. We knew she needed pain medications, which had been prescribed by a doctor, so we were slow to believe she had an addiction problem.

At one point, Laura's grandmother took her into her home. Laura stole pain pills from her grandfather, who was quite ill at the time. She also caused a lot of damage to the house. She was high on pills and forgot to turn off the water in the bathtub; it overflowed and caused part of the ceiling to collapse. She also stole money from her father and me. One night she ran up a \$1,000 phone bill, talking to a "psychic" on a 900 phone line all night. The chaos was ongoing.

Finally, we realized that the more we were helping Laura, the more she was failing. We had to quit supporting her. It was very difficult to stop rescuing her, but we did. However, we did not abandon her. We always told her we loved her, and that she could always call us collect, and that we would always be there to help her when she was ready to get help. We have a strong faith in God, and came to believe that only He could show her the way. Fortunately, she found the way and is now clean and sober.

Today, my advice for other families is not to rescue or enable the addict in your family. Ask yourself: Is what I'm

doing helping matters or making them worse? But always let them know you will help them when they're ready to help themselves. Understand that addicts can't recover on their own. It's as if they've fallen into a well with moss-covered sides, and they can't get a grip to pull themselves up. To recover, they must reach out and ask for help. But, until they're ready, always let them know that you love them and that your heart is open.

### **Detach with Love**

So, if it is not constructive to rescue the addict and he or she steadfastly refuses to get into treatment, what can you do? The theory behind the twelve-step support programs is to *detach* from the addict. This doesn't mean you stop loving the person. It doesn't mean abandoning the person or not being supportive if he or she decides to get help. It means "detaching with love" and stopping the game of rescue. The Al-Anon literature says, "detachment is neither kind nor unkind. It does not imply judgment or condemnation of the person or situation from which we are detaching. It is simply a means that allows us to separate ourselves from the adverse effects that another person's addiction can have upon our lives."

Too often, family and friends become obsessed with rescuing the addict. In the process, we teach addicts that they do not have to face the consequences of their actions—we'll be there to "pick up the pieces." As a result, we become "codependents," focused on the lives of the addicts rather than on taking care of ourselves. We succumb to the crises, the chaos, and the heartbreak.

Giving up the role of keeper or rescuer can be difficult, but in the end, we family members must come to the realization that even with all our rescuing, the addict has not changed. We must learn to take care of ourselves and seek help for our own emotional pain at seeing a loved one self-destruct. When family members get the focus back on themselves, the addict often realizes that the "game" is ending. Sometimes, he or she may

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give new consideration to taking responsibility for personal behaviors. Still, don't give up on an addict. Let the individual know that you are ready to help when he or she is ready to get help.

#### *Molly's Story*

##### *Trying to Save a Marriage*

I'm a special education teacher. I finally left my husband about a year ago. I had lived with his addiction to painkillers for nearly fourteen years. I loved him deeply and never wanted to divorce, but I could not allow any more emotional damage to be done to our children or me.

My husband, John, injured his spine in a car accident in 1989, when he was twenty-two. We were married in 1991. He had always had migraine headaches, and after the accident he had them more frequently. He also suffered with pain and eventually had back surgery to insert metal plates in his back. He was taking heavy doses of Demerol for pain. He was so drugged that sometimes he did not know me. He wouldn't be able to speak. He drooled. He is very tall—six foot five inches. At one point, he got down to 180 pounds. He was so skinny he looked like a prisoner of war. I didn't realize the problem was the drugs; I thought he had a problem in his brain. I videotaped his behavior to show his doctors.

We went to various doctors and specialists. At times, he would try to come off the medications, but his pain would be so severe that he would start the painkillers again.

It was about five years into the marriage that I discovered that he was getting additional drugs. I had sensed that something was not right—that there had to be another reason he was so affected by the drugs. I went to various pharmacies and got lists of the drugs he was taking. It turns out he was getting drugs from several doctors. I thought I could put a stop to this by canceling all our credit card accounts and closing the checking account so he wouldn't be able to buy drugs.

Then, I arranged for him to go to a treatment center. I dropped him off. He didn't even know it was a treatment

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facility. He stayed fourteen days. He came out sober and with no pain. No migraines. He went out and got a job with a construction company. Up until now, I had been the sole breadwinner. He was doing well. He changed jobs a couple of times, but managed to hold a job for about three years. We had our first child in 1997.

Then, in 1999, when I was eight months pregnant with our second child, I found Demerol in his overnight bag. I flushed them down the toilet. He was very angry with me. He said he was having pain again and that he needed the pain medication. He had gone to other doctors, whom I knew nothing about, to get the drugs.

What was to come was predictable. Soon, his behavior was changing. He was lethargic and was losing his motor control. I took him to a hospital, not totally understanding if he really had pain again or whether he was addicted. A nurse there told me he was addicted, but I defended him, saying he needed the medications for pain. Looking back, I realize I was in denial.

About two months later, he fell off a ladder at work and had to have knee surgery. He got more painkillers. He never went back to work after that. He receives disability income from the state.

As part of my faith, I do not believe in divorce, and I always believed I should not leave him just because he had been injured. This type of thinking kept me stuck for years. I knew deep down he was a good person. I just hoped I would get the real John back some day. I would always make excuses for him about why he didn't participate in family activities. He was so impaired that, eventually, the only task he was responsible for was doing the laundry.

When I finally realized the toll the addiction was taking on my children, I knew I had to leave. They deserved a stable environment. I finally gave him an ultimatum. I told him that if he didn't change, I was leaving with the kids. I've been gone two years now, and sadly, he hasn't changed. He lives with his mother. My kids are now eight and ten. We have

stability in our lives now. They are happier and emotionally healthier. I finally see my husband differently now and I recognize the situation for what it is, but it took me a long time to get to that point.

*Advice to Others:* Don't discredit your own needs and tell yourself you're trying to help your addicted spouse. I thought I was helping John, but I was enabling him and all the while hurting myself and my children. I'll always remember the advice a therapist gave me. She said, "You can hope and pray that your husband recovers, but make decisions as though he never will."

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### **Ten Ways a Family Members Can Help a Loved One with a Drug Problem**

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- 1. Learn the facts about alcoholism and drug addiction.** Obtain information through counseling and/or open meetings of Alcoholics Anonymous or Narcotics Anonymous. Addiction thrives in an environment of ignorance and denial. Only when we understand the characteristics and dynamics of addiction can we begin to respond to its symptoms more effectively. Realizing that addiction is a progressive disease will assist family members to accept their loved one as having a disease rather than being a bad person. This comprehension goes a long way toward helping overcome the associated shame and guilt. No one is to blame.

The problem is not caused by bad parenting or by any other family shortcoming. Attending an open Alcoholics Anonymous or Narcotics Anonymous meeting is important. You can also seek out family-support programs such as Al-Anon or Nar-Anon. These support groups help families see that they are not alone in their experience—that there are many other families involved in this struggle. Families will

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find a reason to be hopeful when they hear the riveting stories of recovery shared at these meetings.

- 2. Don't rescue the alcoholic or addict. Let them experience the full consequence of their disease.** Unfortunately, it is extremely rare for anyone to be "loved" into recovery. Recovering people experience a "hitting bottom." This implies an accumulation of negative consequences related to drinking or drug use, which provides the necessary motivation and inspiration to initiate a recovery effort. It has been said that "truth" and "consequences" are the foundations of insight, and this holds true for addiction. Rescuing addicted persons from their consequences only ensures that more consequences must occur before the need for recovery is realized.
- 3. Don't support the addiction by financially supporting the alcoholic or addict.** Money is the lifeblood of addiction. Financial support can be provided in many ways, and they all serve to prolong the arrival of consequences. Buying groceries, paying for a car repair, loaning money, paying rent, and paying court fines are all examples of contributing to the continuation of alcohol or drug use. Family members with the best of intentions almost always give money, but it always serves to enable the alcoholic or addict to avoid the natural and necessary consequences of addiction. Many addicts recover simply because they could not get money to buy drugs. Consequently, they experience withdrawal symptoms and often seek help.
- 4. Don't analyze the loved one's drinking or drug use. Don't try to figure it out or look for underlying causes.** There are no underlying causes. Addiction is a disease. Looking for underlying causes is a waste of time and energy and usually ends up with some type of blame focused on the family or others. This "paralysis by analysis" is a common manipula-

tion by the disease of addiction that distracts everyone from the important issue of the illness itself.

5. **Don't make idle threats. Say what you mean, and mean what you say.** Words only marginally impact the alcoholic or addict. Actions speak louder than words when it comes to addiction. Threats are as meaningless as the promises made by the addicted person.
6. **Don't extract promises. A person with an addiction cannot keep promises.** This is not because they don't intend to, but rather because they are powerless to consistently act upon their commitments. Extracting a promise is a waste of time and only serves to increase the anger toward the loved one.
7. **Don't preach or lecture. The addicted person easily discounts preaching and lecturing.** A sick person is not motivated to take positive action through guilt or intimidation. If an alcoholic or addict could be "talked into" getting sober, many more people would get sober.
8. **Avoid the reactions of pity and anger. These emotions create a painful rollercoaster ride for the loved one.** The level of anger you feel toward an addicted loved one will be replaced by the same level (or more) of pity for the loved one once your anger subsides. This teeter-totter is a common experience for family members—they get angry over a situation, make threats or initiate consequences, and then backtrack from those decisions once the anger fades and is replaced by pity. The family then does not follow through on their decision not to enable.
9. **Don't accommodate the disease.** Addiction is a subtle foe. It will infiltrate a family's home, lifestyle, and attitudes in ways that can go unnoticed by the

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family. As the disease progresses within the family system, the family will unknowingly accommodate its presence. Examples of accommodation include locking up valuables, not inviting guests for fear that the alcoholic or addict might embarrass them, adjusting one's work schedule to be home with the addict or alcoholic, and planning one's day around events involving the alcoholic or addict. (A spouse confided that she would set her alarm to get up and pick her husband up from the bar.)

- 10. Focus on your life and responsibilities.** Family members must identify areas of their lives that have been neglected due to their focus on, or even obsession with, the addict or alcoholic. Other family members, hobbies, job, and health, for example, often take a backseat to the needs of the addict or alcoholic and the inevitable crisis of addiction. Turning attention away from the addict and focusing on other personal areas of one's life is empowering and helpful to all concerned.

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Source: Ed Hughes, Executive Director, The Counseling Center Inc., [www.thecounselingcenter.org](http://www.thecounselingcenter.org).

### **What Is a Family Intervention?**

In the best-case scenario, the one who's struggling with addiction will decide to seek treatment, but this doesn't always happen. In this case, you may wish to consider an *intervention*. An intervention is a planned event in which the person who is chemically dependent is confronted by family and friends in an effort to get him or her into treatment immediately. An intervention may be informal or structured.

#### *Informal Intervention*

In an *informal intervention*, a family member or friend, or possibly a therapist acting on behalf of the family, may confront the individual. Bruce Cotter is a professional interventionist who works with addicts on a one-to-one basis.

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Having done interventions in which a group confronts an individual, he now prefers to work alone. “People I work with are scared, angry, confused, and paranoid. They’re despairing, they’re hurting, and they feel guilty. So, I find I can work more effectively with them alone, rather than confronting them with a group.”

Cotter cites an example of working with a young man, Robert, from the Midwest. “When I met with the family, I could see how angry they were at their son. I don’t think it would have been good to have them there for the intervention. Instead, I met alone with him at 6 o’clock in the morning at a motel. We sat and talked for almost three hours. He spit out a lot of stuff that he wanted to say, that he probably never would have stated in front of his family. Plus, I have credentials as a therapist, but I’m also a recovering addict, so I could assure Robert that I knew what he was going through.”

In the course of working with an individual, Cotter wants the addict to *choose* treatment, not be talked into it. “The worst thing you can do is tell an addict what to do. They won’t buy it. I want them to make the decision to seek treatment and then I support their decision. They already know they don’t want to continue living the way they are, but they are afraid of giving up their drug of choice.”

When Cotter is hired to do an intervention, he accompanies an individual to the treatment center. He has all transportation arranged—cars and plane tickets if necessary. He stays with the patient throughout the admission process at the treatment center. Then, a couple of weeks later, Cotter returns to the treatment center to check on the patient and offer his continued support. He also designs an aftercare program of support to be implemented upon the patient’s release from a treatment center.

Cotter’s services represent one style of informal intervention. If your budget won’t cover such extensive involvement, including travel, help is still available. Many

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therapists and interventionists offer a range of services that may be tailored to fit your needs and budget.

### *Structured Intervention*

A *structured intervention* involves family and friends, and sometimes a counselor. In either case, if the meeting concludes successfully, the individual is driven directly to the waiting treatment facility.

The intervention team is commonly made up of a group of three to eight family members and friends. Each team member needs to make a commitment to learn about the dynamics of addiction and how to intervene properly. This is important since each family member and friend usually has a different idea of what is right. It often helps to have a professional interventionist or therapist help plan and carry out the intervention.

### *Organizing the Intervention Team*

Once assembled, the intervention team can discuss in detail their experiences of the negative consequences with the addict. This is often an eye-opening process because different family members and friends will have had different experiences with the addict; it may be quite a revelation to them to realize how they were involved in enabling. The team should also choose a chairperson and a “detail person,” someone who will take care of all the little things about getting ready to get the addict into treatment.

### *Taking Care of Details*

The team members need to plan ways to counter each objection the addict may have about entering treatment. “They need to be prepared for such objections as ‘I can’t take time off from my job,’ in which case the family will have already talked to the employer in advance, without the addict’s knowledge,” states Jeff Jay, an interventionist and coauthor of *Love First: A New Approach to Intervention for Alcoholism and Drug Addiction*.

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For someone who lives alone, the objection to going into treatment might be, “Who’s going to take care of my dog?” It’s important that the team has excellent answers to these objections. According to Jay, “You will never see an addict who is more shocked than when a team member says to him, ‘We know how much your dog Spot likes Uncle Roger, and Roger has agreed to take Spot while you’re in treatment. In fact, we’re ready to take him over to Roger’s house right now.’ This kind of preparedness usually causes the addict’s jaw to drop. They’re saying to themselves, ‘These people have thought of everything! Now is the time for me to get help.’ ”

Another important matter is to determine what treatment center the person will be going to. Will insurance cover it or not? The detail person needs to keep track of all this.

#### *Carrying Out the Intervention*

When the actual intervention takes place, experts say it’s best to have it in a place outside the addict’s home. The home of a team member is a good choice. Intervention should be done only when the person is sober, so this often means doing it early in the morning. “It’s important to have the most important people in their life there. For example, if it’s an adult male, I often try to have his mother walk right up to him, give him a hug, and say, ‘Honey, we need to talk.’ She may guide him over to the couch and everybody sits down,” explains Jay.

He also recommends that the intervention be very tightly scripted, so rather than having people talk off the top of their heads, they actually take turns reading a letter to the addict. “I like to see the letters open up with very loving statements, which is often very surprising to the addict. This is a 180-degree difference from what they’re expecting to hear. When the intervention is taking place, the last thing that the addict expects to hear is people telling them what a great person they are and how important they’ve been in that person’s life. They expect to be beaten over the head. So what

we do is, we put a different twist on it and this kind of destabilizes the addict and gets them ready to hear more.

“For example, a letter to me when I was in my addiction was, ‘Dear Jeff: I love you, I care about you, and when I was going through a divorce five years ago, you were the one who was there for me. You’re the one I could always count on to speak to, and you gave me such good counsel and support that I couldn’t have made it without you. Now I see that you’re going through difficulty and I am going to be there for you.’ After they tell the addict how important they’ve been, their letter can explain, ‘I’ve taken some time to learn about alcoholism and drug addiction, and I understand that you have a medical problem. It’s not a character issue. It’s not a willpower issue. It’s really a medical issue and I want you to get medical help for it.’ ”

### **Setting Up an Intervention**

Interventions must be well organized. You may be able to find a therapist, who has experience with interventions, to help your family. You can also go online and find professional intervention services that will send an interventionist to you.

Next in their letters, the intervention group should move into a “fact reporting” phase in which they list the reasons why the addiction is causing problems. This should include no judgment, no blame, no anger. Just the facts. Then, in closing their letters, each member can reiterate love and concern and ask the addict to get treatment at a very specific treatment center right now. Today.

#### *Joni’s Story*

##### *A Brother’s Intervention*

I felt we had to do something to help my brother Jerry, age 40, with his addiction. I knew I would always feel bad if

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we didn't try. I organized a team of ten of us, including family, friends, and colleagues. We prepared for about two months. I read everything I could find about interventions. We also hired a professional interventionist to guide us.

The day we did the intervention, Jerry was invited to a friend's house, where we were all waiting. He was rather shocked to see us all there, especially since several of us had flown in from out of town. But, the second he saw us, he knew what was up. He was angry at first, but we'd all been told to expect this, so we did not let his anger dissuade us. We all talked to him, telling him how his addiction had affected him and us; we also stressed how much we loved him and wanted him well.

He tried to make an excuse—that he had to go home and pack. We told him his suitcase had already been packed by his wife; she had brought it over ahead of time. When he insisted that he be able to go home and shower, my other brother went with him. He asked us, "Are you afraid I'll run?" We all said, "Yes." He took a shower, returned, and my other brother and I took him to the treatment center. He completed treatment and has remained in recovery for several years now.

Looking back, I feel really good about what we did. We helped save his life. So, we had a good outcome, but it wasn't easy. It was a very emotionally taxing experience. It was scary, too, because we didn't know if we would succeed.

My advice to others who are considering an intervention: Do it. You will always know you tried. I also suggest educating yourself about interventions and being well organized. It's good to have the help of an interventionist or a counselor who understands how interventions are carried out and can guide you. These professionals can be objective, less emotional, whereas we family members are very emotional and not objective.

#### *Paula's Story* *Getting Help for Yourself*

I lost my 28-year-old brother, Ray, to his drug addiction. He abused painkillers for years and ultimately died of an

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accidental overdose. My family really tried to help him, but in hindsight I realize that we were not informed about addiction. For example, I didn't know that it would be very difficult for him to quit drugs cold turkey. I also thought he took pills because he just liked getting high. In reality, of course, he was using pills to numb emotional pain.

I remember trying to help in ways that didn't help. For instance, I called more than one of his doctors to report that he was abusing the drugs they had prescribed. But as you might guess, my calls had no effect on the real problem. Another time, my parents and I even went to court and tried to have my brother committed to a treatment center; however, the law required us to prove that he was mentally ill and dangerous, which we could not prove. The judge dismissed the case, and my brother was furious with us, further inflaming the family ties.

Yet another time, we tried to convince Ray to voluntarily enter a treatment facility. My parents and I were willing to cover the costs. He reluctantly agreed to visit the treatment center with us. Once there, we spoke with a social worker. Ray was high on pills at the time of the visit and was belligerent to say the least. Finally, when we realized he would not agree to entering the rehab program, I recall the social worker telling us, "Go to a family support meeting such as Al-Anon or Nar-Anon, the sister organization to Narcotics Anonymous. If he won't get help for himself, get help for yourself."

I dismissed the suggestion, saying to myself that my brother was the one with the problem—not us. In hindsight, I realize how much we could have benefited from support. We needed help in coping with our own emotional pain and perhaps we could have learned about addiction and ways we might have been able to better help Ray.

### **Taking Care of Yourself**

Interventions work well for many families. However, they don't always result in a loved one getting treatment.

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Remember that addiction is a progressive disease—it gets worse if it is not brought under control. So, if your loved one will not agree to get professional help, get help for yourself. You're hurting, too. Seek emotional support. Consider finding a therapist in your area who is experienced in addiction issues, and look into support groups, such as Nar-Anon for families. Learn all you can about addiction. The more educated you are, the more prepared you'll be to help your loved yourself and your loved one.

## **Ten Things You Should Know if You're Addicted to Prescription Drugs**

1. Addiction is a chronic, progressive disease. It is ultimately fatal if not brought under control.
2. You are not alone. Millions of people are struggling with addiction. However, feelings of shame and guilt may cause you to feel lonely and isolated.
3. Addiction virtually “rewires” the brain. The drugs cause the brain to stop producing natural chemicals, so when the drugs are stopped, the brain starts craving them.
4. Once addicted, if you stop taking the drugs abruptly, you will experience withdrawal symptoms, which can include: irritability, chills alternating with hot flashes, salivation, nausea, and abdominal cramps.
5. Some drugs of addiction, including benzodiazepines such as Valium, Xanax, Ativan, Klonopin, should not be stopped abruptly. Withdrawal symptoms could include seizure. Talk to a medical professional about tapering usage gradually.
6. Recovery is possible. Millions of people have recovered; however, most will tell you they needed to ask for help.
7. Feeling helpless and hopeless is part of addiction. These feelings need not stop you from recovering. Forgive yourself for past actions. No one can change the past, but the future is yours.
8. New drugs have been available for several years, can help those addicted to painkillers. For example, Suboxone, prescribed by doctors, eliminates the cravings for drugs and can help you stabilize your life.
9. Life-saving warning: once you are abstinent for a few weeks, you can lose the drug tolerance you had built up. If you relapse and take the same high dosage you may have taken months ago, it can kill you.
10. Most physicians are not trained to diagnose or treat addiction. Go to a doctor who understands addiction. Locate an addiction medicine physician at American Society of Addiction Medicine. [www.asam.org](http://www.asam.org)

From *Overcoming Prescription Drug Addiction—A Guide to Coping and Understanding*.

## **Ten Things You Need to Know if Someone You Love is an Addict**

1. Addiction is a chronic, progressive disease. It affects everyone in the family circle. No one in the family escapes the pain and chaos that addiction brings.
2. You did not cause the problem, and you cannot fix it.
3. Love does not cure addiction. If it did, there would be few addicts. You can let the addict know that you love them and that you will help them get help with they are ready to get help.
4. Addicts need diagnosis and treatment—not judgement.
5. You cannot talk an addict into seeking recovery. The addict must want to recover. It doesn't work to tell an addict what to do.
6. You cannot control the behavior of another person; however, you can control your own behavior. Seek emotional support for yourself. You're in pain...you, too, need help. Go to a Naranon or Alanon meeting.
7. Look into setting up a family intervention, a high planned arrangement in which family and friends confront the addict and encourage him to enter treatment.
8. Stop making it easy for the addict to stay sick. Do not enable the addiction by rescuing—making excuses, paying bills, etc.
9. Addicts are not having fun. They don't like the life they are living, but they are afraid of giving up their drug of choice.
10. There are no honest addicts. Virtually all addicts must be deceptive in order to maintain their habit.

*From Overcoming Prescription Drug Addiction—A Guide to Coping and Understanding.*