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When Relapse Turns Deadly: What You Need to Know About Drug Overdose

By David Sack, M.D., CEO of Elements Behavioral Health

Friends and fans are reeling in the wake of *Glee* actor Cory Monteith's overdose on a mixture of heroin and alcohol. Suffering a similar fate as Kriss Kross rapper Chris Kelly and others who have passed this year, his lengthy battle with drugs ended tragically on July 13 in his hotel room.



Could his story have ended differently? What can others learn from this tragedy? Monteith's passing highlights important lessons for anyone who struggles with addiction or cares about an addict (*which,*

with 23 million people suffering from addiction, is most of us).

While celebrity overdoses draw the public's attention, 100 people die from drug overdoses every day in the U.S.

After increasing every year from 1999 to 2010, drug overdose is now the number one cause of accidental death, surpassing car accidents. This increase is largely attributed to the epidemic of prescription painkiller abuse. The Centers for Disease Control and Prevention recently warned that more women are dying from prescription painkiller overdoses than ever before, a 400 percent increase in just the last decade.

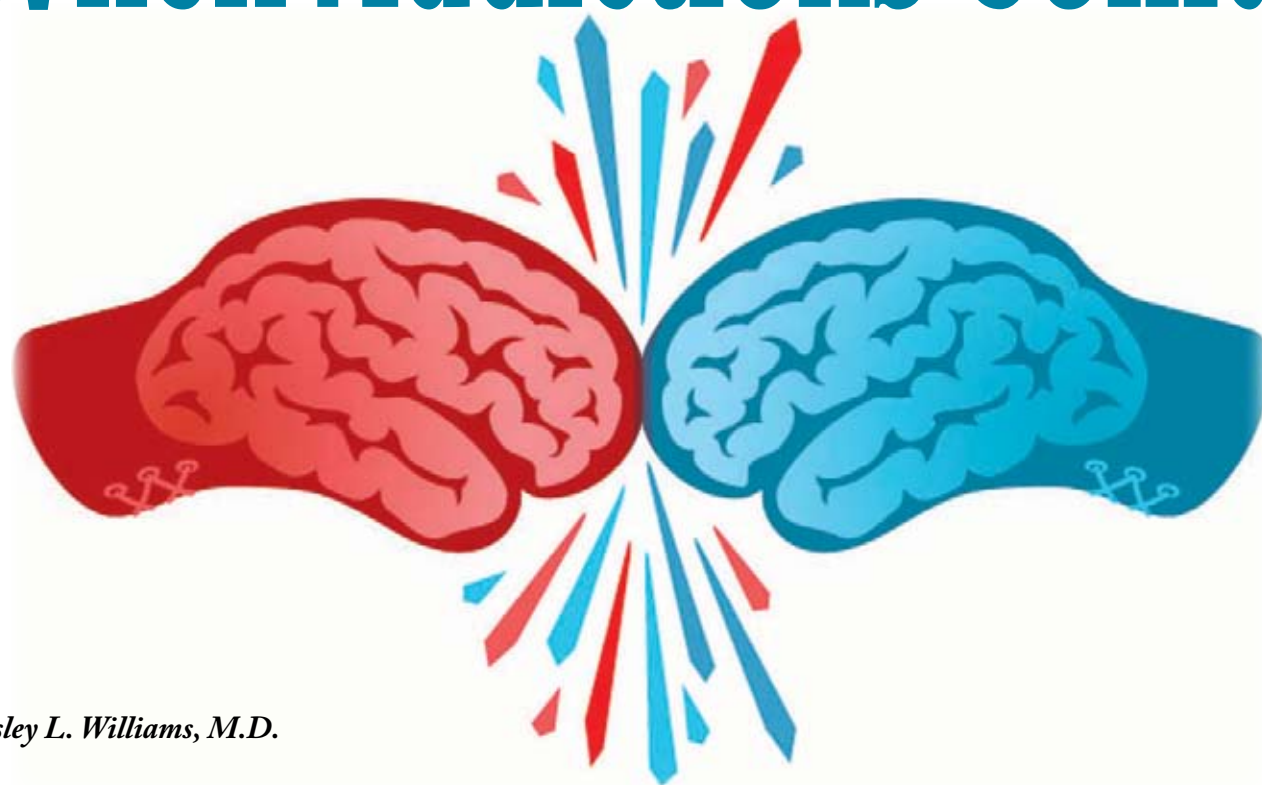
A Post-Rehab Danger

It is a sad irony that rehab is life-saving, yet the weeks and months immediately following checkout are among the most vulnerable times in an addict's recovery. It can take up to a year for the areas of the brain responsible for impulse control and emotion regulation to return to normal functioning. In addition, people are often still struggling with powerful drug cravings and then return to an environment where they are surrounded by reminders of their drug use.

Particularly when addicts receive short-term treatment (30 days or less), they haven't had much time to address the issues underlying their addiction or practice their new coping skills. Old, familiar coping strategies remain far more comfortable and automatic. A recovering addict who thinks they've got their drug problem under control after a short stay in rehab is likely to return to life as usual rather than creating a new life in recovery, greatly increasing the risk of relapse.

Relapse continued page 5

When Addictions Collide



By Lesley L. Williams, M.D.

For women and men with co-occurring eating and substance abuse disorders, the two issues form concentric circles. Sufferers typically have the same predisposing genetic and environmental factors where the circles intersect. However, there may be some aspects that are unique to each disorder. At the core, the eating disordered behaviors and substances are used as tools to cope with underlying issues. Treatment can be very challenging. It involves abstinence from substance use and bingeing and purging behaviors with simultaneous exposure to normal eating habits. The multiple moving parts involved in the treatment of both disorders can make recovery a slow and methodical process. Typically, as the symptoms for one improve, symptoms for the other exacerbate. That is why it is necessary to treat both aggressively and simultaneously.

Eating and substance abuse disorders are a common marriage because they share so many characteristics in common. Patients who suffer from both are likely to have low self-esteem, anxiety, depression, prior physical or sexual abuse and a family history of substance abuse or eating disorder. They are also individuals who tend to be vulnerable to social and societal pressures. Both disorders impact the brain similarly. Those who suffer from the disorders describe intense cravings, a preoccupation with thoughts regarding the substance/ED behavior, compulsive use of the substance or engagement in the ED behaviors and secrecy regarding those behaviors. Research by the National Center on Addiction and Substance Abuse at Columbia University found that "Up to 50 percent of individuals with an eating disorder abuse alcohol or illicit drugs compared to approximately nine percent in the general population. Up to 35 percent of alcohol or illicit drug abusers have an eating disorder compared to up to three percent in the general population."

One aspect of eating disorders that is unique when compared with substance abuse is the inability to completely abstain from the substance of choice- food. In order to survive and maintain optimal health, we need to eat at least 3 balanced meals daily and preferably 3 snacks. That requires eating disordered patients to have to navigate use of their "drug

"Eating and substance abuse disorders are a common marriage because they share so many characteristics in common. Patients who suffer from both are likely to have low self-esteem, anxiety, depression, prior physical or sexual abuse and a family history of substance abuse or eating disorder."

of choice' up to six times a day. Singular substance abuse treatment allows sequestration from the substance of abuse in a safe and secure environment. Eating disorder treatment cannot provide that same isolation. The challenge is like asking an alcoholic to drink six cocktails daily and maintain control.

Treatment from both eating and substance abuse involves developing alternative coping skills. In both instances, the maladaptive behaviors serve a purpose. Whether they are being used to mask the pain of a less than nurturing childhood or express emotions that the person cannot verbalize, they are engaging in the behavior for a reason. The hallmarks of treatment are to identify the function of the behavior, address the underlying issue and teach more appropriate coping mechanisms. This can be a long and arduous process filled with triumphs and set backs. Even the most motivated person finds that dealing with all of this at once often feels overwhelming.

At Remuda Ranch, we are up to the challenge of effectively treating co-occurring substance abuse and eating disorders. We couple our rich history of eating disorder treatment with the innovative trauma and substance abuse treatment practices that we have learned from our partnership with The Meadows. Incorporating both, we are able to best equip patients for their journey to full recovery. If you or someone you know suffers from substance abuse and/or an eating disorder, please call us for more information.

Facts about Eating Disorders

- 62.3 percent of teenage girls report trying to lose weight (compared to 28.8 percent of teenage boys), 58.6 percent are actively dieting (compared to 28.2 percent of boys) and 68.4 percent exercise with the goal of losing weight or to avoid gaining weight (compared to 51 percent of boys).
- 19.1 percent of teenage girls fast for 24 hours or more (compared to 7.6 percent of teenage boys), 12.6 percent use diet pills, powders or liquids (compared to 5.5 percent of boys) and 7.8 percent vomit or take laxatives to lose weight or to avoid gaining weight (compared to 2.9 percent of boys).
- Many individuals who engage in unhealthy weight-control behaviors or have full-blown eating disorders use or abuse substances such as caffeine, tobacco, alcohol, cocaine, heroin and over-the-counter medications such as appetite suppressants, diuretics, laxatives and emetics.
- Caffeine is used to alleviate hunger or boost energy. People with eating disorders often consume large amounts of diet sodas which frequently are high in caffeine content.
- People with eating disorders smoke cigarettes to suppress their appetite and provide themselves with an alternative

WHEN ADDICTIONS COLLIDE continued page 9



publisher's note

Another Angel on my Shoulder

By BARBARA NICHOLSON-BROWN

On July 2, my 86-year old mom transitioned from this world to the next, so I now have another angel on my shoulder.

She lived a very big life with many facets, and didn't make much of a fuss near the end. During the weeks since she has passed, I've thought about her contagious laugh and her open arms, even when I was active in my addiction. She was my mom and she loved me — no matter what pain I caused her.

The gifts I received from her were many, from her artistic talent and sense of humor, to **alcoholism**.

Growing up, the word "alcoholic" was rarely, if ever spoken in our home, which I imagine only deepened her shame, because we all "knew."

Back in the 50's and 60's women were almost ostracized for having this "affliction," and certainly no one considered it a disease. If this type of chaos was happening in your home as it was mine, the rug was not big enough to push it under and the 800 pound elephant lived in every room of the house.

There was always an eerie feeling when my mom drank — while it was right under our noses, it was a topic to be ignored and never to be discussed. In fact, I still remember declaring I would never follow in her footsteps, not me, I would never be an alcoholic. Obviously my plan to lead a straight and narrow life didn't last long. Once I swallowed what I considered to be the magic elixir, there was no stopping me for many years. But that was then.

Today, I cannot imagine my life without sobriety.

While I went the 12 step route, my mom chose to "quit" on her own back in the late 70's. That is where we differed. Yet there was never any judgment from either one of us about it. In fact, when I moved here in 1990, she was the one who handed me my first meeting list. Just another gift.

Thank you Mom for the life you gave me, supporting me on my journey, the laughs, the love, the ups and downs — and one last reminder — don't ever leave my shoulder.* With love, and forever your daughter.

**Just hours before this issue went to press I found this photo of my angel on my shoulder.*



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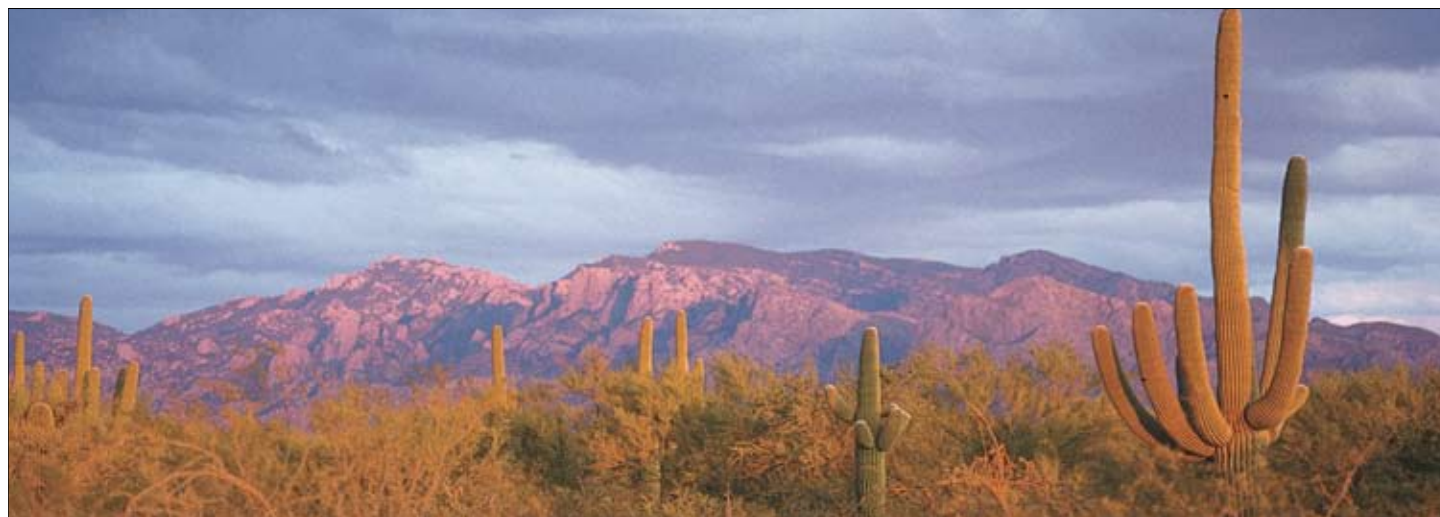
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cottonwoodtucson.com

Excessive heat poses increased risks for individuals with behavioral health conditions

The Substance and Mental Health Services Administration (SAMHSA) is issuing a heat advisory to alert the nation to the increased risk of heat-related illnesses for individuals with mental and substance use disorders. Children and older adults with these conditions are particularly vulnerable to elevated temperatures.

Exposure to excessive heat is dangerous for all American citizens and can lead to heatstroke which is considered a medical emergency. Heatstroke occurs when the body's temperature-regulating system breaks down and the body is unable to cool itself. Internal body temperatures can rise to levels that may cause irreversible brain damage and death.

Individuals with behavioral health conditions who are taking psychotropic medications or using certain substances are at a higher risk for heatstroke and heat-related illnesses. These medications and substances can interfere with the body's ability to regulate heat and an individual's awareness that their body temperature is rising.

According to the Centers for Disease Control and Prevention (CDC), effective methods to prevent heat exhaustion include drinking plenty of fluids, replacing salt and minerals that may be removed from heavy sweating, wear loose light-colored clothing, wear sunscreen, stay cool indoors with air conditioning, and monitor those at high risk. For individuals who may be living in facilities, ensure that they are well hydrated, have access to cooler areas, and monitor temperature levels, especially for those individuals who may be taking antipsychotic and anticholinergic medications.

*For more information on how to prevent, recognize, and treat heat-related illnesses, see **Extreme Heat: A Prevention Guide to Promote Your Personal Health and Safety** www.bt.cdc.gov/disasters/extremeheat/.*

NEWS

Statement from Steve Pasierb on the Death of “Glee” Star Cory Monteith

By Steve Pasierb
We are saddened by the tragic, early death of “Glee” star Cory Monteith due to an overdose of heroin and alcohol. We hope that parents take this teachable moment and talk with their kids early and often about substance abuse, whether that be about prescription drug misuse, drinking or other illicit drugs.

After news of Cory’s death, a colleague said to me of Cory’s beloved “Glee” character, “Finn Hudson was the kind of son I’d hope to raise – a good friend, a loving son, a school leader. From all accounts, that’s the kind of person Cory Monteith was as well — gracious, kind and hardworking. His death hits home that addiction can happen to anyone.”

In interviews, Cory spoke bravely and honestly about his substance use and attempts to change his life course through treatment, hoping that his experience could be an example for other young people. His struggle and death don’t make him a hypocrite. It makes him human. And his life and death can still be an example for families.

Cory’s lifelong struggle with substance use is a testament to the fact that people who try drugs and alcohol at a young age are much more likely to suffer from addiction as adults, as Cory tragically did. In fact, 90 percent of adult addictions start with use in the teenage years. Kids who learn about the dangers of drugs and alcohol early and often are far less likely to use and to become addicted than those who do not receive this critical message at home. Parents and caring adults play a crucial role when it comes to preventing substance abuse.

We know parents have questions about teenage substance abuse, how to start a conversation with their kids or how to step in when their use leads to problems, **The Partnership at Drugfree.org offers our Parents Toll-Free Helpline at 1-855-DRUGFREE, as well as comprehensive resources on our website, drugfree.org.**

Dr. Patrick Carnes’ Gentle Path Program added to The Meadows



The Meadows announced the addition of Patrick Carnes’ Gentle Path Program. Through this definitive and exclusive license agreement with New Freedom Corporation, Gentle Path will be relocating from Pine Grove Behavioral Health and Addiction Services in Hattiesburg, Miss. to The Meadows’ newest property, Vista, located two miles from the main campus. Vista will open on October 15, 2013, offering a 26-bed facility and an exclusive and confidential setting for males 18 years and older.

The Gentle Path program is based on the



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ground breaking work of Dr. Carnes’ Thirty-Task model which has been empirically validated to be an effective form of treatment for sexually compulsive behavior. Patients of the Gentle Path program undergo a comprehensive diagnostic assessment prior to participation in the residential treatment program. Patients focus on trauma therapy in addition to treatment for mood disturbance, anxiety, or addictions such as chemical dependency and process addictions.

“The Meadows is pleased that Gentle Path will join our organization and provide us the opportunity to expand our services to men who suffer from a sexual disorder,” said Jim Dredge, CEO for The Meadows. “We are thrilled that Dr. Patrick Carnes has returned to The Meadows as a new Senior Fellow, as well as directing the Gentle Path program.”

Gentle Path offers a comprehensive level of holistic treatment and services which includes 12-Step groups and an intensive

one-week Family Care Program. Family week brings together patients’ loved ones to assist in dealing with difficult issues, identify the problems they face and set goals for recovery. In addition, The Meadows’ signature Survivors Workshop will be added to the program, along with Equine Therapy and Somatic Experiencing®.

“Walking onto The Meadows campus was like returning home,” said Dr. Patrick Carnes. “I look forward to a collaborative, exciting, and innovative new version of the Gentle Path Program.”


Patrick Carnes, Ph.D., C.A.S., is a nationally known speaker on sex addiction and recovery issues. He is the founder of the International Institute for Trauma and Addiction Professionals (IITAP) and Gentle Path Press. From 1996 until 2004, Dr. Carnes was Clinical Director for Sexual Disorder Services at The Meadows Wickenburg. His achieve-

ments include the Lifetime Achievement Award from the Society for the Advancement of Sexual Health (SASH), where they present an annual “Carnes Award” to researchers and clinicians who have made exceptional contributions to the field of sexual health. He is the author of *Out of the Shadows: Understanding Sexual Addiction*, *Contrary to Love: Helping the Sexual Addict*, *The Betrayal Bond: Breaking Free of Exploitive Relationships*, *Open Hearts, Facing the Shadow*, *In the Shadows of the Net*, *A Gentle Path Through the Twelve Principles*.

Poisoning killed more than 1,100 Arizonans in 2011

While the word “poison” conjures up images of bleach and rat killer, alcohol is the number one poison listed on death certificates. Substances such as heroin and oxycodone/hydrocodone also contribute to

NEWS continued page 13



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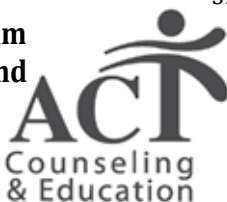


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Getting In Tune with Our Core Beliefs

By Bobbe McGinley

Beliefs are meanings about ourselves, other people, and the world we have come to trust and rely on. We develop these deep beliefs out of what has happened to us, what we have been told to believe, and from watching what happens around us.

Children often believe what they are told: "strangers are dangerous," "Listen to and respect grown-ups." "Don't burden other people with your problems," "You're bad."

If you witnessed violence in your home growing up, you may believe that caring people hurt each other, or you never leave a relationship no matter how damaging it might be. On the other hand, your past experiences may have led you to believe you are always safe, that you are in control of what happens to you, that others are always trustworthy, or no matter what happens, things will work out okay in the end.

Because beliefs are meanings, they are based on evidence, past facts, and experience. They are the lessons we draw on to help us know how best to act or react in the present. Once we have formed our core beliefs, we usually stop thinking much about them. They become a natural part of who we are and how we function. We tend to act on them automatically, as reflex.

Beliefs can and do Change

Most of the time they change gradually as the weight of our experience shapes what we believe. The process is similar to the way a river gradually shifts its course as the surrounding terrain erodes. This process of belief change is called accommodation. It is possible to exert some control and influence over the process. With trauma, however, basic beliefs can change quickly and dramatically. A belief may intensify, become absolute, reverse itself, or collapse altogether.

Survivors of trauma often think in black-or-white — all-or-nothing terms. Overwhelmed with powerful feelings, they tend to feel completely safe or completely in danger, completely in control or completely out of control. This kind of thinking can occur as a reaction to trauma. When trauma shatters a basic belief it can seem best to believe the extreme opposite. It may feel most self-protective not to expect anything positive from yourself or others. If you thought you were safe and suddenly found yourself in a life-threatening situation, it may seem safer always to assume high risk rather than to assume safety. You may then feel better prepared to protect or defend yourself.

Trauma throws you for a loop because it changes your core beliefs about one or more of the five basic human needs: safety, trust, control, self-esteem, and intimacy. We need some minimum amount of each of these things for ourselves and for those close to us. When we don't get enough of what we need, we can begin to experience distress.

If you are experiencing troubling post trauma reactions, it can probably be traced

to a change in your thinking about one or more of these five needs. You may no longer feel safe or able to trust. You may feel out of control, worthless, or alone. You may have any or all of these reactions. If you do, your trauma experience has probably disrupted your beliefs about that need. What did that need mean to you before the trauma? How has it changed since the trauma? What lessons about that need did you draw from the trauma? Are there other possible meanings to events in your current life? Perhaps you do not need to feel hopeless about regaining a sense of safety, trust, or intimacy?

Basic needs often Disrupted by Trauma:

- **Safety for yourself:** The need to feel you are reasonable protected from harm inflicted by yourself, by others, or by the environment. **Safety for others:** The need to feel that people you value are reasonable protected from harm inflicted by yourself, by others, or the environment.
- **Trust in yourself:** The need to rely on your own judgment. **Trust in others:** The need to rely on others.
- **Control of yourself:** The need to feel in charge of your own actions. **Control with others:** The need to have some influence or impact on others.
- **Esteem for yourself:** The need to value what you feel, think, and believe. **Esteem for others:** The need to value others
- **Intimacy with yourself:** The need to know and accept your own feelings and thoughts. **Intimacy with others:** The need to be known and accepted by others.

Actual experience by itself isn't always enough, we constantly filter or ignore experiences in our day-to-day lives. If you don't not have an open mind, you will find it difficult to notice evidence when you see it. It is easy to dismiss, ignore, or explain away contradictory evidence automatically. This is natural, but not necessarily in your best interest. It is, of course, wise not to make big changes on the basis of a single experience. However, explaining away experiences as "exceptions" can happen so fast you may not notice what has actually happened.



Bobbe McGinley MA, MBA, CADAC, LISAC, NCGC II, is a nationally known speaker, author, presenter and trainer, consulting many different industries about Problem Gambling. She currently serves as their Gambling Program Consultant. Call 602-569-4328 or visit www.actcounseling.com.



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In gratitude and the memory of

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Thomas M. Litwacki, LISAC
Bill Rosenfeld, MC, LPC
Debra L. Kaplan, MA, LISAC, CSAI-S

Relapse from page 1

Relapse is part of the disease of addiction

Many people go on to achieve lasting recovery following one or more slips. However, in the weeks and months following a stay in rehab, addicts need a great deal of education and support not only to protect their recovery but also their lives. The risk of accidental overdose rises sharply during this time, largely because of reduced tolerance.

People who use a drug regularly develop a tolerance for it; that is, they require larger doses to get the same effects. Just as quickly, tolerance can diminish. After even a brief period of abstinence, which often takes place in detox, rehab or prison, the brain becomes less accustomed to — or less tolerant of — the presence of drugs. As a result of this increased sensitivity, if an addict goes back to the same dose they used prior to rehab, they are at high risk of fatal overdose.

It is a sad irony that rehab is life-saving, yet the weeks and months immediately following checkout are among the most vulnerable times in an addict’s recovery. It can take up to a year for the areas of the brain responsible for impulse control and emotion regulation to return to normal functioning.

Most overdoses occur when multiple drugs are abused, most commonly alcohol, benzodiazepines such as Valium and Xanax, cocaine and heroin. Illicit drugs are often implicated in drug overdoses because their potency is unpredictable and they reach the brain rapidly. Other risk factors for drug overdose include taking drugs alone (two-thirds of overdoses occur when a person is using at home alone) and having experienced a non-fatal overdose in the past.

Most overdoses occur because the drugs that are used stopped the person’s breathing. This effect is most profound with opiates (drugs similar to morphine and heroin, including prescription painkillers). Overdoses due to prescription drugs now exceed all other causes and the tragedy is that many of these can be prevented by a simple and safe medicine that blocks the effects of opiates on breathing.

One approach is a medication called naltrexone. Naltrexone can be given as a single monthly injection (Vivitrol) that virtually abolishes the risk of an accidental overdose in someone who uses after treatment.

Why isn’t this being used more often?

The answer is complex. Many recovering drug users don’t accept that they remain vulnerable to relapse. Family members don’t want to “make an issue” of going on Vivitrol when their relative is doing so much better at the end of treatment. Relapse is perceived

by many as a choice, so they don’t believe a drug can make a difference.

The reality is that Vivitrol helps in two important ways: It decreases drug cravings, making relapse less likely, and it prevents an accidental overdose if the person slips so that a single bad choice does not become a death sentence.

A Long-Term Approach to a Lifelong Problem

Although many people believe that going to rehab is a permanent solution to a drug problem, it is actually the start of a lifelong process — a process that often involves an intricate dance of forward and backward progress. Relapse can’t always be prevented, but accidental drug overdose can. So what can be done?

The only sure-fire way to prevent overdose is to avoid using drugs. However,

refraining from mixing drugs, using drugs alone, or using at the same level as before a period of abstinence are essential once the decision to use has been made. Loved ones can work with addicts on an overdose plan that covers who to call and what to do in the moments before relapse.

Follow-up care is another important protective factor. As a chronic disease similar to diabetes and heart disease, addiction requires ongoing care. Research shows that long-term treatment (90 days or more) improves outcomes, especially if the addict makes a gradual transition back into regular life. This may involve outpatient treatment, ongoing therapy, support groups or a sober living home.

Drug overdoses are among the most tragic outcomes of addiction. For most people, relapse is not the end of recovery; it’s another step on the journey. But those who accidentally overdose — often people who are sincerely trying to get better — make one miscalculation and suffer the only fate that means hope is lost.



David Sack, M.D., is board-certified in psychiatry, addiction psychiatry and addiction medicine. He is CEO of Elements Behavioral Health, a network of mental health and addiction treatment centers that includes Promises, The Ranch, Right Step, The Recovery Place, The Sexual Recovery Institute, Malibu Vista, and Spirit Lodge. www.elementsbehavioralhealth.com

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www.tcaz.org

The Controlling Self

By Mike Finecey, MA, LPC, LISAC

If our childhood included pain and we didn't have someone to teach us what to do or we were unable figure out what to do, the controlling self was created.

The purpose of the controlling self is to instill necessary defenses and avoidances so we can survive the pain. Growing up, we learn what we need to do and what works or not to solve the emotional issues of our life. We also learn how to take care of what we feel, what we want and need to create a life where we can exist, and how to have control over our environment.

Somewhere around the sixth grade someone may have told us "don't let them see you hurt." This is an age where our brain begins to understand our surroundings and we begin to interpret and solve our problems of the day. Each of us at some time began to develop a defense system allowing us to have control over our lives.

Our defenses can be healthy when we have support from others, and we've been taught how to take care of ourselves in a healthy manner with healthy boundaries.

The rest of us needed a way to cope with the pain of being a child long before we knew how to resolve the hurt. And the effect as we grow older is to use defenses to find places to hide, numb out or simply repress. Some of unhealthy defenses can be rage and anger which pushes people away, people-pleasing, protecting ourselves from being rejected, showing a fake smile and not being authentic so one will know our core pain and hurt. Addiction is another route in which masks our pain.

Seeking Pleasure vs. Avoiding Pain

Addiction often times is disguised in the power of pleasure and can become a false god used to support the inability to cope with the reality of being "me". How many times have we sought pleasure as a relief from pain? We'll even argue that "getting high" is about pleasure. All the while, our reality is lost in the pleasure. The possibility exists that we rarely seek pleasure, but seek to remove ourselves from pain. We create a controlling self to keep the pain away and it is the controlling self that found addiction to minimize, ignore, hide, repress and deny the pain. Even the drug we choose can define the pain of our childhood. Opioids can be used by someone who has seen traumatic events as these drugs allow the addict to finally close their eyes in quiet and isolation.

Work, as an addiction is often used by someone who was never taught how to be vulnerable and intimate.

The controlling self, is often created long before the sixth grade and it had to develop skills to hide pain before our brain

was developed to solve problems in a healthy way. The pain masked from childhood by the controlling self can also be a trigger no one notices.

When we are seven or eight and couldn't deal with fear, more than likely we still do not know what to do with fear if it occurs today. If we believed we were not enough at nine, we may still believe it today. We may know the truth in our logical thinking, but emotionally, we continue to believe we're not enough.

Choosing To Be Enough

As adults we need to make a choice of who's running our life, a ten year old controlling self or an adult. We need to thank the controlling self for the job they did in keeping us from hurting so much. Without them, our fear may have overwhelmed us. Today, it's time to thank that part of us and create a new direction of support and genuine self-care. We can choose to matter. The need to matter evolves from a fear of being alone; a fear of rejection or abandonment and can create neediness or shame that "I don't matter."

Today we must be responsible not to reject ourselves and realize no one has the permission to reject us without our permission. We can choose to be enough. The need to be enough evolves from a fear of being known; a fear of intimacy and can create shame that "I not enough" or "I'm unworthy." We must be willing to be vulnerable and share who we are to be enough. When we believe we're not enough, we will prove it. When we believe we matter, are worthy or enough, we will prove that too. We no longer need to control what we feel, but as adults learn to protect who we are, share what we feel and know what we want and desire to resolve our emotions in a healthy manner. Healthy boundaries along with healthy intimacy will create the person we want to be. To be the adult knowing — we are worthy to be as we were born to be.



Mike Finecey, MA, LPC, LISAC is the co-founder and Clinical Director of North Pointe Counseling Center specializing in the treatment of Trauma, Abuse and Deprivation. He is the co-author and facilitator of *Breaking Free...a Journey, a 20-hour intensive workshop that focuses on healing from traumatic life events. Breaking Free is offered monthly to the public and is privately contracted with organizations such as treatment centers and community-based foundations. For more information: 800-273-3429 or www.npccaz.com.*



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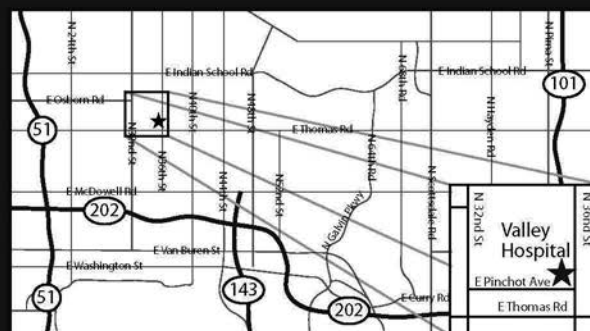
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Commitments – Are You In or Out?

By DR. DINA EVAN

You said it. You meant every word, and you intended to do what you said that you would do. But, it didn't happen. What did happen? What is the most important behavior to building trust and creating long-term successful relationships of any kind? Keeping your commitments!

This is the one key factor that sets the highly successful people and relationships in a category of being honorable. Ninety percent of our personal and the world's problems and divorces result from people failing to keep their commitments. Politicos, heads of state, family members, partners and friends can point to the moment a relationship became skewed and doomed, due to a broken commitment.

So can you.

When you break enough promises to yourself, it won't be long before you don't believe in yourself any longer and others no longer believe you either. Keeping commitments to yourself is the reference point for doing the same with others. That's not self-ish- it's self-loving.

When you fail to keep a commitment, your brain immediately starts looking for excuse or scapegoat. You didn't have enough time to commit to complete the project. It's just you, how or who you are. You had to buy that television at such an incredible bargain. That is an incredibly disempowering attitude that is void of any personal responsibility.

The truth is that you are responsible for EVERYTHING THAT HAPPENS IN YOUR LIFE and when you get that, you have stepped into a mighty place of empowerment. The problem with this reasoning is it doesn't really solve any problem. No, you can't single-handedly make the stock market crash, but you are in charge of your response to everything that happens to you.

Acknowledge that keeping commitments to yourself is very important to you. Because we're each individuals, we are the only ones who know what's best or special, in our life. Don't trick yourself with comments like "Well that's just how I am or who I am."

It's not!

When you cannot keep your commitments, that is simply a red flag telling where your work is. Failing to keep your commitments, large or small, will cause those you love to question whether or not you can be trusted about anything. Be impeccable with your word.

When you agree to do something — do it as agreed. When you agree to meet some-

one, be there on time. When you fail to keep a commitment, you fail yourself first and the other person second.

Your loved ones and professional partners are measuring your actions against your words because your ability to keep your commitments, following up and following through on your word, is the single best indication as to what people should expect from you regarding future commitments. It tells them whether or not; you can be trusted to care for them and the relationship.

Be careful what you agree to because many people find it easier to say yes than no. It is better to only agree to what you can do. If you disappoint someone because of being over-committed or because you have difficulty saying no, you appear to be an unreliable people pleaser who frequently disappoints, rather than one who sets and respects his own good boundaries.

Don't hold committing back because you feel it means you are locked in without any options. Not to worry, there is a way out: it is called *renegotiating commitments*. Your loved ones and your friends know that life sometimes gets in the way of your best intentions. When you are genuine and authentic, there is always a way to renegotiate an agreement that works for everyone. Being honest and direct about change leaves the other feeling respected and not abandoned or betrayed even when he or she does not get what they want.

So why do you think you came here at this time to this planet? Do we really think it was to buy and sell houses, go on vacations, dance in and out of relationships and shop the racks of Needless Markup and Saks? You came to stop playing small and start stepping into your power. That is why at a deeper level, we create all these experiences with rich, meaningful opportunities to grow.

Ethical process is more important than the end result or goal. Process is the grand teacher — reaching your goal is the gift. You win if you are truthful and change commitments you must change, with compassion and understanding.



Dr. Evan is a life/soul coach in Arizona working with individuals, couples and corporations. For more information 602-997-1200, email drdbe@attglobal.net or visit www.DrDinaEvan.com.

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EVENTS CALENDAR

AUG 7 — St. Luke's Clinical Breakfast series: SYNTHETIC DRUGS: Unknown Chemicals, Effects & Risks with Stephanie Siete, Director of Community Education Community Bridges **8:00 AM – 9:00 AM.** Behavioral Health Center Auditorium, 1800 E. Van Buren. **1 CEU.** Breakfast, networking. **FREE. 602-251-8799.**

AUG. 23, 7:30 – 10:00 a.m. Tucson Area Professionals' Networking Breakfast, Sponsored by Sierra Tucson and Prescott House. Location: Westward Look Wyndham Grand Resort & Spa, 245 E. Ina Road, Tucson, AZ 85704. Pre-registration at www.SierraTucson.com by 8/16/13: \$15 per person (no refunds after this date). At door: \$25 per person (cash or check only). 2.0 CE Credits available. For info, visit www.SierraTucson.com or contact Mike Lyles at 800-624-5858, Ext. 2132, or MLyles@SierraTucson.com.

SEPT. 9-13 – Tucson – Cottonwood Tucson – InnerPath Women's Retreat. This five-day retreat has been designed especially to meet the needs of women who are re-evaluating their relationships, their priorities, and their sense of self. Facilitated by Rokelle Lerner. Visit www.cottonwoodtucson.com or call Jana at 520-743-2141 or email at jmartin@cottonwoodtucson.com for information and registration.

SEPT. 11— 8 – 10:00 a.m. Phoenix Area Professionals' Breakfast, Sponsored by Sierra Tucson and Prescott House. "Self-Compassion and Therapy," Speaker: Mayday Levine-Mata, Psy.D. Location: The Pointe Hilton Squaw Peak Resort, 7677 N. 16th Street (& Morten Ave), Phoenix, AZ 85020. Pre-registration at www.SierraTucson.com by 9/4/13: \$15 per person (no refunds after this

date). At door: \$25 per person (cash or check only). 2.0 CE Credits available. For info, visit www.SierraTucson.com or contact Lisa Jane Vargas at 480-722-0893 or LVargas@SierraTucson.com.

SEP 16-20 – Tucson – Cottonwood Tucson – InnerPath Beginnings & Beyond Retreat. This five-day intensive retreat is tailored to meet the needs of those individuals who want to make healthy changes in their lives. Facilitated by Rokelle Lerner. Visit www.cottonwoodtucson.com or call Jana at 520-743 2141 or email at jmartin@cottonwoodtucson.com for information and registration.

OCT. 24 - 27. Sierra Tucson Alumni Retreat, S.T.A.R. 26, "Rejuvenate" – Westward Look Wyndham Grand Resort & Spa, Tucson, AZ. Plan now to join us to celebrate, reconnect, and renew your passion for recovery! Reserve your accommodations now; retreat registration begins 7/15/13. For info, visit www.SierraTucson.com or contact Tim McLeod at 866-638-1650.

Merritt Center Returning Combat Veterans Retreat Program. Free 4 weekend program for combat Vets. With the assistance of Vet mentors, and healing practitioners, returning vets will begin to release the experiences of war, and to create the dream of a new life. Contact: Betty Merritt, betty@merrittcenter.org. **1-800-414-9880** www.merrittcenter.org

Every Week – Tucson – Cottonwood Tucson – InnerPath Developing Healthy Families Workshop. This five-day workshop is for **EVENTS continued page 11**

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WHEN ADDICTIONS COLLIDE from page 1

oral activity to eating. The link between smoking and weight concerns can be seen in girls and women of all ages.

- Alcohol abuse is common in people with eating disorders, particularly bulimia. Bulimic women who are alcohol dependent report a higher rate of suicide attempts, anxiety disorders, personality disorders, conduct disorder and other substance dependence than bulimic women who are not alcohol dependent.
- Illicit drug use is particularly common among bulimics. Drugs such as heroin and cocaine are used to facilitate weight loss by suppressing appetite, increasing metabolism and purging.

In addition to appetite suppressants, other over-the-counter medications that are used by people with eating disorders — often inappropriately to facilitate purging — include diuretics, emetics and laxatives. Like substance abuse, the adverse effects of eating disorders are well documented and often quite severe, ranging from hair loss, tooth decay and osteoporosis to heart failure and a destabilization of virtually all body systems. Severe cases may be fatal.

Eating disorders occur in five to 10 million Americans, mostly girls and young women. Although white, upper-middle class girls and young women are the primary victims, the population afflicted by these disorders is becoming more diverse.

Western culture idealizes thin women and, as a result, many women equate being thin with self-worth. The advertising, marketing and entertainment industries, which inundate adults and children with iconic images of thin beauty, have become a major force in the development of women's body dissatisfaction and disordered eating attitudes and behaviors. Women's magazines contain 10.5 times more ads and articles related to weight loss than men's magazines — the same sex ratio reported for eating disorders. While the average American woman is 5'4" tall and weighs approximately 140 pounds, the average model is 5'11" tall and weighs 117 pounds.

The commercial world, including the

diet, cigarette and alcohol industries, have not shied away from targeting women's desire to be thin in order to promote their products. In particular, the tobacco companies understood the relationship between smoking and weight control long before the public health experts.

What Parents Can Do

To help prevent eating disorders and substance abuse in their children, parents should model and promote healthy, positive and reasonable messages about eating and exercise as well as consistent messages about the dangers of substance use.

What Schools Can Do

Schools should make it a priority to educate parents, teachers, administrators and coaches to recognize the relationship of eating disorders and substance abuse and intervene quickly and effectively.



Dr. Lesley Williams has been with Remuda Ranch since 2004. She is a Certified Eating Disorder Specialist and and passionate about the work she does with women and girls at Remuda. Her clinical responsibilities include medi-

cally managing the care of all adult and adolescent patients. She also oversees the nutritional aspects of their treatment. Dr. Williams graduated from the University of Kentucky College of Medicine. She went on to complete her family medicine residency at Mayo Clinic in Scottsdale, AZ. Upon completion of her residency training, Dr. Williams joined the Remuda Ranch medical staff. She is a member of the American Academy of Family Physicians and the International Association of Eating Disorder Professionals and certified as a Diplomate of the American Board of Family Medicine. In addition to her clinical duties, Dr. Williams continues to be an active participant of the Remuda Ranch "Speakers Bureau". Over the years, she has given numerous local and national presentations on a variety of eating disorder topics.

Visit www.remudaranch.com

Dark Star Yoga: Recovering and Healing the Mind, Body and Spirit Through Yoga

There's a new yoga studio in Scottsdale and it's roots are embedded in recovery, sobriety and healing. Dark Star Yoga opened its doors to the public and it's initial response has been very positive, especially from those in recovery or struggling with addiction.

The inspiration behind Dark Star Yoga comes from Chris Cohn, who owns Scottsdale Recovery Center, a drug and alcohol rehabilitation center. "Being sober for many years, there have been some pivotal moments in my recovery that have helped pave the way to my current spiritual path. One of those is yoga," says Chris. "I was introduced to yoga while in drug rehab almost seven years ago. Immediately I felt a strong inclination to the spiritual aspects that occur while on the mat. The breathing, movement, connectivity to others in the room, moving meditation, the opening of the chakras, body work...the entire process appealed to me and it helped me clear my 'monkey mind' as well as stay in the moment."

At Scottsdale Recovery Center, Chris has

made yoga and meditation an integral part of his clients' treatment program. Based on the tremendous growth he witnessed through his clients' participation in a regular yoga practice, Chris wanted to develop a space for yoga where the classes focused on a gentle, healing aspect in order to help those who are in early recovery from drug and alcohol addiction. This healing aspect of yoga will be part of every class at Dark Star, whether it's geared toward those in recovery or toward the general public. Our classes will make you sweat and get you in great shape, don't get me wrong, but at the same time you may be chanting, ohming, meditating, praying, banging a gong or holding hands on top of your mat saying the serenity prayer."

Some of the classes you will see on the schedule are "Grate-Flow" Dead class, taught by Juli Burdette, where the Grateful Dead provide the soundtrack for a fun vinyasa class (Chris Cohn is also a huge Grateful Dead

YOGA continued page 13

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The Picture & The Frame

By ALAN COHEN

Sometime I look around my house and all I see are projects. The light fixture in the living room needs to be rewired, leaves are clogging the rain gutters, and the Hibiscus hedge is due for a trimming. That's just the beginning. For every project I get into, I notice three more to be done. This is a never-ending process. The day will never come when I will step back, look at my home, and say, "There—it's done."

When I saw the film *Shining Night*, (innerharmony.com) I received a reprieve from the onus of keeping the house perfect. This inspiring documentary about Morten Lauridsen, one of the world's most gifted composers of chorale music, shows Mr. Lauridsen creating in his summer studio in the Pacific Northwest. I was struck by the humble, less-than-well-kept-up cottage in which this master creates his heavenly compositions. The house's exterior paint is peeling, he composes on a slightly-out-of-tune piano, and creature comforts are minimal. The cottage is a launch pad for music that heals. Morten Lauridsen cares more about his music than the building in which he composes it.

A Course in Miracles offers a striking metaphor for the contrast between spirit and form. In a section called The Two Pictures (Text, Chapter 17) we are offered two pictures and two frames.

One is "surrounded by a frame so heavy and so elaborate that the picture is almost obliterated by its imposing structure. Into the frame are woven all sorts of fanciful and fragmented illusions . . . The glitter of blood shines like rubies, and the tears are faceted like diamonds and gleam in the dim light. . . Look at the picture. Do not let the frame distract you. . . The frame is not the gift."

Then the course suggests another picture, the beauty of which far outshines the frame: ". . . if you accept this gift you will not see the frame at all, because the gift can only be accepted through your willingness to focus all your attention on the picture."

The only purpose of a house, car, technological device, or body is to serve as a vehicle for the expression of love. As long as the form is a venue for the spirit, it is useful. When the form ceases to serve the spirit, or the spirit ends up serving the form, the system becomes dysfunctional, it will engender



pain, and dissolve. When any relationship, organization, institution, corporation, government, or religion ceases to help its constituents and begins to exist only to prolong itself, it has outlived its usefulness. The entire universe is set up to support life; when the spirit becomes absent, the form has no purpose and it must disappear.

The good news is that for every form that dies because the spirit is no longer present, a new form will live because the spirit has taken up residence there. Spirit cannot be killed. When you move with the river of life, you will always be alive and everything you do will flourish.

Consider your home, career, relationship, and any organization in which you participate, and ask yourself, "Is this bringing me greater life, or is it draining life from me?" "Am I looking at a picture that heals and empowers me, or have I become entrapped in a gaudy frame?" While such introspection can be challenging, it is the door to healing and freedom.

For many years I have attended and taught manifestation workshops—how to get stuff. As I observe my own life

and the lives of people who have manifested lots of stuff, I notice that we eventually became more interested in the de-manifestation workshop—getting rid of the stuff we have accumulated that we don't need. At a farmer's market I was tempted to purchase a beautiful blown glass dolphin with a soft gold veneer. Then I thought, "Do I really want one more thing to keep somewhere, clean, protect, and then store in the garage?" I asked Dee if she wanted me to get it for her. "I don't think we need any more stuff," she replied. We shared a contented smile and walked on.

Morten Lauridsen's humble cottage is lowly to the eye, but a cathedral to the soul. The music he generates there, free from the distraction of upkeep, will change the world and bless it far longer than his cottage will. One day his cottage will fall to dust. His music will stream through the ages.

As a result of Mr. Lauridsen's example, I have a new attitude to my house and my possessions. My home has become my friend, not my intimidator. When I look at the leaves in the gutter, I know I will get to them. But for now I will get to my writing, my beloved, and my family. The Hibiscus flowers are gifts, not obligations.

I am not against stuff. I am for enough stuff. The good stuff. The appropriate stuff. The stuff that is truly helpful. If you love something, it is enhancing your life, and you are using it for upliftment, it is holy stuff. If it is cumbersome or bringing you down in any way, you cannot afford it. May all of your frames only enhance all of your magnificent pictures.



*Alan Cohen is the author of many popular inspirational books, including **Enough Already: The Power of Radical Contentment**. Join Alan beginning September 1 for his acclaimed **Life Coach Training** to become a professional life coach or incorporate life coaching skills in your current career. For more information about this program, Alan's other books, free daily inspirational quotes, and his weekly radio show, visit www.alancohen.com, email info@alancohen.com, or phone (800) 568-3079 or (808) 572-0001.*

A Note On “Enabling” vs. Positive Reinforcement

By Jeffrey Foote, PhD, Co-founder and Clinical Director at Center for Motivation & Change

If you are a partner, parent or child of someone struggling with substance problems, and you live in America, you've probably heard this word “**enabling**” (possibly many, many times). And you've probably heard this described as central to your interactions in helping your loved one. Mostly, you have heard “DON'T DO IT”!, and if you are like most concerned family members, you feel vaguely guilty for doing something you're not even sure you are doing (but you must be, right?).

By way of quick review, “enabling” actually means doing positive things that will end up supporting continued negative behavior, such as providing your child with money so they won't “go hungry” during the day, know-

ing they use it to buy pot. Another example is going to talk to your child's teacher to make sure she doesn't get a bad grade, even though her bad test score was due to drinking. Or calling your husband's work to explain he's sick today, when he's actually hung over.

These are examples of doing something “nice” for your loved one that actually (from a behavioral reinforcement standpoint) might increase the frequency of the negative behavior, not decrease it. The logic: if they act badly and nothing happens, or something good happens, this behavior is encouraged, even if what you are doing is “nice”. This IS enabling, and this is not helpful in changing behavior in a positive direction.

But everything nice is not enabling! And

that's the quicksand we have developed in our culture. Staying connected, rewarding positive behaviors with positivity, being caring and loving; these things are critical to positive change.

So what's the difference? Positive reinforcement is doing “nice” things in response to positive behavior. Simple as that. When your loved one wakes up on time in the morning, when he takes his sister to school, when she texts you tell you she'll be late, when he doesn't smoke pot on Friday night, when he helps you make dinner instead of going for a quick drink with the boys on the way home. These are positive actions, and acknowledging them, rewarding them, being happy about them, is a GOOD thing, not enabling.

Enabling is a meaningful concept. It's just overused to the point that families often feel their loving and caring is the problem.

IT'S NOT! Caring about and staying connected in a helping way with someone dealing with substances is not only helpful, it's one of the most powerful motivators for change.

To restate the slogan: Attach with love —just love the positive actions and step away from the negative.

The Center for Motivation & Change (CMC) is a unique, NYC-based private group practice of dedicated clinicians and researchers providing non-ideological, evidence-based, effective treatment of addictive disorders and other compulsive behaviors.

To find more resources for families, please see our Parent's 20 Minute Guide, and our Family Blog. Visit <http://www.motivationandchange.com/>

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stlukesbehavioralhealth.com

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families impacted by addictions, psychiatric disorders, anger & rage, and trauma. Facilitated by Cottonwood staff. Visit www.cottonwoodtucson.com or call Jana at 520 743 2141 or email at jmartin@cottonwoodtucson.com for information and registration.

On Going Support

Co-Anon Family Support Group - Carrying the message of hope and personal recovery to family members and friends of someone who is addicted to cocaine or other mind altering substances. *“Off the RollerCoaster”* Meeting, Thursdays, 6:30 - 7:45pm, 2121 S. Rural Road, Tempe, Our Lady of Mount Carmel Church.Donna **602-697-9550** or Maggie **480-567-8002**

Gamblers Anonymous Meetings — at ACT Counseling & Education. 11:00 am to 12:30 pm. **Call 602-569-4328** for details. 5010 E. Shea Blvd. D202, Phoenix. Near Tatum on Shea Blvd.

Emotional Healing Journaling Workshop, effective strategies to manage unwanted habits and compulsive behaviors. Thursdays 7-8:30pm. Facilitated by Elisabeth Davies, MC. \$20 per workshop. Includes a copy of *Good Things Emotional Healing Journal: Addiction*. 9401 W. Thunderbird Road. Suite 186. Peoria **(602) 478-6332** www.GoodThingsEmotionalHealing.com

East Mesa PAL-Group **Support Group for Parents in East Mesa**. Broadway Christian Church, 7335 E. Broadway Rd. (Just East of Power Rd.) Mesa, AZ 85208 (Park on West Side Toward the Front and Go to West Lobby Classroom) Thursday 7:00 – 8:30pm. FREE. Contact: Tim Skaggs: (480) 981-0802 e-mail: tskaggs@bccmesa.com

Franciscan Renewal Center Support Groups: Divorce, Separation and Significant Relationship Endings. Deals with the pain of divorce, separation, and relationship endings in a positive, healing way. Mondays, 6:30 - 8:00 p.m. *Facilitators: Judith McHale, MA, LPC and Tom Mitchell, Ph.D, LPC.* **GRIEF Support**. For individuals grieving the loss of a loved one.Tuesdays, 5:30 - 7:00 p.m. *Facilitator: Sylvia Hernandez, LICSW and Judith McHale, MA, LPC.* **DEPRESSION Support**. Every other Tuesday, 6:30 - 8:00 p.m. *Facilitator: Mike Finecey, MA, LPC, LISAC.* **GESTALT THERAPY Support**. Group will help attendees acquire the tools to make self-regulating adjustments that enhance their lives. Wednesdays, 6:30 - 8:00 p.m. *Facilitators: Deborah Weir, MC, LPC and Barry Evans, MC, LPC.* Franciscan Renewal Center, 5802 E. Lincoln Drive, Scottsdale. **480-948-7460. www.thecasa.org**

Incest Survivors Anonymous ISA meeting in Phoenix—North Scottsdale Fellowship Club, Saturdays, 1:30-2:30pm. Contact: Gloria at 602-819-0401. Gloria, **602-819-0401**.

COTTONWOOD TUCSON. Ongoing Alumni Meeting: the first Wednesday of each month 6:00-7:30 p.m. on the **Cottonwood**

campus in Tucson. 4110 W. Sweetwater Drive. Come early at 5:00 p.m. for dinner. Contact Jana Martin 520-743-2141 or email jmartin@cottonwoodtucson.com

OCD Support. Banner Scottsdale, Room 539. Group held 2nd and 4th Thursday of each month 7:00 p.m. to 9:00 p.m. 480-941-7500. 7575 E. Earll Drive, Scottsdale,

ACOA (Adult Children of Alcoholics) Thursdays, 7:00 p.m., North Scottsdale United Methodist Church, 11735 N. Scottsdale Rd., Scottsdale. Contact: John V. **602-403-7799**.

ACA meeting. Tucson. Wed. 5:30-7:00 p.m *Streams In the Desert Church* 5360 E. Pima Street. West of Craycroft. Classroom A (Follow the signs). Contact Michael **520-419-6723**. Plus 7 more meetings in Tucson call for details.

Overeaters Anonymous is a 12 Step program that deals with addictions to food and food behaviors. 18 meetings scheduled throughout the week. For more information call **520-733-0880** or www.oasouthernaz.org.

Families Anonymous—12-step program for family members of addicted individuals. Two locations: Phoenix/Scottsdale. 800-736-9805.

Pills Anonymous—Tues: 7:00 p.m., Glendale Community Church of Joy, 21000 N. 75th Ave. Tuesday: 7:00 p.m., Mesa- Open Discussion. St. Matthew United Methodist Church, 2540 W. Baseline Road Room B. 14, Mesa. Jim **480-813-3406**, Meggan **480-241-0897**. Wed: 5:30 p.m. North Scottsdale Fellowship Club, Room 3, 10427 N. Scottsdale Road, Thurs.: 7:00 p.m., Phoenix, Desert Christian Church Rm. D-2, 1445 W. Northern. Janice **602-909-8937**.

CELEBRATE RECOVERY—Chandler Christian Church. Weekly Friday meetings 7 p.m. Room B-200. For men and women dealing with chemical or sexual addictions, co-dependency and other **Hurts, Hang-ups and Habits**. 1825 S. Alma School Rd. Chandler. **480-963-3997**. Pastor Larry Daily, email: larrydaily@chandlerccc.org.

GA Meetings —ACT Counseling & Education in Phoenix and Glendale. **Tuesday, Spanish** (men) 7:00 -9:00 pm. 4480 W. Peoria Ave., Ste. 203, Glendale. **Thursday, Spanish** 7:00 - 9:00 pm 4480 W. Peoria Ave., Ste. 203, Glendale. **Sunday, Spanish** 6:00 - 8:00 pm 4480 W. Peoria Ave. Ste. 203, Glendale. **Sunday, English** 6:30 - 8:00 pm 5010 E Shea Blvd., Ste. D-202, Phoenix. Contact Sue F. **602-349-0372**

Sex Addicts Anonymous www.saa-phoenix.org **602-735-1681** or **520-745-0775**.

Tempe Valley Hope Alumni Support Groups, Thursdays 6-7:00 p.m., 2115 E. Southern Ave. Phoenix. Tues. 8-9:00 p.m., 3233 W. Peoria Ave. Ste. 203, Open to any- ***EVENTS continued page 13***



Now what?

At the first sign of your teen using drugs or alcohol, go to drugfree.org for the step-by-step advice and support you need.

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When You Need Help

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ACT Counseling & Education	602-569-4328	The Promises	866-390-2340
AZ NicA	480-990-3860	Rape Hotline (CASA)	602-241-9010
Alcoholics Anonymous	602-264-1341	Remuda Ranch	800-445-1900
Al-Anon	602-249-1257	Runaway Hotline	800-231-6946
ACA	602-241-6760	Sexaholics Anonymous	602-439-3000
Aurora Behavioral Health	623-344-4400	Sex/Love Addicts Anonymous	602-337-7117
AZ Office of Problem Gambling	800-NEXTSTEP	Sex Addicts Anonymous	602-735-1681
AWEE	602-258-0864	SANON	480-545-0520
Banner HELP LINE	602-254-4357	Sober Living of AZ	602-478-3210
Bipolar Wellness Network	602-274-0068	Suicide Hotline	800-254-HELP
Calvary Addiction Recovery	866-76-SOBER	St. Lukes Behavioral	602-251-8535
Cocaine Anonymous	602-279-3838	Step Two Recovery Center	480-988-3376
Co-Anon	602-697-9550	Teen Dating Violence	800-992-2600
CoDA	602-277-7991	TERROS	602-685-6000
COSA	480-232-5437	Valley Hosptial	602-952-3939
Commun. Info & Referral	1-877-211-8661	Workaholics Anonymous	510-273-9253
Community Bridges	877-931-9142		
Cottonwood de Tucson	800-877-4520	TUCSON	
Crisis Response Network	602-222-9444	Alcoholics Anonymous	520-624-4183
The Crossroads	602-279-2585	Al-Anon	520-323-2229
Crystal Meth Anonymous	602-235-0955	Anger Management Intervention	520-887-7079
Emotions Anonymous	480-969-6813	Co-Anon Family Groups	520-513-5028
EVARC	480-962-7711	Cocaine Anonymous	520-326-2211
Gamblers Anonymous	602-266-9784	Cottonwood de Tucson	800-877-4520
Greater Phx. Teen Challenge	602-271-4084	Crisis Intervention	520-323-9373
Grief Recovery	800-334-7606	Information Referral Helpline	800-352-3792
Heroin Anonymous	602-870-3665	Half-Way Home	520-881-0066
Magellan Crisis Hotline	800-631-1314	Narcotics Anonymous	520-881-8381
Marijuana Anonymous	800-766-6779	Nictone Anonymous	520-299-7057
The Meadows	800-632-3697	Overeaters Anonymous	520-733-0880
Narcotics Anonymous	480-897-4636	Sex/Love Addicts Anonymous	520-792-6450
National Domestic Violence	800-799-SAFE	Sex Addicts Anonymous	520-745-0775
NCADD	602-264-6214	Sierra Tucson	800-842-4487
Nicotine Anonymous	877-TRY-NICA	The S.O.B.E.R Project	520-404-6237
Office Problem Gambling	800-639-8783	Suicide Prevention	520-323-9372
Overeaters Anonymous	602-234-1195	Tucson Men's Teen Challenge	520-792-1790
Parents Anonymous	602-248-0428	Turn Your Life Around	520-887-2643
Psychological Counseling Services (PCS)	480-947-5739	Workaholics Anonymous	520-403-3559
		To get listed email: aztogether@yahoo.com	

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Brain Health Checklist

Aging can significantly change the way our brains function. As we get older, we become more likely to develop degenerative cognitive diseases such as dementia, Lou Gehrig's disease, and Parkinson's disease. While aging is unavoidable, many of the diet, exercise, and activity choices we make influence how well our brains perform over our lifetimes. Take a look at these brain-healthy social practices that can delay or prevent cognitive disorders and memory loss later in life.

- **Physical Exercise –**

Muscles you don't use begin to atrophy. Aside from keeping your body in shape, daily exercise has been shown to help prevent dementia and other diseases that lead to cognitive degeneration. Many experts say a daily 30-minute exercise routine can help you enjoy both improved physical and mental health.

- **Mental Stimulation –**

Activities such as knitting, reading, and filling out crossword puzzles can reduce the risk of Alzheimer's disease. Cognitive benefits occur with lifelong learners, so make sure to keep your brain engaged daily.

- **Prayer and Spirituality –**

Scientists are continually baffled by intense displays of brain activity that are triggered by prayer and spirituality. No matter what faith or denomination individuals participate in, prayer and spiritual activities seem to increase moods, improve perception, and reduce stress. Dr. Andrew Newberg of the Myrna Brind Center for Integrative Medicine at Thomas Jefferson University uses imaging technology to show how various areas of the brain light up with activity, even

as the participant remains still and silent. Morgan Freeman narrates a video about his research, called "Through the Wormhole: Your Brain on Prayer". It details how the language and visual centers of the brain react during prayer. Many participants in these studies pray on a daily basis.

- **Living a Social Life –**

Whether one is introverted or extroverted, our brains are wired to interact on a social level. The American Journal of Public Health has also noted that socially active individuals are less likely to succumb to dementia and other brain diseases. Those who live alone exhibit higher risks, so be sure to cultivate a wide social network and participate in group activities several times a week.

- **Meditation –**

The potential effects of meditation are very similar to prayer – increased awareness, positive moods, and stress reduction. Meditation on a daily or weekly basis can help one experience some of these mental benefits.

There isn't a single sure way to improve brain health and wellness. So many factors play a role in agile brain activity and memory maintenance that it's difficult to parse them all out. However, the above steps are some of the best techniques we know of today. While aging is inevitable, these steps may help ensure a longer and more enjoyable life.

For more information and to read the report in its entirety visit <http://www.on-linecollegecourses.com/2013/07/12/brain-health-checklist/>



LIFE 101

By COACH CARY BAYER www.carybayer.com

There's More than Meets the I

Who am I? It's a question that has riddled almost every college student of every generation as he or she wrestles with the existential issues of growing up. It's a close cousin to the question that Pilate asked of Jesus: "What is Truth?" Four hundred years earlier, Socrates was imploring Athenians to "Know thy Self," or, in other words, answer the question, "Who am I?"

The title of this column is a deliberate pun, because the original maxim on which the pun is based also speaks to the fact that there's more to life than what appears on the surface to the observing eye. Another way of saying it is that there's more to life than perception. And, as the title of this column indicates, there's also more to life than the psychological perspective known as your "I" or "ego." There's also more to life than thinking, as Hamlet says to his best friend, "There are more things on heaven and earth than are dreamed of in your philosophy, Horatio."

What is it that's more than perceiving, more than thinking, more than feeling, and more than the ego? The answer is your higher Self, the very thing that Socrates was teaching us to discover. It's also the very thing that Yoga, in its purest form, is imploring us to realize.

But it's not the self of your personality, because that has a tendency to change; one day you're up, the next day you're down. The higher Self is beyond your personality; it's also beyond your thinking, beyond your perceiving, beyond your feeling, and beyond your individual separate self, known as your ego. It's the non-changing, unbounded, universal part of your being; in fact, it is your very Being itself.

Personal growth systems like Yoga--which means the yoking or uniting of your individual small self with your universal big Self--and meditation are designed to bring you in touch with that. And I can vouch for meditation's effectiveness, from the experience of having taught Transcendental Meditation since the '70s, and Higher Self Healing Meditation since 2010; they do just that.

The irony is that, with the help of meditation you can go beyond your "I" to your "Self," and thereby enrich that very "I."

And enrich your eye, too.

Because once you start tapping into the root of your individuality at the universal level of who you truly are, you enliven all aspects of what makes you unique, in much the same way that when you water the root of a tree, all aspects of the tree — its leaves, fruit, bark, and so forth—are made healthier. In other words, you begin to perceive the world with fresher eyes because you've cleansed the doors of perceptions, as the poet/painter William Blake put it. As he wrote in

"Auguries of Innocence:"

"To see a world in a grain of sand,
And a heaven in a wild flower,
Hold infinity in the palm of your hand
And eternity in an hour."

Many people who are bent on spiritual development have mistakenly believed that the ego is, in some way, a bad thing. It's not. It's just a limited thing. The view from the sixth floor of the Empire State Building in midtown Manhattan isn't a bad thing; it's a limited thing, because it's highly obstructed by all the large buildings that surround it. The view from the eighty sixth floor's observation deck is, however, a wonderful thing because, from that great height, there are no other buildings to obstruct your view. In fact, there's nothing that can obstruct your view; you can see as far as the eye can see.

This analogy explains the difference between the limited ego and the unlimited higher Self. The problem with the ego, if there is a problem at all, is that it likes to think that it's the only game in town, that it commands the best view. It doesn't. And when the higher Self awakens, the ego realizes what it is and what it isn't, and becomes what it's designed to be—namely, the intermediary between the world and your universal nature.



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NEWS from page 3
thousands of hospital emergency department visits each year.

Hospital Emergency Departments (ED) in Arizona regularly see these patients and the ED visit can be a powerful teaching moment to motivate patients to seek treatment and reduce readmissions.

That’s why the Arizona Department of Health Services is offering At-Risk for Emergency Department Staff, an online training simulation designed to prepare medical staff to screen patients at risk for alcohol abuse, drug use and suicide.

The training program is free to Arizona hospitals. This engaging tool:

- Can be completed 24/7 from any computer with online access
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- Increases patient safety
- Reduces re-admission rates
- Contributes to achieving statewide goals in three of Arizona’s winnable battles: reducing substance abuse, reducing hospital readmissions, and preventing suicide.

To learn more about how At-Risk for Emergency Department Staff improves patient safety by helping reduce poisoning deaths and injuries, please visit <https://az-ared.kognito.com>. For information on how to implement this training in your ED, contact ADHS at dbhsinfo@azdhs.gov or 1-800-867-5808 and ask for “At-Risk Training,” or “Office of Prevention.”

Pharmacy Benefit Managers Group Suggests Ways to Reduce Prescription Drug Abuse

The national association representing pharmacy benefits managers, which administer prescription drug plans for more than 210 million Americans, has released recommendations aimed at reducing prescription drug abuse and fraud in Medicare.

The Pharmaceutical Care Management Association (PCMA) made its recommendations in a letter to members of Congress. The group wants lawmakers to create a select number of “safe pharmacies” in Medicare Part D, which covers prescription benefits, The Hill reports. These pharmacies would be allowed to distribute controlled substances to high-risk patients. “This maintains beneficiary access to needed medications, but prevents ‘drugstore shopping,’” the letter states.

The group also wants legislators to require drugstores and pharmacists to register with state prescription drug monitoring programs. PCMA notes that currently most drugstores choose not to participate in these programs.

“While it is difficult to stop abusers from ‘doctor shopping’ for prescriptions among hundreds of thousands of prescribes, it is much easier to keep them from gaining physical custody of narcotics,” PCMA President Mark Merritt wrote.

The recommendations are in response to a recent report by the Department of Health and Human Services’ Inspector General, which found Medicare paid for prescriptions for drugs, including controlled substances such as oxycodone, written by professionals including massage therapists, home health aides and veterinarians, who were not authorized to do so.

The report found 29,212 prescriptions for controlled substances were ordered by 4,863 people who were not authorized to write such prescriptions. These included 7,679 prescriptions for Schedule II drugs such as oxycodone and morphine.

Other professionals who wrote unauthorized prescriptions included athletic trainers, dieticians, opticians, transportation companies, and music and art therapists. The report cited a Florida massage therapist who wrote 3,756 prescriptions, an Ohio social worker who wrote 1,539 prescriptions and an interpreter who wrote 1,210.

Young Children’s Personality Traits Linked to Teen Alcohol Use

A child’s personality traits before age 5 may help predict whether they will use alcohol in adolescence, a new study suggests.

The researchers followed about 12,600

children from the time they were born. Parents were asked about their children’s personalities in the first five years of life; after that, the researchers interviewed both the children and their parents, Fox News reports. By age 15 ½, 4,600 teens were still participating. The researchers were able to statistically extrapolate results from the teens who had dropped out of the study.

They found the personality traits in toddlers most closely associated with teen alcohol use fell into two categories: emotional instability and relatively low sociability, and high sociability, which may lead to “sensation seeking” later in life. The findings appear in the journal Alcoholism: Clinical and Experimental Research.

“This underscores the fact that drinking during adolescence is largely a social phenomenon,” study co-author Danielle Dick of Virginia Commonwealth University said in a journal news release. “However, this doesn’t mean it’s less problematic; we know from other studies that most adolescent drinking is high risk — for example, binge drinking — and can lead to numerous negative consequences.”

She added, “People don’t enter adolescence as blank slates; they have a history of life experiences that they bring with them, dating back to early childhood. This is one of the most comprehensive attempts to understand very early childhood predictors of adolescent alcohol use in a large epidemiological cohort.” She noted the study indicates that troubled children are not the only ones who start to use alcohol. “It’s also the highly sociable kids as well. Parents should be aware of this.”

Passport To Recovery® for Therapists and Interventionists

How do potential clients find the right therapist or interventionist? The creators of Passport To Recovery have been the clients, parents and loved ones searching for help who got lost in the volume of directories and confusing resource websites offering addiction services.

That is why Passport to Recovery (www.passporttorecovery.com), is the newest resource for addiction help that displays no more than 20 treatment centers along with a listing of therapists and interventionists searchable by zip code. The site is succinct and user friendly —there are no big blinking ads and no 800 numbers that take you to a call center.

A therapist or interventionist’s listing is \$20 per month and each listing is the same size. All listings rotate; in this manner, there is no hierarchical listing for your area code and no distracting ads in the sidebar — all listings are truly created equal.

There are additional opportunities to feature your services at no extra charge. You can send content on your specialty areas of practice or interests and they will feature approved content in the community section and Blog, placing a link to your website. <https://lh6.googleusercontent.com>

Joining Passport to Recovery® will provide another way for you to be found online, receive links to your site, enjoy guest blogging opportunities along with a full page listing. If you would like a listing on Passport to Recovery®, go to the “join recovery support” (<http://passporttorecovery.com/recovery-support-info>) section of the site.

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NCADD

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- **Weldon House-Supportive Housing for mothers with children. Women already in our IOP needing safe housing for themselves and their children.**
- **Healthy Connections for Moms-to-Be-Case Management and service referrals for pregnant women with addictions**

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one in recovery.

Special Needs AA Meetings. Contact Cynthia SN/AC Coordinator 480-946-1384, email Mike at mpaes@mac.com

North Phoenix Visions of Hope Center—Recovery center for 18 or older enrolled in Magellan. 15044 N. Cave Creek Road #2. Phoenix. 602-404-1555.

Survivors of Incest Anonymous. 12-step recovery group for survivors. Tucson Survivors Meeting, Sundays 6:00 to 7:15pm. St. Francis in the Foothills, 4625 E. River Road (west of Swan). Carlos 520-881-3400

OVEREATERS Anonymous—Teen Meeting, Saturdays 4:00 p.m. 1219 E. Glendale Ave. #23 Phoenix. www.oaphoenix.org/ 602-234-1195.

SLAA—Sex and Love Addict Anonymous 602-337-7117.www.slaa-arizona.org

FOOD ADDICTS Anonymous—12 step group. www.Foodaddictsanonymous.org

GAM-ANON: Sun. 7:30 p.m. Desert Cross Lutheran Church, 8600 S. McClintock, Tempe. Mon. 7:30 p.m., Cross in the Desert Church, 12835 N. 32nd St., Phoenix, Tues. 7:00 p.m., First Christian Church, 6750 N. 7th Ave., Phoenix, Tues. 7:15 p.m. Desert Cross Lutheran Church, Education Building, 8600 S. McClintock, Tempe, Thurs. 7:30 p.m.

DEBTORS Anonymous—Mon., 7-8:00 p.m., St. Phillip’s Church, 4440 N. Campbell Ave., Palo Verde Room. Thurs. 6-7:00 p.m., University Medical Center, 1501 N. Campbell. 520-570-7990, www.arizonada.org.

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fan); Core Strength Vinyasa Yoga, a style of yoga which encourages the awareness of the deep core body and teaching yogis how to move from the core in every pose; Pranayama and Meditation, which will incorporate healing techniques through sound, chants, rhythmic breathing and movement and then of course there’s “Meeting on the Mat,” a 12-step based yoga class, where the focus is on helping people find acceptance and a sense of surrender through the 12 Steps of recovery.

Meeting on the Mat

The principles and concepts of the 12 steps come alive in this ALL LEVELS yoga class. Integrating Vinyasa sequences, breathwork & eclectic music, Meeting on the Mat is designed for anybody that may or may not be struggling with addiction or addictive behaviors. Principles of surrendering, radical acceptance, powerlessness, forgiveness and seeking of a Higher Power will all be explored by movement, breathing, body work and meditation. Our Recovery Based Yoga instructors have many years experience with this very powerful type of yoga, with much success attributed to its ideals.

Dark Star Yoga is located on Scottsdale Rd. & Shea Blvd. (10636 N. 71st Way #14 Scottsdale, AZ 85254.) Check them out on Facebook or on the web for more information: facebook.com/DarkStarYoga / www.darkstaryoga.com info@darkstaryoga.com

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SAVAGE SHOW
5-7pm

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Recovery Chef

Kale: Nutritious...but Delicious?

By Lisa MacDonald, MPH, RD, Director of Nutrition Services at Cottonwood Tucson and Executive Chef Richard Serna

Kale appears on many of the top 10, or even top 5 lists of highly nutritious foods one should be including in their diet. Nutrition contributions of kale include pigments and phytochemicals (minute substances in plants that may reduce the risk of cancer and heart disease), vitamins (vitamins A, C, E and K), minerals (potassium, calcium and iron) and fiber. Kale is an antioxidant power house containing more beta-carotene and lutein than broccoli. It also has almost 600% of the daily value for vitamin K.

Okay, so kale has many redeeming nutritional qualities. But what about the way it tastes, feels and digests? Many complain that kale tastes like grass, is tough to chew when raw and can create some digestive discomfort.

It may take some creativity to acceptably incorporate kale into the diet. It starts with buying and storing. Kale resembles collard greens, but has a stronger flavor and coarser texture. When purchasing kale, try to choose smaller leaves as they are more tender and the flavor will be more mild. To store kale, wrap the unwashed leaves in a damp paper towel in a plastic bag and store in the refrigerator crisper. The longer kale is stored the more intense the flavor. Try to use it within 1-2 days. Cooking or sautéing kale mellows the flavor and makes it a bit easier to chew and digest. When cooking these greens save the cooking liquid for soup or sauces as many of the vitamins from the greens get released into the liquid. Consider pureeing kale to sneak into sauces, soups or casserole type dishes, no one will even know it's there.

This recipe for watermelon, baby kale and feta cheese salad presented by Chef Richard Serna is a delightful way to include kale in the diet. Sweet watermelon and savory feta create a nice balance in flavor and texture.



Chef Richard Serna serves as executive chef at Cottonwood Tucson. Cottonwood is a dual diagnosis rehabilitation facility that wanted to foster a holistic approach to recovery. As any chef knows, health begins with what you eat. Richard has completely revitalized the culinary program at Cottonwood in only two years. He became sous chef for Chef Cary Neff at Miraval Life in Balance Spa, which was voted the number one spa in the world while he was there. Next he was the sous chef at Enchantment Resort in Sedona. He ran the sushi bar at AJ's Fine Foods, attended the culinary program at Pima Community College, and did his internship at the Anaheim Hilton.



Watermelon, Baby Kale and Feta Cheese Salad

Recipe designed
by Chef Richard Serna
Presented by Cottonwood Tucson

2 cups ripe seedless watermelon (medium cube)
2 cups baby kale (can substitute for baby spinach)
1/2 cup red onion (julienne cut)
¼ cup feta cheese (crumbled)

Dressing:
1Tbsp lime zest
1Tbsp + 1tsp lime juice
½ tsp olive oil

Instructions: In a medium salad bowl combine the watermelon, baby kale, red onion, and feta cheese. Set aside. In a small mixing bowl add the lime zest and lime juice. Slowly whisk in olive oil to the lime mix. Season dressing with salt and pepper if needed. When ready to serve, toss the salad with the lime dressing and divide into two equal portions. Enjoy.

Nutrition Facts	
Serving Size 1 1/2 cup (273g)	
Servings Per Container 2	
Amount Per Serving	
Calories 140	Calories from Fat 35
% Daily Value*	
Total Fat 4g	8%
Saturated Fat 1.5g	3%
Trans Fat 0g	
Cholesterol 10mg	2%
Sodium 170mg	7%
Total Carbohydrate 25g	8%
Dietary Fiber 4g	16%
Sugars 14g	
Protein 0g	
Vitamin A 220%	Vitamin C 160%
Calcium 15%	Iron 8%
Percent Daily Values are based on a diet of other people's secrets.	
*Percent Daily Values are based on a diet of other people's secrets.	
Total Fat	4g
Saturated Fat	1.5g
Trans Fat	0g
Cholesterol	10mg
Sodium	170mg
Total Carbohydrate	25g
Dietary Fiber	4g
Sugars	14g
Protein	0g
Percent Daily Values are based on a diet of other people's secrets.	
*Percent Daily Values are based on a diet of other people's secrets.	

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Commentary:

Getting Past the Stigma and Treating Addiction as a Chronic Disease

By Dr. Tom McLellan

I recently received a call from a very senior level executive at a prestigious medical school, asking for advice on how to help his 26-year-old son who has a serious heroin addiction. The son had been through five residential treatment programs over the past several years, at a cost to the family of over \$150,000. The troubling thing about this call was the reason this man reached out to me. He called me because I have been public about my own son's drug overdose — he was calling me as another affected father and had no idea that I had any familiarity with the field other than my family experience.

Let's just stop there. Consider if this high-level executive's son had been suffering from a rare tropical disease, he would have unhesitatingly sought and received guidance from a leading medical expert — not a father who had lost his child to that disease. In this case, he was literally too ashamed to contact one of his own organization's physicians. This extraordinary degree of stigma and sense of isolation that families still experience is unjustified and incapacitating.

So how can we get past the stigma and ensure that our children, our loved ones and everyone affected by addiction receives the appropriate care? Like other chronic medical illnesses, substance use disorders have biological, social and behavioral components; and effective management of the disease requires attention to each of these pieces (similar to Type-II Diabetes). According to the Food and Drug Administration's standards for effectiveness, there are presently four prevention interventions, five medications and more than a dozen behavioral therapies that can be called effective in preventing, intervening early and managing substance use disorders.

We know the best outcomes are achieved when the disease is identified and intervened upon early in its trajectory. But even serious, chronic cases can be treated effectively. Self-managed, continuing recovery can, and should, be the expectable outcome from all addiction treatments.

Yet many physicians and counselors have never even heard of these medications or of many other "evidence-based" behavioral interventions and most were never trained in how to manage substance use disorders. Many specialty addiction treatment programs are not staffed to provide anything other than basic group counseling. Other programs are not licensed or funded to provide these more effective but more costly therapies and medications. And still, other programs refuse

to provide them on ideological grounds. For example, there are currently three FDA-approved medications for the treatment of opioid addiction, yet less than 30 percent of addiction treatment programs offer addiction medications, and less than half of the eligible patients in those programs ever receive them.


Based on a recent review of the issue by the *American Society of Addiction Medicine*, the *Treatment Research Institute* and the Avisa Group, it appears that the most significant reasons for the lack of physician utilization are lack of training, legal and regulatory controls on the medications and, most significantly, written and unwritten insurance coverage limitations.

It is time and it is possible for individuals with emerging substance use disorders to have all available medical facts associated with the progression of addictive disease; to receive full disclosure and information about all evidence-based treatment options for their condition; and to have full access to all evidence-based therapies, medications and services.

I am hopeful that the Affordable Care Act and the Parity Legislation together will create basic fairness for individuals and families affected by the disease of addiction. But those landmark pieces of legislation are not enough to eradicate the crippling stigma still associated with this disease.

We must stand together—as parents, as patients, as practitioners—to demand the already available health benefits for the prevention and treatment of substance use.

A. Thomas McLellan, Ph.D. is the CEO of the Treatment Research Institute (TRI) with more than 35 years of experience in addiction treatment research. From 2009 to 2010, he served as Science Advisor and Deputy Director of the White House Office of National Drug Control Policy (ONDCP). In 1992, he co-founded and led TRI (until his ONDCP appointment) to transform the way research is employed in the treatment of and policy making around substance use and abuse. Dr. McLellan received his B.A. from Colgate University and his M.S. and Ph.D. from Bryn Mawr College. He obtained postgraduate training in psychology at Oxford University in England.




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Sleep Problems and Substance Use Disorders:

An Often Overlooked Link



By Celia Vimont

Sleep problems and substance use disorders often go together, according to a specialist who says many people continue to have insomnia even after they are able to successfully stop abusing drugs and alcohol.

Doctors who treat sleep disorders and those who treat substance use disorders need to be aware of the possible connection between the two, particularly when prescribing sleep medications, according to Khurshid A. Khurshid, MD, Associate Professor in the Department of Psychiatry at the University of Florida College of Medicine in Gainesville.

He spoke about the connection between sleep disorders and addiction recently at the Florida Society of Addiction Medicine annual meeting.

“Alcohol dependence can lead to insomnia and sleep disruption that can last long after a patient achieves abstinence, he says. Many people who take opiates report difficulty in falling asleep and staying asleep.”

According to Dr. Khurshid, sleep disorders are between five to 10 times higher in people with substance use disorders, compared with the general population. Alcohol dependence can lead to insomnia and sleep disruption that can last long after a patient achieves abstinence, he says. Many people who take opiates report difficulty in falling asleep and staying asleep. Sleep problems can be serious enough to reverse the success of drug or alcohol treatment and cause a relapse, he notes.

In addition, evidence is increasing that insomnia is a risk factor for developing psychiatric disorders, including substance use disorders. “Many people use alcohol as a sleep aid,” Dr. Khurshid noted. Alcohol can also cause or worsen sleep apnea, and can contribute to restless leg syndrome, he added.

Physicians who treat patients with insomnia and other sleep disorders should inquire about their use of drugs or alcohol, and professionals treating substance use disorders should ask about patients' sleep problems and screen them for sleep disorders, he says. “Doctors need to screen for abuse and dependence of substances when they prescribe sleep medications,” he says. “And if they prescribe a sleep aid, such as a benzodiazepine, they should do it on a short-term basis, maybe a few weeks, so the patient doesn't become physiologically dependent.”

While sleep medications are generally safe and effective for many patients, they can be prone to abuse by patients with substance use disorders. Some insomnia drugs that are less likely to cause dependence include (but are not limited to) medications like ramelteon, the antidepressant trazodone and the anti-seizure drug gabapentin. Newer drugs are being developed that might be more effective in treating insomnia and less likely to cause dependence, he noted.

Dr. Khurshid said doctors need to be better educated about lifestyle changes a person can make to help them sleep, and about the benefits of cognitive behavioral therapy for sleep problems.

Non-drug techniques to help people with insomnia include teaching them to use the bed only for falling asleep, and not for watching television, talking on the phone or worrying about not sleeping while lying in bed. Patients should be advised to avoid caffeine, nicotine and exercise close to bedtime. Cognitive therapy can be used to identify patients' beliefs that cause them anxiety about sleep problems, and to replace these beliefs with thoughts that promote healthy sleep behaviors.

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