**Dangerous Drugs in Need of a Smart Fix**

*By William R. Brownfield*

Armed with a listless teen on a stretcher through the doors of a busy emergency room where doctors and nurses are already assembled, gloved hands outstretched in an all-too-common ritual to perform another miracle of resuscitation. The tragedy repeats itself on most nights across America as people turn to the dangerous world of synthetic drugs in search of new elixirs. Not long ago, the realm of synthetic “designer drugs” was dominated by well-known staples such as PCP, LSD, and ecstasy (MDMA). Now the market is crowded with candy-sounding labels — K2, Spice, Bliss, Bombay Blue — that mimic the effects of illicit narcotics like opium, cannabis, and MDMA.


**Why the disconnect?**

These drugs, called “new psychoactive substances” (NPS) can evade formal classification and control as illicit drugs, allowing traffickers to slip pills and powder packets into teenage hands, marketing them on the Internet or selling them openly in gas stations as “bath salts” or “plant food.”

More than 300 NPS are in circulation around the world today, manufactured and distributed by globally integrated drug cartels. We and our foreign partners are playing catch-up. Laboratories, primarily located in Asia, where “cooks” tweak ingredients and alter the chemistry of their concoctions, skirt legal controls; even if raided, they are easily re-assembled. Clearly, the psychoactive substances pose serious health risks and provide criminals with an easy route into the addiction business.

The Obama administration is committed to a balanced approach in countering the drug menace, firstly helping those with addictions through treatment and recovery while stressing prevention and education as the best option to reduce demand for these toxic substances. Alongside this public health focus, we are committed to working with international partners to limit the global spread of synthetic drugs and give our domestic partners the tools and treatment responses room to work.

Internationally, the U.S. Department of State is on the front line countering the sophisticated supply chain that produces and markets these drugs by developing tools for countries to take on the traffickers together. At the operational level, thanks to a UN program sponsored by the United States, we and dozens of other countries, share intelligence about the criminal networks involved in NPS. We are working closely with China to pursue hundreds of leads following the arrest of a major NPS producer in Shanghai last year. Last month, the DEA’s Project Synergy arrested over 150 people involved in trafficking designer drugs.

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**Nothing Short of a Miracle**

*By Allen Nohre*

A conversation with Barbara Nicholson-Brown from Phoenix, Arizona, who lives with her husband Bill in a tech magazine in Scottsdale. I thought the content of Bill’s newspaper started as a tech magazine in Scottsdale. I thought the content of Bill’s newspaper could be of interest to people. Some of the questions we asked were:

**Allen:** I assume that producing a popular and financially viable newspaper can at times be stressful and threaten recovery. How did the two of you handle that?

**Barbara:** It was a bit of a power struggle in the beginning. Bill used to call us the “street kids,” one from New York and one from Chicago — both of us emotionally damaged, fearful and over confident at times. We battled about cover stories and layout. It was very difficult for him to let go because he had created this. Never. But, it exposed our weaknesses to one another.

**Allen:** Probably a lot of couples could benefit from that rule.

**Barbara:** It was. I came in and wanted to change things and it took us some time to figure out how to work together as professionals. We always talked about recovery and what would be of interest to people. Some of the questions we asked were:

**Allen:** Nothing is more of a miracle. I got sober in 1990 from alcohol and drugs, and by the grace of God I was given the opportunity to start my life again. I met Bill at a Twelve Step meeting. We were both babes in recovery. He was the publisher of Bill’s publication was great, but the design and layout could use some help. I asked if I could assist with the newspaper, and began as a volunteer.

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**Smart Fix** continued page 3

**Miracle** continued page 9

**JULY 2014**

**Inspiring Success On The Road To Recovery**

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**Barbara:** He lost everything to alcohol. He was a man who lived large, but by the time he arrived in Arizona, he had lost everything to alcohol. He was a man who lived large, but by the time he arrived in Arizona, he had lost everything to alcohol. He was a man who lived large, but by the time he arrived in Arizona, he had lost everything to alcohol.
Xanax Addiction

Xanax — one of the most widely-abused prescription drugs in this country. As prescriptions for this highly addictive drug rise, the rates of abuse and dependence increase.

Xanax is a benzodiazepine in the sedative-hypnotic class of drugs. Generally it is prescribed to treat panic disorder, post-traumatic stress, generalized anxiety or social anxiety and some phobias. Like other sedative-hypnotics, Xanax is also prescribed for difficulty falling asleep. Benzodiazepines are central nervous system depressants, and like alcohol, work to slow down the brain’s activity as well as block the “alarm system”, which is responsible for excessive levels of anxiety.

Although it may be prescribed legally by a physician, abuse and dependence can occur. For many it is highly addictive. Crushing and snorting Xanax has become more widespread, making the dangers of this drug even higher. When snorting the drug or how much has been ingested. This can lead to overdose.

Signs of Abuse

Indications of abuse are taking higher doses than prescribed, without a prescription, and for the sole purpose of getting high. A person abusing Xanax may exhibit slurred speech, decreased motor coordination, impaired memory, sleepiness, lethargy and lightheadedness. Xanax, especially in larger dosages or combined with alcohol (which is extremely dangerous) can provide a crippling high similar to being drunk, which is achieved quickly, within 5-10 minutes of taking it.

Signs of Dependence

Physical dependence can occur within just a few weeks of taking the drug regularly, even at prescribed dosages. According to the DSM IV-TR, tolerance is one of the hallmarks of dependence. Tolerance develops as the body adjusts to the presence of the substance and requires more of the drug to have the same effect.

You can regain control and decrease dependence on prescription medication.

How do you get “unscribed”?*

Start here...

- Outpatient Opiate Detoxification
- Outpatient Benzodiazepine Detoxification
- Evaluation & Integrated Medical Treatment
- Board Certified Addictionologists & Medical Staff
- Counseling & Psychosocial Support
- Medication Assisted Treatment
- Insurance Plans Accepted

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46th Annual Southwestern Conference for Behavioral Health Studies Conference

The 46th annual Southwestern School (SWS) for Behavioral Health Studies will be held August 17–21, 2014, at Loews Ventana Canyon in Tucson, Arizona. This year’s theme is “Whole Health: Integrating Tradition, Best Practices and Collective Wisdom.” Confirmed plenary speakers include Scott D. Miller, PhD; Robert J. Ackerman, PhD; Ana M. Gomez, MC; LPC; John Lee, MA; Kenneth Perlmutter, PhD; Larry Fricks; and Sparrow Goudesy (Tsalagi/Cherokee/Wyandot). Kevin Wandler, MD, will be the Recognition Luncheon speaker.

La Frontera Arizona/EMPATH–Sui-cide Prevention Center is hosting the con-ference, which has more than 27 financial sponsors and over 60 exhibitors. This year’s event offers a three-track pre-conference training on Sunday, August 17, with the official conference starting on Monday, Au gust 18, offering 83 workshops in addition to daily plenaries. The SWS will provide national and state continuing education hours for counselors (including addiction), social workers, psychologists and nurses.

Those traveling to the conference can make room reservations at Loews Ventana Canyon. To preview the hotel and its accommodations, visit www.loewshotel.com. La Frontera Arizona/EMPATH–Suicide Prevention Center has been committed to working collaboratively with our public and private partners to solve community problems. We have the resources and expertise to address issues of behavioral health, suicide prevention, housing, family and children’s services, employment, crisis intervention, and community and cultural
As marijuana becomes more readily available, a growing number of researchers and their chemists are ingenious, but we are better: We will employ the tools of science to achieve this. We are no longer content with the status quo and are working together to find solutions for the problems we face.

New reports have shown that marijuana use is rising among young people, and we are working with educators, parents, and community leaders to address this issue.

In addition to our ongoing efforts, we are also launching a new program to help schools develop comprehensive drug education programs. This program will provide resources and support to help schools develop effective drug prevention strategies.

As we continue our work, we encourage everyone to get involved and make a difference. Together, we can create a safer, healthier future for all.

Thank you for your support.

Sincerely,
[Signature]
Director, National Institute on Drug Abuse (NIDA)
Shame & the Empty Life
By Robert Weiss, LCSW, CSAT-S

In her excellent and highly recommended book, Daring Greatly, Dr. Brené Brown defines shame as “the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging.” In other words, shame is the inherent belief that we are not good enough, and we will never be good enough, regardless of what “good enough” might actually be. Brown also tells us in Daring Greatly that shame is ubiquitous, and nearly everyone experiences it to some degree. In fact, the only people who don’t experience shame are people who lack the capacity for empathy and meaningful human connections (i.e., sociopaths).

One way to understand the concept of shame is by thinking of it as the opposite of self-esteem. For example, those with a stable, positive self-image tend to feel more confident, to be more willing to express themselves openly, and to take healthy emotional risks. Conversely, people who carry a deeply felt sense of shame live in fear of being exposed as unlovable and unworthy. Unsurprisingly, shame-based people avoid the risks associated with being open and assertive, fearing they might (re)experience rejection, abandonment and the like.

Both of these deeply felt experiences — self-esteem and shame — are the outcome of early parenting and social experiences. Loving, attentive, engaged and accepting caretakers tend to raise children with high self-esteem and minimal shame, whereas children raised by inconsistent, abusive and/or neglectful caretakers tend to feel less worthy of love, validation and attention — all of which speak to an internal sense of shame. And the earlier in life that your emotional needs are neglected and/or inappropriately responded to, the more likely it is that shame will be hardwired into your adult self-image.

In therapy sessions I often hear addicted clients and trauma survivors talk about the “tapes” that play in their heads, or the “committee” that lives between their ears and holds loud conversations about their many shortcomings. When clients talk about things like this, I know that they are expressing shame. Most often the primary shame message my clients hear equates to: “You’re not worthy (of love, success, validation, support, a loving family, etc.), so why bother trying?” And when that’s the main message bouncing my clients hear equates to: “You’re not worthy (of love, success, validation, support, a loving family, etc.), so why bother trying?” And when that’s the main message bouncing

“Shame is the inherent belief that we are not good enough, and we never will be good enough, regardless of what ‘good enough’ might actually be.”

Shame vs. Guilt
In modern society most people seem to think that shame is a good way to keep people in line. The thinking seems to be: If people experience a bit of shame, they are less likely to “act out” in ways that harm themselves or others. This is actually not true. In fact, the opposite occurs. Rather than motivating positive change, shame prevents it. If this seems counterintuitive to you, that may be a result of confusing shame with guilt. People often feel guilty for being related, but quite different on a very meaningful level. And I’m not just playing the semantics game here. Basically, the internal message that a shame-based person consistently hears is, “I am bad,” whereas the message a person feeling guilt hears is, “I did something bad.” This distinction is incredibly important. A shame-based person feels that he or she is inherently defective and nothing can be done. They stay in their shell, not understanding that being vulnerable, open, and “seen” by others is the only genuine path to feeling loved, intimate, connected, creative and all that other stuff we crave. Simply put, a person who is driven by fears of rejection and humiliation tends to avoid intimacy, because being vulnerable (the path to intimacy) feels too scary. Yet none of life’s positive, rewarding connections can really take place without this, I know that that they are expressing shame. Most often the primary shame message

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SHAME continued page 7

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**Commentary:**

**It’s Time for Students to Make “Smart Moves, Smart Choices”**

By Mary Louise Embrey

During my many years of working in the substance abuse field, I have seen the rise and fall of many different trends. In recent years, teen prescription (Rx) drug abuse has been of significant concern. The trend towards Rx drug abuse has been supported by national data sources indicating that one in four high school students has taken a prescription medication that was not prescribed for them by a doctor, and more teens abuse prescription drugs than illegal drugs, with the exception of marijuana.

In my work with the National Association of School Nurses (NASN), I have been fortunate to assist school nurses in responding to the concern of Rx drug abuse impacting students. In 2007, NASN and Janssen Pharmaceuticals, Inc., teamed up to create Smart Moves, Smart Choices (SMSC). As an effort to raise national awareness, the SMSC initiative has been informing parents, teens, and educators about teen prescription drug abuse and its serious risks. Smart Moves, Smart Choices features a website and educational videos.

The multi-faceted initiative also offers a tool kit that enables educators to hold school assemblies about teen prescription drug abuse in their communities.

When working on the development of SMSC materials and delving into what school nurses were seeing with regards to Rx drug abuse, I spoke with Beth Mattey, a Delaware school nurse and NASN President-Elect. She shared, “In my practice as a high school nurse, I am well aware of the choices students must make on a daily basis. The reality is that our youth face the availability of all types of substances. The presence of responsible adults with positive messages and support is critical for helping students navigate safely into adulthood.

More and more schools and parents are recognizing that school nurses are critical prevention agents in schools. Their education and assessment skills provide them with an added advantage in addressing substance-related issues. In addition, school nurses are often considered the most trusted school professional, and they have a better than average understanding of student behaviors and culture due to their daily interactions with students outside of the classroom. Often the school nurse will be the first person to identify when a student may potentially have a problem with prescription drugs.

Having access to the free-of-charge resource of Smart Moves, Smart Choices over the last several years has made a positive impact on students and their families throughout the country. School nurses and other specialized instructional support personnel (school social workers, psychologists, counselors, etc.) have taken the lead to implement the various components of the initiative. Awareness has been raised about the serious health problem related to the misuse and abuse of prescription medication among teens; and practical resource information has been provided. The recognized myths and misconceptions about prescription drug use are now being discussed in strategic ways and students and their families are learning how the abuse of prescription drugs can impact judgment and decision making. The message is being relayed that the misuse and abuse of prescription drugs can lead to risky behaviors; and can result in addiction, serious health issues and in some cases, death. Additionally, the fact that mixing prescription drugs with alcohol can be deadly is explained through the SMSC materials.

**New Additions to the Smart Moves, Smart Choices Initiative**

**Animated Video About Teen Prescription Drug Abuse**

The video entitled “Choices” depicts the serious decisions faced by teens, including whether or not to abuse prescription drugs. [www.SmartMovesSmartChoices.org](http://www.SmartMovesSmartChoices.org)

**Start Smart Elementary School Tools**

These materials are designed to be used by educators in the elementary school setting to raise children’s awareness of safe and proper use of medicines. Everyone who wants to learn more about prescription drug abuse and access free-of-charge prevention materials designed to reach elementary and secondary students and their families are encouraged to go to [www.SmartMovesSmartChoices.org](http://www.SmartMovesSmartChoices.org).

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done to change that, so why bother trying. As a result, he or she will almost certainly engage in problematic behaviors or experiences that reinforce this negative self-image. Conversely, a person who feels guilt is someone who recognizes that he or she has done something that violates his or her moral code, feels bad about it, and works to behave differently in the future. Guilt and shame are equally powerful, and both will drive future decisions, but the two cars are pointed in opposite directions.

Self-protective, avoidant, shame-based behavior shows up in many forms. For example, some people attempt to protect themselves from further pain, loss, abandonment and rejection by blaming someone or something other than themselves for their unhappiness. Others withdraw, isolate, or put forth a false front to ward off their shame. Some become addicts, avoiding the pain of shame by numbing out through addictive substances and/or behaviors (gambling, spending, sex, etc.). Others become aggressive, lashing out either physically or verbally, essentially making those around them feel as miserable and ashamed as they themselves feel. Still others seek to feel connected and appreciated by becoming disingenuous people pleasers, always taking care of others (and therefore feeling unlovable — even long after the fact, their worthy, and unlovable even after the fact, their love and acceptance, shame loses its grip. In short, developing shame resilience is a process of reaching out to supportive others and experiencing empathy. It is no surprise to therapists that when traumatized, shame-based people share about their most difficult experiences — the events that cause them to feel defective, unworthy, and unlovable — even long after the fact, their lives get better. Period.

Shame is to hide it. Unfortunately, in the secrecy darkness, shame not only festers, it grows. As mentioned above, shame-based people fear being vulnerable. They avoid revealing their true selves because they’re terrified of the reaction they might receive. That said, talking about shame is not nearly as dangerous as keeping it under wraps. Undeniably, opening up about shameful thoughts and events is difficult and painful, but the more we talk (with safe, compassionate, nonjudgmental people) about why we avoid being fully known (our shame), the less power it has. When shame-based people can share their stories with supportive and empathetic people, they tend to feel more connected, worthy and alive. Essentially, when exposed to love and acceptance, shame loses its grip.

Some become addicts, avoiding the pain of shame by numbing out through addictive substances and/or behaviors (gambling, spending, sex, etc.). Others become aggres- sive, lashing out either physically or verbally, essentially making those around them feel as miserable and ashamed as they themselves feel. Still others seek to feel connected and appreciated by becoming disingenuous people pleasers, always taking care of others (and therefore feeling useful and important) but never directly asking for what they need (never taking any emotional risks). Moving From Shame to Grace

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Paying It Forward Backwards

By Dr. Dina Evan

S
ome have misunderstood the concept of paying it forward. It’s supposed to be only the good stuff; the gifts of spirit like a book that moved you, a coffee or egg McMuffin at McDonald’s for the guy in the car behind you or perhaps a compliment. Today however, to most large corporations, especially the drug companies and to many individuals, paying it forward means a total lack of responsibility by pushing your responsibility forward onto someone else.

I have osteoporosis. The drug that was recommended to me is Prolia. I was flabbergasted this week to discover that a single injection of that drug costs $900.00! How is that even possible? It’s possible because the drug companies know you need it and they can therefore ask any outrageous price they want for all the drugs they manufacture and push the responsibility for increasing profits on to us. How else can they pay those phenomenal bonuses?

Similar attitude of the V.A., right? There is very little motivation in major corporations, city, state or national governments to cut waste, close ineffective programs or stop ludicrous pay hikes and bonuses. Instead, they just gouge more. Gas prices mysteriously rise as summer approaches and the public plans driving vacations for no apparent reason. $4.00 to park downtown for one hour! Increasing vacations for no apparent reason. $4.00 to go home and take it out on the kids. Dad gives us a hard time in his office and he tells the child to stop eating sugar. The mother is outraged. She demands of Gandhi, “Why Mahatma did you make me return so many times on this long, arduous journey until you finally told my child this thing?” Gandhi, simply replied, “I had not yet stopped eating sugar.” Neither have we. Individually we are paying it forwards, backwards and passing along the negative attributes that have hijacked most of our institutions and corporations.

Einstein said, “Those who follow the crowd are likely to find themselves no further than the crowd. Those who walk alone, are likely to find themselves where no one has ever been before.”

Be one of these people.

Be courageous, different and willing to restore integrity in your own life. Start by being aware of when you are about to tell that little white lie, cheat to get an advantage, exaggerate to look better. Challenge the institutions and politicians that are not standing in their integrity. Refuse to be led by following. Listen to your own wise mind and sweet spirit and make a choice to stand in your integrity. It may not change the government or the VA but it will change the amount of joy in your own life and in the lives of those who you love. What better way can you think of to claim and to celebrate independence?

Be one of these people.
JULY 9, 8–10:00 a.m. Phoenix Area Professionals’ Breakfast, Sponsored by Sierra Tucson. “Safe Touch in Psychotherapy and Touch Experiential.” Speaker: Kim DiRe’, LPC, MEd, SEP. Pointe Hilton Squaw Peak Resort, 7677 N. 16th Street (in Motian Avene). Phoenix. 2.0 CE Credits available. At door: $25 per person (cash or check only). For info, visit www.SierraTucson.com or contact Chrissy Lamy at 480-231-0260 or CLamy@CKHealth.com.

JULY 18, 8–10:00 a.m. Cook, Collaborate, Communicate, Sponsored by Sierra Tucson. “The Way We Eat Is The Way We Live” Speakers: Caryn Artannes, M.A., NCC, LPC, CEDS and Cindy Elms B.S., RDN. North Ridge Counseling, 8889 East Via Linda, Scottsdale. 2 Continuing Education Credits available. Pre-registration at www.SierraTucson.com by 7/11/14: $25 per person with pre-registration (no refund after this date).

JULY 28-AUG. 1 – Tucson – Cottonwood Tucson – InnerPath Beginnings & Beyond Retreat – 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 jmartin@cottonwoodtucson.com for information and registration.

Every Week – Tucson – Cottonwood Tucson – InnerPath Developing Healthy Families Workshop – Free day-long workshop is for 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 jmartin@cottonwoodtucson.com for information.

Merritt Center Returning Combat Vet-erans 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 dream of a new life. Betty Merritt, betty@merrittcenter.org. 800-414-9880 www.merrittcenter.org.

On Going Support COSA (Twelve-step recovery program for men and women whose lives have been affected by another person’s compulsive sexual behavior)—Being in Balance. Thursday 11:00 am-noon. 2210 W. Southern Ave. Mesa, 85202. Information 602-793-4120.

Co-Anon Family Support Group – Continuing stroll in Desert Church meeting. Tucson. Wed. 5:30-7:00 p.m. Streams In the Desert Church, 11735 N. Scottsdale Rd., Scottsdale, 602-403-7799.


Incest Survivors Anonymous—North Scottsdale Fellowship Club, Saturdays, 1:30-2:30pm. Gloria, 602-819-0400.

COTTONWOOD TUCSON. Ongoing Alumni Meeting: first Wednesday of month 6:00-7:30 p.m. Cottonwood campus in Tucson. 4110 W. Sweetwater Drive. Come at 5:00 p.m. for dinner. Contact Jana Martin 520-743-2141 or email jmartin@cottonwoodtucson.com.

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

Overeaters Anonymous - 12 Step program that deals with addictions to food and food behaviors. 18 meetings scheduled per week. For information 520-733-0880 or www.oasouthernaz.org.


EVENTS continued page 14
Allen: Did Bill die from cancer in 2010 at the age of 68? You lost your life companion and your business. How did you stay sober and what gave you the desire and courage to continue publishing?

Barbara: This has been quite a process. I had no idea what grief was until Bill died. I read about the stages of grief from shock to acceptance. Believe me they don’t come in order. I think I was in shock for months just going through the motions with a determination to keep the paper going. I told myself I couldn’t miss an issue, and I didn’t. There wasn’t an Expo that year; it would have been too much. Staying sober was never once thought about. Drinking, I had tons of support from my friends in Twelve Step programs, and family and friends who were surrounding me — just letting me be me.

And then, all of a sudden, the shock wore off! Bill died in April, and in July, my “egg cracked.” It happened while I was in Nordstrom’s. I don’t shop there much, but Bill loved it. I walked in the store and had a panic attack. Suddenly, I realized Bill wasn’t there with me. He really was gone. I ran through the mall, got my car, and shaking so badly, I was barely able to drive. When I got home, I fell apart lying on the floor screaming and crying, and the pain I was holding in started to release. Many people had told me, “Barbara, you are strong. You can handle it.” I wanted to tell another person what to do on this matter, but I couldn’t. I had a panic attack. Suddenly, I realized into an actual treatment program scared me — just letting me be me. The following evening, my younger sister called and said she was in the center of New York and that’s exactly what happened. I fell off a curb and even though I weighed only 110 pounds, nobody could pick me up. My friends had to drag me off the street and literally carry me to my apartment because no cab drivers would stop for us.

So I told myself, “This is it, I’m never drinking again.” For a while I didn’t, but I did switch to drugs. It was the 80’s and cocaine’s heyday. Valium was my new alcohol, and in my mind, I was sober because I wasn’t drinking alcohol. I continued to feed my addiction anyway I could.

Allen: When did your nightmare end?

Barbara: I went back to drinking in 1989 and the last time I drank I was a horrible, a really bad drunk. I was scared to death, didn’t want to live and didn’t want to die. The following evening, my younger sister called and said, “If you don’t get help now we’re all done with you.” And she meant it. She was so angry, I felt the same. I walked down the street as hard as I can still hear it. That was my moment of clarity, maybe it was divine intervention. After she hung up, without thinking about it, I immediately called a sober girlfriend I had been avoiding for her years. That night, for the very first time, I said out loud, “I’m an alcoholic, help.”

Allen: Then what happened?

Barbara: She came to my apartment and spent the evening with me and said she was taking me out the next day. It was Father’s Day, a beautiful Sunday in New York. I didn’t know where we were going. We walked down to the Jacob Javits Convention Center where there was the 50th anniversary celebration of Alcohol Anonymous. As we walked through the doors, I saw what seemed like thousands of people who were in recovery.
I remember telling my younger sister I was an alcoholic. I was always so embarrassed by my mom's behavior, especially at family gatherings. One day mom was really drunk and her behavior was so out of control it made me stand up — she pushed me out of my chair — to identify myself as a person within my first 24 hours of sobriety. That is when this journey began, June 17, 1990, my sobriety date.

When we left that meeting, she gave me a copy of the Big Book and said we were going to a meeting every night. She was a great first sponsor who had me on a short leash. I went to meetings every day for eight or nine weeks until the day I moved to Arizona.

Allen: What did those meetings do for you?

Barbara: At first, I was so into my denial I was hoping I would learn how to drink without getting drunk. But, I found out I never had to feel the way I'd felt, ever again. I could stay sober 24 hours at a time. Something occurred during those weeks within my spirit and my mind. I realized I was done. I could not do it anymore.

Allen: You told me a friend had once said you needed to get out of New York and you called your parents who were now living in Arizona and they didn't want you to come out here. This time, with nine weeks of sobriety, you did move to Arizona. How did your parents react when you showed up?

Barbara: I think they were on edge. During my childhood years, my mom was the alcoholic. I was always so embarrassed by her behavior, especially at family gatherings. One day mom was really drunk and I remember telling my younger sister I would never be like her. But I have the same disease.

As soon as I arrived here in August of 1990, my mom handed me a local AA meeting list. By then, she had been sober for over 12 years. And they had rules too — get a job, an apartment and a car within 90 days or you are out — and go to a meeting a day! It was humbling to move in with them as an adult.

Allen: In addition to the newspaper, you put on the annual Art of Recovery Expo for the past nine years. What gave you the idea and motivation for this event?

Barbara: Bill traveled to many conferences throughout the year, which were strictly for professionals in the world of treatment and recovery. I wanted to have a day for Arizonans to be able to come to a venue where they too could find out about the many resources and options available. There are so many services that provide a variety of help and care. Recovery is not one size fits all. I wanted to get information out to the public for help right now or in the future. Even nine years ago, the stigma about addiction and alcohol was still holding many people back from getting help. The Expo is a non-threatening venue. It is free. No names are taken. People can come in and talk to professionals, attend workshops and ask questions such as, “What is happening today in the world of recovery? How can we help each other? How do we educate our kids on the dangers? How do we talk to them about making the right choices?” Parents, as well as kids, need to be armed with information. And family members need as much help as the person who is struggling with the addiction. As we know, this is a family disease.

Allen: What do you want people to know about why you keep publishing Together AZ and coordinating the Expo?

Barbara: I want them to know there is an amazing life out there without drugs or alcohol. It’s about living from your heart and not being ashamed. If we are addicts or alcoholics, we are still God’s kids — and we must help one another. The recovery community, whether located in self-help groups or treatment programs, is a shining light.

Allen: What is the date and place of this year’s Recovery Expo?

Barbara: I feel I am doing what I was put here to do — helping another person live a good life. And it keeps me sober. I’ve been blessed. I never thought in a million years I would celebrate 24 years sober. It would have been easy for me not to be here, either by my own hand or someone else’s. There is a divine plan. We try to control our lives but our Higher Power, or God, or whatever you want to call it, has greater ideas. No matter what comes our way, it is possible to stay clean. I think one of the biggest barriers for any addict or alcoholic is asking for help. So far, it has been extremely fulfilling and satisfying to give back. That is what it is all about. Bill always said, “Good things happen to drunks who don’t drink.” He was right.

Allen: What is the date and place of this year’s Recovery Expo?

Barbara: We are back at the Phoenix Convention Center on Saturday, September 20, 2014 from 10:00 am to 5:00 pm, and as always the admission is free to the public. Our keynote speaker is Tara Conner, 2006 Miss USA, and Recovery Advocate. We hope everyone will attend.

Allen: Thank you Barbara for sharing your amazing life and thank you for what you do for the people of Arizona.

Allen Nohre is a writer for Terros. At Terros, we inspire change for life. Through our core values of integrity, compassion and empowerment, we help create life solutions for children, families and communities. For information and assistance, call 602-685-6000 or visit www.terros.org.
Wile passing through the Honolulu airport I stopped for a moment to look at some items in a shop window. A female security guard approached me and struck up a casual conversation. She asked me where I was headed, and I told her I was on my way to Japan to teach some classes. “What do you teach?” she asked.

“I help people get in touch with their passion and purpose and live authentically,” I told her. She lit up. “Then give me some tips, would you?”

I asked her what she was doing on her life. “I’m the single mother of nine children,” she told me. “Most of my time goes to my kids.”

“I help people get in touch with their passion and purpose and live authentically,” I told her. She lit up. “Then give me some tips, would you?”

As I went on my way I thought about the fact that she would make me feel pretty. “I’d just like to get my nails done. That’s what makes you happy.”

Tears came to her eyes as she showed me her hand. “I’m the single mother of nine children,” she declared, “Fear knocked at the door. Faith answered. No harm.”

Confused, the man showed me her hand. “I’d just like to get my nails done. That’s what makes you happy.”

She lit up. “Then give me some tips, would you?”

To get listed email: aztogether@yahoo.com

JULY 2014 www.togetheraz.com
What are the Risks?

Teens & Ecstasy

High school seniors who are most likely to take Ecstasy are those who use other drugs, researchers at New York University have found. About 4.4 percent of high school seniors reported using Ecstasy within the last year, Newsweek reports. Males are at particularly high risk for use. The drug is also known as “Molly,” “E” and “X,” the article notes, and is popular at dance parties.

The findings, published in Substance Use & Misuse, are based on data from the Monitoring the Future nationwide annual study. About 15,000 high school seniors are included in the study. The study did not specifically ask about Molly. Since many teens may not realize Molly is another name for Ecstasy, more of them may be using the drug than the study indicates, the researchers noted.

Other risk factors for teen Ecstasy use included having a weekly income of more than $50 from a job, or more than $10 weekly from other sources. Students living in cities were at increased risk, as were teens who had used alcohol, cigarettes, marijuana or other illegal drugs.

“Ecstasy use also tends to precede use of other club drugs so preventing Ecstasy use may also prevent initiation and use of drugs such as ketamine (‘Special K’) and GHB,” lead researcher Joseph J. Palamar, PhD, MPH, said in a news release.

“Hundreds of new designer drugs have emerged in recent years, some of which were created to mimic the effects of Ecstasy,” Dr. Palamar said. “Many individuals may be ingesting what they think is Ecstasy, but it may in fact be an even more dangerous new substance.”

### DID YOU KNOW?

More Americans die from drug overdoses than in car crashes, and this increasing trend is driven by Rx painkillers.

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these substances into the lungs.

“For decades, the tobacco industry had complete control over how cigarettes were made, and they responded by making a deadly and addictive product even worse,” Matthew L. Myers, President of the Campaign for Tobacco-Free Kids, said. “Now that it has the authority to regulate tobacco products, the FDA must require changes in these products to reduce the death and disease they cause. Decisions about how tobacco products are made and what is in them must now be based on protecting public health, not tobacco industry profits.”

**Link Between Narcotic Painkillers and Addiction**

A new poll finds 78 percent of Americans say they believe there is a link between drug addiction and narcotic painkillers, NPR reports.

The findings come from a nationwide poll conducted by NPR and Traven Health Analytics. The poll found 54 percent of all respondents said they had previously taken narcotic painkillers.

Slightly more than one-third of people who had taken narcotic painkillers had concerns about them, compared with 30 percent of those who had not taken the drugs. Addiction was respondents’ top concern about narcotic painkillers, followed by death and side effects.

About one-quarter of respondents said they had refused or questioned a prescription for an opioid, about the same rate as in a similar poll conducted in 2011, the article notes.

Fifty-four percent of those polled said potent painkillers such as Zohydro, a pure form of hydrocodone, should be available.

Some states want to ban Zohydro. Earlier this year more than 40 addiction treatment, health care and consumer groups urged the Food and Drug Administration to reverse its decision to approve Zohydro. The drug is designed to be released over time, and can be crushed and snorted by people seeking a quick, high effect. The opioid drug OxyContin has been reformulated to make it harder to crush or dissolve, but Zohydro does not include similar tamper-resistant features.

**Food, Addiction and Obesity**

In their new documentary Fooled Up, Katie Couric and Laurie David draw attention to drug addiction and the food we are eating and why it is making us so sick. With estimates that approximately 75 percent of Americans will be overweight or obese by 2020, no one needs persuading that obesity is a grave public health threat. However, for some people, considerable convincing is still required surrounding one likely cause of this rampant obesity: food addiction.

In our research laboratories, we have been actively studying the connections among food and addiction. The idea of food addiction has gained more credibility over the past few years with the emergence of scientific studies, including our own, showing that certain foods and beverages, or even images of certain foods, can elicit changes in the brain that resemble those seen in drug addicts. There is certainly enough evidence to take the possibility of food addiction seriously, and now is the time that we should be taking action to clearly address this problem. Tens of millions of lives will have been affected by the time evidence is indisputable, millions more may have already been affected who have little or no assistance to combat their addiction. The idea that some foods may be "food addicts," has changed how we may begin to think about the obesity epidemic, but it also poses questions regarding whom this may affect.

Addicts are often conceptualized as being unable to function in society, and the idea of someone being addicted to highly-palatable foods seems laughable in comparison. Yet these stereotypes about addiction do not match reality. The most common addict in our society — a smoker — individual with a job, family, and friends. A smoker’s addiction is manageable because this drug is easily accessible with little noticeable intoxication, and a withdrawal syndrome that is not physically life-threatening (as it can be with heroin or even alcohol). However, because of smoking’s health-related complications, it is the No. 1 cause of preventable death in the U.S. The reality is that nicotine addiction kills you over time. Addiction to highly-palatable, processed foods may resemble nicotine addiction. People are not going to overdose on French fries, but addictive eaters may lose years of their lives to chronic diet-related diseases.

What’s more, addictive substances impact more than just addicts. While only about 7 percent of adults reported an addiction to alcohol in 2012, it is the third leading cause of preventable death. Of the approximately 90 percent of adults who try alcohol during their lifetime, most do not become addicted, but many exhibit a sub-clinical response to alcohol. Consuming alcohol excessively or binge drinking compromises health and safety. Due to alcohol’s accessibility and low price, the public health consequences cost millions of lives and billions of dollars.

The public health costs of potentially addictive foods may be even more severe. Eating only a few extra hundred calories each day can result in unhealthy weight gain. If enough people experience a sub-clinical addiction response to consume an extra doughnut or a few more handfuls of potato chips, the contribution of addictive foods to obesity could be significant. Unlike alcohol, where there are regulations and restrictions, highly processed foods are accessible almost everywhere and to anyone. This is especially disconcerting when we consider children. Entrees, in any way addictive, we need to take this concept seriously. We have much more than weight to lose if we don’t.
that belief can actually be harmful. SMART instead asks us to consider this disease “a behavior”—one that CAN be modified.

To those of you that have been helped by AA or 12 steps, understand this can work with AA or it can stand alone. It works with any behavior we would like to modify, from gambling, over eating, and for any substance. We all have different paths in life and if it helps someone change an unwanted or harmful behavior, if it helps someone to get or stay sober — that is a good thing! Take what works for you and leave alone what doesn’t. For me – and the thousands of people helped by SMART Recovery this is something that works.

SMART (from SmartRecovery.org)

“The idea here is to learn about changing things in your life. The first thing is in understanding the problem… and how those problems work in your life. Then you learn the ropes of how to challenge stuff in your own head and get some better things working. In the third big area, you realize that you ARE worth it. Perhaps you have failed to really appreciate how valuable and worthwhile you are.

Well, that’s the picture. SMART Recovery® is a non-profit organization almost completely made up of both professionals and non-professionals volunteers, who feel there is a great need in our society for the benefits of modern scientific methods to be applied to addiction. This means helping you through a change from a destructive habit to a more rewarding and fulfilling life.”

Four Point System

Meetings are peer led and participants are the impetus of the direction the meeting goes— and unlike other types of meetings, cross talk is actually encouraged. The facilitator also helps move the discussion toward what SMART calls a “recovery tool” which usually relates to one or more of the participants problems that were brought up in the check in.

Tools comprise one of four points or areas of interest for SMART: they are –

• Enhance and maintain motivation to abstain
• Cope with urges
• Manage thoughts, feelings, and behaviors
• Balance momentary and enduring satisfactions

Today I work exclusively with the entry population, men and women coming out of the prison system, the cognitive approach to recovery has many advantages. First and foremost — not everyone who ends up in our program is ready for the wonderful world of recovery. Many in fact are very ambivalent about their sobriety in general (being mandated to participate). SMART can accommodate these populations needs by utilization of these tools which hit upon one or more of the above points. Some of my favorite tools for our population are – the CBA (cost benefit analysis), the ABC’s (which could be called ‘disputing irrational beliefs’ and the HBO (hierarchy of values).

This introduction to SMART could not possibly get into the specific nuances of the tools that I mentioned— or even into an explanation of the four points, to do that visit smartrecovery.org. They too have a moderated chat board— I utilized all of these processes in my own recovery. I found them very helpful and hope you may too!

Duane Mantey – serves as President of the Board of Directors for Arizona nonprofit HousingProviderVITRE more info at http://viewhousing.org and he also serves on the Executive Committee for AzRHA the Arizona Recovery Housing Association which is charged with setting and maintaining standards for Recovery Housing Providers Statewide more info at: www.azrha.info

Tempe Valley Hope Alumni Support Groups, Thursdays 6-7:00 p.m., 2115 E. Southern Ave. Phoenix. Tues. 8:00 p.m., 3233 W. Peoria Ave. Ste. 203, Open to anyone in recovery.

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

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

OA—Teen Meeting, Saturdays 4:00 p.m. 1219 E. Glendale Ave. #21 Phoenix. www.oaephoenix.org/ 602-234-1195.

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

FOOD ADDICTS Anonymous—www.FOODaddictsanonymous.org

GAM-ANON: Sun. 7:30 p.m. Desert Cross Lutheran Church, 8600 S. Mc-Dowell Rd., Phoenix. Wed. 7:00 p.m., The Mission, 4440 N. 7th Ave., Phoenix. Thurs. 7:30 p.m.

OA—Al-Anon meeting, Tuesdays 6:00 p.m., Gateway Church, 5811 N. 7th Ave., Phoenix. 1311 N 14th St. cmaaz.org/god-zombies-the-awakening/

The streets aren’t the only place kids find drugs.

A Parents’ Guide to Understanding Prescription Drug Abuse
Meetings with Enlightened Men

By Coach Cary Bayer
www.carybayer.com

Fifty years after George Gurdjieff’s book, Meetings with Remarkable Men was published in English, I’m offering “Meetings with Enlightened Men.” The inspiration came while visiting Monticello, Thomas Jefferson’s Virginia home. I had the good fortune to spend six months with a remarkable man named Maharishi Mahesh Yogi. What follows are parallel observations of Jefferson, whose “Declaration of Independence” helped enlighten many people.

Jefferson was a political thinker influenced by Age of Enlightenment thinkers like John Locke and Voltaire; Maharishi, who initiated the Transcendental Meditation technique, summed up what he taught by claiming the dawn of a different Age of Enlightenment in 1973. Both believed strongly in higher education. Jefferson founded and designed the University of Virginia in Charlottesville; Maharishi founded Maharishi University of Management in Fairfield, Iowa, and played a major role in designing the curriculum.

On Happiness
In his famous document that set our original 13 colonies free from England, Jefferson wrote that “people are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are Life, Liberty, and the pursuit of Happiness.”

Jefferson, who taught the Creator and human wisdom to be one, wrote, “The purpose of Creation is the expansion of happiness.” Elsewhere, he noted, “Nothing gives one mental attitude.” Maharishi, who taught how to attain total peace of mind, wrote, “You are the master of all the laws of nature if you know the transcendental field.”

On Time
Jefferson, who emphasized doing, wrote, “Determine never to be idle. No person will have occasion to complain of the want of time who never loses any. It is wonderful how much can be done if we are always doing.”

Maharishi, who taught how to attain the state of Being — the basis of being, thinking and doing — wrote “The factor of time is very vital in life. Those who have accomplished great things in the world have been those who valued time in their life.”

The Spirit of Jefferson
While driving to Monticello, I heard a recording of a man at a Unity church claiming to channel Jefferson’s spirit. The enlightened words that came out of this spirit sounded more like what Maharishi might have said in the 20th century than what Jefferson did in the 18th. Perhaps our President from another age has been turning into an ageless sage.

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