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Psych Meds in Jail

October 01, 2010 by [John Kelly](#)

A ground-breaking, year-long investigation by *Youth Today* has uncovered ample evidence that many youths incarcerated in American juvenile facilities are getting potent anti-psychotic drugs intended for bipolar or schizophrenic patients, even when they have not been diagnosed with either disorder.

The findings are derived from records of state juvenile systems that provided sufficiently detailed information on their use of these anti-psychotics – called “atypicals.” Only 16 states responded to a nationwide survey by *Youth Today*, meaning that a majority of states either would not or could not demonstrate that they were even monitoring the use of these medications on incarcerated juveniles.

The atypical anti-psychotics were being used to treat a wide variety of diagnoses, including intermittent explosive disorder, oppositional defiant disorder and even the more common attention deficit and hyperactivity disorder.

Critics believe most of these diagnoses are simply a cover for the fact that prisons now use drugs as a substitute for banned physical restraints that once were used on juveniles who aggressively acted out.

“Fifty years ago, we were tying kids up with leather straps, but now that offends people, so instead we drug them,” says Robert Jacobs, a former Florida psychologist and lawyer who now practices psychology in Australia. “We cover it up with some justification that there is some medical reason, which there is not.”

Supporters of prescribing the atypicals believe using the drugs as sedation isn’t necessarily bad.

“It prepares youth so they can respond to treatment,” says LeAdelle Phelps, a former juvenile facility director and adolescent psychologist. “By reducing aggression and by having calming, soothing effects,” the anti-psychotic makes residents “more malleable.”

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Who Am I? Children on RX Drugs Become Adults with Drug Addictions
by Leslie Carol Botha

COURAGE TO CHANGE RANCHES
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**Teach your children well-
Their father's hell did slowly go by-
And feed them on your dreams-
The one they picked -
the one you'll know by.**

Crosby Stills Nash & Young 1971



Unfortunately, the dream that was picked is the one afflicting the youth of today – as the first generation of children prescribed narcotics at an early age is morphing into a generation of pharmaceutical drug addicts.

I can remember sometime before my teen years, my father – a pharmaceutical packaging sales rep for a plant in New Jersey – would come home bearing stuffed animals and other gifts if my sister and I took “sample” drugs. It sounds absurd – but it is a memory and questions still haunt me today. What did I take – and what were the side effects? Have those drugs compromised my health?

But that was then and this is now. And the now was prophesized in Aldous Huxley's 1932 book, *Brave New World* with the introduction of

Soma – a hallucinogen developed by the World State and mass marketed as a self-medicating comfort mechanism in the face of stress or discomfort, thereby eliminating the need for religion or other personal allegiances outside or beyond the World State ([Wikipedia](#)).

Courage to Change Addiction Recovery Ranch has seen as many clients addicted to RX drugs as street drugs. Addictions to these pharmaceuticals are even more insidious – since it also involves a fear based mind-set of ‘what is wrong with me?’ Media messages re-enforce this....but there is another trend even more disturbing – blind social acceptance because their parents accepted that RX drugs are a cure-all for everything that ails you.

Now we have a first generation prescribed drugs/medications from early developmental years in recovery now as adults with addictions wondering who they really are without the narcotics, psychotics pain medications and anti-depressants that messes with their physical/mental/emotional state.

Teach our children well... what have we taught them?

26 -Year Old Female Client

- Age 14** – Zoloft SSRI - anti-depressant for suicidal tendencies
- Age 16 – 24** recreational opiate, meth and alcohol use
- Age 21** – Prozac – SRRI – anti-depressant
- Age 23 – 26** Prescribed Tramadol (narcotic pain reliever) & Neurontin (anticonvulsant deadens nerves & feelings) for chronic pelvic pain after sexual trauma.
- Age 24** – Wellbutrin (anti-depressant), Klonopin (anti-anxiety, highly addictive), Ambien (sleep aid) All prescribed at the same time by the same MD. These are all Benzodiazepines- highly addictive and induce the same effect as alcohol.
- Age 24** – Admitted to first addiction treatment program for alcohol abuse. Has been alcohol free ever since
- Age 24** – Addictionologist at a county mental health clinic prescribed following Benzo meds without monitoring to alleviate divorce trauma: Suboxone – to get off opiates; Xanax – tranquilizer/anti-depressant and Pristiq – SSNI – antidepressant.
- Age 26** – Attacked and raped. Prescribed Klonopin, Xanax & Inderal (beta-blocker hypertension) Experienced Benzo blackouts – similar to alcohol induced blackouts. Client felt numb so she would not have to feel pain – began to shoplift and did not think about getting caught – due to drug-induced behavior. Was arrested and spent two months in jail where she (and the rest of the inmates were given two small Dixie cups filled with drugs every night.

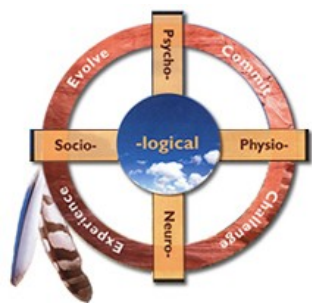
31-Year Old Female Client

- Age 4** - Prescribed Midrin for migraines (Dichloralphenazone is a sedative that slows the central nervous system) – at times given enemas with meds because she could not eat or sleep
- Age 9** – Amphetamine (stimulant and an appetite suppressant) as a mood stabilizer & ADHD
- Age 11 – 12** - Lithium for manic episodes of manic depression - hyperactivity, rushed speech, poor judgment and aggression
- Age 13** – Alcohol & smoking meth
- Age 15** – Paxil & Prozac (SSRI's) – mood stability – client could not focus or concentrate
- Age 18 – 19** Diagnosed Bipolar
- Age 23** – Diagnosed with mild Schizophrenia – prescribed Clozapine & Risperdal - antipsychotic medication (had an allergic reaction and was hospitalized with a collapsed lung)
 - Homicidal – in and out of psych wards 8 or 9 times – prescribed Wellbutrin and Zimbalta
 - Prescribed Geadon – made her crave drugs and alcohol; prescribed Buspar for cravings
 - Prescribed 900 mg. Seroquil (anti-psychotic)

At one point client was on – 1350 mg Lithium (antidepressant); 600 mg Seroquel (antipsychotic); 200 mg Lamictal (antipsychotic); and 200 mg Clozapine (antipsychotic) – **at the same time.**

A 30-day stay at a treatment program helped in getting off Lithium – client weaned herself of all other meds at age 29. Client experienced what she calls ‘brain stunners;’ feeling like her eyes, head and body were in three different places at the same time making her balance difficult. Doctors told her she had a 1% chance of staying off of meth and would not be able to function without RX drugs since she was placed on amphetamines at such an early age. Today she talks at such a fast pace – one would think she is still on speed.

After 60 days at Courage to Change both clients feel like they are finally getting to know themselves for the first time. They are experiencing emotions and able to control them and “place them appropriately.” They are drug free for the first time in their lives – feeling joy, and a sincere appreciation for life. One really must wonder how these prescribed drugs might have contributed to the addictive behaviors they developed at such an early age.



Brain Chemical May Explain Alcoholism Gender Differences

CNN Health
October 19, 2010



Dopamine released in the brain after alcohol consumption may contribute to the development of alcoholism and explains why more men than women are alcoholics, suggests a study published in the journal Biological Psychiatry.

The small study examined 21 participants, men and women ages 21 to 27, over two days. The participants were all "social drinkers" with an established tolerance for alcohol. Half of the participants were given a drink containing the equivalent of three shots of vodka and the rest were given a placebo. The drinks were adjusted to the various heights and weights of the participants so that everyone received a comparable amount of alcohol.

After having a drink, each participant was given a PET scan to measure how much dopamine the alcohol had triggered to be released in the brain.

"We showed definitively that when young college age kids drink alcohol, it's actually producing dopamine in the brain, especially in the brain region associated with experiencing pleasure and reward," explains Dr. Nina Urban, an assistant professor of psychiatry at Columbia University and corresponding author of the study.

The study found that the release of dopamine in the male participants was statistically greater than the release of dopamine in the female participants. Nationally, the risk of men developing alcohol use disorders is nearly twice as high as in women.

The study also found that most of the released dopamine was concentrated in an area of the brain known as the ventral striatum. That region involves rewarding behaviors and is often implicated in the development of addiction. That led researchers to hypothesize that in the male brain, drinking alcohol led to a greater amount of dopamine being released, which led men to associate alcohol with pleasure and positive rewards, thus prompting men to drink more.

"We don't know all men will become addicts but we do know the incidence of alcoholism is higher in men than women," says Dr. Anissa Abi-Dargham, senior author of the study. "Dopamine may be related to the propensity of developing addiction."

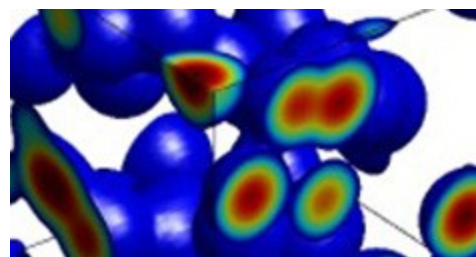
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Dopamine model could play role in treating schizophrenia and drug addiction

Neurology - Researchers at the University of Copenhagen have succeeded in creating a model of the way the brain releases dopamine, an important chemical involved in transmitting signals between nerve cells.

Health Canal
October 20, 2010

The model, the product of an interdisciplinary collaboration, will be an important tool in helping scientists understand how we learn and how the brain perceives reward and punishment. It is hoped that the model can be used to understand drug addiction and in the treatment of schizophrenia.



Distribution of dopamine in a small part of the brain milliseconds after release. Illustration is used on the cover of Journal of Neuroscience.

In the brain, dopamine is involved in a number of processes that control the way we behave. If an action results in the substance being released, we are more likely to repeat the action. This applies to actions such as eating, sexual intercourse or winning a competition.

However, the same also holds true when individuals take harmful narcotics. Scientists believe that mental illnesses such as schizophrenia can be linked to dopamine imbalances.

Learning signal

If an action leads to a better response than expected, the brain will temporarily release more dopamine. If the response is worse than expected, the brain momentarily stops releasing dopamine. This mechanism is responsible for our tendency to repeat actions that have given us a high level of dopamine, and to avoid those that result in lower dopamine levels.

- "That's why many see dopamine as a learning signal," according to post doctorate Jakob Kisbye Dreyer of the Department of Neuroscience and Pharmacology, the Faculty of Health Sciences, who was involved with the module's creation.

- "Others have argued that it is impossible for the dopamine system to react quickly enough to be a part of our learning process. It can take a split second to learn something, but a cell that releases dopamine works slowly. If you look at a lighthouse that flashes at a slow frequency, you might not notice right away that the light was turned off. Likewise, the arguments against dopamine as an aid to learning have focused on the slow feedback time when you experience something bad, and that it is too slow for the brain to make a connection. Our model shows that the collective signal from many cells provides a rapid enough reaction to influence learning."

Mathematic approach to the brain

One of the biggest challenges faced by neurologists is that it is difficult to study active brains in living humans.

- "Theoretical neuroscience can easily become very complicated," Dreyer says. "If we try to come up with complete explanations of the way the brain works, we get models that are so complex that they are difficult to test." The dopamine model's predictions, created as part of a unique collaborative effort among physicists, mathematicians and neurobiologists, are supported by observations made in animal models.

- "Different branches of natural science have surprisingly different ways of thinking," Dreyer says. "Our work - and our model - is only possible because even though I am a physicist, I have been able to conduct research at the Department of Neuroscience and Pharmacology at the University of Copenhagen. As soon as we are certain that the model is correct, we can begin applying it to dopamine-related illnesses such as drug addiction and schizophrenia."

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Recovering Addicts Need Support from the Community



Centre Daily Times
By Karlene Shugars

September was **National Alcohol and Drug Addiction Recovery Month**. President Obama called upon citizens to "express support for those living healthy, productive lives in long term recovery ... applaud those working to help struggling Americans break the cycle of abuse and encourage those in need to seek help."

The initiative was established 21 years ago to raise public awareness of the treatable disease of addiction and to educate communities about addiction treatment and recovery.

Scientists have gathered irrefutable evidence that addiction is a disease which can be treated. Still, an overwhelming number of people continue to regard addiction as a moral weakness or character flaw.

While we exist within a culture that promotes substance use, we continue to brand and shame those who are unable to drink "normally" or use certain medications as prescribed. Even more disparaged are those who use illegal drugs and consequently find themselves labeled "offender" and "junkie."

While we often chastise people for not seeking help, we conveniently ignore the fact that acknowledging an addiction can cost individuals their jobs, jeopardize their health care coverage or even result in the loss of a child should one be declared an "unfit parent" after acknowledging a chemical dependency problem. For many, shame has become the largest barrier to treatment.

So how do we rid society of the stigma surrounding addiction? We start with learning.

First, addiction is a disease of the brain. Almost all abused substances cause dopamine surges in the brain's reward center. The ensuing sensation of intense euphoria motivates people to repeat the experience. However, these surges damage and eventually destroy the areas of the brain that govern our ability to make decisions and regulate impulses; hence, in the latter stages of addiction, an individual may literally lack the ability to exert self-control.

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