

Together AZ



Dangerous Drugs in Need of a Smart Fix

By William R. Brownfield

Paramedics wheel 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.

Hazardous to your health? You bet. Illegal? Not necessarily.

Why the disconnect?

These drugs, called “new psychoactive substances” (NPS) can elude 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 substance abuse disorders overcome their 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 demand reduction 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, distributes 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 specializing 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;

Nothing Short of a Miracle

Allen Nohre is a staff writer at Terros, where he interviews clients who have inspiring stories of overcoming personal challenges and finding better lives for themselves and their families.



A conversation with Barbara Nicholson-Brown by Allen Nohre

I recently interviewed Barbara Nicholson-Brown, the editor, publisher and owner of *Together AZ* because I wanted to learn about her journey and passion for the newspaper. More than 15,000 copies are distributed each month to Arizona’s leading treatment facilities, counseling centers, behavioral health providers, college campuses, sober living homes, physician offices, therapists in private practice, and Twelve Step fellowship halls. *Together AZ* is a major source of help for those who are struggling with alcoholism and drug addiction, as well as support for those who are progressing in recovery.

I especially wanted to know how Barbara and her late husband, Bill Brown, the founder of *Together AZ*, were able to successfully sustain and deepen their respective recoveries working side-by-side and coping with deadlines and business challenges.

Barbara and Bill were married in 1994, three years after Bill started the paper. They co-published the paper until 2010 when Bill died at the age of 68. Bill’s death threw Barbara into agonizing loss and grief. In her honest and candid way, she shared with me how she was able to cope, sustain her recovery, and keep publishing the newspaper.

Barbara is also the founder of **The Art of Recovery Expo**, the one-day, free public event held each September at the Phoenix Convention Center. The first Expo was held in 2005 with 2,000 people attending. Last year, over 6,000 people attended, along with 100 sponsors and exhibitors who provided information for visitors on the resources and many avenues that are available for help with all addictions and behavioral health issues.

Allen: You are a unique champion of recovery for people in the greater Phoenix area. How did this happen?

Barbara: It is nothing short 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 what then was called *Recovery Together*. I had recently moved from New York City and did graphic design and production for a tech magazine in Scottsdale. I thought the content 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.

Allen: Bill started the paper in 1991. Why did he want to publish a newspaper on alcohol, drugs and recovery?

Barbara: Bill was newly sober when he came to Phoenix from Virginia in 1989 to live at Progress Valley, a men’s sober living home. His life before sobriety was filled with lots of money, wild living and success, and *he lost everything to alcohol*. He was a man who lived large, but by the time he arrived in Arizona, he had \$200 in his pocket and one suitcase. He didn’t have a car, and his first job in sobriety was as a bus boy at a downtown deli. He needed to start his life over from the ground up, and as he did, his recovery kept progressing.

He had a lot of questions about addiction and recovery, always searching for answers. It was probably a “God thing” that he wanted to publish something to help other alcoholics and addicts, and their families understand this disease.

Allen: You met Bill in 1994, fell in love, got married in 1995, and began working together on the paper. You brought to the venture a background in design, layout and production as well as your experience with addiction and recovery. Describe how you merged your professional skills and life experience.

Barbara: When I first got sober, I was a bit of a snob. I thought because I wasn’t drinking, I didn’t need to continue to change and grow. Fortunately, I had a great sponsor and my sobriety has grown through the years. So many people have gone on before me, so I learned early on, if I wanted what they had, I needed to do what they suggested. I could not go off in my own direction and do it my way, because my way never worked.

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 two “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.

Allen: It was his baby.

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 professional people. We always talked about recovery and what would be of interest to people. Some of the questions we asked were: “What are people in recovery struggling with? How do you rebuild relationships? How do you regain trust from others?” These were our issues and we felt others may also have similar questions or challenges.

Allen: The stress didn’t threaten recovery?

Barbara: Never. But, it exposed our weaknesses to one another and enhanced our recovery. We had a very important rule that neither one of us would tell the other how to do their recovery program. That was something we lived by — each of us responsible for continuing our own recovery.

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

Barbara: It took time and some professional help, but it worked for us. He wasn’t my sponsor and I wasn’t his. We couldn’t say to each other, “You need more meetings, or you need to call your sponsor, or you need to...” We needed to learn how to listen to one another and respect each other’s opinion.



NEWS

46th Annual Southwestern School 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 Goudey (Tsalagi/Cherokee/Wyandot). Kevin Wandler, MD, will be the Recognition Luncheon speaker.

La Frontera Arizona/EMPACT-Suicide Prevention Center is hosting the conference, 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, August 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/EMPACT-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

NEWS continued next page

Best-selling author; guest consultant on 20/20, Good Morning America and CBS Morning News; featured in The New York Times and People Magazine; and Esquire Magazine's "Top 100 Women in the U.S. who are Changing the Nation", Rokelle Lerner is the Clinical Director of InnerPath Retreats at Cottonwood Tucson.

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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, some forms of 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 effects are felt faster. Abuse among teens is on the rise, as they have easy access out of their home medicine cabinet if a family member is prescribed them as a PRN or as needed.

Xanax bars (known as zanies or planks) are 2mg elongated bars that can be split or quartered. People who are abusing Xanax may take multiple bars at a time or combine them with alcohol or other drugs. One of the effects of a Xanax high is memory loss, causing the user to forget they taken 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

XANAX continued page 3



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Research on Marijuana’s Role in Car Crashes Expands as Drug availability Grows

As marijuana becomes more readily available, a growing number of researchers are studying the possible link between marijuana and fatal car crashes, *USA Today* reports.

A study published earlier this year by Columbia University researchers found marijuana contributed to 12 percent of traffic deaths in 2010. The study of almost 24,000 fatal car accidents found marijuana was linked to three times as many traffic deaths compared with a decade earlier.

According to a 2010 survey by the National Highway Traffic Safety Administration (NHTSA), one in eight high school seniors said they drove after smoking marijuana. Almost one-quarter of drivers killed in drug-related crashes were younger than 25, the article notes. In addition, almost half of fatally injured drivers who tested positive for marijuana were under age 25.

The National Institute on Drug Abuse (NIDA) and NHTSA have been conducting a three-year study to determine how inhaled marijuana impacts driving performance.

NIDA notes on its website, “Considerable evidence from both real and simulated driving studies indicates that marijuana can negatively affect a driver’s attentiveness, perception of time and speed, and ability to draw on information obtained from past experiences. Research shows that impairment increases significantly when marijuana use is combined with alcohol.”

NIDA notes it is difficult to measure the exact contribution of drug intoxication to driving accidents, because blood tests for drugs other than alcohol are inconsistently performed, and many drivers who cause accidents are found to have both drugs and alcohol in their system, making it hard to determine which substance had the greater effect.

Lawmakers in Washington state, where recreational marijuana use is now legal, are trying to determine how police officers can identify drivers impaired by marijuana use. There is no consensus on what blood level of THC, the active ingredient in marijuana, impairs driving, the newspaper notes. Breathalyzers cannot be used for marijuana.

Tobacco Companies Have Changed Cigarettes to Make Them More Addictive: Report

Tobacco companies have made design changes to cigarettes to make them more addictive and more attractive to children, according to a new report by the Campaign for Tobacco-Free Kids.

The report concludes cigarettes are more harmful today than 50 years ago, when the first Surgeon General report linked tobacco to health risks, according to ABC News. The group is calling on the Food and Drug Administration (FDA) to more closely regulate cigarettes’ design and ingredients.

The group lists nine design choices and chemical additions that lure young people to start smoking, and make it harder for them to quit. These include making cigarettes more addictive by increasing nicotine levels and enhancing the impact of nicotine, and adding flavorings such as licorice and chocolate to make cigarettes more attractive to children.

According to the report, cigarettes have increased levels of a type of cancer-causing substance called nitrosamines. They also have added ventilated filters, which allow smokers to inhale more deeply, drawing



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achieve the similar effects. Once there is physical dependence, withdrawal effects can be felt when stopping the drug immediately. If you are taking a Benzodiazepine, you must consult a doctor before discontinuing the drug, as stopping the drug abruptly will lead to seizures and potentially death.

Xanax dependence tends to develop slowly over time and without the user or family members noticing.

Xanax dependence tends to develop slowly over time and without the user or family members noticing. However, once a dependence or addiction exists, one will begin to appear “checked out” or “zoned out” frequently.

Xanax Detox

Stopping Xanax or any other benzodiazepine once there is physical dependence can result in seizures, suicidal thoughts and even death, so stopping should be done with medical involvement. Xanax addiction often requires a detoxification period which can last 5-10 days and is done in a medical setting under a physician’s care. Following this, one may, depending on the severity of the addiction, opt to go into a residential treatment facility or intensive outpatient treatment program. Abstinence from all mood and mind altering drugs will be necessary during this recovery process. Ideally constructive coping skills will be learned that will aid in handling anxiety so that addictive drugs are no longer needed.


If you or your loved one is struggling with an addiction to or is abusing prescription drugs, seek help immediately. Prescription drug abuse is dangerous.

SMART FIX from page 1

U.S. law enforcement is now pursuing possible linkages between these criminals and extremist groups in the Middle East.

Success is a long slog in the work of stemming the flow and consumption of illicit drugs. As Ambassador to Colombia from 2007 to 2010, I saw that country pull itself from the brink of being a narco-state to becoming one of the most prosperous nations in our hemisphere, a regional leader, and a global exporter of civilian security strategies. Part of that process involved reducing coca cultivation by over 40 percent, while at home U.S. cocaine consumption declined by an equal amount. If we achieved this level of progress with cocaine, we can take on NPS. The traffickers and their chemists are ingenious, but we are better: We will employ the tools of public health, law enforcement, intelligence and international cooperation to meet the challenge.

Ambassador Brownfield is Assistant Secretary for International Narcotics and Law Enforcement Affairs (INL).



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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 never will 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.

“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.”

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 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 around a person’s psyche, that individual is much less likely to open up and fully express his or her true self. As such, these folks generally live lives that are less meaningful, less rich, and less interpersonally rewarding than they otherwise might.

In short, shame-based people deeply fear taking the risks needed to be fully known and intimate, thereby avoiding any potential of being rejected, let down or abandoned. 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 allowing oneself to be fully known. Even worse, many shame-based people become mired in addiction, violence, isolation, anxiety, depression, dysfunctional relationships and various other manifestations of deep emotional pain.

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. The two feelings are 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

SHAME continued page 7

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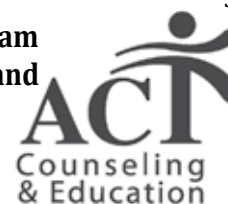
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Commentary:
It's Time for Students to Make
"Smart Moves, Smart Choices"

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 Matthey,

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 pre-



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scription 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

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.

org. Without age appropriate factual information and prevention messages, young people will draw their own uninformed conclusions which often lead to negative consequences.

Going back to a practicing school nurse to determine the usefulness of Rx drug abuse prevention materials, Beth Matthey further explained, "School nurses appreciate the comprehensive resources brought to them through the work of NASN and Janssen. Many of our nurses stand ready to put them to good use. They know that the time has never been more right to encourage young people to make smart moves and smart choices!"

Mary Louise Embrey began working in the substance abuse field in 1974 at the National Institute on Drug Abuse. After her retirement from federal service, she became the first director of government affairs for the National Association of School Nurses (NASN), and currently serves as NASN's substance abuse prevention consultant.

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SHAME from page 5

done to change that, so why bother trying. As a result, he or she will almost assuredly 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 any potential reinforcement of 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 useful and important) but never directly asking for what they need (never taking any emotional risks).

Moving From Shame to Grace

Shame thrives in secrecy but withers in the open. For example, one study of

rape and incest survivors — people who understandably experience great shame — found that not discussing the traumatic event(s) can actually be more damaging than the actual event(s). The same research also found that when traumatized and shame-based people share their traumatic stories and experiences, their stress levels decrease and their overall physical health improves. Still, nobody ever wants to talk about their shame. And why would they? After all, shame is something most people try very hard to avoid feeling and experiencing. As such, the natural response to shame is to hide it. Unfortunately, in the secretive 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. 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.

Sadly, shame can't be avoided. At the wrong moment, just when we're feeling vulnerable, it can hit us no matter how careful we are to surround ourselves with loving people. Plus, a life well-lived is one in which emotional risks are regularly taken despite the fact that, at times, the result may be less than optimal. The good news is that a person can develop shame resilience. Shame resilience requires courage and a willingness to be open and to risk not being heard or understood. No matter how frightening that may seem, it is always worth the effort. If you are interested in learning more about vulnerability, shame and shame resilience, I highly recommend reading not just *Daring Greatly*, but *Healing the Shame That Binds You* by John Bradshaw and *The Intimacy Factor* by Pia Mellody.



Robert Weiss LCSW, CSAT-S is senior vice president of clinical development with Elements Behavioral Health. A licensed UCLA MSW graduate and personal trainee of Dr. Patrick Carnes, he

has developed clinical programs for The Ranch in Nunnally, Tenn., Promises Treatment Centers in Malibu and The Sexual Recovery Institute in Los Angeles. He is author of *Cruise Control: Understanding Sex Addiction in Gay Men* and *Sex Addiction 101: A Basic Guide to Healing from Sex, Porn, and Love Addiction*, and co-author with Dr. Jennifer Schneider of both *Untangling the Web: Sex, Porn, and Fantasy Obsession in the Internet Age* and *Closer Together, Further Apart: The Effect of Technology and the Internet on Parenting, Work, and Relationships*.

Compassion is a Gift

When we have feelings of caring or love for other people, we feel better, says clinical psychologist Lisa Firestone, Ph.D, "We all think we want to be loved, but what actually feels good to us is feeling loving and part of what makes us feel more love for other people is doing kind, compassionate things for them."

• You don't put emphasis on money.

If money doesn't buy happiness, then it doesn't buy compassion, either. In one study, researchers found that as someone grew in social class, his or her compassion for others declined.

• You act on your empathy.

A major component of compassion is giving back, even in the smallest ways. When we take actions that are caring and loving, we feel more love in return. This is why compassionate people act on their kindness, whether it's through volunteering or just being a shoulder to lean on — and overall they're much happier for it.

• You're kind to yourself.

Self-compassion is actually really, really key to becoming a more compassionate person overall. It's hard to feel for other people something we don't feel for ourselves."

Practicing self-love, is a little different than self-esteem, is also crucial to beating bad habits in other aspects of our lives. We often think the way to change bad behaviors is to beat ourselves up. But self-compassion is actually the first step in changing any behavior you want to change."

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Paying It Forward Backwards

By Dr. Dina Evan

Some 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 McDonalds 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 water bills and taxes are just the tip of a malicious iceberg. The most critical issue facing the companies and institutions that our nation depends on is Integrity. Today's business world and our government are riddled with scandals resulting from the deterioration of principles, values and a lack of integrity.

Corruption is contagious and we have an epidemic when it comes to lack of responsibility and values. However, it isn't only the big boys. Individually we do the same thing. Our boss gives us a hard time so we go home and take it out on the kids. The car in front cuts us off in traffic so we lay on the horn for the next guy. Dad makes us feel inferior so we pass that along to our spouse. We start getting afraid about money so we conveniently forget to give back that extra \$5.00 we shouldn't have gotten to the cashier.

We have somehow lost the realization that who we are individually and how we respond to what life brings us, is all that matters. It doesn't matter what you drive or who you know. You can't take all that stock in your portfolio with you so who cares if you are on an "A" list or "B" list. The only thing that matters, is your integrity and willingness to be responsible for every decision you make in your life. Integrity means the state of being whole and undivided...against yourself.

Remember my favorite story about Gandhi?

It's is one in which a mother brings her child to him from a long distance away and requests that Gandhi tell her child to stop eating sugar. Gandhi sends the mother away and asks that she return later. The mother does so somewhat disgruntled. She again takes this long trek, child in hand to Gandhi and asks again, "Please tell my child to stop eating sugar." Again, Gandhi sends her away and tells her to return yet another time. This goes on. The mother is becoming angrier every visit. Finally, exasperated, she returns for what she has decided will be the last time. This time, Gandhi does as she requested and he tells the child to stop eating sugar. The mother is outraged. She demands of

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."

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 attitudes 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 you love. What better way can you think of to claim and to celebrate independence!



Dr. Evan is a life/soul coach in Arizona working with individuals, couples and corporations. She specializes in relationships, personal and professional empowerment, compassion and consciousness.

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Events Calendar

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 (& Morten Ave), 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@CRChealth.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 Attianese, 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 at jmartin@cottonwoodtucson.com for information and registration

Every Week – Tucson – Cottonwood Tucson – InnerPath Developing Healthy Families Workshop. Five-day 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 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. 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 - 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 Meeting — ACT Counseling & Education. 11:00 am to 12:30 pm. Call 602-569-4328 for details. 5010 E. Shea Blvd. D202, Phoenix.

Emotional Healing Journaling Workshop. Strategies to manage unwanted

habits, compulsive behaviors. Thursdays 7–8:30pm. Elisabeth Davies, MC. \$20 Includes copy of *Good Things Emotional Healing Journal: Addiction.* 9401 W. Thunderbird Road. Suite 186. Peoria (602) 478-6332 www.GoodThingsEmotionalHealing.com

Incest Survivors Anonymous—North Scottsdale Fellowship Club, Saturdays, 1:30–2:30pm. Gloria, 602-819-0401.

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.

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). Michael 520-419-6723.

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.

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

Pills Anonymous—Glendale Tues. 7:00–8:00 pm. HealthSouth Stroke Rehab 13460 N 67th Ave. (S. of Thunderbird) Education Room. Rosalie 602 540-2540. **Mesa** Tues. 7:00–8:00 pm, St. Matthew United Methodist Church. 2540 W. Baseline. B-14. Jim, 480-813-3406. Meggan W 480-603-8892. **Scottsdale**, Wed. 5:30–6:30 pm, N. Scottsdale Fellowship Club, 10427 N. Scottsdale Rd., Room 3. Tom N. 602-290-0998. **Phoenix**, Thurs. 7:00–8:00 pm. First Mennonite Church 1612 W. Northern. Marc 623-217-9495, Pam 602-944-0834. Contact 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@chandlercc.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.

EVENTS continued page 14

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Sober Living Section

SMART Recovery

By Duane Mantey

For many of us who have struggled with addictive behavior, a cookie cutter approach to sobriety simply doesn't seem to stick- the statistics for relapse are well known and quite frightening. What we often see are many attempts at recovery, false starts and relapses. A rather predictable pattern of use followed by tremendous guilt, short recuperation, and then another round to forget all about the 'failures'. They call it the cycle of addiction, many of us are familiar with this scenario. This is my story of how I broke that cycle- using SMART Recovery.

Some years ago I reached a place in my life that was a fork in the road, it was literally a "not do" or "die" time. As I sat in the hospital bargaining with the darkness and with my concept of a higher power, and needing to make sense of it all- I made this decision 'to live' ViVRE. It was out of this determination, this purposeful 'change of plan' that my long term sobriety was finally set, as was this new found hope I still carry today. But I still needed a support system to make it stick.

At the time my therapist recommended an inpatient program as I definitely had

the pedigree of someone at risk of relapse. I opted (*out of my natural stubbornness*) to instead create my own hybrid program of recovery. I figured if I put enough effort into it I could make it work. The thought of going into an actual treatment program scared the hell out of me. So instead we co-created my own treatment plan. I realize this is an atypical situation, but it is what happened and for me it was what after many years of trying, finally worked.

The first weeks were tough, my therapist recommended that I at least give a couple of 12 step or CMA meetings a try, even though I had a strong aversion to it, if for no other reason to surround myself with people on a similar path. However the traditional meeting environment - it just wasn't for me.

But as I was determined to get well, I kept up with my program- continued my counseling. We worked with what he called the 'Cognitive Approach' to recovery, we talked about concepts in CBT (cognitive behavioral therapy) the basis of SMART Recovery. We discussed tools such as the 'hierarchy of values', the cost/ benefit analysis and 'the stages of change' to measure



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my ambivalence. He also recommended I do some of my own research into SMART Recovery- a program designed as a 12 step alternative approach to recovery.

What SMART Recovery is

Some of the more salient features about SMART Recovery that are different from 12 steps or AA: it does not require steps, there are no sponsors, nor does it encourage us to self-identify as addicts or alcoholics- but its ok if you do. It does promote an abstinence model- although harm reduction is accepted in participants- as long as they are not disruptive. SMART is an acronym that stands for -Self Management and Recovery Training. SMART is science based rather than faith based and teaches that we have addictive behaviors, and that although technically addiction IS a disease, one that re-wires the brain; to think of it as such can be self-perpetuating, and as such (for some)

SMART continued page 14



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MIRACLE from page 1

Allen: *Bill died from cancer in 2010 at the age of 68. You lost your life companion and your work partner. 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 could not miss an issue; and, I didn't. There wasn't an Expo that year; it would have been too much. Staying sober wasn't a problem. I 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 to 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 be strong, but I couldn't hold it together anymore. That was the real beginning of my grieving process.

Allen: *Through this stage of panic and unraveling, were you still doing the things to keep yourself in recovery?*

Barbara: I went to more meetings, talked to my sponsor more, and prayed more. Yet, I was full of fear realizing for the first time that Bill was never going to come back. It brought me to my knees and closer to God.

When I look back on it, the process was an extremely unique and personal spiritual experience, yet the most emotional pain I have ever been in.

Allen: *How did you deal with the panic attacks?*

Barbara: My panic attacks and insomnia continued for several months. I needed to get help. I remembered a physician, an addictionologist, who was at Bill's memorial service, and he said, "If you ever need anything, call." At the time, I thought, "What would I ever need you for?" Luckily, I had his cell phone number and called him at 6:30 in the morning, and saw him in his office that very day.

I was fearful of taking any medication, as is true for many people in recovery. I had heard years ago, alcoholics and addicts couldn't take anti-depressants or anti-anxiety medications. Believing that, I chose to suffer. But, it got so bad I made the call and asked for help. In his office, I was all wound up telling him what I would and would not do. He listened patiently until I was tired enough to listen, and then he said, "Who's the doctor here?" He is an addictionologist, as well as a psychiatrist. Finally, I relaxed and began to trust him.

This is important because there are people in recovery who aren't qualified to tell another person what to do on this matter of medication. I truly believed I couldn't take any medication for my anxiety and my lot in life was to suffer with panic, anxiety, and sleeplessness. But the medication calmed me, and I was able to sleep. The medication I take is not addictive, I don't have panic attacks, and my recovery was never threatened.

Allen: *Let's go back some twenty years. I believe you were living and working in New York City. You told me your years of drinking were pretty wild, crazy — even dangerous. What do you know now that you didn't know then?*

Barbara: I didn't know much then. Now I know that as many people as I lied to, I lied to myself the most. I truly am an alcoholic and I absolutely cannot have one drink and walk away, no matter what I tell myself, or what tricks I used to drink and avoid getting drunk and blacking out. It is not possible for me. I can't control it. It controls me. I had 24 years of bad drinking and bad living.

Allen: *Why did you move from Chicago to New York City?*

Barbara: I went to the American Academy of Art in Chicago, and my passion and talent lies in art, painting abstracts in oils. I got married young and my husband and I wanted to become pot farmers. We were young, silly, and the marriage only lasted three years. After that, I floundered around with no purpose, drinking a lot and working to support my addiction.

I moved to New York City in 1982 and began working in my brother's graphic design firm. It was an exciting time. He was my mentor, and I was learning the business. It was thrilling living in New York and going out anytime, day or night. But the boss had rules like, "I don't want you coming to work with a hangover or drinking on the job." To make a long story short, I screwed up and was fired within six months. With a huge resentment and not many options, I found a job in a restaurant where I waited tables and assisted at the bar. Those were not pretty years for me. Eventually, I found a career in advertising. I loved it, lots of late nights and late drinking. That is why I love the show *Mad Men*. It's right on target with what went on.

Allen: *And the drinking continued?*

Barbara: It sure did. There was a little span of time when I stopped drinking completely after I woke up from a blackout and was black and blue with scraped arms. The hardest thing for an alcoholic com-

ing out of a stupor is to ask someone what happened. Shame kicks in. I looked like I was dragged across Broadway Avenue 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 was a horrible night, *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 she said, "If you don't get help now we're all done with you." And she slammed the phone down so hard 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 her for 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 Alcoholic Anonymous. As we walked through the doors, I saw what seemed like thousands

MIRACLE continued page 10

of people and it scared the crap out of me. The feeling I had when we walked through the doors was that everyone was going to turn around and point at me and say, “Oh, there you are!”

That was my first meeting. I was in a fog and my friend with 14 years of sobriety, 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 parent’s 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, listen to speakers, 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: Finally, what is most satisfying about publishing Together AZ and putting on the 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.

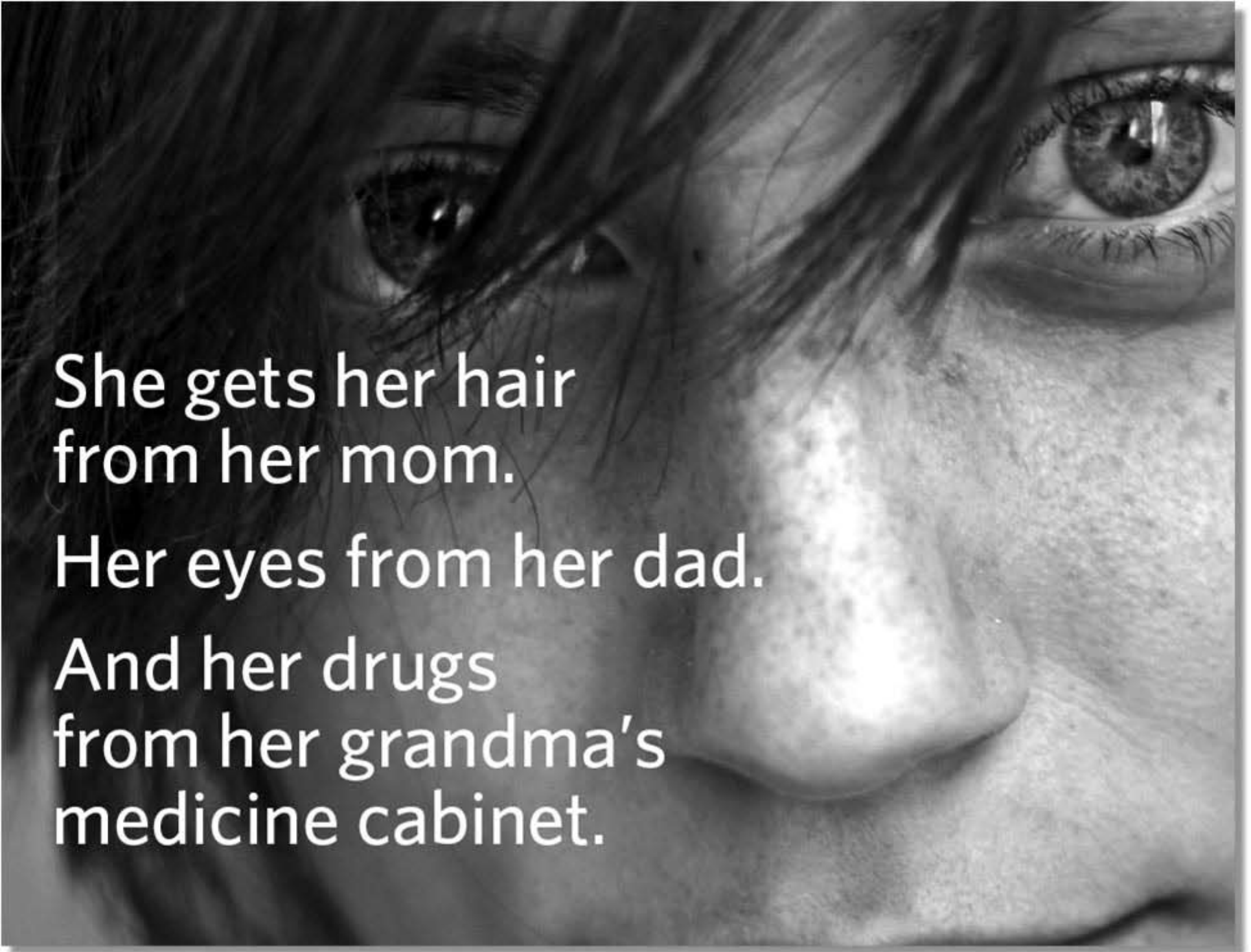
At Terros, we inspire change for life. Through our core values of integrity, compassion and empowerment, we help create life solutions for children, families and communities. For information and assistance, call 602-685-6000 or visit www.terros.org



*To my sister Susan,
How do I ever thank you for being the instrument for getting me on the road to recovery?*

What a gift to celebrate my 24th year of sobriety with you.

Barbara



She gets her hair
from her mom.
Her eyes from her dad.
And her drugs
from her grandma's
medicine cabinet.

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

I placed my hand gently on her shoulder. “Is there anything you would like to do for yourself?” I asked her. “What could you do to nurture your own spirit?”

Tears came to her eyes as she showed me her hand. “I’d just like to get my nails done. That would make me feel pretty.”

I smiled and told her, “Then please do get your nails done. You’re worth it. You give so much to your kids. You deserve what makes you happy.”

The woman smiled and told me, “I guess you’re right.”

As I went on my way I thought about the fact that she was a security guard. We generally think of security as protecting our body and possessions from people who might violate them. Yet when we live in fear or a constant need to protect ourselves, we violate our spirit—a far greater injury than any that might occur to our possessions. Real security operates at a much deeper level than people who stand at the doors of banks and airports.

Oddly enough, when I returned from Japan I had another synchronistic encounter with a security guard walking through the airport parking lot. Our caretaker had come to pick us up, our family of dogs waiting eagerly in the back of our SUV. As the guard passed, he saw the dogs and told us that he missed his beloved companion dog he had to put down over a year ago. “I’m still grieving,” he

confessed, the burly morphing to a little boy as he spoke. My partner Dee, sensitive to the man’s open heart, asked him if he would like to hold our Maltese, Nani. He took the little dog and began to pet her affectionately. As he did, we could see the fellow melt, on the verge of tears. He lingered in snuggling for a long time, obviously not wanting to let go of the little cutie. Finally he did, and told us, “It’s time. I need another dog. I will get one.” We wished him well as he went on his way. A Course in Miracles talks about “holy encounters.” That was one.

Real Security is an Inside Job

You can take elaborate means to lock down your home, store, or computer programs, but if you are afraid, you are insecure. On the other hand, you can take few or no measures to protect your stuff, but if you feel safe in the universe, you are extremely secure.

After dealing with a health challenge, my friend Bette decided to turn her life into a trust walk. She did things no one else would do, like leave her keys in her car ignition while the car was parked at a New Jersey mall. One day Bette picked up a young hitchhiker who told

her that he had left his wife after a fight, but now he was going home to reconcile. Bette offered him the use of her new car to get home to see his wife. He promised to return the car early that evening. When he didn’t show up, Bette wondered if she had made a mistake. Finally he arrived with his wife, and both of them thanked her profusely for helping them get back together.

I am not suggesting that you leave your car with the keys in it or lend it to someone you don’t know. I am suggesting that safety and security are states of consciousness we choose. We are protected not simply by locks and gates, but by Higher Power. My friend Cliff Klein, an avid Course in Miracles student, heard someone in his Brooklyn apartment bedroom. He investigated to find that a burglar had entered through the fire escape. The man began to flee, but Cliff told him to wait.

He asked the guy what was going on in his life that had caused him to break in. They had a heartfelt talk and Cliff gave the man some money to get some dinner. Cliff’s faith transformed a potentially dangerous situation into an altar of healing.

Bette and Cliff were ordinary people with extraordinary faith. My encounters with those security guards were ordinary moments that led to extraordinary results. You and I have the power to transform any situation, especially ones in which feel insecure, into a demonstration that we have a security team functioning at a far more profound level than eyes can see. We are always secure if we remember the Source of our well being. As the proverb declares, “Fear knocked at the door. Faith answered. No one was there.”



Alan Cohen is the author of *I Had it All the Time: For information about this program, Alan’s books, free daily inspirational quotes, and his weekly radio show, visit www.alan-cohen.com*

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AZ NicA	480-990-3860	Runaway Hotline	800-231-6946
Alcoholics Anonymous	602-264-1341	Sexaholics Anonymous	602-439-3000
Al-Anon	602-249-1257	Sex/Love Addicts Anonymous	602-337-7117
ACA	aca-arizona.org	Sex Addicts Anonymous	602-735-1681
Aurora Behavioral Health	623-344-4400	SANON	480-545-0520
AzRHA	602-421-8066	Sober Living of AZ	602-478-3210
AWEE	602-258-0864	Suicide Hotline	800-254-HELP
Bipolar Wellness Network	602-274-0068	Start Fresh	855-393-4673
Calvary Addiction Recovery	866-76-SOBER	St. Lukes Behavioral	602-251-8535
Chandler Valley Hope	480-899-3335	Step Two Recovery Center	480-988-3376
Cocaine Anonymous	602-279-3838	Teen Dating Violence	800-992-2600
Co-Anon	602-697-9550	TERROS	602-685-6000
CoDA	602-277-7991	Valley Hosptial	602-952-3939
COSA	480-232-5437		
Commun. Info & Referral	1-877-211-8661	TUCSON	
Community Bridges	877-931-9142	Alcoholics Anonymous	520-624-4183
Cottonwood Tucson	800-877-4520	Al-Anon	520-323-2229
Crisis Response Network	602-222-9444	Anger Management Intervention	520-887-7079
The Crossroads	602-279-2585	Co-Anon Family Groups	520-513-5028
Crystal Meth Anonymous	602-235-0955	Cocaine Anonymous	520-326-2211
Emotions Anonymous	480-969-6813	Cottonwood de Tucson	800-877-4520
EVARC	480-962-7711	Crisis Intervention	520-323-9373
Gamblers Anonymous	602-266-9784	Information Referral Helpline	800-352-3792
Greater Phx. Teen Challenge	602-271-4084	Half-Way Home	520-881-0066
Grief Recovery	800-334-7606	Narcotics Anonymous	520-881-8381
Heroin Anonymous	602-870-3665	Nictone Anonymous	520-299-7057
Marijuana Anonymous	800-766-6779	Overeaters Anonymous	520-733-0880
The Meadows	800-632-3697	Sex/Love Addicts Anonymous	520-792-6450
Narcotics Anonymous	480-897-4636	Sex Addicts Anonymous	520-745-0775
National Domestic Violence	800-799-SAFE	Sierra Tucson	800-842-4487
NCADD	602-264-6214	The S.O.B.E.R Project	520-404-6237
Nicotine Anonymous	877-TRY-NICA	Suicide Prevention	520-323-9372
Office Problem Gambling	800-639-8783	Taste of Peace	520- 425-3020
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
The Promises	866-390-2340		
Rape Hotline (CASA)	602-241-9010		

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■ Child/Adolescent Inpatient	■ Adolescent Outpatient

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- Momentum – outpatient treatment for long-term mental illness

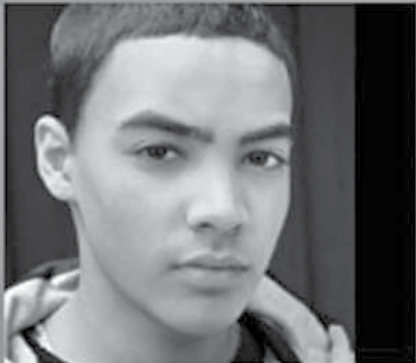
Intake representatives are available 24 hours a day to schedule appointments for assessment. St. Luke’s Behavioral Health Center does not have an Emergency Department and does not offer emergency services.



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stlukesbehavioralhealth.com

1 in 4 teens

has abused a prescription (Rx) drug.



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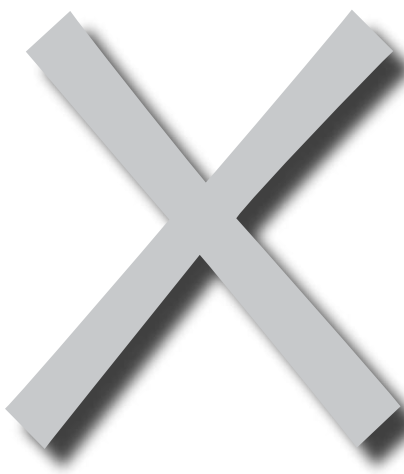
www.smartmovesmartchoices.org

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, *News-wise* 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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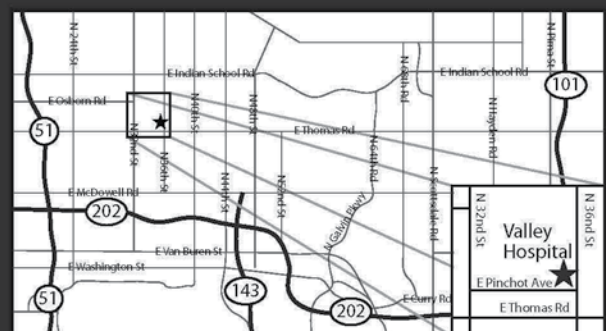


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these substances into the lungs.

“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 Truven 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 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 strong, quick high. 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 *Fed Up*, Katie Couric and Laurie David draw attention to the important issues surrounding 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 than have already been affected who have little or no assistance to combat their addiction. The idea that some foods may be addictive, or that some people 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

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Help for problem gambling.



SMART from page 9

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 acts as a moderator — to keep the conversation on the subject of sobriety and keeps a “check in” moving along- there is always one who wants to over share. 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 re-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 this 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 HOV (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 also 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 Housing Provider ViVRE more info at: <http://vivrehousing.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

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EVENTS from page 8

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 anyone in recovery.

Special Needs AA Meetings. Contact Cynthia SN/AC Coordinator 480-946-1384, email Mike at mphaes@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. #23 Phoenix. www.oaphoenix.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. 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.

Crystal Meth Anonymous www.cmaaz.org or CMA Hotline 602-235-0955. Tues. and Thurs. at Stepping Stone Place in Central Phoenix, 1311 N 14th St. cmaaz.org/god-zombies-the-awakening/

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Meetings with Enlightened Men

By Coach Cary Bayer
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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 governments, and Maharishi, whose Transcendental Meditation helped enlighten many people.

Jefferson was a political thinker influenced by Age of Enlightenment thinkers like John Locke and Voltaire; Maharishi inaugurated what he called the dawning 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."

Maharishi, also linking the Creator with human happiness, wrote, "The purpose of Creation is the expansion of happiness." He echoed this when he said, "Life finds its purpose and fulfillment in the expansion of happiness."

On Serenity

Our third president wrote, "It is neither wealth nor splendor; but tranquillity and occupation which give happiness." Elsewhere, he noted, "Nothing gives one person so much advantage over another as to remain always cool and unruffled under all circumstances."

The Beatles' guru said, "The golden gate to peace in life is the experience of bliss, and it is easy for everyone to acquire this great glory and live it throughout life."

On Consciousness

The political thinker wrote: "Nothing can stop the man with the right mental attitude from achieving his goal; nothing on earth can help the man with the wrong mental attitude."

The spiritual thinker wrote: "Fulfillment is structured in achievement, achievement is structured in action, action is structured in thinking, thinking is structured in knowledge, and knowledge is structured in consciousness."

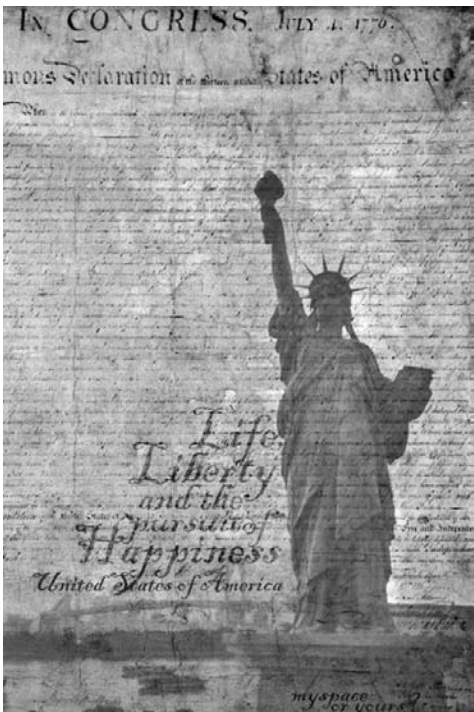
On Enlightenment

Our first Secretary of State wrote: "Enlighten the people, generally, and tyranny and oppressions of body and mind will vanish like spirits at the dawn of day."

Maharishi said, "The goal of the Transcendental Meditation technique is the state of enlightenment. This means we experience that inner calmness, that quiet state of least excitation, even when we are dynamically busy."

On Government

Our second Vice President wrote that, "My reading of history convinces me that most bad government results from too much government." The sage who taught people how to raise their consciousness said, "Nature's government spontaneously brings satisfaction to everyone because it promotes



all innumerable, diverse tendencies of life in the evolutionary direction."

On the Laws of Nature

Jefferson wrote that, "A free people [claim] their rights, as derived from the laws of nature, and not as the gift of their chief magistrate." Maharishi noted: "When the mind is attuned to the cosmic law, all the laws of nature are in perfect harmony with the aspirations of the mind. He also 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 — which is the basis of 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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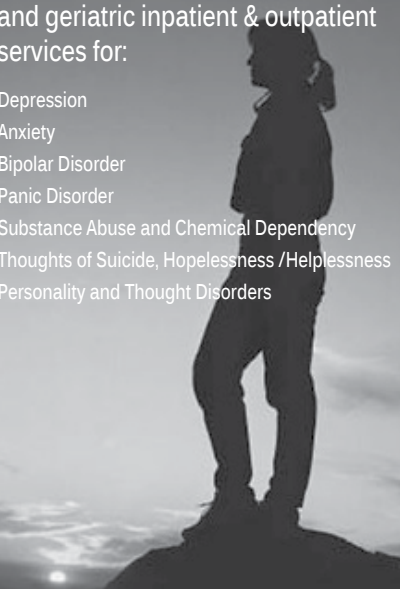
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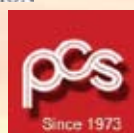
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