


THE MONITOR



The New Mexico Monitored Treatment Program

Quarterly Newsletter

Volume 4, Issue 5

also available on monitoredtreatment.com

Winter 2005

A ROAD LESS TRAVELED

by: Helen W.

Reprinted from Annals of Internal Medicine, June 17, 2003, Volume 138, Number 12 with permission

I kept buttoning and unbuttoning my black leather coat, responding to the alternating waves of heat and chill typical of narcotic withdrawal. It was a familiar sensation, but instead of being at home with the flu, I was sitting in a circle of fellow substance abusers sharing the misery and confusion of early sobriety.

We were a mixed bag of personalities, ages, ethnicities, income levels, and drugs of choice. There was a housewife who smoked pot daily, a young Filipino with a new baby and a methamphetamine habit, a 25-year-old blonde facing prison for her fifth DUI, an alcoholic ex-policeman showing signs of irreversible brain damage. And me: a middle-aged internist, mother, and narcotic addict.

I was the only doctor in that group, but I knew I wasn't unique. Nor was I treated with any particular deference. When my profession was discovered, a heroin user and recent prostitute sneered, "That's disgusting. You're suppose to help people. Anyway, you should know better." I thought she was probably right.

There is never a simple explanation why someone becomes an addict. Spiritual deficits, character defects, low self-esteem, grandiosity, depression, bipolar disorder, obsessive-compulsive disorder, poor impulse control, genetic predisposition, childhood neglect or abuse: All have been implicated, but none of these causes addiction, though they may be contributing factors. For some people, a drink or a drug appears to be the answer to psychic discomfort. And it works, but only short term. There was a sense of revelation after my first dose of Percocet, which was prescribed after a dental extraction. I felt like Dorothy arriving in Oz. The world was suddenly a wonderful place. The usual anxieties and insecurities of a third-year medical student just starting clinical rotations were gone. I was a better, more confident me.

But I used narcotics intermittently, relying on legal, socially acceptable alcohol for taking the edge off after a hard day. Just about every night I was smoothed to the point of incoherence. I initially enjoyed my drinking, though usually I remembered little of it. Sometimes I'd have to piece it together with very few clues because I found people avoiding me after a festive evening. I believe I tended to offer my opinion loudly and repeatedly. Eventually I stopped drinking in public since once I got started, anything might happen. Besides, it was easier to sleep it off if I was already home, and I didn't have to struggle for the right to drive my own damn car.

But I could always work, through blinding hangovers, nausea, and fatigue, only to do it all again whenever I could. Valium with my morning coffee helped get me through the shaky morning after. I lived for my own private happy hour at the end of the day; several drinks before, during, and after a hasty dinner, then passing out in bed, sometimes still fully clothed. Most addicts and alcoholics become pretty adept at covering up the signs and symptoms of our disease. I would sneak bottles in and out of the house in my purse, rotate my purchases at various neighborhood stores, and dump the empty bottles in public trashcans. Vodka, of course, chased by a beer or two. Only after the birth of my children (I did quit drinking during pregnancy) did I switch to narcotics as alcohol induced blackouts made me an unfit mother.

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- **Announcements**

President/CEO Ernest Dole Pharm D.; Secretary/Treasurer Randy Marshall
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Therapists: Mary Miesem LPCC, LADAC, Brett Nelson, LPCC, Connie Merrell-McDonald LADAC, LPCC, LPAT

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I was diagnosed with postpartum depression after my husband found me home alone with the children and barely responsive. "Socially," I'd lied, when the psychiatrist asked me about my alcohol consumption. "Antisocially" would have been accurate. I hid my drinking so well that even my husband didn't realize the true nature of my affliction.

When I started to use Narcotics, it seemed like the answer to my alcohol problems. It was portable and odorless. No confusing blackouts or loss of emotional control. I didn't stagger, and I could drive with no need to close one eye. I could even drink "normally" while using narcotics, although I never understood why anyone would want to. At work, the pills helped me stay calm and focused amidst the chaos, and if my drug abuse was suspected, I was never confronted with it. For awhile it seemed I had it all under control, until one day I realized that I was not "in control" at all. I thought the drugs were helping me live my life, but like a voracious parasite, they had taken over my life. I lived to obtain and use narcotics.

Go to a few AA meetings and, if you're like me, you'll hear your own story over and over again. The illusion, the crash, the "incomprehensible demoralization." You'll find that all of your "clever" ruses to obtain your drug of choice were fairly mundane and that others were much more creative. Like the woman who rifled medicine cabinets at open houses. The actors who feign migraines, toothache, or back pain: the bane of every emergency department. Addiction-prone doctors have such easy access to narcotics that cleverness and acting skills aren't necessary. After awhile, ethics and morality and legal sanctions seem meaningless compared with our compelling need. Toward the end of my drug use, my life revolved around getting more.

Stopping the escalating cycle of addiction first required a moment of clarity. One day I understood that there was no end in sight and that to continue would require too much. Too much risk, too much time and energy, too much of my life. There was no euphoria anymore, merely the staving off of withdrawal. I was at the end of the road, but I couldn't stop on my own. So I picked up the phone, called the "physician well-being committee," and found myself in that diverse circle, sharing personal issues with people I'd never met before. There I realized that I was no better and no worse than any of them. By sharing our humanity we could start to become human again.

That's when I started on that long and winding road back to Kansas. There are no ruby slippers involved, just lots of meetings, bad coffee, stale pastry, and friends made and lost. Three members of that initial recovery group have died of their addictions. We survivors mourned them but also tried to understand why. Perhaps then we could save ourselves.

There is no magic formula for recovery. I'm part of the physician's diversion program, so I get random urine tests and monitoring at weekly peer-support meetings. When recovery had not yet consolidated into a way of life, random testing and daily naltrexone use were effective relapse deterrents. Twelve-step groups help many people, although some balk at their religious overtones and "higher power" concept. Therapy, with or without medication, can help. Some of us need to "change everything," others need more minor adjustments.

The only universal truth is, we can't drink or use ever again.

I had used alcohol and drugs in response to almost any situation: to change a bad mood, enhance a good one, alleviate tedium, or no reason at all. Unlike many others in recovery, I have no major psychiatric disorder, childhood trauma, or other deep psychological wounds to recover from as well. But long-term use of mind-altering substances tends to stunt emotional growth.

In sobriety I need to develop healthy coping strategies and learn to cultivate serenity. I now realize I can deal with any situation more effectively and more creatively when sober, but change is slow. At work I take "one patient at a time," try to stay centered, and have a phone list of supporters to provide perspective if I'm losing mine. Sometimes when I feel stressed or depressed or angry, I still want that artificial escape. But in recovery, feelings have lost their power. I don't deny them, but nor do I feel the need to react to them. And they pass.

The main reason I stay sober is that the alternative is simply not worth it. I accept that I'm not capable of "normal" drinking and if I relapsed, I could lose my job, my license, my self-esteem, my family, and even my life. Obviously (from a sober vantage point) nothing is worth that risk.

Every day I realize how many wonderful experiences are available without need of chemical enhancement: playing with my children, talking to patients, chatting with colleagues, going to the gym, strong coffee, good books, music, a sound night's sleep. It's an endless list of pleasures, whereas previously I had only one.

I have increased awareness of addiction and alcohol problems in my practice, though difficult to diagnose through layers of isolation, fear, shame, and denial. Sharing personal stories is a large part of how AA works; the new-comers recognize that they are not alone, that their worst behavior is not unique, and that recovery is possible. Although I feel an affinity for those who struggle, I rarely reveal my history to patients. Instead I reach out to "alcoholic who still suffers" with empathy and understanding.

Maybe that's the reason I traveled that road myself.



**MTP RANDOMLINE 271-0800 or 1-800-431-0090
or 341-8320 direct
RANDOM DRUG SCREEN MESSAGE IS RECORDED BY 6 A.M.**

Dr. Swoboda Resigns as MTP Medical Director

Dr. Jaye Swoboda's resignation from MTP was effective January 1, 2005. His reason for resigning is: "When I took this position four years ago, I was both honored and full of doubt. Chief among these doubts was the awareness that if the job became more about reporting and confronting than being a physician and therapist of addicted health professionals, that I would have to let it go."

Dr. Swoboda brought a great deal of positive program development to MTP including a Quality Management Program, A team approach to both client and treatment issues, and disseminated information about health care professionals with substance abuse problems throughout the state, and as a board member for the Federation of State Physician Health Programs. MTP wishes Dr. Swoboda much success in his future endeavors.

ANNOUNCEMENTS & REMINDERS

- The random message is online by 6 am
- Always call the MTP office prior to coming by for reasons other than group meetings or appointments.
- All participants need to call MTP with out of town dates prior to going out of town.
- All payments to MTP are due on the 15th of the month unless prior arrangements have been made. A late fee is applied if payment is not received by the 25th of the month. Credit card payments are welcome.
- Be sure your **MTP number is on your drug screen requisition or it might not get processed.**

CREDIT CARD PAYMENTS

When making a credit card payment be sure to include the CVS # which is a 3 or 4 digit number on the back of the card.

MTP PROVIDES EDUCATION

MTP staff is available to provide health care organizations with lectures, presentations and training sessions relating to health professionals & substance abuse. Brochures and information packets are available. Contact MTP @ (505) 271-0800 or by e-mail @ MTP@swcp.com

NETWATCH

There are many places on the internet and world wide web where information about chemical dependency, recovery, mental health, health and medicine can be found. Some may be of interest while some others may not. Information will be updated as it is made available to us. If you have any website information, please pass it on to us.

- **MTP:** <http://www.monitoredtreatment.com>
- **NM Medical Society:** www.nmms.org/nmms
- **State physician health programs:** www-psy.bsd.uchicago.edu/~Larry/statprog.htm
- **Web of addictions:** www.wel.com/user/woal
- **North Carolina Pharmacist Recovery Network** <http://www.ncprn.org>
- **Gamblers anonymous:** e-mail @ isoain@gamblersanonymous.org
- **NIDA-What's new:** www.nida.nih.gov/whatsnew.html
- **Mayo Health Info:** www.mayohealth.org
- **Continuing Education by HomeStudy;** Institute of Addiction Awareness www.FORCEUS.com
- **Books That Change Lives;** from the Life Issues Publisher www.hci-online.com
- **International Nurses Society on Addictions** information about the organization, addictions, current events involving treatment etc, as well as many links to other sites of interest. <http://www.intnsa.org>
- **Continuing Education for Nurses on line.** www.nursingceu.com
- **Recovery Works Resource Center** www.addicts.org/recoveryworks
- **American Association of Nurse Anesthetists Peer Assistants Page** <http://www.aana.com/peer>
- **Recovery & Sobriety Resources** www.medicaledge.com
- **Continuing Education** www.addiction-ed.com/cont_ed.htm
- On line physician's support group by Jeffrey Roth www.workingsobriety.com



For Information Call (505) 271-0800

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