Finding Grace: An Overview of Addiction, Shame, Stigma, and Recovery

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Disclosure

Dr. Norton declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

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Learning Objectives

At the completion of this activity, participants will be able to:

• Compare healthy shame and unhealthy shame.

• Identify diseases that can result from the neurochemical changes associated with anger and shame and treatments for these diseases.

• Describe the utility of 12-step principles as part of a comprehensive addiction treatment and recovery program and how these principles can help patients avoid unhealthy shame cycles.

• Describe how pharmacists can use the principles of healthy and unhealthy shame in assisting patients who are in recovery or struggling with the disease of addiction.
Self-Assessment

Healthy shame is responsible for several human behavioral motivations that include all except the one of the following:

A. shyness
B. embarrassment
C. need for community
D. need for love
Self-Assessment

Unhealthy shame is responsible for several human motivations that include all except one of the following:

A. self-alienation
B. codependency
C. ability to ask for help
D. false self
The Twelve Steps of Recovery along with a comprehensive treatment program can assist an individual in obtaining the Five Freedoms of Happiness. Which one of the following is NOT one of the Five Freedoms To Happiness?

A. Freedom to listen
B. Freedom to perceive
C. Freedom to trust
D. Freedom to talk
Self-Assessment

The Twelve Steps of Recovery along with a comprehensive treatment program can assist an individual in obtaining the Five Freedoms of Happiness. Which one of the following is NOT one of the Five Freedoms To Happiness?

A. Freedom to listen
B. Freedom to perceive
C. Freedom to trust
D. Freedom to talk
Self-Assessment

Pharmacists have a unique opportunity to assist their addicted and recovering patients in the following ways, except:

A. Prevention
B. Intervention
C. Interdiction
D. Referral to Treatment
The Pharmacist’s Guide To Opioid Use Disorders
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One of My Favorite Quotes

“Fear is the memory of pain.
Addiction is the memory of pleasure.
Freedom is beyond both.”

-Author unknown

To understand and assist addicted individuals, you need to understand how pain and pleasure memories are intertwined and how to help individuals recover from them.
Addiction is Treatable!

BRAIN RECOVERY WITH PROLONGED ABSTINENCE

Normal Brain abstinence  1 month of abstinence  14 months
Extended Abstinence is Predictive of Sustained Recovery

After 5 years – if you are sober, you probably will stay that way.

It takes a year of abstinence before less than half relapse.
The Neuroscience and Pharmacology of Substance Use Disorders 2018
Substance Use Disorders are a Complex Illnesses...with biological, sociological and psychological components
There Are Many Questions About Addiction that Seem to Have No Answers

• How does addiction occur?
• Why do people refuse help when confronted about their addiction?
• What are the causes of addictions?
• Is addiction a disease?
• How do you treat an addicted brain?
• What causes relapse after a period of recovery?
• Why do addicts run away from the ones who love them the most?
• Can I recover from my addiction and regain my life again?
• How long does it take to recover from addiction?
The Brain’s Addiction Network

- The Reward System**
- The Anti-Reward System**
- The Brain Stress System**
- The BDNF System**
- The Neurotransmitters
- The Receptors**
- The Drugs
- The Genetics
- The Addiction Process
- The Mental Component
- The Cravings
- The Relapse Process
A Clinical Dilemma

• How do I assist an addicted patient if I do not know their history of addiction?

• If a patient is recovering from an addiction, why don’t they tell their healthcare providers?

• Why do individuals who are addicted not accept help from their loved ones?

• All I see at my community pharmacy are drug seeking patients – which has created a very negative attitude towards wanting to help any of them-how can I change my attitude?
The Community Pharmacist Practice Points

1. Explain the disease of substance use disorders (SUDS)
2. Gather the information necessary to conduct a screen for SBIRT;
3. Inform patients about the treatment options for SUDS;
4. Locate resources needed to answer questions about the effects of common drugs of abuse (alcohol, marijuana, narcotics, "ecstasy", and cocaine);
5. Develop a list of local resources for SUDS treatments;
The Community Pharmacist
Practice Points

6. Counsel parents who are concerned about drug use by their children;
7. Counsel individuals who are concerned about drug use by a loved one;
8. Counsel individuals who are concerned about their own drug use;
9. Become a community resource in the education of the disease of SUDS and naloxone rescue.
10. Become the medication resource for persons in recovery seeking “safe OTC medications”.

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How many of you know someone who is addicted?
Do you know what happened to cause the addiction?
So What is Addiction?
ASAM Definition of Addiction

• Addiction is a PRIMARY;

• Addiction is a CHRONIC disease of brain reward, motivation, memory, and related circuitry;

• Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations.

• This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
ASAM Definition of Addiction

• Addiction is characterized by **inability to consistently abstain**; impairment in behavioral control;

• Craving;

• **Diminished recognition of significant problems** with one’s behaviors and interpersonal relationships

• And a dysfunctional emotional response
ASAM Definition of Addiction

• Addiction like other chronic diseases, addiction often involves cycles of relapse and remission;

• Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

• Addiction is a progressive incurable disease process that results in premature death without treatment.
Psychoactive Drug Use

• Use creates a Liking for the drug;
• May have consequences depending on amount of drug taken:
  • 1. Physical - allergic reactions to the drug, similar to a penicillin like reaction;
  • 2. Emotional – may cause depression or over-excitation depending on the drug classification;
  • 3. Social/Legal: violence, fights or DUIs
Drug Abuse

Drug abuse (includes alcohol) is a patterned use of a substance (drug) in which the user consumes the substance in amounts or with methods neither approved nor supervised by medical professionals. Substance abuse/drug abuse is not limited to mood-altering or psycho-active drugs. If an activity is performed using the objects against the rules and policies of the matter (as in steroids for performance enhancement in sports), it is also called drug abuse. Therefore, mood-altering and psychoactive substances are not the only types of drugs abused.

• There is a wanting (reinforcement) to use the drug again;
• A physical withdrawal syndrome may occur;
• May have consequences similar to drug use depending on amount of drug taken.
Drug Addiction
( Substance Use Disorders)

• An authoritative definition of drug addiction is that propounded by the World Health Organization: "Drug addiction is a state of periodic and chronic intoxication detrimental to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include: (1) An overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (2) A tendency to increase the dose; (3) A psychic (psychological) and sometimes a physical dependence on the effects of the drug. (Craving)"
Desire Corresponds with Drug Use

- **Dopamine**
  - Liking
  - **Non-problematic Use**

- **Endorphins**
  - Wanting
  - **Abuse**

- **Lack of Dynorphins**
  - Craving
  - **Substance Use Disorders**

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Desire Corresponds with Drug Use

50% of US population DOES NOT USE any alcohol/drugs

- **Dopamine**
  - Liking
    - Non-problematic Use
    - 50%

- **Endorphins**
  - Wanting
    - Use
    - 89%

- **Lack of Dynorphins**
  - Craving
    - Addiction
    - 11%

SAMHSA NSDUH Survey June 2015

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Addicts Are Addicted to Pain, Not Pleasure

- Merrill Norton August 2003
So what happens.......In the beginning.....how does a person become addicted?
Dopamine

- Primary chemical in the brain responsible for activating the reward pathway, movement in peripheral nervous system, and perception in the midbrain regions;

- During the preoccupation phase of addiction, dopamine is being released stimulating desire for a drug

- During the intoxication phase, all the dopamine in the brain is released giving the user a euphoric feeling

- During the withdrawal phase, the brain has run out of dopamine and cannot function properly until more is made.
Dopamine Synapse

- Tyrosine
- L-DOPA
- DA (dopamine)
- Dopamine receptor
Dopamine Reuptake System
Dopamine Circuits In the Brain

• Mesocortical- Normal Pleasure: Liking Wanting

• Mesolimbic- Euphoria-Addiction: Liking Wanting Craving

• Nigrostriatal- Movement-Parkinson’s Disease, EPS

• Tuberoinfundibular- Perception- Psychosis

Dopamine-Releasing Chemicals

- Alcohol & Sedative/Hypnotics
- Opiates/Opioids
- Cocaine
- Amphetamines
- Entactogens (MDMA)
- Entheogens/Hallucinogens
- Dissociants (PCP, Ketamine)
- Cannabinoids
- Inhalants
- Nicotine
- Caffeine
- Anabolic-Androgenic Steroids
Dopamine-Releasing Behaviors

- Food (Bulimia & Binge Eating)
- Sex
- Relationships
- Other People ("Codependency," Control)
- Gambling
- Cults
- Performance ("Work-aholism," Over-exercise)
- Collection/Accumulation ("Shop-aholism")
- Rage/Violence
- Media/Entertainment
The Full Spectrum of Addiction

- Alcohol & Sedative/Hypnotics
- Opiates/Opioids
- Cocaine
- Amphetamines
- Entactogens (MDMA)
- Entheogens/Hallucinogens
- Dissociants (PCP, Ketamine)
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- Food (Bulimia & Binge Eating)
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- Performance (“Work-aholism,” Over-exercise)
- Collection/Accumulation (“Shop-aholism”)
- Rage/Violence
- Media/Entertainment
Drugs of abuse cause supraphysiologic increases in extracellular dopamine in the striatum that correlate with subjective feelings of being “high”

- PET scan studies: impaired striatal dopamine signaling due to decreased DAD2 receptors
- fMRI scan studies: brain activation abnormalities in striato-cortical pathways that regulate reward, self-control, and affect
- Overlap in brain circuitry underlying addiction and disorders such as binge eating and pathological gambling
- Other brain chemicals matter, too (glutamate, GABA, endogenous opioid and cannabinoids)
Dr. Volkow’s Dopamine Research

Dopamine Neurotransmission

Photo Courtesy of NIDA Neurobiology of Addiction 2007
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Natural Rewards Elevate Dopamine Levels

• Normal dopamine levels are usually around 80-100% in normal brains;

• Satisfying hunger elevates Dopamine levels to about 50% above the norm causing about 150% release of dopamine (this tastes really good!!!!); lasts 30-60 minutes at that level;

• Satisfying sex elevates Dopamine levels to about 100% above the norm (up to 200% but not always so there is great sex, good sex, and yes bad sex!!!); last a few seconds to a minute at that level. Using a psychoactive drug may prolong the euphoria from sex for a short period of time (i.e. smoking a cigarette after sex, using a line of cocaine, etc.)

Natural Rewards Elevate Dopamine Levels

**FOOD**

Di Chiara et al., Neuroscience, 1999.

**SEX**

Effects of Drugs on Dopamine Release

Di Chiara and Imperato, PNAS, 1988
Drug Induced Dopamine Elevated Levels

- Nicotine elevates Dopamine 125% above the norm;
- Morphine elevates Dopamine 100% per dose above the norm;
- Cocaine depending on route of administration can elevate Dopamine from 100-150% above the norm;
- Amphetamine depending on route of administration can elevate dopamine from 100-1100% above the norm.

- The results of these types of dopamine releases is severe dopamine depletion.

DSM 5 Definitions Substance Use Disorders
Addiction = Depression in 2018

BDNF : Chemical Messengers

cAMP: Electrical Messengers/Circuits

CREB: Transformer of electrical to chemical; chemical to electrical circuits
Definitions

• cAMP- Cyclic adenosine monophosphate used for intracellular signal transduction (power source - electrical)
• BDNF- Brain-derived neurotrophic factor encourage the growth and differentiation of new neurons and synapses (chemical).
• CREB-(cAMP Response Element Binding)- neuronal plasticity and long-term memory formation in the brain (transformer - converts electrical messages to chemical messages).
BDNF and Moderation

• Growth factors, long studied for their involvement in neuronal development and plasticity, also regulate responses to drugs of abuse, including alcohol. This review details the intricate interaction between the Brain-Derived Neurotrophic Factor (BDNF) and alcohol, and provides evidence to suggest that corticostriatal BDNF signaling acts to keep alcohol drinking in moderation. Specifically, we describe studies in rodent models suggesting that moderate consumption of alcohol increases BDNF levels in the dorsal striatum, which in turn act to suppress alcohol intake by activating a Mitogen-Activated Protein Kinase (MAPK)-dependent genomic mechanism.

A (very) Brief Overview of the Neurobiology of Addiction-2018

Dopamine – Like: Occasional Use

Endorphins – Want: Pattern of Use

Dynorphins – Craving: Addiction
Brain Reward Pathways
Use Changes Reward Patterns

• Normal Reward Brain Pathways
  – Dopamine Release (Happiness & Joy)
  – Eventually, the sources (Endorphins, Dynorphins) are depleted
    • Anti-reward brain

• Anti-Reward Brain in Addiction
  – Brain systems in place to limit reward
  – Triggered by excessive activity in the reward system
  – Glutamate/GABA Release (Pain/Depression/Anxiety)
Activation of the reward pathway by addictive drugs

Dopamine Pathways

Nucleus accumbens
The hypothesis that the dynorphin-kappa opioid receptor system may be a key component of the neuroplasticity associated with stress-induced mood disorders and the ‘dark side’ of addiction (withdrawal-negative affect stage) continues to gain preclinical and clinical experimental support.

The endogenous kappa opioid peptides derived from prodynorphin encode the dysphoric, anxiogenic, and cognitive disrupting responses to behavioral stress exposure.

Bruchas et al, 2010; Carroll and Carlezon, 2013

Neuropsychopharmacology 41, 373-374 (January 2016) | doi:10.1038/npp.2015.258.
Addiction is Greater Than a Mother’s Love (Dynorphin)

• The reason for the that addicts can not stop using is once the dopaminergic system is deactivated (depleted) due to multiple neurobiological reasons-the reinforcing effects of the drug becomes more powerful than a mother’s love for her children.

• In 2016, the potencies of most street drugs (marijuana/heroin/opioids) have increased. This increased potency creates the increased reinforcing effects of dopamine thus increasing the addiction liability of the drug on the brain. As the addiction liability increases, the brain decreases the brain’s bonding chemical: Dynorphins. Without this chemical, human bonding becomes detached and the addict moves into a world of isolation and loneliness.
Mesolimbic Dopamine System (The Addiction Circuits)

• Circuit #1 **Mu: Use-Dopamine-Occasion Use**
  • Relief/Like/Fun/Motivation
    • Pleasure/Pain circuit Meso-accumbens

• Circuit #2 **Delta: Endorphins Patterned Use**
  • Repeat/Want/Reinforcement
    • Desire and urge circuit
      • Basolateral n. of amygdala

• Circuit #3 **Kappa: Addiction-Dynorphin A/B**
  • Need/Craving/Bonding and Diminished Relationships
    • Pathologic desire & demand circuit
      • Periaquedecal gray of brain stem
      • Stimulation of the periaqueductal gray matter of the midbrain activates enkephalin-releasing neurons that project to the raphe nuclei in the brainstem.
      • Enkephalin (endogenous opioid neurotransmitter), binds to mu opioid receptors.
**MESOLIMBIC DOPAMINE SYSTEM**

- **Circuit #1 Occassional Use-Dopamine**
  - Relief/Like
    - Pleasure/Pain circuit
      - Meso-accumbens

- **Circuit #2 Pattern of Use-Endorphins**
  - Repeat/Want
    - Desire and urge circuit
      - Basolateral n. of amygdala

- **Circuit #3 Addiction-Dynorphins A/B**
  - Need/Craving
    - Pathologic desire & demand circuit
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A (very) Brief Overview of the Neurobiology of Addiction

- Dopamine – Like: Occasional Use

- Endorphins- Want: Pattern of Use

- Dynorphins – Craving = Addiction

Photo courtesy of NIDA Drugs, Brain, and Behavior: The Science of Addiction
It starts with occasional use of alcohol or any other drug like marijuana or prescription medications and with the development of the brain.

The average age of first use in the United States is 14 years old. At that age, the brain is NOT mature biologically with the age of complete maturity of the brain being 24-28 years old. This immaturity creates a risk factor for addiction.
The Changing of the Brain’s Communication Highway

1.) Alcohol, Marijuana, Rx medications alter the receptors and neurotransmitters with any use; it happens like this:

2.) The person experiences euphoria from the release of dopamine (excessive amounts) when they drink or use a drug;

3.) The brain records this pleasurable experience in short term memory—"this was a good time";

4.) If the person begins to repeat the pleasurable experience, the dopamine becomes depleted, the brain attempts to stabilize the chemistry by using another set of chemicals, the endorphins, to reset the brain back to normal; but this attempt just creates a need for more of the drug-tolerance and withdrawal;

5.) If the persons continues to use (thinking that they can get back to normal), the brain activates a third set of chemicals, the dynorphins, to keep the brain’s communication highway open.
The Changing of the Brain’s Communication Highway

6.) The dynorphins are responsible for many things in the brain, one of the most important is stress reduction created by intimate relationships (family, friends, church, etc.) A long term memory system is activated.

7. As the person continues to use the drug, the dynorphins are depleted over time, making normal relationships less important.

8. As the depletion of the dynorphins continues, the brain will begin to substitute the drug of abuse for the brain’s natural dynorphin.

9.) The brain becomes “hijacked” using the drug of abuse as the primary relationship of importance, instead of the normal relationships in the person’s life. This is addiction.

10.) Once the hijacking occurs—it is irreversible—addiction is a chronic disease process.
How Does Addiction Cause Shame In A Person?
What Is Shame?

Shame by its nature is contagious. Moreover, just as shame has an intrinsic tendency to encourage hiding so there is a tendency for the observer of another's shame to turn away from it.” (Helen Block-Lewis)

“...linguistic scholars assume a connection to an early form of the word ‘to cover’...” (Helen Block-Lewis)

“Too much shaming does not lead to genuine propriety but to a secret determination to try to get away with things, unseen...if indeed, it does not result in defiant shamelessness.” (Erik Erickson)
The Culture of Shame and Addiction

• Culture is the inherited ideas, beliefs, values, knowledge, activities, and ideas of a group of people with shared traditions.

• The Building Blocks of the Addicted Culture are:
  • Fear: Humans fear humans that do not understand
  • Shame: Honor vs. Dishonor
  • Guilt: Right vs. Wrong
Pharmacists Can Be Culture Brokers

“...the act of bridging, linking, or mediating between groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change” (Jezewski, 1990).

It is my hope that this workshop will help develop you as a culture broker in helping your patients with addiction and overcoming their shame.
Pharmacists As Culture Brokers

“A cultural broker is defined as a go-between, one who advocates on behalf of another individual or group” (Jezewski & Sotnik, 2001).

Pharmacists have an unique opportunity to assist their addicted patients with prevention, intervention, and referral to treatment.
Five Types of Culture Brokers

• Liaison-Bridging two worlds
• Cultural Guide-helping people understand the ins and outs of the community
• Mediator-the go between (trust and time)
• Catalyst-influencing people’s behavior and values
• Learners-listening and caring for patient’s welfare
• What type of culture broker are you going to be?
Shame and Addiction
So What Is the Greatest Shame for a Human Being?

Detachment from other humans who love and care for them-this separation is caused by an internal state of inadequacy, unworthiness, dishonor, regret, or disconnection. This leads to an overwhelming feeling of failure and loneliness.

“Loneliness and the feeling of being unwanted is the most terrible poverty.” -Mother Teresa
From Disgrace To Grace: Shame and Recovery

• The Shame-Anxiety Cycle
• Unhealthy and Healthy Shame
• The Neurochemistry of Shame
• The Twelve Step Applications to Recover from Shame-Anxiety Cycle
• Practical pharmacist practice points to assist patients and their families with addiction
The Shame-Anxiety Cycle

- Disgrace/Failure to Manage Problems
- Stress/Conflict
- Stress/Anger/Fear

1. Anxiety

2. Compulsive Behaviors
   Stinking Thinking, eating, sex, relationships, procrastination, self-defeating behaviors, chemical relapse

3. Relief

4. Remorse
   Failure Syndrome
   Denial
   Defense Mechanisms
   Relapse Continues

5. Shame
   Healthy Shame
   Recovery Continues
   Unhealthy Shame
   Shamelessness

6. Cognitive Distortion

Original work from book titled *Shame* by M. Cavanaugh MSW 1985 and *The Shame Workbook* by M. Norton 1987

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Unhealthy Shame Creates the following Addiction Life Rules or “Stinking Thinking” Statements:

“I Can Do This All By Myself ”
“Leave Me Alone “

If this patient is left without assistance, it will result into Jails, Institutions, and Premature Death.
If pharmacists do nothing, the current overdose death rate will continue to rise!!!!
If pharmacists get involved, successful treatments will result in an individual stimulating Healthy Shame. This creates the Life Rules of the Permission To Recover.

“I Need Help” Statements

Over the next year, pharmacists could save over 100,000 lives.
Why are feelings important?

Feelings are our *affective bonds* to the world: not only inner states, but our connection with ‘the outer.’

What happens ‘outside’ has an impact on what we feel ‘inside’ – and turns this very distinction ‘inside out.’
Feeling Shame

The Self in shame feels to be defective, degraded and diminished: *not in good shape.*

Shame seems not only to form, but also to deform the self or at least the self-image.
Shame and Addiction

• Unhealthy Shame keeps one’s self from seeking help;

• Unhealthy Shame limits one’s options to change;

• Unhealthy Shame is a cultural stigma;

• Unhealthy Shame is a societal stigma;

• Unhealthy Shame stops many people from obtaining true happiness in life.
Unhealthy Shame

1. Self-Alienation and Isolation
2. False Self
3. Codependency
4. Fuel for all other Addictions
5. Shamelessness (Denial)
Shamelessness

- Control- People, Places, Things, Outcomes
- Perfectionism- Life’s Rule-”I am worthless”
- Blame- Self, Others, Good Orderly Direction
- Denial of the Five Freedoms- Unhappiness
- No Talk Rule
- Don’t Make Mistakes
- Unreliability
### What Motivates People to Change?

#### Treatment Motivates People to Change

<table>
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<tr>
<th>Stage</th>
<th>Description</th>
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<tbody>
<tr>
<td>Precontemplation</td>
<td>Unaware of Problem</td>
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<tr>
<td>Contemplation</td>
<td>Ambivalence of Problem</td>
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<tr>
<td>Determination</td>
<td>Window of Opportunity</td>
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<td>Action</td>
<td>Motivation to Change</td>
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<td>Relapse</td>
<td>Part of Change Process</td>
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<tr>
<td>Maintenance</td>
<td>Continuation of Change</td>
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What Prevents People From Going To Treatment: Contempt Prior To Investigation

There is a principle which is a bar against all information, which is proof against all arguments and which can not fail to keep a man in everlasting ignorance ---- that principle is contempt prior to investigation.”

-Herbert Spencer
"Contempt Prior to Investigation"
Healthy Shame

• Permission to be Human
• Developmental Stage
• Embarrassment and Blushing
• Shyness
• Need for Community
• Source of creativity and Learning
• Source of Spirituality
• Healthy Shame is the most influential human emotion that will motivate change in a person
The Five Freedoms to Happiness

The Primary Purpose of Recovery and Treatment

1. Freedom to Talk
2. Freedom to Feel
3. Freedom to Trust
4. Freedom to Perceive
5. Freedom to Dream
Freedom to Talk

• Admitting Powerlessness & Unmanageability
• Permission to Grieve
• Ask for Help
• Expression of Feelings of Anger, Fear, and Loneliness
• Identification of the “Three Self’s”
  (Self Pity Self, Righteousness, Self Deceit)
• Recognition of Hope
Freedom to Feel

- Ability to experience Gratitude, Celebration, Intimacy
- Motivate expression of all Feelings-Anger, Sadness, Happiness, etc.
- Appropriate Anger Management
- Balance of behaviors associated with various Feeling States
Freedom to Trust

- Development of Honesty
- Process of giving up Control/Blame
- Open-minded to New Ideas and Attitudes
- Belief in a Higher Power, another Human Being and Yourself
- Projection of a REAL Self Image
- Willingness to Change
Freedom to Perceive

• Ability to accept Criticism
• Clarification of what the *Real World* is
• Recognition of one’s Assets and Liabilities
• Development of true Sense of God
• Willingness to carry the Message to Others
Freedom to Dream

• What do I want to become in Recovery?

• First say to Yourself what you Would be; and then do what you Have to do.

• I will become the Best __________!!

“We can’t all be heroes because someone has to sit on the curb and clap as they go by!” -Will Rogers
Treatment and The Twelve Steps of Recovery Causes the Development of Healthy Shame

• Healthy Shame discloses self-contradictions
• Calls attention to the limits of our being and our being-able
• And the problem of understanding and accepting our limits
• Healthy Shame changes a Human Doing (Addict) into a Human Being (Person in Recovery)
<table>
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<th>Step</th>
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<tr>
<td>Step 1</td>
<td>-</td>
<td>Talk</td>
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<tr>
<td>Step 2</td>
<td>-</td>
<td>Talk/Feel</td>
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<td>Step 3</td>
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<td>Talk/Feel/Trust</td>
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<td>Step 4</td>
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<td>Step 5</td>
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<tr>
<td>Step 6</td>
<td>-</td>
<td>Talk/Feel/Trust/Perceive</td>
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WORKING THE TWELVE STEPS OF RECOVERY

Step 7 - Talk/Feel/Trust/Perceive
Step 8 - Talk/Feel/Trust/Perceive
Step 9 - Talk/Feel/Trust/Perceive
Step 10 - Talk/Feel/Trust/Perceive/Dream
Step 11 - Talk/Feel/Trust/Perceive/Dream
Step 12 - Talk/Feel/Trust/Perceive/Dream
The Process of Motivating Change and The Twelve Steps

- **Precontemplation** → Addiction
- **Contemplation** → Step 1 → Meetings
- **Determination** → Steps 1-3 → Sponsors / Meetings
- **Action** → Steps 1-12 → Sponsors/Meetings/Service
- **Relapse** → Step 1 → Recovery
- **Maintenance** → Steps 1-12 → Sponsors/Meetings/Service/Unity

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Neurochemistry of Unhealthy Shame

1. Anxiety
   - Epinephrine/Norepinephrine
   - Disgrace

2. Compulsive Behaviors
   - Serotonin
   - Depression
   - Don’t Talk
   - Don’t Feel
   - Don’t Trust

3. Relief
   - Dopamine/Endorphins/Pleasure

4. Endorphins/Dynorphins
   - Pain Relief/Relationships

5. Acetylcholine
   - Development of Repetitive Behaviors
   - Loss of Ability for New Learning
   - Unhealthy SHAME

GABA
- Delayed Reactions
- Anxiety

Original work from book titled "Shame" by M. Cavanaugh MSW 1985 and "The Shame Workbook" by M. Norton 1987
Neurochemistry of Healthy Shame

1. Anxiety
   - Disgrace
   - Epinephrine/Norepinephrine

2. Compulsive Behaviors
   - Serotonin
   - Depression
   - Meetings
   - 12 Steps
   - Sponsor

3. Pleasure

4. Dopamine
   - 3. Endorphins
   - Pain Relief

5. Healthy Shame
   - Acetylcholine
   - Increased Creativity and Learning

6. GABA
   - Appropriate Reactions
   - Anxiety

Permission to Recover

Recovery

Original work from book titled _Shame by M. Cavanaugh MSW 1985_ and _The Shame Workbook by M. Norton 1987_

Dr. Merrill Norton Pharm.D., D.Ph., ICCDP-D
The Permission To Recover
“I Need Help”
Ask for directions
“How Do I Recover Today”
Follow the directions
Repeat the Process
Addiction

Think

Unhealthy Shame

Feel

React

Recovery

Think

Healthy Shame

Act

Feel

“Contempt Prior to Investigation”
CONTEMPT PRIOR TO INVESTIGATION

Addiction

Think: Leave Me Alone
Feel
React
No Freedoms

Recovery

Think: I Need Help
Act
Feel
3 Freedoms
Talk–Feel–Trust

Discovery

Think: I Will Help Others
Act
Maintain
5 Freedoms
Talk-Feel-Trust-Perceive-Dream
The Community Pharmacist Practice Points

1. Explain the disease of substance use disorders (SUDS)

2. Gather the information necessary to conduct a screen for SBIRT

3. Inform patients about the treatment options for SUDS

4. Locate resources needed to answer questions about the effects of common drugs of abuse (alcohol, marijuana, narcotics, "ecstasy" and cocaine)

5. Develop a list of local resources for SUDS treatments;
The Community Pharmacist Practice Points

6. Counsel parents who are concerned about drug use by their children

7. Counsel individuals who are concerned about drug use by a loved one

8. Counsel individuals who are concerned about their own drug use

9. Become a community resource in the education of the disease of SUDS and naloxone rescue

10. Become the medication resource for persons in recovery seeking “safe OTC medications”
Self-Assessment

Healthy shame is responsible for several human behavioral motivations that include all except the one of the following:

A. shyness
B. embarrassment
C. need for community
D. need for love
Self-Assessment

Unhealthy shame is responsible for several human motivations that include all except one of the following:

A. self-alienation
B. codependency
C. ability to ask for help
D. false self
Self-Assessment

Pharmacists have a unique opportunity to assist their addicted and recovering patients in the following ways, except:

A. Prevention
B. Intervention
C. Interdiction
D. Referral to Treatment
References

Alcoholic Anonymous, Alcoholic Anonymous World Services, Inc. 1976

Bradshaw, J.,


Thank you for your time

Any Questions?