

# Addictive Whispers

*Addictive Whispers:  
I will set you free.  
Give me your pain,  
And I will give you relief.  
Ambivalent,  
But thirsty to hear more.  
Come on, you can trust me;  
You can't trust anyone else.  
Maybe, maybe you are right,  
Maybe...  
Thrown, whirling in my own.  
Tired, struggling to be.  
Taken hostage,  
Now I see...  
You gave me the illusion of relief,  
Deceit,  
False freedom.  
You came to own me,  
And taught me to mistrust others.  
But now Addictive Whispers,  
My pain has given me sight;  
I tear you away from me,  
Because now I need to be me.*

In my mind, addiction triggers visions of the stereotypical, penniless, homeless street drunk owning nothing except the clothes on his back and a brown paper bag. "However, that stereotype is not very accurate," a professor told me. Alcohol, sex, shopping, gambling, work, people the list goes on and on to the kinds of addictions we human beings can be slaves to.

Addictions can all be so diverse yet, according to Craig Nakken, the underlying theme of positive and pleasurable mood changes seem to connect them all together in spite of serious, negative consequences. My question is, "How do we identify an addiction?"

In reading the literature on addiction the consequences of the compulsive behavior are good indicators to assess if there is in fact an addiction. Consequences such as impairment in social relationships and occupational areas (e.g. complaints by the employer, family and friends, multiple job losses, marital problems, emotional problems, financial problems and legal problems) would constitute a serious suspicion of an addiction.

Especially in the case of chemical dependency one would look for tolerance (using more of the drug to get the same effects) and withdrawal symptoms (i.e. loss of appetite, insomnia, nausea, nervousness, hallucinations, delirium tremens and more). So bodily

damage due to the effects of an addiction would be another area to consider in determining an addiction.

Defensiveness about the extent and the consequences of use, compulsion that creates a desire to continue using in spite of serious implications and memory lapses (particularly in chemical use) all act together to insure the addicted person does not recognize the damage done to one's self. What a dirty trick! A person uses to feel good but the addiction is biting them in the back. Denial, then, is a part of the addiction process.

These are just a few guidelines to consider if in fact an addiction is occurring. If you see some of these warning signs in a friend or yourself a professional assessment would be a good idea to check into.

By Melanie Steed

## SUBSTANCE ABUSE RESOURCES:

U of O Counseling Center .....346-3227  
Student Health Center  
(Health Education).....346-4456  
Alcoholics Anonymous .....342-4113  
Adult Children of Alcoholics.....683-6533  
Families and Friends of Alcoholics  
Al-Anon.....747-2841  
Overeaters Anonymous.....683-0110  
Narcotics Anonymous .....341-6070  
Codependency (CODA) .....345-4278



## Caffeine:

### A PREREQUISITE TO STUDY OR AN ADDICTION?



I sit down at the window table with my latte and books. The aroma of coffee percolates the room. The steaming milk screams from behind the espresso machine competing with the voices of its keepers.

He sits across from me. I observe him. He is a young student drinking coffee and studying economics. Continuously changing his position and tapping his pencil on his book, his foot begins to jitter. His focus seems to wander.

I am halfway through my foaming coffee and already I feel a sense of anxiety. My heart beats faster and I begin to sweat. My hands feel cold and my stomach tightens. I press on with my work and eventually notice my writing is cramped and my vision clouded. "Excuse me." A woman quickly puts down her coffee, squeezes behind my chair, and hurriedly enters the restroom.

Welcome to the coffee bar where caffeine is served and behavior is changed.

Caffeine is recognized as the most widely abused drug in the world. Here on the West Coast it is commonly referred to as "the drug of choice." In the United States the per capita intake of caffeine is 200 mg per day. This amount is approximately equal to either a 12 oz Oregon mug of automated drip coffee, four cups of black tea, a Big Gulp of Coca-Cola or three Excedrin. With 80 percent of the U.S. population consuming coffee regularly, coffee contributes to 90 percent of the caffeine dosage per day.

Caffeine is an alkaloid found in over 60 plant species. It belongs to a chemical family known as methylxanthines that includes theophylline

(tea), and theobromine (cocoa beans - chocolate). Caffeine is added to many soft drinks (for no other reason than to make them habit-forming) and both prescription and non-prescription drugs.

Caffeine has physiological (body-influencing) and psychoactive (mind-influencing) effects. A number of studies have demonstrated caffeine elevates heart rate, blood pressure, blood fats (cholesterol) and lowers blood sugar levels (a set-up for mood swings and cravings for sugar). It is known to disrupt sleep patterns, cause frequent urination, provoke gastric acid secretion (exacerbating heartburn, gastritis and ulcers) and may aggravate the symptoms of PMS. The mind-altering effects of caffeine vary due to the development of tolerance. Alertness may be experienced by chronic caffeine consumers while acute users or abstainers may experience anxiety, panic, depression or agitation.

Women in particular are warned about caffeine consumption. Evidence from animal studies suggest that caffeine consumption during pregnancy may cause birth defects. Taking oral contraceptives slows down the clearance rate of caffeine and prolongs the effects of the drug. All three of the methylxanthines may aggravate fibrocystic disease, a condition that causes painful enlargement of breast tissue and benign lumps.

The most conclusive concerns regarding caffeine consumption relate to its effects on urinary secretion and gastric absorption of calcium. In the October 1990 American Journal of Epidemiology, researchers from a long-standing study indicated that volun-

teers with a history of drinking 2.5 to three cups of caffeinated coffee daily, or twice that much tea, were subject to a 69 percent greater risk of osteoporosis than non-caffeine users.

Drinking caffeinated beverages may keep you alert but don't correlate arousal with better mental performance. According to research published in the May 1988 American Family Physician by Gregory L. Clementz, M.D. and his colleagues, little evidence exists that the drug improves mental function. The drug may have a positive effect on simple tasks but even small amounts may slightly impair the performance of more complex tasks and those requiring fine movements with the hands.

In general, research indicates that moderate consumption (not more than 200 mg) of caffeine gives individuals little cause for health concern, assuming other lifestyle habits are also moderate. However, most students live anything but moderate lifestyles. Continuous late nights, stress over exams and bad eating habits already put a strain on bodily systems.

The stimulation that you are seeking may come from the fact that you are just plain tired. Trying to stimulate a tired system may only exacerbate the condition and lead to the increased need for another caffeine break (a vicious circle). If caffeine is affecting the amount and quality of your sleep, you are surely limiting your body's ability to replenish its energy for the next day. It is hard to motivate yourself to study when you are tired. In addition, eating rich foods and drinking alcohol depress bodily functions.

You may find a simple change in your eating and sleeping habits helpful in alleviating dependence on caffeinated beverages. It is truly possible to be alert and study without making trips to the coffee bar.

| CAFFEINE DOSE                      |        |
|------------------------------------|--------|
| <b>BEVERAGES CAFFEINE (mg)</b>     |        |
| Brewed coffee (6 oz)               | 60-150 |
| Espresso (3 oz)                    | 60-150 |
| Cappuccino (6 oz)                  | 60-150 |
| Instant coffee (6 oz)              | 40-150 |
| Tea (6 oz)                         | 40     |
| Cocoa (6 oz)                       | 9      |
| Cola (12 oz)                       | 42     |
| Dr. Pepper (12 oz)                 | 41     |
| Mello-Yello (12 oz)                | 52     |
| Mountain Dew (12 oz)               | 54     |
| <b>FOODS</b>                       |        |
| Milk Chocolate (1.65 oz bar)       | 10     |
| Chocolate Cake (1 slice)           | 20-30  |
| <b>PAIN RELIEVERS (per tablet)</b> |        |
| Excedrin 65                        |        |
| Anacin, Midol                      | 643    |