



A MERCY FLIGHTS MEDICAL evacuation helicopter took a Selma resident to Rogue Valley Medical Center in Medford Sunday, Oct. 29 following a crash at Caves Hwy. and Bear Creek Road, said Oregon State Police. The injured driver was identified as William John Dunn, 54. He initially was listed in critical condition at

RVMC after his pickup truck went off Caves Hwy., apparently became airborne, and struck a tree. The accident occurred at approximately noon. He was not wearing a safety belt, according to OSP. (Photo by Dale & Elaine Sandberg/Illinois Valley Fire District Media Dept.)

Physical, mental impulses need individual control to confront and eliminate cravings for illegal drugs

By NARCONON ARROWHEAD

Overcoming the mental and physical cravings for drugs is the first challenge of any drug rehabilitation program.

Cravings are the uncontrolled desire to use again. Addicts are driven by physical and mental impulses to use that they cannot control.

To get an idea of what drug cravings are like, remember going a long time without eating a meal and being really hungry. Being hungry is a mental and physical experience triggered when the body needs nutritional energy.

It is a craving for food driven at a physical level which in turn stimulates memories of eating food which is followed by a strong desire or compulsion to consume food. Usually when a person is hungry they will think about their favorite foods, and if they get hungry enough they can sometimes even smell and taste certain foods.

If one is hungry and goes long enough without food eventually the thought of food and the physical reaction (i.e. growling stomach, or shaking) to not having the food will become so great that they will drop whatever it is they are doing and arrange to get food and eat it. As soon as the food is consumed the hunger pangs stop and one feels good about satisfying their hunger.

A drug craving is similar, but the desire to use drugs is much stronger and more intense than hunger pangs. An addict craving drugs will feel like life itself is dependent on them getting their drug of choice. They will do and say almost anything to get the

drug to feed the craving they have for it.

Once they feed the craving they feel relief from the physical and mental drive to use until the drug wears off and the craving returns.

Today it is fairly common for many companies and federal agencies to drug test their employees. These drug tests are done through urinalysis. Through testing a person's urine one can determine if they have taken drugs and if so what type of drug it was.

Drug tests identify drug metabolites present in urine. The drug metabolite is like a fingerprint of the drug taken. Cocaine produces a cocaine metabolite, opiates produce an opiate metabolite, alcohol produces an alcohol metabolite and so on. This is an important fact to remember in looking at what causes drug and alcohol cravings.

The origin of drug cravings begins with the way the body metabolizes chemicals. Drugs and alcohol are broken down and filtered in the liver. There is a by-product from this filtration process called a metabolite.

A metabolite is a protein-based molecule that is produced when the body processes and filters food or chemicals that are ingested. Some of these drug metabolites will end up leaving the body through the sweat and urine, while other metabolites can and do find their way into fat cells, which are also protein-based.

The fact that both these elements are protein-based is why the fat cells and me-

tabolites remaining in the body are able to adhere to each other.

The next component of drug craving has to do with memory and the mind. Each time a person consumes drugs or alcohol they develop 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 recorded in the mind. For those dependent on physically addictive drugs like opiates, alcohol, tranquilizers or sleeping pills they have a series of memories that contain the pain and discomfort associated with drug withdrawal.

The body will metabolize and burn fat cells any time a person undergoes a situation in life that causes the heart rate to speed up. Stress can do this, as can strenuous exercise or intense emotion.

Most of us experience some or all of these situations on a fairly regular basis. When an addict's body metabolizes fat, if the fat cells contain metabolites from past alcohol and drug use, as the fat cell burns the drug metabolite will activate back into the person's blood stream.

Keeping in mind that each type of drug produces its own metabolite and that the drugs or alcohol have already been in the blood stream when they were originally ingested the body

gets reminded of the drug at a physical level which will then trigger recorded memories of drug-related experiences and discomforts from the past.

The person remembers feeling and thinking as they did in the past when they were under the influence or will remember experiencing pain and discomfort when they were coming down from the drug and so are prone to use again at these times.

For more information on drug or alcohol addiction, phone (800) 468-6933 or visit www.stopaddiction.com.

As parents age, looking for help signs important

As a guideline to determine if elderly parents or relatives need help:

*Look in the refrigerator, freezer and drawers. Has food spoiled because mom can't get to the grocery store? Does she have difficulty cleaning tight, cluttered places?

*Look over the grocery list. Has your loved one's declining health prompted her to purchase more convenience and junk foods, and neglect proper nutrition? Is she losing weight?

*Look on top of furniture and countertops. Are dust and dirt signs that household tasks are becoming more difficult for your parents?

*Look at fans and ceilings. Has the inability to lift her arms and climb stepstools prevented your loved one from cleaning soot and grime from high places? Caution them not to climb.

*Look at floors and stairways. Have shaky hands spilled drinks and food, soiling vinyl, wood, carpets, and walkways? Are frayed carpets, throw rugs, objects and furniture creating tripping hazards? Does dad's bad knee put him at greater risk on cracked sidewalks and with broken stair

rails?

*Look under beds and sofas. Is your senior having difficulty organizing old newspapers, books and magazines, which are creating a fire hazard?

*Look through the mail. Is mom's dementia causing her to forget to pay the bills and answer correspondence?

*Look below bathroom and kitchen sinks. Is poor eyesight making it difficult for your elderly relative to read medication labels and to properly store cleaning materials? Is he forgetting to refill medications and to take them on schedule?

Check the refill date against the number of pills in the bottle to help determine if your loved one is taking medication regularly. Or phone the pharmacy.

*Look at your senior's appearance. Is clothing dirty and unkempt, and is your loved one neglecting personal hygiene?

*Look to your parents' neighbors and other close friends to determine their daily routine. Are your seniors at home more, watching television and avoiding stimulating conversation and companionship?

(Source: Home Instead Senior Care, 2005).

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Brian Anderson for Sheriff

Experience, Education and Neighbor

Combined experience, training, and education demonstrate Brian's preparedness to serve as the top law enforcement officer in Josephine County



- He attended Oregon State University, graduating with a Bachelor of Science Degree in Business Administration.
- Brian is a graduate of the FBI National Academy and the Oregon State Sheriff's Command College.
- Brian is a certified police officer in the State of Oregon with over 3500 training hours.
- He has worked for the Josephine County Sheriff's Office for 19 years. Brian has worked in patrol and corrections. He has been promoted to detectives, corporal, sergeant and the rank of lieutenant.
- While a lieutenant, Brian has supervised Operations, Support Services, and the Corrections (Jail) Divisions.
- Brian was appointed to the rank of Undersheriff in 2004. He handles the day-to-day operations of the Sheriff's Office.

Brian and his wife, Julie, have been married for 26 years and have lived in Josephine County since 1984. They have one daughter.

He is a member of the Rogue Gateway Rotary Club and Southern Oregon Fly Fishers. He is a former member of Elks Lodge #1584 and the Greater Grants Pass Rotary Club.

Brian is a Board member of the Interagency Narcotic Team, and Common Ground. He is a former board member of Coalition for Kids, 911 Governing Board, the Greater Grants Pass Rotary Club, and the Rogue Gateway Rotary Club.

Law Enforcement:

Sheriff Daniel, Josephine County
Sheriff Winters, Jackson County
Sheriff Calvert, Josephine County (Ret.)
Sheriff Brandt, Josephine County (Ret.)
Chief Schwartz, Grants Pass (Ret.)
Chief Peterson, Cave Junction, & Junction City (Ret.)
Lt. Dickson, Josephine County (Ret.)
Lt. Harman, Josephine County (Ret.)
Lt. Cobbs, Torrence Police Dept. (Ret.)
Sgt. Warren, Josephine County
Sgt. Kuehmel, OR State Police (Ret.)
Sgt. Goodpasture, Josephine County (Ret.)
Sgt. Heller, Josephine County
Deputy Mace, Josephine County
Deputy McMillen, Josephine County
Deputy Torres, Josephine County
Deputy Marshall, Josephine County
Deputy Stanton, Josephine County
Deputy Lookabaugh, Josephine County
Deputy Watson, Josephine County
Deputy Schmidt, Josephine County
Deputy Johnson, Josephine County
Deputy Durham, Josephine County
Volunteer Matson, Josephine County
Chris McMillen, G.P. Public Safety
Mike Quinn, Torrance Police Dept. (Ret.)
Ron Ruby, Torrance Police Dept. (Ret.)

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