

Field Representative News

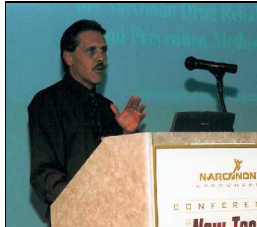
Volume 3

Field Rep. News

Special points of interest:

- The second installment of [The Life Cycle and Mechanics of Addiction](#), written by Gary W. Smith, C.C.D.C., Executive Director, Narconon Arrowhead. With an explanation of why a person may relapse after recovery.
- A insightful Success Story written by Dery Hallmark, C.C.D.C., Senior Director for Expansion at Narconon Arrowhead. This story not only tells of the successes that Dery has had because of Narconon Arrowhead but it also includes very useful information about the drug cocaine.
- The book, [The Narconon New Life Detoxification Program Picture Book](#). This book is an excellent source of information and provides visual motivation along with an understanding of how the body can be returned to the state that it was in before exposure to drugs.

The Life Cycle & Mechanics of Addiction By Gary W. Smith



Gary W. Smith
C.C.D.C.

Executive Director,
Narconon
Arrowhead

Part II

Once an addict has been through treatment there are three main reasons for relapse: 1) mental and physical cravings; 2) depression; and 3) guilt associated with the moral degradation and dishonesty that becomes part of an addict's life style.

These manifestations can haunt someone for years after they have sobered up and, more times than not, if left untreated will trigger a relapse. These unresolved symptoms, whether physical or mental in origin, create an underlying, low-level type of stress which cannot be completely ignored by the addict. The addict can "just say no" a thousand times, but it only takes him saying "yes" one time to start the cycle of addiction again.

The first barrier to successful recovery from substance abuse is overcoming the mental and physical cravings for the drug of choice. Drugs are broken down and filtered in the liver. There is a byproduct from this detoxification process called a metabolite. These protein-based metabolites can and do find their way into the person's body fat. Keep in mind that each time anyone has ever used a drug or alcohol, they have a complete recorded memory of that life experience. Whether good times or bad, happy or sad, all emotions, feelings and sensations that were present at the time the drug or alcohol was ingested is filed away in the person's memory. Even if a person is in a blackout, the experience is still recorded in the mind. So each metabolite is connected to a memory of the life experience related in some way to the drugs or alcohol at the time they were consumed.

The body will metabolize and burn fat any time a person undergoes a life experience that causes the heart rate to speed up. Stress can do this, as can strenuous exercise or intense emotion. We all experience these things on a fairly regular basis.

When an addict experiences these life situations and their heart rate speeds up the body begins to mobilize and burn

fat. The fat contains toxins or metabolites from past alcohol and drug use. As the fat cell burns, it releases the metabolite back into the person's blood stream.

The metabolite is a byproduct of the drug. That metabolite is connected to the memory of the life experience in which the drug or alcohol was taken. The toxin finds its way back into the blood stream and acts as both a physical and mental reminder of the drug or alcohol consumption. It also acts as a reminder of the emotional effect the person experienced after consumption.

In short, the toxin re-enters the blood and triggers or stimulates a physical reminder of the drug or alcohol and the memory of feelings, thoughts, sensations and emotions connected to that experience. The person remembers feeling and thinking like they did in the past when they were under the influence and so are prone to relapse at these times.

The reactive compulsion to continue to use drugs or alcohol is, in part, caused by the drug's interaction with the body's natural chemistry. Some of the body's natural chemicals act as a built-in reward system that encourages us to eat, exercise and procreate. Other of the body's natural chemicals act as natural pain killers that activate when we physically injure ourselves. In short the natural chemicals are directly related to our physical survival and/or well being.

As a person's addiction develops, the brain and body identify the drug as an aid that either enhances the release of or replaces these chemicals. As the person starts to use drugs on a regular natural basis, the body becomes depleted of key nutrients and amino acids. Amino acids are the building blocks for natural chemicals called neurotransmitters. These nutritional deficiencies prevent the body from receiving the nutritional elements necessary to produce the natural chemicals. The brain gets fooled, as it has identified the drug or drink as an aid to releasing or replacing the natural chemicals. This is what causes the uncontrolled compulsion an addict feels to continue to use. This compulsion is so strong within the individual that the desire to use more drugs or drink overrides the negative and often times life-threatening consequences an addict is faced with on a day-to-day basis. The drug or alcohol gets misidentified as an aid to the production and release of the natural chemicals when in fact it is suppressing the body's ability to manufacture neurotransmitters.

Narconon Arrowhead Success Story



"The clue to happiness is being interested in life. People's happiness is as great as they can create it."

-L. Ron Hubbard

A New Start on Life

My name is Derry and I wanted to share some information I learned about cocaine a little too late. I have been clean for 4 years and have totally rebuilt my life. I do, however, want to share as much quality information as possible about drugs, especially cocaine, with as many people as I can so that hopefully some won't have to put themselves through what I went through.

Cocaine is a stimulant that heightens alertness, inhibits appetite and the need for sleep, and provides intense feelings for users. Today, people from all walks of life use cocaine. The National Household Survey on Drug Abuse (NHSDA) reported that, in 1999, 3.7 million Americans used cocaine – that's 1.7 percent of the household population aged 12 and over. Adults 18 to 25 years old have a higher rate of current cocaine use than those in any other age group. Overall, men have a higher rate of current cocaine use than women.

A survey done by Monitoring the Future Study in 1998 reports that lifetime and past-year use of crack cocaine increased among eighth graders to its highest levels since 1991. 4.7 percent of eighth grade students reported using of powder cocaine in their lifetime in 1999. Between 1992 and 1999 lifetime use of cocaine went from 3.3 percent to 7.7 percent among tenth-graders and from 6.1 percent to 9.8 percent among twelfth-graders.

Cocaine is generally sold on the street as fine, white powder. It is known as "coke," "C," "snow," "flake," or "blow." Cocaine can be diluted with substances such as cornstarch, talcum powder, and/or sugar, or with such active drugs as procaine (a chemically-related local anesthetic) or with such other stimulants as amphetamines. I started snorting cocaine initially and told many people that I thought injecting the drug was gross and that I'd never do that. Then only 2 years later I'm injecting the drug all day every day with no regard for disease, overdose or anything.

The major routes of administration of cocaine are snorting, injecting, and smoking it. This includes freebase and crack cocaine. Snorting is inhaling cocaine powder through the nose where it is absorbed into the bloodstream through the nasal tissues. Injecting is using a needle to release the drug directly into the bloodstream. The injecting cocaine user is at risk for transmitting or acquiring HIV infection/AIDS if needles or other injection equipment are shared. Smoking involves inhaling cocaine vapor or smoke into the lungs, where it is absorbed into the bloodstream as quickly as when it is injected.

Cocaine's effects appear almost immediately after a single dose, and disappear within a few minutes or hours. Taken in small amounts (up to 100 mg), cocaine usually makes the user feel euphoric, energetic, talkative, and mentally alert, especially to the sensations of sight, sound, and touch. It can also temporarily decrease the need for food and sleep.

Some users find that the drug helps them to perform simple physical and intellectual tasks more quickly, while others can experience the opposite effect. Beyond the euphoric effects produced by cocaine, the high especially with crack was miserable. Constantly feeling guilty, constantly looking for more of the drug and paranoia like I had never experienced before.

The duration of cocaine's immediate euphoric effects depends upon the route of administration. The faster the absorption, the more intense the high. Also, the faster the absorption, the shorter the duration of effect. The high from snorting is relatively slow in onset, and may last 15 to 30 minutes, while that from smoking may last 5 to 10 minutes.

The short-term physiological effects of cocaine include constricted blood vessels, dilated pupils, and increased temperature, heart rate, and blood pressure. Large amounts (several hundred milligrams or more) intensify the user's high, but may also lead to bizarre, erratic, and sometimes violent behavior. These users may experience tremors or muscle twitches, paranoia, or, with repeated doses, a toxic reaction closely resembling amphetamine poisoning. Some users of cocaine report feelings of restlessness, irritability, and anxiety. In rare instances, sudden death can occur on the first use of cocaine or unexpectedly thereafter. Cocaine-related deaths are often a result of cardiac arrest or seizures followed by respiratory arrest.

Cocaine is a powerfully addictive drug. Once having tried cocaine, an individual may have difficulty predicting or controlling the extent to which he or she will continue to use the drug. Cocaine's stimulant and addictive effects are thought to be primarily a result of its ability to inhibit the re-absorption of dopamine by nerve cells. Dopamine is released as part of the brain's reward system, and is either directly or indirectly involved in the addictive properties of every major drug of abuse. I, for one, did not know that the drug stores in the fatty tissues and stays there for weeks or years. This produced severe cravings for me by these drug stores being released into my blood stream and triggering w intense compulsion to use the drug.

A tolerance to cocaine's high may develop as well, with many addicts reporting that they seek but fail to achieve as much pleasure as they did from their first experience.

Use of cocaine in a binge, during which the drug is taken repeatedly and at increasingly high doses, leads to a state of increasing irritability, restlessness, and paranoia. This may result in a full-blown paranoid psychosis, in which the individual loses touch with reality and experiences auditory hallucinations.

If you or someone you know needs help, call Narconon Arrowhead today. Life is way too short and definitely worth getting clean for.

Derry – Narconon Graduate

Win of the Month

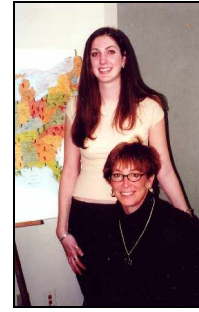
"I received the best Christmas present ever this year when I was given the opportunity as a Field Representative to escort a student on Christmas Eve. Though, it was a busy time for our family, I suddenly remembered the desperation I once felt and quickly made my decision to accommodate this student by transporting him safely to Narconon. Arrowhead"

Sharon D'Arcangelo

Wow Sharon, that is great!

Throughout your experiences as a field representative you are going to have wins. Your wins not only make you feel good, but make others who you share those wins with feel good also. If you have a win that you would like to share, please mail it to:

DannaSue Kelley, Field Rep I/C
Narconon Arrowhead
HC 67 Box 5
Canadian, OK 74425



Field Representative Sharon D'Arcangelo. Pictured with her daughter Erica, Public Contact Supervisor at Narconon Arrowhead.

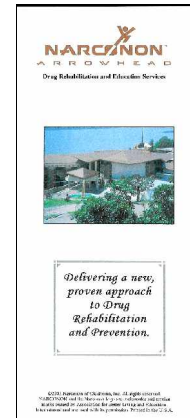
Successful Field Representative Activities

Contact and communication with people who are looking for rehabilitation services is vital to the survival of any Field Rep. You must make contacts with the public. As with any activity, the field representative needs to have confidence that the service they are recommending works and is valuable. The individual also needs to remember that he is communicating and attempting to get others to communicate with Narconon Arrowhead. You should have a business card with an available phone number and best times to call to reach you.

There are numerous services in every city that see the damage of drugs and would be a possible referral source. Therefore, the first thing you want to do is to let them know who you are and what you are doing. This is the second installment of a series of helpful suggestions that will be provided to you.

Suggestion Number 3:

Criminal Attorneys: Most criminal attorneys are not easily reached but will respond through their receptionists to a program that gives alternative sentencing options for their clientele. This contact point may have to be developed through the mail and might take time, but will be productive if followed up. Get a list of criminal attorneys in your area and call explaining who you are. Explain that Narconon has worked with courts in the past and with first-time offenders and current alternative sentencing programs being used in most criminal courts. Narconon is a solution for some of them. Explain that the program is long term but not a lock-down facility and we have the resources to supply the court with any required reports, urinalysis or progress reports needed. Explain the requirement that the person must want to get clean and is not simply going to rehab in order to get out of a legal situation.



A Field Representative should always keep updated Narconon Arrowhead information on hand.

Books and Videos

Narconon Arrowhead has a wide variety of books and videos that can provide you as a field representative with valuable information when working in the field. This week's featured item from the Narconon Arrowhead book store is:

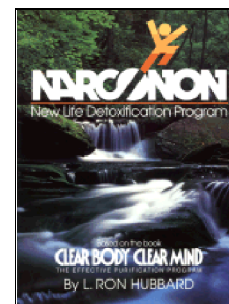
The Narconon New Life Detoxification Program Picture Book.

This book is an illustrated guide to the Narconon new life detoxification program. This book gives you a clear, easy-to-understand overview of the detoxification

program and how it can help return the body to the state it was in before exposure to drugs or environmental toxins. This book is ideal for quick comprehension of what may have happened to the prospect's or addict's mind and body.

This book is a must-have! This fantastic book is being offered at a cost of only \$17.50 plus shipping and handling.

For ordering information please contact:
DannaSue Kelley/Phone: 1-918-339-5877





Drug Rehabilitation and Education Services
HC 67 Box 5
Canadian, OK 74425

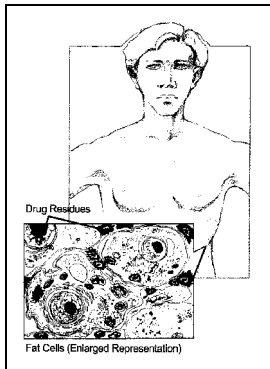
Phone: 1-800-468-6933
Phone: 1-918-339-5800



To: _____

Delivering a new, proven approach to Drug Rehabilitation and Prevention.

The Cycle of Quitting, Withdrawal, Craving and Relapse



Drugs are broken down in the liver into metabolites (chemical compounds which are closely related to the original substance). Most of these metabolites are eliminated rapidly from the bloodstream, but some can become trapped in the fatty tissues of the body.

Although there are various types of tissues that are high in fat content, the one thing in common that needs to be addressed is that these drug residues remain for years. Tissues in our bodies that are high in fats are turned over very slowly. When they are turned over, the stored drug metabolites are released into the bloodstream and reactivate the same brain centers just as if the person actually took the drug. The former addict now experiences a drug restimulation (or "flashback") and drug cravings. This is common in the months after an addict quits and can continue to occur for years, even decades.

When the addict initially tries to quit, cells in the brain that have become used to large amounts of these metabolites are now forced to deal with much

decreased amounts. Even as the withdrawal symptoms subside, the brain "demands" that the addict give it more of the drug. This is called drug craving. Craving is an extremely powerful urge and can cause a person to create all kinds of "reasons" they should begin using drugs or drinking again. He is now trapped in an endless cycle of quitting, craving, relapsing.

Eventually, the brain cells will again become used to having lowered drug metabolites. But, because deposits of drug or alcohol metabolites release back into the bloodstream from fatty tissues for years, cravings and relapse remain a cause for concern. The presence of metabolites, even in microscopic amounts, can make the brain react as if the addict had actually taken the drug again and can set up cravings and cause relapse even after years of sobriety.