Oklahoma Pharmacists Helping Pharmacists

Prescription

Inside this issue:

Special points of interest:

- Sexual addiction is a process addiction (behavioral addiction) similar to compulsive gambling, eating, exercise, and spending. (page 2)
- An intervention is a well planned, structured, highly personalized *process* where family, friends, or co-workers come together with one goal in mind: To help the addicted loved one agree to enter a recommended treatment program so that he or she can begin the process of recovery. (page 6)
- Drug testing is an accurate and reliable monitoring tool when proven protocols of testing and collection processes are properly performed and documented . (page 10)

From the Executive Director
Kevin Rich, DPh

Volume 8, Issue 1
March 2013

I hope everyone is managing to stay healthy during this extreme cold, and flu season. As always be sure to take time for yourself and family in order to stay healthy not only physically, but also mentally. It has proven to be an extreme challenge staying healthy with this year's strain of flu and stomach virus affecting so many of our families, patients and staff

In this issue Robert Weiss, LCSW, CSAT-S, Director of Sexual Disorders Services for Elements Behavioral Health (Promises, The Sexual Recovery Institute, and The Ranch Treatment Centers) has written an article about the basics of sexual addiction and its treatment. Robert presented at the 26th Annual Southwest Pharmacist Recovery Network (SWPRN) Meeting last year at Asilomar Conference Grounds in Pacific Grove, CA. He addressed sexual addiction and the new media age, and did a superb job of presenting a very sensitive subject in a very professional manner creating a needed awareness of the issue. I would like to thank Robert for his contribution to our readers.

Also, included in this issue the first of a two part series "Intervention – A Starting Point for Change", by Jerry L. Law, D.Min., MDAAC, BRI –II , of ISA Intervention and Recovery Specialist, Tempe, AZ. It highlights the intervention process and what

is involved and how it works.

Tom House of Partnership for Professional Wellness has submitted an article about drug testing "Addiction and Substance Abuse Drug Testing or False Evidence Appearing Real". Partnership for Professional Wellness a company in Kentucky who supports OPHP in so many ways with the administration of drugs screens to our participants. Tom and Linda House are true professionals that make my job easier and I always consider Tom the go to guy on testing and toxicology issues.

I encourage any pharmacist or student pharmacist that may be struggling with chemical dependency or other mental health issue or if you know a pharmacist or student pharmacist you think may be struggling to call the OPHP Help Line now. I assure you it is the best thing you could do for a family member, friend, or colleague or yourself. If there is no legal action the pharmacist or student pharmacist could get the help and treatment they need for their disease and remain anonymous to the Oklahoma State Board of Pharmacy as long as they comply with the recovery recommendations of OPHP.

If you haven't already contributed to OPHP this year, please consider making a tax-deductible contribution. You may use the form available in this newsletter or go to the OPHP website and donate there. The mailing address is:

OPHP * P.O. Box 18731 * Oklahoma City, Oklahoma 73154,

or you may fax credit card information to **405-557-5732** or you may pay online**.** These contributions help OPHP continue to assist pharmacists/pharmacy students with the recovery process. For those who have made a contribution this year, please accept our sincere thanks.

If you are suffering from the disease of chemical dependency or have an addiction or mental health issue or know a pharmacist/student pharmacist you think might be suffering, call the OPHP Help-Line at 1-800-260-7574 ext # 5773 statewide or 405-557-5773 locally. All calls are confidential. OPHP is readily available for help.

Please enjoy the newsletter.

SEXUAL ADDICTION

KNOWING THE BASICS

by
Robert Weiss, LCSW, CSAT-S

What is Sexual Addiction?

Sexual addiction, also known as "sexual compulsion," "hypersexuality," and "hypersexual disorder," is a dysfunctional preoccupation with sexual fantasy and activity, often involving pornography, compulsive masturbation, prostitution, objectified partner sex, and the obsessive pursuit of casual or anonymous sex. This adult pattern of urges and behaviors continues for a period of at least six months, despite the following:

1. Attempts made to self-correct the problematic sexual behavior
2. Promises made to self and/or others to change the sexual behavior
3. Significant, directly related negative life consequences such as relationship instability, emotional turmoil, physical health problems, career trouble, and legal issues

Sexual addiction is a process addiction (behavioral addiction) similar to compulsive gambling, eating, exercise, and spending. Like other addictive behaviors, addictive sex triggers a hormonal release resulting in feelings of pleasure, excitement, control, and distraction. This fantasy-induced neurochemical quagmire is a combination of dopamine (pleasure), adrenaline (anxiety, fear), oxytocin (love, jealousy), serotonin (mood stability), and endorphins (mild euphoria). Individuals who struggle with underlying emotional or psychological issues such as anxiety, depression, low self-esteem, and early-life or profound adult emotional trauma can unconsciously learn to use and abuse this dopamine/adrenaline response as a means of coping with life stressors and momentarily masking emotional pain. Over time, repeated abuse of pleasurable sexual fantasies and behaviors "teaches" the brain that the way to feel better (i.e., the way to *feel less*) is to engage in more and more of the same dissociative activity. Eventually, the brain becomes hardwired to respond to any uncomfortable situation with addictive sexual fantasy and behavior.

The simple fact is healthy people don't consistently utilize patterns of sexual arousal as a means of feeling better when having a bad day, but sex addicts do. Healthy people reach out to friends and intimate others for support when upset and/or find healthy distractions, whereas sex addicts engage in sexual

fantasy and behavior in an effort to self-soothe, escape, dissociate, and stabilize uncomfortable mood states.

Common sex addict behaviors include:

- Compulsive masturbation, with or without pornography
- Impulsive, repetitive use/abuse of Internet and other pornography
- Multiple affairs and brief "serial" relationships
- Consistent involvement with strip clubs, adult bookstores, and other sex-focused environments
- Engaging in prostitution (hiring or providing) and/or sensual massage
- Anonymous or casual sexual hookups with people met online or in person
- Repeatedly engaging in unprotected sex
- Seeking sexual experiences without regard to immediate or long-term potential consequences
- Misdemeanor sexual offenses such as voyeurism and exhibitionism

What is it Like to Be a Sex Addict?

As mentioned above, sex addicts experience a self-induced neurochemical high when fantasizing about and preparing to act out sexually. This overwhelming neurochemical intensity is self-described by sex addicts as "the bubble" or "the trance." Essentially, sex addicts are hooked on the euphoria and disconnection produced by their intense sexual fantasy life and its related ritualistic patterns of behavior. They find as much excitement and escape in fantasizing about and searching for their next sexual encounter as in the sex act itself. They can spend hours, sometimes even days, in this elevated state—high on the goal/idea of having sex—without engaging in any concrete sexual act. Yet. In other words, sex addicts abuse their own neurochemistry in the same way that alcoholics and drug addicts abuse liquor, heroin, and cocaine.

Sex addicts act out sexually regardless of outward success, intelligence, physical attractiveness, and existing intimate relationships. Very often, feeling shameful or fearful about past behavior, they will tell themselves, "This is the last time that I am going to do this." But ultimately they are compelled to return to the same or a similar sexual situation. (This is the "loss of control" common to all forms of addiction.) Their sexual activities frequently go against preexisting values and beliefs—relationship fidelity, safe sex, not hurting others, etc. As such, most sex addicts find themselves leading a secretive, shame based double-life where they keep their sexual acting out hidden from family, friends, bosses, coworkers, and other important people.

Over time, sex addicts experience:

- **Excessive preoccupation** – obsessing about sexual activity and/or the pursuit of romantic intensity
- **Loss of control over sexual thoughts and behaviors** – stating to oneself, "I won't do this again," but doing so anyway
- **Tolerance and escalation** – spending increasing amounts of time engaged in sexual activity and/or increasing the intensity of the sexual activity in an attempt to achieve the same neurochemical high
- **Loss of time and interest** – spending hours or even days in the bubble, ignoring commitments and previously pleasurable activities (hobbies, work, being with family, developing healthy relationships, etc.)
- **Withdrawal** – experiencing irritability, anxiety, etc. when trying to limit or stop the sexual fantasies, urges, and behaviors
- **Adverse consequences** – problems directly and sometimes indirectly related to the sexual fantasies, urges, and behaviors such as relationship instability, emotional turmoil, physical troubles, career issues, legal concerns, and more

Sex addicts organize their lives around sexual acting out, spending inordinate amounts of time fantasizing about, planning, pursuing, and engaging in sexual acts. They neglect important people (children, spouses), interests (recreation, self-care, creativity), and responsibilities (work, finances) to spend hours, sometimes even days, in a fantasy based, emotionally elevated, trance-like state. And when the sexual acting out ends, they often experience overwhelming feelings of guilt, shame, and remorse. Unfortunately, as the sexual behavior itself is a form of emotional coping, feeling increasingly worse about it typically creates a downwardly spiraling cycle of sexually compulsive behavior—i.e., the sexual behavior that creates the guilt and shame is self-medicated with more of the same activity.

Technology and Sexual Addiction

Pre-Internet research in the 1980s suggested that 3 to 5 percent of the adult population struggled with some form of addictive sexual behavior. These were individuals, mostly men, hooked on video porn, affairs, erotic massage, strip clubs, prostitution, old fashioned phone sex, and other similar behaviors. More recent studies indicate that the problem of sexual addiction is both escalating and becoming more evenly distributed among men and women. This upsurge is directly related to the increasingly easy, anonymous, and affordable access to intensely stimulating sexual content and in-person sexual encounters that modern technology provides. With this proliferation of access, mental health professionals are witnessing a corresponding rise in the number of people struggling with problematic sexual activity. It's just that simple.

Consider pornography. Before the Internet if you wanted to look at porn you had to get dressed, get in your car, drive to a seedy shop in a bad part of town, and fork over hard-earned cash for an overpriced magazine. Today, thanks to computers, laptops, smartphones, and other mobile devices, finding porn doesn't even require getting out of bed. Affordable access to anything you can imagine (and a few things you probably can't) is virtually unlimited. And more often than not it's free.

Extramarital affairs and casual sexual encounters are also more accessible. Using the same technology it takes to find a nearby Sushi bar, so called "friend finder" smartphone apps like Ashley Madison, Skout, and Blendr allow individuals to instantly locate possible sex partners. Download one of these apps onto your smartphone, log on, and the interface instantly displays a grid of pictures of immediately available potential sex partners. These apps even use geo-locating software to show you which potential partners are nearest. Often they're within a few hundred feet! Tapping on a picture displays a brief profile of that user, along with the option to chat, send pictures (sext), or share your own location. If the interest is mutual, you make a plan to meet and have sex. No muss, no fuss, just the sex, thank you very much.

Treating Sexual Addiction

Sexual addiction treatment typically utilizes the same strategies that have proven effective in treating substance addictions—cognitive behavioral therapy, group therapy, and 12-step support groups. One significant area of difference between the treatment of sexual addiction and the treatment of alcohol and drug addiction lies in the definition of sobriety. Whereas complete abstinence is typically the goal in drug and alcohol treatment, sexual sobriety involves ongoing commitment to change but not long-term abstinence. Instead, sex addicts carefully define the behaviors that don't compromise the values and relationships they hold most dear, and commit to engaging in those behaviors moderately and appropriately.

The directive methodology (cognitive behavioral therapy) used with sex addicts looks at what triggers and reinforces the sexual acting out, and identifies ways to short-circuit the process. In other words, the cognitive approach teaches addicts to stop sexual thoughts and behaviors by thinking about something else or by engaging in some other, healthier behavior such as exercise, cleaning the house, reading a book, attending a 12-step recovery meeting, or talking to a loved one. With the cognitive approach, the clinician is reality based, focusing on the "here and now" rather than on exploring and resolving childhood and adult trauma. The therapist's role, at least initially, is to implement a task-oriented, accountability based methodology geared toward containment of the individual's problematic sexual behaviors.

The ongoing process of sexual recovery often presents demands that cannot be met solely

within the confines of an individual therapeutic relationship. To this end, addiction-focused group therapy is strongly recommended. Generally a treatment specialist works with a group of between six and ten addicts. This facilitated group setting allows patients to see that their problem is not unique, which helps in reducing shame, remorse, and guilt associated with sexual acting out. The group format is also ideal for confronting the denial and rationalizations common among sex addicts. Such confrontation is powerful not only for the addict being confronted, but for the addicts doing the confronting, helping everyone present learn how personal denial and rationalization sustain addiction. Patients are also able to learn what works and what doesn't based on other members' experience, strength, and hope.

In addition to individual and/or group therapy, recovering sex addicts usually attend 12-step sexual addiction recovery meetings. Sexaholics Anonymous (SA) www.sa.org, Sex Addicts Anonymous (SAA) www.saa-recovery.org/, Sexual Compulsives Anonymous (SCA) www.sca-recovery.org/, Sex and Love Addicts Anonymous (SLAA) www.slaafws.org/, and Sexual Recovery Anonymous (SRA) www.sexualrecovery.org/ are all nationwide programs for sex addicts.

Needless to say, every sex addict's journey to recovery is different. Each individual presents with a unique background and a specific set of problematic sexual behaviors, so each person needs a program of recovery designed to meet his or her needs. The best approach is to consult with a licensed sex addiction treatment specialist. Qualified sex addiction therapists can be found online via the Society for the Advancement of Sexual Health website, www.sash.net. If the individual with problematic sexual behaviors presents his or her situation to that therapist fully and honestly, the therapist can guide that person along the road of healing. The addict's path may include inpatient residential treatment (www.recoveryranch.com/) or intensive outpatient treatment (www.sexualrecovery.com/) to kick-start the process, and it almost certainly will include continued individual and/or group therapy. If the addict is lucky enough to live in a town with 12-step meetings for sex addicts, the therapist will likely recommend that he or she attend some of those meetings. If the addict lives in a smaller town or a remote area, there are online meetings, and the therapist may recommend those.

Robert Weiss LCSW, CSAT-S is the author of three books on sexual addiction and an expert on the juxtaposition of human sexuality, intimacy, and technology. He is Founding Director of The Sexual Recovery Institute and Director of Intimacy and Sexual Disorders Services at The Ranch and Promises Treatment Centers. Mr. Weiss is a clinical psychotherapist and educator. He has provided sexual addiction treatment training internationally for psychology professionals, addiction treatment centers, and the US military. A media expert for Time, Newsweek, and the New York Times, Mr. Weiss has been featured on CNN, The Today Show, Oprah, and ESPN among many others. Rob can also be found on Twitter at @RobWeissMSW.

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405-413-7657, rtoorich4u@aol.com (Kevin Rich)

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ISA

Intervention and Recovery Specialists

INTERVENTION

A STARTING POINT FOR CHANGE

When meeting with a client to discuss a possible Intervention for a loved one, friend or co-worker, we frequently ask about their current understanding of the Intervention process. Responses tend to be as varied as the clients themselves. Tremendous misconceptions abound. So just what is an Intervention?

Simply stated, an intervention is a well planned, structured, highly personalized *process* where family, friends, or co-workers come together with one goal in mind: To help the addicted loved one agree to enter a recommended treatment program so that he or she can begin the process of recovery. This *process* breaks through the denial of someone who is struggling with an addiction to drugs or alcohol, an eating disorder or other compulsive behavioral problems. The *process* is accomplished in an environment that maintains the self-respect of the suffering individual, while avoiding old patterns of resentment, shame, or blame.

As you may have noticed, the key word above is "process." An Intervention is not a random "event" that depends on luck or happenstance for a successful outcome. When orchestrated by family members or concerned friends, who though well meaning, are themselves victims of the

destructive nature of addiction, old patterns of behavior or familiar dialogue typically follow. The stage is set for yet another confrontational event. The addicted individual uses the confrontation to add another layer to the wall of denial behind which they take refuge. Individuals caught in the cycle of addiction become masters at defiance and manipulation. Events such as these leave families divided, and the addict angry, hurt -- and paradoxically -- in charge! An Intervention conducted with love, care and concern, and facilitated by a trained and experienced professional, presents a very different scenario.

First, Interventions must be designed to meet the unique needs of individuals who are addicted to alcohol or drugs, as well as for those ensnared by compulsive gambling, an eating disorder, or people bound by many other dangerous behaviors. In addition, training of each participant, facilitated by a professional Interventionist, is crucial to avoiding the type of confrontational event described earlier. Two of the most important components in an Intervention are the preparation and the selection of the team that will participate.

TYPES OF INTERVENTIONS

A Family Intervention deals with family members who are typically tired, angry, frustrated, unsure, confused and afraid. It is hard to admit that their loved one's broken promises and abuse has taken a toll on the family, making them all victims of the harmful and vicious cycle of addiction. One by one, they have been hurt and used in attempts to offer their addicted loved one "just one more chance." The Family Intervention process involves unifying the family in a common strategy that focuses on healthy dynamics and setting boundaries for new patterns of behavior. This is accomplished through the carefully structured training and preparation phase. It is crucial that time for such preparation be set-aside in advance. While the focus of a Family Intervention will always remain on the addicted individual, the process will bring healing and restoration to families that have been devastated and divided.

Withdrawing from old friends, poor grades or absenteeism from school, lies, missing money and valuables, a sudden interest in belonging with the "wrong crowd." All of these behaviors may signify the need for an Adolescent Intervention. Worried, frightened parents of a young person with an alcohol or drug problem, eating disorder or other compulsive behavior, have tried reasoning, grounding, setting stringent curfews, counseling, church, and maybe they have even experienced dealings with the police. Despite all of these best efforts, the adolescent seems more out of control than ever. Similar to a Family Intervention, preparation for an Adolescent Intervention is critical. Attention is focused on the unique cognitive changes, developmental stages, and peer and family issues that typically occur during adolescence. Attempts to match the type of addiction, the personality and motivation of each youth with an appropriate treatment facility is paramount.

Addiction is also a problem in the workplace. High rates of absenteeism, tardiness, poor productivity, long lunch hours, careless appearance, or expensive mistakes can often be signals that a co-worker or employee is struggling with a drug or alcohol problem. An Executive Intervention can be a very compassionate, productive, and cost effective solution to retain the valued employee, and more importantly, guide the person to recovery. Alcohol and drug interventions handled in the business environment include peers, coworkers, supervisors, as well as family members. This type of Intervention is very successful, however the Executive Intervention must be conducted in a careful, confidential, and professional manner.

Key to understanding the Intervention *process* is an awareness of what an Intervention *is not*. Intervention is not therapy. Once again, an Intervention has one goal: To help the addicted loved one agree to enter a recommended treatment program so that he or she can begin recovery. This means that the Intervention is not the appropriate time to list all the hurts

each person has suffered. It is not the time to figure out the "why" of an addiction. It is also not the place to try to get the addict to make long-term **promises about quitting. Most family members, friends, or coworkers have already tried these things and failed. Importantly, an Intervention is not a time to bring people together to "beat up" the addict. He or she is already doing that to him or herself!**

What should someone be looking for when seeking a professional Interventionist to assist in getting a loved one into treatment? An Interventionist should be specially trained and certified, and not only in the Intervention process. This individual should be well versed in all forms of substance abuse and other behavioral counseling disciplines so as to be able to recognize addiction and mental health disorders that occur in conjunction with the addiction (such as alcohol induced depression).

Guiding clients to treatment programs that are best suited to helping their addicted friend or loved one is a key responsibility of the Interventionist. The Interventionist should be able to provide concerned family members and friends a comprehensive list of such programs and assist their clients in making contact with the appropriate individual at each facility. Clients are encouraged talk to staff at treatment centers about their experiences with the Interventionist. Ask the Interventionist for references and about his or her credentials as well as participation in organizations such as the *Association of Intervention Specialists*. Talk with others who have used the services of the Interventionist you are interested in. Ask many questions and talk to many people.

An Intervention is clearly successful when the individual enters treatment. It is also successful when friends and family become united in dealing with the issues that have been tearing them apart. Even when the

individual does not choose treatment the day of the Intervention, the likelihood that he or she will make such a choice is greatly enhanced when the loved one can no longer drive a wedge between the team members. There is great strength in unity.

The Intervention process does work. Thousands of once "hopeless cases" enter into treatment and recovery every year. If you are contemplating an Intervention for someone you know, reach out for the help that a professional Interventionist can provide.

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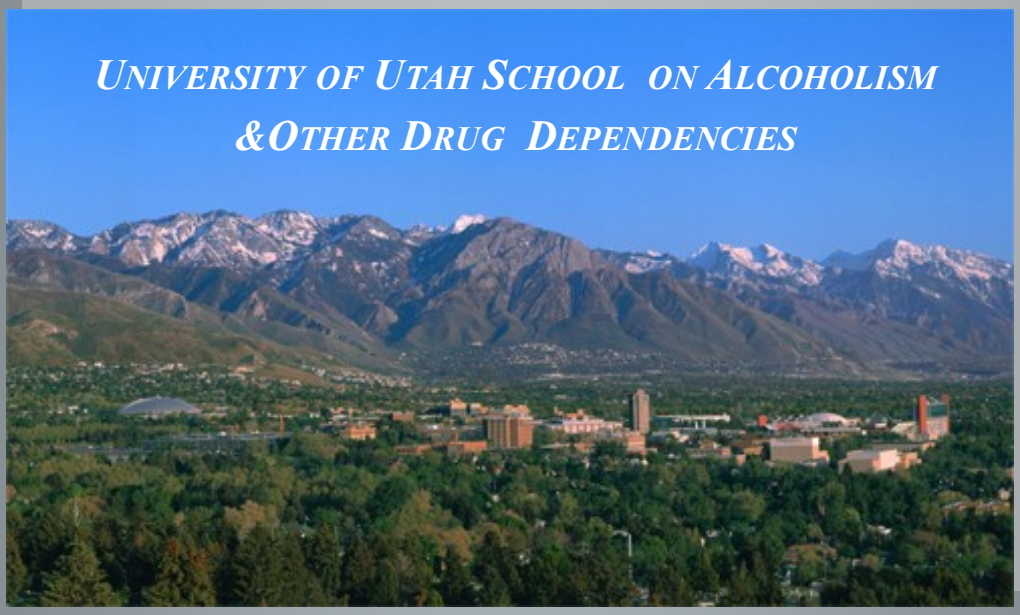

The 62nd Annual Session:
University of Utah School on Alcoholism &
Other Drug Dependencies
has been scheduled for
June 16 – 21, 2013
in Salt Lake City, Utah
The pharmacy section is sponsored by
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& the APhA Academy of Students Pharmacists
(APhA-ASP)

If interested n attending or need more information
visit http://uuhsc.med.utah.edu/uas/

ADDICTION & SUBSTANCE ABUSE DRUG TESTING *Or* FALSE EVIDENCE APPEARING REAL

by Thomas R. House

The term "false-positive" is widely used in discussions concerning the negative impact of urine drug testing on donors requiring ongoing sobriety monitoring. "False-negative" is a term for false evidence documenting misleading drug testing results which appear real to support sobriety and advocacy to the oversight organization, which is not earned. It is dangerous, for all concerned, to assume that a negative result is always a reliable one.

Abusers have the means of the internet to stay ahead of current drug testing technology, regardless of a lab's sophistication and working with the best collection protocols. It is common knowledge that over-the-counter chemical agents and household products can cause both false positive and false negative drug test results.

Drug testing is an accurate and reliable monitoring tool when proven protocols of testing and collection processes are properly performed and documented. Urine drug testing accuracy is suspect at best when dealing with a medically sophisticated population (i.e., pharmacists, physicians, nurses) without including a comparison of the professional's long-term drug test results with

like individuals. When results are obtained and "negative and positive" is the only information noted, the results can be very misleading and inaccurate regardless of procedures or testing methods utilized. Drug testing, as a monitoring tool, is best when the case manager understands its limitations.

Unfortunately, drug testing is not a one-size-fits-all and is sometimes plagued with misinformation and unreliable testing methods. Objective information is difficult to obtain. If something does not "feel right," then follow your judgment. Ask questions, demand proper testing and collection procedures, and comparison shop.

Collection of urine should be done following a process of positive identification with a government issued ID and a split sample with a chain of custody documented for every collection. The specimen should be temperature certified and protocols used to preclude samples that are adulterated and/or substituted. Ensure all positive results are confirmed by GC/MS or LC/MS analysis.

The false negative is a serious threat to the validity of a monitoring program's drug testing system. Take time to do side-by-side comparisons of proven drug testing administration methods and its data management component. It will be time well spent.

WHAT DO YOU DO IF YOU SUSPECT A COLLEAGUE HAS A PROBLEM WITH CHEMCIAL DEPENDENCY

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OPHP Help Line 800-260-7574 x 5773

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All calls are confidential.

(OPHP) is a not-for-profit,

volunteer organization composed of pharmacists and college of pharmacy faculty dedicated to identification, intervention and retention of chemically-dependent or recovering pharmacist/pharmacy students. OPHP will observe confidentiality in all dealings. There will be no barriers to full participation in this organization on the basis of gender, race, creed, age, sexual orientation, national origin, or disability.

Our primary objective is treatment and recovery. Treatment and recovery decisions and actions by the recovering pharmacist/pharmacy student are not reported to the State Board/Dean of Pharmacy Schools through cooperatively working with OPHP. In the event of a prolonged relapse, our contract with the pharmacist/pharmacy student is terminated and we are obligated to notify the Board of Pharmacy/Dean of Pharmacy School.

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