

BUT MY DOCTOR PRESCRIBED IT...

By Dr Latisha Raghubir – Specialist Psychiatrist

Sharon is a 45 year old housewife who suffers from severe back pain. Her family physician gave her a prescription of scheduled painkillers. These tablets enabled her to cope with her daily household chores and activities with her children. Sharon now takes up to 20 painkillers a day and is unable to function without them.

Jane is 56 years old nurse who is the only breadwinner in her household. Jane was struggling to sleep after her shifts and her GP prescribed her a muscle relaxant sleeping tablet 3 years ago to help. She now takes this sleeping tablet regularly throughout the day even whilst on duty.

Nomvulo is a 31 year old single young professional. She has been chubby all her life. Over the past 5 years Nomvulo has gained weight significantly. She has struggled with recommended diet and exercise regimes and begged her doctor to prescribe her effective weight loss medication. She is using these appetite suppressants in combination with stimulants and laxatives in unknown quantities as a purging mechanism for weight loss.

Ashika is a 38 year old single parent with a history of mental illness in her family. She has a 17year old son and was recently admitted to hospital after losing her mother. On return to work after hospitalization, her employer reports her to be erratic, drowsy and sedated. Ashika admits to misusing her prescribed medicine to help her cope.

Sharon, Jane, Nomvulo and Ashika are 4 different South African women from different generations, cultures and have different life stressors. However they all have one common problem. They are all addicted to different types of medicines that were at some stage introduced to them by a trusted health care provider.

Substance abuse and addiction has traditionally been thought of as a male related phenomenon predominantly. Additionally the substances commonly linked are

alcohol and 'hard' drugs like cocaine and heroin. Unacknowledged and under researched, the non-medical use or misuse of prescription and over the counter medication is increasing at alarming rates. These medications, when taken in a non-prescribed manner, pose serious medical, psychological and psychosocial consequences.

Gender differences in rates and types of substance abuse have been consistently observed over time. Multiple studies noted higher rates of general drug abuse and dependence in men but higher rates of non-medical prescription drug use like narcotic analgesics, sedatives and tranquilizers in women. Women who become addicted are often facing unresolved vulnerabilities be they biological, psychological, emotional or environmental. Many life circumstances predominate in women as a group. These include physical vulnerabilities, lack of financial independence and the responsibilities, pressures and demands of effective parenting. Women are also more susceptible to both the intoxicating and addictive effects of misused medication due to physiological differences. They have slower metabolisms, higher ratios of body fat to water and have significant differences in their neuro-endocrine adaptations to stress and reward compared to their male counterparts.

Around the 60's and 70's these unique female related stresses were subtly acknowledged with the common prescription of "Mother's Little Helper"- Valium. It is indeed possible that Valium was even at that stage overprescribed to women to help them cope with the pressures of motherhood. The situation can only be considered to be intensified multifold with the pressures faced by the working mother of the 21st century. Juggling the daily commitments and pressures of life often results in the inability to shut down mentally at night and insomnia is a thief robbing women of healing, restorative sleep. A common occurrence is that many

of these prescriptions are repeated for years without question or review. As a result, medication that was prescribed for an acute insomnia or anxiety becomes a physiological addiction.

Whilst the treatment of pain had a history initially of being undertreated, we are now moving into an era of overtreatment. Moderate to severe pain is a condition that plagues large numbers of people. Women, once again have specific physiologic vulnerabilities as a result of the menstrual cycle and dysmenorrhoea, child birth, lower bone densities, etc. They are hence more likely than their male counterparts to leave the GP's office with a prescription for strong pain killers. Opiate analgesics can be considered to be one the most addictive painkillers around and without appropriate monitoring by a medical professional, can easily build up tolerance, dependence and addiction.

Addiction occurs when the potency and/or frequency of dosages are being used beyond their recommended instruction. It can also be caused by the body's physiological tolerance for existing medication. Chemically morphine, heroin, codeine and methadone are all highly addictive derivatives of opium that were extracted or developed with the intention of being less harmful and addictive than each predecessor. All 4 substances are now considered among the most highly abused and addictive drugs and are regulated by government agencies worldwide.

Unfortunately, there is minimal public knowledge that heroin and codeine have a common family tree and there is no stigma attached to the use of strong and addictive codeine containing analgesics. Coupled with the fact that these medications are either initially or in some cases even continually prescribed by the doctor, the air of "legitimacy" lends patients to assume that they are totally safe to use.

Lifetime rates of mood, anxiety disorders and eating disorders are also higher in women than men. All



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of these psychiatric illnesses can occur co-morbidly with a substance use disorder, either as a result of vulnerability or attempts at self-medication. Psychotropic medication commonly used to treat anxiety, depression and mood instability is always at risk of being misused as patients may enjoy the relaxing or sedative effects of the drugs. Prescription only or over the counter weight loss medication includes appetite-suppressing amphetamines and stimulants that can give bursts of energy and reduce sleepiness. They are highly addictive as well and cause significant anxiety with prolonged use.

In addition to the differing physical effects of addiction in women one cannot ignore the myriad of associated social and emotional effects. Their abilities to relate effectively to their children, their families and their communities are affected. Add to that their natural tendencies to direct their symptoms internally and negatively in the form of guilt, self-blame, depression and anxiety. All of this needs to be acknowledged and actively addressed to ensure both treatment success and mental well-being of these anguished ladies, the rocks and anchors of our lives. Sharon, Jane, Nomvulo, Ashika.....a wife, a mother, a daughter, a best friend.

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COMPASSIONATE OBSERVER

By Sorika de Swardt – Addiction Consultant at Elim Clinic

The December holidays are always a time of reflection for me. I look at the past year to see what I accomplished, overcame and survived. Then I look at the year to come. Instead of creating a list of New Year's resolutions, which I only follow for one week, I decided to create an intention for myself. My intention for 2015 is to be a compassionate observer of myself and others. To observe others without judgement and with compassion was never my challenge. But to observe myself with compassion will take a bit of work because we all observe ourselves, but more often than not, we do it from the inner-critic.

The inner-critic is that part of us that tells us that we are not good enough. "One of the difficulties is

that even after we start to awaken to being butterflies, a part of our mind keeps telling us that we are low, crawling, disgusting creatures" (Robert Burneys). The key to healing and growing is to become aware of the inner-critic and to turn down the volume a bit so we can hear another quiet voice. The voice of the compassionate observer.

The compassionate observer - simply involves taking a step back and seeing yourself as a more neutral or compassionate person might see you. You observe your behaviour without judgement and consequent shame. When you understand your historical, unmet needs, observing yourself takes on new meaning and automatically fosters greater compassion and self-acceptance.

And that is when real change can take place. We cannot hate ourselves thin, or sober or whatever it is that we want to accomplish. Negative self-talk will perhaps get us there for a while but we will not be able to sustain our growth through the negative voice of the inner-critic.

Dr Neff, who wrote a book on self-compassion says "Self-compassion is not self-pity. Instead of emphasizing 'poor me,' the self-compassionate person recognizes that life is difficult for everyone. Nor is self-compassion an excuse for not even trying to do well. Self-compassion motivates you to push through difficult challenges and to learn from your mistakes—without being devastated by them" she said. So, whatever you may battle with at

the moment, remember that healing and recovery is a process and the goal is progress, not perfection. Or differently put "everything will be alright in the end. If it's not alright, it's not the end".

Source: Kristin Neff, PhD: Self-Compassion: Stop Beating Yourself Up and Leave Insecurity Behind. William Morrow; 1 edition (April 19, 2011).



THINK AGAIN - COGNITIVE BEHAVIOURAL THERAPY

By Patricia Nyatumba - Therapist at Elim Clinic



Patricia Nyatumba

In the words of Hamlet "There is nothing good or bad but thinking makes it so". Worldwide, Cognitive Behavioural Therapy (CBT) is one of the preferred treatments for Addiction. At Elim Clinic we use CBT as part of our holistic programme, integrating various treatments. Cognitive Behaviour Therapy focuses on the concept, that feelings and behaviours are based on a person's thoughts and not on external stimuli like people, situations and events. People may not be able to change their circumstances, but they can change how they think about them and therefore can change how they behave towards them.

CBT is also referred to as the ABC of rational thinking (and

behaviour) which can be illustrated as follows: A stands for activating events (external stimuli) which one has no control over, B stands for beliefs and thoughts which stems from our upbringing (care givers), the media, society, tradition, religion etc. The C in the ABC of rational thinking stands for consequences in both behaviours and emotions. So, it is the person's interpretation of the situation rather than the objective situation that leads to his intense emotional reaction and behaviour.

CBT can be used for many difficulties but in the field of addiction the functions of CBT is to restructure the individual's belief system. Several methods are used including disputing the false belief through rational

confrontation. More specifically one needs to look at the core beliefs which trigger the automatic thoughts. These core beliefs need to be challenged to ensure that they are rational and based on facts.

In short, CBT is about developing alternative viewpoints through understanding the basis of your previous beliefs. It also assist to help a person identify what you have control over versus what you have no control over and channelling those new thoughts to influence behaviour change.

Resources:

1. Abnormal Psychology. An integrative approach. 2012.
2. www.redconsultants.co.za
3. Addictions - The health society guide: 2012.

ACTION RAMABOEAE By Elize Smith - Managing Director at Elim Clinic

Elim Clinic Athletic Club was founded by Elim Clinic as part of its youth development program in Tembisa. The Club concentrates on young persons in Tembisa who have little or no access to any sporting - or other - facilities.

At 37, Mr Ramaboea is one of the oldest club members. He is an accomplished athlete who has earned silver medals in the Comrades, Loskop Dam, around the (Hartebeespoort) Dam and Two Oceans ultra marathons.

Action has been the chairperson for some years. He is ultimately responsible for the athletes' training

and physical development program and for all the arrangements regarding team selection, entries, transport and participation in the various races that Club members enter.

Mr Ramaboea is an inspirational leader who follows a strictly disciplined training program himself and applies the same principles to the training of the Club members. He has moulded the Elim athletes into a force to be reckoned with. Several of the athletes he has guided in this way have been offered the opportunity to become part of a professional team run by big sponsors.

Elim Clinic realized that we have

a jewel in Action Ramaboea. On 24th July 2012 he was appointed at Elim Clinic on a part-time basis with the responsibility to present sport and recreation for our patients. He was afforded the opportunity to study Social Auxiliary Work - he rose up to this challenge and grabbed it with everything in him. He successfully completed his studies and graduated on 18 October 2014 as a fully qualified Social Auxiliary Worker, now formally employed by Elim Clinic in this capacity. He is already making a difference in the lives of our patients. Action - we salute you - we are blessed to have you as part of our team!



Action Ramaboea

RESPONSIBLE DRINKING

By Peggy Ntswane – Therapist at Elim Clinic



Peggy Ntswane

Christmas and New Year are swiftly approaching. With the festive season nearing, many will be celebrating the season with family and friends. Food and alcohol is believed to help enhance the desired festive mood. The post festive season effect for some is characterised by happy, fond and fun-filled memories. However many other people are left with long-lasting embarrassment, guilt, pain and loss. **If one is in recovering from alcohol, medication or drugs addiction, alcohol in all its forms should be avoided - including the one used as part of the Christmas meal –e.g. brandy cake or rum ice cream. Consuming alcohol may trigger previous substance addiction.**

During the 2014 road safety awareness month, it was reported that South African road accidents kill an estimated 14000 people per year – that is approximately 40 people per day! Most of these fatalities occur during the festive season and the Easter period. A Medical Research Council survey found that alcohol was the leading cause of road deaths in South Africa. It was also found that 50.1% of the deceased motorists had been at least two times over the limit and pedestrians were 3 to 4 times over the legal drinking limit. Given this statistics we need to honestly and urgently talk about responsible drinking and risky alcohol consumption for those who chooses to drink during the festive season and beyond.

The following is useful information about alcohol use

- Alcohol is a depressant and dulls the central nervous system. Small amounts of alcohol cause stimulation but large amounts slow a person down.
- 95% of one's alcoholic drink gets absorbed into the bloodstream and 5% is excreted via breath and urine.
- Social drinking is not exceeding 3 – 4 units of alcohol per day for a male and no more than 2-3 units for a female. For more information on how to calculate your units go to <http://www.sadd.org.za/education/units-of-alcohol>.
- Gender, body type, height and weight; age; physical and emotional health; presence of food in the stomach, use of medication; speed and frequency of drinking; and percentage of alcohol/volume all affect the way it will affect a person.
- It takes on average 75 minutes to sober up from one drink. The more toxic the body, from excessive drinking, the longer it takes the liver to rid the body of the alcohol.
- Taking a shower, eating spicy/salty food or drinking black strong coffee will not speed up the process.
- Eat before you drink. This will help protect your stomach lining and the alcohol you consume will take longer to be absorbed into your blood stream.
- Drink slowly and alternate alcoholic with non-alcoholic drinks. Also, drink water before, during and after you consume alcohol.
- Drinking a lot of water will ensure that you don't suffer from headaches the next day. Alcohol acts as a diuretic and when the body has less water than it requires, water is taken from the brain. Hence the morning after headaches.
- Avoid dark coloured drinks. These contain "congeners" caused by the fermentation process and can cause severe hangovers. E.g. brandy has more congeners than vodka, and red wine has more than white wine. Also

refrain from mixing drinks as that too causes worse hangovers.

- Set a limit to how much you are going to drink and conscientiously stick to it. Don't allow anyone to top up your drink because this is a sure way of losing track of the units you use.
- As a matter of safety, never take a drink from a stranger and only accept drinks which are opened in front of you to ensure that no one spikes your drink with other substances.

The following questionnaire was prepared by John Hopkins University Hospital for use in determining whether or not a person is suffering from alcoholism. It will help you rate yourself as a responsible or risky alcohol user: Ask yourself the following questions, and answer them as HONESTLY as possible.

	YES	NO
Do you lose time from work due to drinking?	<input type="checkbox"/>	<input type="checkbox"/>
Is drinking making your home life unhappy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you drink because you are shy with other people?	<input type="checkbox"/>	<input type="checkbox"/>
Is drinking affecting your reputation?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever felt remorse after drinking?	<input type="checkbox"/>	<input type="checkbox"/>
Have you gotten into financial difficulties as a result of drinking?	<input type="checkbox"/>	<input type="checkbox"/>
Do you turn to lower companions and an inferior environment when drinking?	<input type="checkbox"/>	<input type="checkbox"/>
Does your drinking make you careless of family's welfare?	<input type="checkbox"/>	<input type="checkbox"/>
Has your ambition decreased since drinking?	<input type="checkbox"/>	<input type="checkbox"/>
Do you crave a drink at a definite time daily?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want a drink the next morning?	<input type="checkbox"/>	<input type="checkbox"/>
Does drinking cause you to have difficulty in sleeping?	<input type="checkbox"/>	<input type="checkbox"/>
Has your efficiency decreased since drinking?	<input type="checkbox"/>	<input type="checkbox"/>
Is drinking jeopardising your job or business?	<input type="checkbox"/>	<input type="checkbox"/>
Do you drink to escape from worries or trouble?	<input type="checkbox"/>	<input type="checkbox"/>
Do you drink alone?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a complete loss of memory as a result of drinking?	<input type="checkbox"/>	<input type="checkbox"/>
Has your physician ever treated you for drinking?	<input type="checkbox"/>	<input type="checkbox"/>
Do you drink to build up self-confidence?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been to hospital or an institution on account of drinking?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to one question, there is a definite warning that you may be using alcohol in unhealthy or dangerous ways.

If you answered YES to two questions, CHANCES ARE that you have a drinking problem.

If you answered YES to three or more questions, you probably have a risky relationship with alcohol and should seek professional help.

Resources

- Radio 702
- News24.com
- Wellbeing@Work, Corporate Resources
- Wikipedia



Spirit Cooler
=1.2→1.9 Units



Beer
=1.5→1.7 Units



Sorghum Beer
=1.5 Units



Vodka/Cane/Whiskey/Brandy
Tot/25ml=1 Unit



Cider
=2 Units



Wine
75ml Red/
90ml White=1 Unit



Quart Beer
=3.5→4 Units



Cocktail
=2→4 Units

IS SUGAR THE NEW COCAINE?

By Xenia Ayiotis - Certified Life Coach and Intuitive Eating Counsellor



Sugar is eight times as addictive as cocaine. And what's interesting is that while cocaine and heroin activate only one spot for pleasure in the brain, sugar lights up the brain like a pinball machine!



Xenia Ayiotis

In the early part of the 20th Century nobody was talking about the potential dangers of smoking and alcohol. Fast forward about 100 years and there are now smoke free zones and warnings about the dangers of alcohol and smoking. Could this be where we are heading with sugar?

According to Doctor Joseph Mercola, these are the sugar trends in the last last 300 years:

- 1700 - The average person consumed approx. 2 kgs of sugar per year
- 1800 - The consumption was 9 kg of sugar per year per person
- 1900 - Individual consumption had risen to 45 kg of sugar per year per person
- 2009 - More than 50% of all Americans consume 90 kg per year per person!

Sugar is loaded into almost everything we eat today and hidden in so many processed foods from cold meats, pretzels to Worcestershire sauce. Even some baby formula

has the sugar equivalent of 1 can of coke!

The problem is we crave sugar, sweets and junk food. The more sugar you have the more you want! Researchers and specialists like Dr Mercola and Dr Mark Hyman agree that sugar is more addictive than cocaine. In studies researchers let lab rats choose between drugs and Oreos and they chose the sugary Oreos! Where Cocaine only activates one pleasure centre in the human brain, sugar lights up the brain like a pinball machine.

The effects of sugar in the body can cause mood swings, aggravate asthma, exacerbate mental illness and affect nervous disorders. All carbohydrates break down into sugar in your body and flour creates the same metabolic havoc in your system as sugar. Altogether the average person eats about ½ kg of sugar from added sweeteners to flour every day. So, for decades fat was the enemy and while manufacturers were making fat free foods, added sugar was slipping in and the consequences have been dire with more and more adults and children who are struggling with pre-diabetes, diabetes and obesity.

Dr Hyman suggests that it is in sugar's nature to be addictive and that sugar addiction is driven by hormones and neurotransmitters that fuel sugar and carbohydrate cravings. He suggests the most effective way is to cut out sugar from your diet in order to break free from a sugar addiction. He recommends the following steps to cut out sugar

Step 1 - Commit

Commit to eliminating sugar from your diet. You can do the following quiz to see if you are a sugar addict: www.10daydetox.com/quiz/

Step 2 - Go cold turkey!

Just like you wouldn't tell an alcoholic to have "just 1 drink" sugar addicts can't have just a little sugar. By detoxing from sugar you automatically reset your body's hormones and neurotransmitters. Dr Hyman advises removing all sugar including white flour and artificial sweeteners and for 10 days avoid any food that comes in a box, package, can or that has a label. It is safest to stick to real, whole, fresh food - this will probably limit you to the periphery of the supermarket aisles!

Step 3 - Cut out liquid sugar - it goes straight to your liver! Rather than fill you up these empty calories make you crave more sugar!

Step 4 - Power up with protein

Protein, especially at breakfast keeps your blood sugar balanced and protein at each meal also helps to cut cravings.

Step 5 - Eat the right carbohydrates

Eat as many non-starchy leafy and cruciferous vegetables as you want. Avoid potatoes, sweet potatoes, beetroot, grains and beans.

Step 6 - Fight sugar with fat.

Fat makes you feel satisfied,

balances your blood sugar and fuels your cells. Together with protein, have good fats at every meal and snack such as seeds and nuts, olive oil, coconut oil, avocados and omega 3 fats from fish.

Step 7 - Plan and Prepare.

Don't let yourself get too hungry! Keep snack packs with you for emergencies so you don't get so hungry that you eat anything you find. Keep snacks like almonds, walnuts, pumpkin seeds, sunflower seeds, unsweetened blueberries and lean biltong.

Step 8 - De-stress

Breathing helps to reduce stress. Take 5 deep slow before every meal. The stress hormone Cortisol can make you hungry and cause belly fat storage.

Step 9 - Reduce inflammation

Besides sugar, flour, gluten and dairy create most inflammation in our gut. We often crave the foods we are allergic to.

Step 10 - Get deep sleep

Studies have found that sleep deprivation can lead to a rise in hunger and cravings for carbohydrates and sugar. We crave energy when we don't sleep so we tend to want the quickly absorbed sugars. Sleep is the best way to fight hunger and cravings.

For more info check out Dr Mark Hyman's website and book: The blood sugar solution or visit www.drhyman.com and Dr Joseph Mercola www.drmercola.com

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