



PHOENIX AREA INDIAN HEALTH SERVICE
ALCOHOLISM/SUBSTANCE
ABUSE PROGRAM

Special 9 - 11
Commemorative Issue

WHISPERING WIND

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September 11, 2002

Publication of Articles

Articles, comments, requests, and letters to Babak Nayeri are welcome. Articles submitted for publication should be no longer than 700 words in length, typed, double-spaced, and conform to publication standards. Additional guidelines can be obtained from the editor.

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- SPECIAL POINT OF INTEREST ARTICLE

Dangerous by Design *A Special Point of Interest*

GHB (gamma-hydroxybutyrate) has been abused in the U.S. for its euphoric, sedative, and anabolic (body building) effects. It is also a common club, or designer, drug. GHB is known by many names, including sodium oxybate, sodium oxybutyrate, -hydroxybutyrate sodium, g-OH, 4-hydroxybutyrate, and g-hydrate. Street names include Liquid Ecstasy, Liquid X, Liquid E, Georgia



Home Boy, Grievous Bodily Harm, G-Riffick, Soap, Scoop, Salty Water, Soma-tomax, and Organic Quaalude.

It was later discovered by teenage substance abusers who were seeking rapid euphoria.

Coma and seizures can occur following GHB use. It is sometimes combined with other substances, such as Methamphetamine or alcohol. In combination with methamphetamine, there appears to be increased risk of seizures. Combined with alcohol, there can be resultant nausea and breathing difficulties. GHB may also produce withdrawal effects, in-

cluding insomnia, anxiety, tremors, and sweating. In addition, GHB affects consciousness and memory and depresses the respiratory system (lungs may completely stop working). Other effects are: dizziness and drowsiness; depression, hallucinations, and delirium. Ultimately, depending on the amount used, GHB can lead to coma or death.



REFERENCES

SOURCES: Laborit H. Sodium 4-hydroxybutyrate. Int J Neuropharmacol 1964;3:433-52.
Garrison G, Muller P. Clinical features and outcomes after unintentional -hydroxybutyrate (GHB) overdose [abstr]. J Toxicol Clin Toxicol 1998;36:503-4.

Opinions expressed in articles are those of the authors' and do not necessarily reflect those of the Indian Health Service or the Editor.

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Aftercare

by:

Delmar Boni, ME.d., CAC III
Colleen L. Good Bear, MSW, LCSW

The money that the Tribes use for treatment under PL 99-570 has come to be known as treatment pool funds, for adolescents ages 12 to 24. A young person can go to treatment for 45 days at an IHS Regional Treatment Center, or a private treatment center, such as Native American Connections or Sierra Recovery. Following successful completion of residential treatment, when a youth enters the IHS system for treatment, that person is tracked by a counselor, outreach worker or designated staff for 24 months by the tribal alcohol programs. First contact is to be within 72 hours after discharge from treatment, then at 3 months, 6 months, 9 months, 1 year, 18 months, and 24 months or more frequently, if needed. As Tribes vary in their outlook toward life, so it is with aftercare. Some tribes are small, while others are quite large in population and in the staffing of their program. Smaller tribes may be a one-person office for a population of 200 people. The larger Tribal Alcohol Substance Abuse services usually have an aftercare program that cycles during a 3 or 4-month period.

Aftercare is very possibly the most important aspect of a drug and alcohol rehabilitation program. Aftercare refers to a follow-up process, which provides continual support and help for a participant who has recently enjoyed a successful experience of rehabilitation. A person suffering from the disease of addiction, who is participating in a clean and sober program, has a great chance of keeping the disease in remission; a person left on their own is unfortunately more prone to

suffering a relapse. Simply put, participating in a follow-up program can mean the difference between being a suffering addict or a recovering addict.



Lack of accessibility to support groups, relapse groups, halfway houses, or sober living environments remains a barrier in many communities. The counselor is in a position to educate community resources and to help the client advocate for him/herself.

A clean and sober program can come in many forms. Tribal aftercare programs should be designed to assist individuals in a delicate transition stage of their lives. As they take steps toward a complete life-style change, the program also provides critical support and ongoing counseling for participants. Four distinct areas are emphasized.

◆ COUNSELING

Learning to deal with life's issues, this instruction can be taught by a counselor or alcohol/drug educator. The counseling on life skills takes place in a familiar setting for the participants and provides peer support and practical knowledge needed for starting a new life.

◆ ACTIVITIES

"Active Life" offers a wide range of social and cultural experiences. Most important, these fun and educational activities allow clean arid sober fun for the participants and their families. This time together as families/significant

others is invaluable in providing enthusiasm, hope, and healing.

◆ RELAPSE PREVENTION

A workbook is provided to the Participants. This instructs individuals and their families in recognizing danger signs and addressing potential problem areas. This constructive criticism boosts an individual's self-esteem and confidence by giving them practical tools to stay sober.

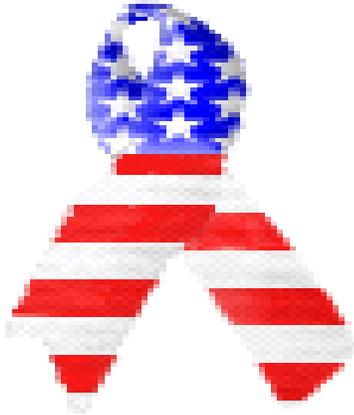
◆ SERVICE PROJECTS

Opportunities are provided for the participants to learn the duties of responsible citizens and to reap the personal benefits of unselfish service. Giving to the community allows an individual to lose themselves in the service of their fellow beings.

The Aftercare program actively involves the recovering addict's family and /or significant others. The horrific experience of drug or alcohol addiction causes great suffering for the individual and his or her family.

Aftercare helps mend emotional wounds and strengthens family / relational bonds.

Having a fulfilling life of peace and personal accomplishment is the dream of every person who walks this earth. A recovering addict experiences a unique sensation akin to receiving a renewed lease on life. The Aftercare Program capitalizes on this renewed enthusiasm. By means of the various areas of emphasis, the goal to is to find a path of fulfillment for these special individuals and their families.



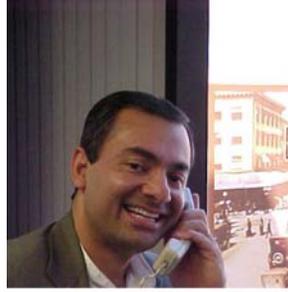
Editor's Column

In remembrance of the tragic events that America experienced on September 11th last year, this issue of the *Whispering Wind* is dedicated to all the individuals and families who have been affected, and all those who responded to the public.

We honor all of you who serve the American Indian communities and contribute to all humanity by sharing your gift of healing.

Together, let us overcome the barriers that might otherwise prevent us from improving another's life!

In memory of all the precious life passed on before us and in celebration of the Gift of Life that we all share.



I am Listening!

Dear Editor,

I'm a **nurse** and recently one of our adolescents came to my office for help with feeling like vomiting, stomach, inability to sleep, nervousness, tremors, sweating and being tired. I've also noticed weight loss, breathlessness and irregular heart rate. Because of this adolescent's behavior in school, I've begun to wonder if the symptoms could be drug related. What now?
-- Mary

Dear Mary,

The symptoms you have described are consistent with the effects of a number of drugs, including Gamma-Hydroxybutyrate, which is also known as a "club drug," and Heroin. However, because of the severity of the individual's symptoms, should be seen by a physician immediately. As part of planning this individual's care with a physician, you should also engage the assistance of the student's guidance counselor and a drug counselor trained in assessing for drug abuse.



Teens, Smoking and Sleep Don't Mix ...

Teen smokers are more likely to suffer sleeping problems than those who abstain from cigarettes, new research shows.

Experts know that as many as 40 percent of adolescents report at least sporadic difficulty sleeping. What's less well understood, however, is why. Biological factors that affect body rhythms play a role, as do social and behavioral patterns, like the demands of school, work and friendships.

Smoking raises the odds of insomnia as much as two-fold, according to researchers in Minnesota and California.

Providers could help teens slumber better by addressing their tobacco use as well as some of the emotional troubles that so often plague adolescents, the study suggests.

Depression and rebelliousness -- common teen behavioral problems -- are the other main contributors to sleeplessness in this age group, the researchers say, according to the study published in the August issue of *Pediatrics*.

Yerington Paiute Tribal Substance Abuse Program Maximizing Partnerships with Tribal, State and National Entities

By: Thelma Simone, LCADC

The U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment, sponsored a series of six regional public hearings. These hearings were aimed at obtaining additional information and views, particularly from front-line providers, policy makers, and people in recovery and their families. The Director of the Yerington Paiute Tribal Clinic Substance Abuse Program, Ms. Thelma Simon, began to align her program with the seven major National Treatment Plan themes that emerged from CSAT's efforts.

1. Alcoholism and drug dependence are treatable illnesses. Individuals suffering from these illnesses deserve effective, state-of-the-science treatment. However, public attitudes have not kept up with advances in knowledge, leading to doubt about the value of treatment and unwillingness to invest resources in treatment.

2. Each individual in need of alcohol or drug treatment is unique. To be successful, treatment must focus on the client and the client's family. The goal of treatment is to help the client recover-to overcome the illness and lead a healthy and productive life.

3. Clients and their families reflect the diversity of our population, including differences in race, ethnicity, socioeconomic status, education, religion, geographic location, age, sexual orientation, disability, and gender. Treatment must be respectful and empowering to the individual. It should be responsive to the needs of different cultures and population groups, and should acknowledge and adapt to the situation of each client's family, social support structure, and community environment.

4. Treatment benefits the individual client and his or her family, but also the public health, the public safety, and the public purse. Society must weigh the costs of effective treatment against the costs of failing to provide treatment.

5. Treatment should be timely, affordable, and of sufficient intensity and duration to be effective. It should be provided in a safe, flexible, and ac-

...Continued

and support practitioner and provider efforts to deliver quality care.

6. At times, some individuals suffering from alcoholism or drug dependence may engage in improper or illegal behavior. Although such behavior may result from, or be a symptom of, the underlying illness, the illness does not excuse it. However, it is essential to recognize that the illness itself is a medical condition and a public health concern.

7. Treatment should adhere to a high standard of quality. To this end, the system must promote the development and application of new knowledge and treatment approaches as well as innovations that improve efficiency and responsiveness. The system should make the best possible use of resources provided for care, and must be fully accountable to clients and families, to funding sources, and to the public.

A continuum of 12 Step meetings ranging from Alcoholics Anonymous, Narcotics Anonymous, and a Women's Recovery Support Group represent an integration of treatment philosophies. In order to carry the message, the Yerington Tribe initiated a monthly 12 Step meeting to be hosted by sister tribes in the Northern Nevada area.

Tribes that have participated to date are the Washoe Tribe of Nevada/California, Pyramid Lake Tribe, Walker River Paiute Tribe and the Reno/Sparks Paiute Tribe. The Yerington Paiute Tribe hosts monthly support group meetings.

In terms of prevention services, Ms. Simon sponsors a Youth Substance Abuse Prevention Matinee, with a theatre style atmosphere and concessions. Videos on various substance abuse issues are shown and a post-test is given.

A unique plan to enable the Yerington Paiute Substance Abuse program (SAP) to be of service to Indian communities in the area, as well as to generate revenue for the program has been implemented during this past year. In August 2001 Department of Motor Vehicles gave a license to our program to operate a DUI school. There is a provision from the DMV that allows the school to be conducted by special arrangement. This allows members of sister Tribes to be transported by their substance abuse counselors to complete the course as a group. The course fee is \$125 per person, which is payable to the Tribe.



PHOENIX AREA INDIAN HEALTH SERVICE

Alcoholism/Substance

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"Sharing Life by Caring For It."®
B. Nayeri



SEPTEMBER 2002							OCTOBER 2002						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6				1 New FY begins...	2	3	4	5
8	9	10	11				6	7	8	9	10	11	12
15	16				20	21	13	14	15	16	17	18	19
22				26	27	28	20	21	22	23	24	25	26
29							27	28	29 CDMIS	30 CDMIS	31		

*Year-end Close Out
Placement Moratorium.*

BULLETIN BOARD

The Phoenix Area A/SAP has two training initiatives in the new fiscal year. For more information call the A/SAP training officer.

(CONTACT: DR. NAYERI AT 602-364-5165)

CDMIS TRAINING

LOCATION: PHOENIX AREA OFFICE, 6TH FLOOR
COMPUTER BRANCH TRAINING ROOM
WHEN: OCTOBER 29, 2002 8:30 AM TO 4:30 PM
OCTOBER 30, 2002 8:30 AM TO NOON

Intensive Out-Patient Services for A&D at NACHC, Inc.
September 16, 2002 Call Mr. Myron @ 602/279-5262 X-242

Resources

Books...

- ◇ Cognitive Therapy of Substance Abuse by Aaron T. Beck.
- ◇ Motivational Enhancement Therapy manual: a clinical research guide for therapists treating individuals with alcohol abuse and dependence (1995)
- ◇ The addictive personality: roots, rituals, and recovery (1988) by Nakken, Craig.

Changing personality traits, (1991) by Daley, Dennis C.

Motivational interviewing: preparing people to change addictive behavior, (c1991) by Rollnick, Stephen, Miller, William R.

- Keep quit!: a motivational guide to a life without smoking, (1996).
- Cognitive-behavioral Strategies in Crisis Intervention, by Frank Dattilio.
- The New Handbook of Cognitive Therapy Techniques,

by Rian E. McMullin.

- Handbook for Communication and Problem-solving Skills Training: a Cognitive-behavioral Approach, by Jeffrey R./ Bedell.
- Cognitive Therapy in Practice: a Case Formulation Approach, by Jacqueline B. Persons.
- Cognitive Therapy and Emotion, by Aaron T. Beck.

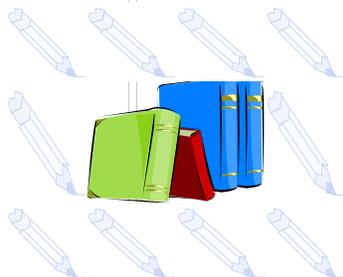
Cognitive Tx. Resources

The American Institute for C.T.

www.cognitivetherapynyc.com

National Association of Cognitive-Behavioral Therapists

<http://www.nacbt.org>



RESOURCES

Job Bulletin

Chemical Dependency Counselor Hopi Guidance Center

For information call Mr. Bruce Klein at:
(928) 737-2586 X-267

Counselor Aide

Desert Visions, RTC

For information on job announcement call: Phoenix Area Office of Human Resources (602) 364-5219

Alcohol & Drug Program Supervisor

Niniipuu Health Tribe - Portland Area
For information call: (208) 843-2271 X-2564

Behavioral Therapist

Hopi Guidance Center

For information call Mr. Bruce Klein at:
(928) 737-2586 X-267

Let us know about employment opportunities at your program.