

Together AZ



JUNE 2014

Inspiring Success On The Road To Recovery

Men’s Health Month

Awareness of preventable health problems and encourage early detection and treatment of disease among men and boys.

Kennedy: ‘We wait until you’re at death’s door’

As those in the treatment community are aware, recovery from addiction and mental illness is not over once the individual leaves the treatment



program. In fact, the most important part is just beginning for that individual, according to former U.S. Congressman Patrick Kennedy.

“Community-based services are essential to keeping people and their families intact,” he said at the National Council for Behavioral Health conference on May 7.

“A lot of [recovery] is not medical, per se. In fact, the stuff that makes the biggest difference in keeping us stable in our lives often isn’t medical.”

The problem, as he noted, is that the insurance companies have yet to acknowledge this and cover the aspects of recovery that include safe, affordable housing; peer support and community services; and vocational training and support.

If insurance companies are not willing to cover the elements of a recovery-oriented system of care, “they don’t want to cover the other stuff either,” Kennedy said.

He explained to the audience in Washington D.C. that he recently joined in a lawsuit against the health insurance company United Healthcare “because I’m sick and tired of them treating illnesses of the brain any differently than they treat any other chronic illnesses that they cover.”

Because the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) — of which Kennedy was an architect — states that analogous services must be provided between primary care, secondary care, and tertiary care, Kennedy said it is no longer acceptable to let someone die because of the “fail first” rule.

The current state of mental health and addiction treatment is much like if a person was a diabetic and had to wait until he had to have his legs amputated before the insurance company would cover his illness.

“We wait until you’re at death’s door,” Kennedy explained. “And then we don’t even cover it. We say we’ll cover a little bit

KENNEDY continued page 4

What Therapy Animals Can Teach Us About Being Human

by David Sack, M.D.

Winston Churchill said, “There is something about the outside of a horse that is good for the inside of a man,” he may have been more right than he realized. A growing body of research is beginning to confirm what has long been observed anecdotally — that animals can help us heal in ways both physical and psychological.

More and more in therapists’ offices and mental health and addiction treatment facilities, animals are being used as a bridge to those who are struggling, with encouraging results. A 2007 clinical trial of an equine-assisted therapy program, for example, found that “reductions in psychological distress and enhancements in psychological well-being were significant immediately following treatment and were stable at 6-month follow-up.” Those involved in the program described themselves as better able to live more fully in the here and now, less burdened by regrets, guilt and resentments, less focused on fears related to the future, more independent, and more self-supportive.

A more recent 2012 study of psychiatric uses for animal-assisted therapy concluded that animals are especially helpful in improving social and communication skills, easing anxiety, lifting mood, and boosting empathy. All ages can benefit from the therapy, the report noted, which is most commonly used for those struggling with issues of addiction, depression, sexual abuse, anxiety, schizophrenia and autism spectrum disorders.

Another study that looked at an equine-assisted psychotherapy program for at-risk youths noted that all the participants ultimately reported better self-image, self-control, trust and general life satisfaction.

The Animal as Therapist

The idea of the animal as therapist is far from a new one. As long ago as 1792, the York Retreat in England, one of the few facilities of the time to offer humane treatment of the mentally ill, allowed its residents to interact with and care for farm animals as a way to improve their emotional state.

The concept was picked up by others as the years went by, and used to help those suffering from war fatigue, epilepsy and a variety of psychiatric illnesses. In the late 1800s, companion animals were increasingly common at European mental institutions. As scientific methods advanced in the early 1900s, animals were largely pushed out of the treatment picture. That changed in the 1960s, however, when child psychiatrist Boris M. Levinson discovered by chance that his dog helped his youngest patients open up during sessions. This “pet therapy,” as he termed it, became widely accepted as a helpful complement to traditional treatment.

Today, the therapy goes by a variety of names — animal-assisted therapy, pet psychotherapy, pet-mediated therapy, co-therapy with an animal, and more. Programs range from simple interaction with an animal to structured psychotherapy sessions in which animals are used to help participants understand and express their feelings, overcome fears and develop healthy emotional responses.

For example, in an equine-assisted psychotherapy session, participants might be asked to choose a horse — and, in turn, be chosen by a horse — and then interact with it. Someone who has boundary issues, for example, might be instructed to back a horse out of his personal space. Another person who has



struggled with abuse and rejection might find empowerment in having such a large and majestic animal respect her attempts to guide it. In all interactions, the participants take initiatives, face fears and get immediate feedback from the animal.

And it’s not just horses and dogs. *Llamas, cats, birds, dolphins, rabbits, donkeys, even wolves*, to name a few, are used to form a connection with those who need help, whether dealing with addictions, depression, schizophrenia, phobias, PTSD, or a host of other issues.

What Animals Offer

What is it about animals that can help us get back on track?

- **Animals share a deep, genetic bond with us.** We are wired to react to animals. Our evolutionary survival has depended on our noticing them and responding to them. Animal-assisted therapy puts that ancient bond to work in new ways.
- **Animals give us immediate, honest feedback.** Animals mirror our physical and emotional states but without our need for filters. Instead, we get nonjudgmental feedback and new insights into our own moods and emotions. Perhaps most important, animals don’t care what you look like, how successful your love life is, how many friends you have, what you do for a living or how much money you make. They respond without criticism only to your mood and your actions.
- **Animals lower barriers to communication.** An animal’s mere presence and its unscripted behavior is, in essence, a neutral conversation piece that can spur and improve interaction. People also appear friendlier, less threatening and more relaxed when in the presence of animals, according to several studies. In the case of therapist and client, this can act as a shortcut to developing rapport, a key component in successful treatment. In one study, 56 percent of those in a substance abuse program appeared to interact spontaneously when a therapy dog was present and subsequently reveal significant portions of their histories relating to violence, loss, self-esteem, family dynamics, and consequences of drug and alcohol use.
- **Animals are physically and psychologically comforting.** Anyone who has held a puppy or leaned their head against the neck of a horse after a bad day can attest that animals ease stress. Studies confirm that animals can boost levels of oxytocin, a hormone that reduces anxiety and blood pressure, and can even help extend the life of those recovering from coronary problems.

ANIMALS continued page 4



NEWS

PCS presents Summer Young Adult Intensive Programs

These intensives are targeted to single young adults ages 18 to 25 and are scheduled for June 22-27, July 13-18 and August 10-15.

Participants will connect with other young adults in group therapy and time will be spent in individual sessions focusing on overcoming personal obstacles that block them from being the person they want to be. General daily schedule is Monday-Friday from 9:00 am to 5:00 pm for individual and group sessions. Lunch is provided. Services provided on an out-patient basis. For more information or to register, please call 480-947-5739 and speak to our program coordinators, Shanna Larson-Paola or Doug Withrow.

A gift on the day he was supposed to receive a sentence of years in prison

Patrick Fogarty is a young man in long-term recovery since 2008. He was consumed by addiction to prescription opiates and later, heroin, throughout his twenties, ending up in the state prison system and finally homeless in Kentucky. Patrick has found new life since discovering recovery, and has dedicated his future to helping those suffering from addiction and preventing others from its destruction. He is now a Certified Alcohol & Drug Counselor, Vice President of People Advocating Recovery (PAR), and the Chief Program Officer of The Healing Place Recovery Program.

During a caseworker's pre-sentence investigation, Fogarty found himself being honest and telling her he had a "major drug problem." He said, "I'm good with going back to prison. Send me back. I have nothing."

That honesty — and the caseworker's compassion — earned him a spot at The

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.

With her unique ability to address unresolved critical issues, Rokelle Lerner has inspired millions. Now she inspires groups of 8 at InnerPath Retreats.

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By serving alcohol, Starbucks risks losing key customers: People in Recovery

By Greg Williams

Recently Starbucks announced it would expand its offerings and start selling alcoholic drinks in the evening in thousands of its stores. The move was touted by chief executive Howard Schultz as a strategy for the company to grow profits by increasing the average sale per customer.

Schultz's shareholders no doubt exchanged a mental fist-bump. But the celebration may be short-lived once they realize they are in danger of turning away a key coffee-consuming segment: more than 23 million Americans living in recovery from substance-use disorders.

Starbucks spokeswoman Lisa Passé called it "a natural progression for Starbucks as we seek to create a new occasion for customers to gather, relax and connect with each other in the evenings." What Passé did not mention was why a lot of customers already gather, relax and connect at Starbucks — helping to make it the largest coffee chain in the world.

Every day, people in recovery meet up in Starbucks cafes to support one another, to talk to their 12-step sponsors and, most of all, to be welcomed in one of the few lively, popular, alcohol-free gathering places in their community.

Starbucks should pay special attention to them.

One of the most useful concepts in business is the Pareto principle, or what is commonly known as the 80/20 rule. This widely adopted marketing principle — that 20 percent of input causes 80 percent of the result — suggests that 80 percent of all coffee consumed at Starbucks is derived from

just 20 percent of their consumer base.

And who might be part of that base? The October 2008 issue of the journal Alcoholism: Clinical and Experimental Research found that 88.5 percent of those studied who were in recovery from alcoholism drank coffee. Thirty-three percent of those coffee drinkers drank more than four cups a day. *That means millions of recovering people drink coffee, and a third of them drink a lot of it.*

Close your eyes and picturd a 12-step meeting room, you'd probably picture a coffee urn and plastic foam cups. After a meeting, you'd see groups of people leaving together to head for the local Starbucks.

In short, Schultz may be adding a new set of customers who bring in a \$20-plus sale once a week. But if the evening culture of the cafes turns into a hybrid bar scene, Starbucks will be at serious risk of forcing out a devoted set of high-volume existing customers. Many of them may already spend more than \$20 a day on alcohol-free beverages.

If Starbucks executives studied this market demographic, perhaps they would think twice about this move. They don't have to be driven by the spirit of supporting people's journey of recovery from addiction. They could do it just for their shareholders.

Greg Williams, who has been in recovery from alcohol and drug use for more than 12 years, wrote and produced the documentary "The Anonymous People."



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Addiction Recovery

Healing Place in Louisville, Kentucky, the organization where Fogarty now works as a result of entering recovery in 2008.

Part of Fogarty’s duties at The Healing Place is to serve as the organization’s media spokesperson. The Healing Place is well known in the community because of its social model recovery programs and its 75 percent success rate in alumni staying in recovery for more than one year.

Fogarty welcomes the chance to answer a media call, even to go on television, although he admits to being frustrated with much of the news focus on addiction rather than recovery. He believes that serving as a recovery advocate is his duty.

“I don’t wear a mask anymore,” he says. “I put it all the way out there. I’m not concerned with what others think about me.”

Still, Fogarty understands that public advocacy and helping to change messages for the media and the public is not for everyone. “They don’t want to be on TV or they don’t want their employers to know, and I do understand that. But some of us have got to talk.”

Fogarty’s work at The Healing Place still takes him back to jails and prisons, just not in lockup. As a certified alcohol and drug counselor, he works with men transitioning out of prison and back into society.

“It’s so rewarding when a guy listens to you and follows what you say,” he explains. “I have so much empathy for them and I want them to do good.”

Fogarty continues, “Recovery for me is a new way of life. Recovery for me is spirituality. Recovery for me is spreading the message of course and I believe by spreading the message we also exercise prevention so some people don’t have to go through what I went through.”

April Drug Take-Back Day Set Record for Prescription Drug Collection

The latest **National Prescription Drug Take-Back Day** was the most successful yet, resulting in 780,158 pounds of prescription pills collected across the country on April 26.

The event included 6,072 collection sites. It was sponsored by the Drug Enforcement Administration (DEA) and more than 4,000 state, local and tribal law enforcement partners. In total, the eight Take-Back Days held since 2010 have collected 4.1 million pounds of prescription drugs.

“DEA’s National Prescription Drug Take-Back events provide an obviously needed and valued service to the public, while also reducing prescription drug abuse and trafficking,” DEA Administrator Michele Leonhart said in a news release. “By taking these medications off their hands, our citizens know they have made their own families and communities safer. We continue to work toward making the process for disposing of controlled substance medications by users and their caregivers even easier by creating regulations that will enable the public to regularly, safely, and conveniently dispose of such medicines when they are no longer needed or wanted.”



Approximately 6.8 million Americans reported having abused prescription medications in 2012, according to the National Survey on Drug Use and Health. More than half of people who abuse prescription pain relievers say they obtained them through relatives or friends, including raiding the

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• March 10-14 • May 12-16 • July 14-18

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family medicine cabinet. The DEA hopes people will drop off prescription medicines during Take-Back Days instead of flushing them down the toilet or throwing them in the trash. More than 12,000 pounds of prescription and over-the-counter medications were collected at the Drug Enforcement Administration’s eighth Prescription Drug Take-Back Day in Arizona

DEA Arrests at Least 150 People in Synthetic Drug Operation in 29 States

The Drug Enforcement Administration (DEA) announced Wednesday it conducted a major crackdown on synthetic drugs that involved the arrest of at least 150 people in 29 states, and the seizure of more than \$20 million in products and cash. Hundreds of thousands of packets of synthetic drugs were seized.

The operation comes a week after more than 100 people in Texas became ill from synthetic marijuana, the *Los Angeles Times* reports. “There’s a cluster of people with severe anxiety, some with seizures, that could be because of synthetic cannabinoids,” Dr. Miguel Fernandez, Director of South Texas Poison Center, told the newspaper. “I would caution people not to use them because they are not like typical marijuana.”

Law enforcement and prosecutors have found it difficult to win convictions against makers of synthetic drugs, who are constantly changing the chemistry of the products to stay one step ahead of the law. In order to convict a synthetic drug maker, officials must prove the person sold the drug, and that the drug was substantially similar to a specifically banned substance. All a drug maker has to do is make small chemical changes to their products so they are not considered “analogues,” or chemical compound similar to banned drugs.

The DEA and authorities in three other countries announced the arrests of dozens of people involved in trafficking designer drugs such as bath salts and synthetic marijuana. In the United States, the enforcement operations took place in 49 cities, and targeted retailers, wholesalers and manufacturers. The operations included more than 150 arrest warrants.

In 2013, the Substance Abuse and Mental Health Services Administration reported 29,000 emergency department visits nationwide in 2011 resulting from use of synthetic marijuana, up from 11,000 in 2010.

Clinton Foundation Works to Bring Down Cost of Naloxone

The Clinton Foundation wants to decrease the cost of the opioid overdose antidote naloxone. Last month, the Food and Drug Administration (FDA) approved a handheld device that delivers a single dose of naloxone.

“Let’s assume that the FDA approval means there really will be easier, understandable, much more user-friendly ways of getting the medications into the bodies of people who need it before they die,” Former

NEWS continued page 13

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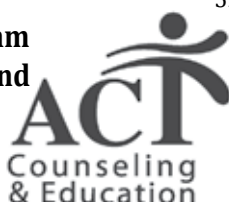


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KENNEDY from page 1

but then you have to go out there and die because we haven't given you any of the supportive services. That's the situation today."

The way to fix this issue is to measure and show outcomes. All of the various items that currently "can't be measured" among this population — jail costs, ER visits, unemployment, enforcement and correctional costs — need to be measured. These results can be taken to the states and insurance companies who will then have the option of paying now or paying later.

Although there are disagreements and sides taken, both democrats and republicans can agree on at least one thing — they both want outcomes.

And in order to achieve outcomes, insurance companies have to pay for more than just medical care, Kennedy said. After these supportive services are paid for, the

results will show a reduction in morbidity and mortality.

In order to show the true value of the treatment programs and recovery support services, other areas will need to be measured. A few examples include:

- *How a diabetic doesn't have as many complications as when he's an alcoholic;*
- *How the cardiovascular disease patient doesn't have as many heart attacks when he is treated for depression; and,*
- *How the cancer patient is more compliant and has less costs associated because of the treatment in his mental health.*

"Until we stop these carve-outs that segregate mental healthcare from overall healthcare, we're never going to be able to prove to the rest of society and the rest of medicine, that what you have to offer is the biggest value added in healthcare reform," he added.

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ANIMALS from page 1

- Animals allow us to practice relationships. For those who find it hard to connect with or deal appropriately with others, animals offer a nonthreatening way to test out relationships before taking bigger risks in building human interactions. The animal doesn't substitute for failed or inadequate human relationships; rather, it acts as a bridge to a higher level of emotional functioning.

- Animals take us outside ourselves. Caring for and interacting with an animal allows us to focus on something other than our own problems. Stepping away, even momentarily, from our sometimes all-consuming issues can be an important first step in seeing avenues to change. Animals also serve as metaphors. A dog rescued from a lifetime of abuse but now happily dispensing face licks at a shelter or a horse seeking to escape when frightened can serve as powerful symbols of our own struggles. Interpreting and understanding their reactions can lead us to better understanding of our own.

- Animals teach us responsibility and self-control. We can't rush an animal. We have to learn to move at its pace and break down tasks into manageable steps. This cause-and-effect relationship can help us build the control needed in our own lives. In addition, taking responsibility for the care of an animal not only shows us how to meet the needs of others, it illustrates the joy of being of service. Some programs even prefer to refer to animal-assisted therapy as "animal assisting therapy," emphasizing that caring for another living creature is in itself part of the treatment.

- **Animals bring touch back to therapy.** For obvious reasons, physical contact between therapist and client is just not a treatment option. Animals return the

important component of touch back to the therapeutic realm.

- **Animals improve our self-esteem.** It's hard not to respond to creatures that respond to us so deeply. Even if we have a trail of bad choices behind us in our lives, seeing ourselves in the eyes of a dog allows us to think, Maybe I'm not so hopeless after all.

An Important Complement to Traditional Treatment

Despite success stories and a growing body of research, the use of animals in mental health and addiction treatment can sometimes be looked upon dubiously. Sure, it might be fun to ride horses, scratch a dog behind the ears or interact with dolphins, but is it therapy?

While it is true that larger and more controlled studies are needed to quantify the effectiveness of animal-assisted therapy and the field will benefit from the growing move toward more standardized methods and terminology, we shouldn't dismiss it in the meantime. There is very little to lose in letting animals be part of a well-rounded course of treatment, and a lot to gain.



David Sack, M.D. is board certified in Addiction Medicine and Addiction Psychiatry. As CEO of

Elements Behavioral Health he oversees a number of treatment programs that have integrated animals into the therapeutic programs, such as wolf therapy at Promises in California, equine-assisted therapy at The Ranch in Tennessee, and dolphin therapy at Lucida Treatment Center in Florida. For more about Elements and the services they provide visit

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Paving the Way to Change for Adolescent Substance Abuse

By Kathleen Meyers, PhD

Recent media reports of young people dying from overdoses calls attention to the devastating effects of addiction — which has reached epidemic proportions. After years of decline, the current increasing incidence and prevalence of substance use among American adolescents is distressing as youth are **five times more likely to develop a substance use disorder compared to adults**. And unfortunately, this disease can (and frequently does) follow them for life: only about 10 percent of substance dependence cases occur after adolescence.

Thus, successful efforts to prevent, delay or minimize substance use during adolescence are sorely needed. They are the most economical and enduring way to reduce the many public health, safety, and economical threats associated with addiction. And yet, as a country, we pay little attention to prevention, early intervention, effective treatment or continuing care for this age group.

“We pay little attention to these issues for our kids. The imperative to do better is clear, and the pathway to change has never been more possible.”

As a result of significant legislative and scientific advances, and a growing public understanding about addiction and its devastating effects, the substance abuse field is poised for positive transformation. The necessary elements for change are now in place, and with proper alignment and leveraging of forces, there is an enormous opportunity to have a significant impact on the way in which substance use disorders are perceived and managed in our society — especially among our kids.

Such systemic change can only be achieved through coordinated and multifaceted efforts. As we have learned from other previously stigmatized diseases, the role of advocacy in driving change is critical. By outlining the current state of our adolescent substance abuse treatment system, we can lay the framework for what needs to be done, and how we can come together as a community to address this growing crisis.

TRI- *Paving the Way to Change* *Paving the Way to Change: Advancing Quality Interventions for Adolescents Who Use, Abuse or Who are Dependent Upon Alcohol or Other Drugs*, provides insight into the individual, societal and financial consequences of adolescent alcohol, drug use and other substance use disorders. It provides an overview of the current treatment system and an explanation of why it’s failing our kids. It provides a new opportunity and a clearer lens for viewing and ultimately treating adolescents, as well as how to approach financing the system.

Paving the Way to Change outlines the challenges that our field and our community must address to quell the tide of adolescent substance abuse in this country. The changes that are needed will not be simple. They will not be quick. They will require coordinated and effective advocacy efforts. But they will be worth it. I encourage you check out this report and share it with your friends and colleagues. The role of your advocacy is critical and it can drive needed change.



We, as advocates, have varied and powerful resources to bring to bear. We are researchers, families, legislators, people in recovery, clinicians, educators and friends. Together, we can create the change that is needed, and that will lead to important and sustained changes in the way care is delivered to adolescents and young adults who are at risk for, who have abused, and who are recovering from substance use.

Please tell us what you think. Please share this with your colleagues. Please prioritize collaboration. We can shape the future of adolescent substance abuse prevention and treatment. Join our efforts.

Learn more about the Treatment Research Institute visit www.tresearch.org

Kathleen Meyers, Ph.D. has more than 25 years of clinical research experience. She is a recognized leader in the assessment and treatment of adolescent substance use disorders (SUD), delinquency and co-morbidity and is the author of the Comprehensive Adolescent Severity Inventory (CASI), a multidimensional assessment instrument for youth with co-morbidity that is widely used throughout the United States, Canada and abroad.

College Takes Innovative Approach to Fighting Prescription Drug Abuse

By Celia Vimont

Miami University is using an innovative approach to preventing prescription drug abuse among its students. Before prescribing medications for ADHD, the student counseling service requires students participate in a workshop about time management, and another session about taking medication safely.

The school has developed similar prevention strategies for treating anxiety, sleep disorders and pain, according to Joshua Hersh, MD, Staff Psychiatrist at Miami University Student Counseling, located in Oxford, Ohio. *“We are trying to minimize abuse by maximizing care,”* said Dr. Hersh, who spoke about the university’s approach at the recent American Psychiatric Association annual meeting.

Abuse of stimulants such as Adderall and Ritalin is a major concern on college campuses around the country. A study conducted at the University of Maryland in 2010 found among students prescribed a medication, 35.8 percent diverted a medication at least once in their lifetime. The most commonly diverted medication classes were prescription ADHD medication, with a 61.7 percent diversion rate, and prescription painkillers, with a 35.1 percent diversion rate. Sharing was the most common method of diversion, with 33.6 percent of students sharing their medication(s) and 9.3 percent selling in their lifetime.

Nonmedical use of stimulant drugs has been linked to heart and blood vessel problems, as well as drug abuse or dependence. Dr. Hersh notes that combining alcohol and stimulants is particularly dangerous. “When they are combined, people get far more intoxicated than they normally would,” he said. “They are more likely to overdose or to drive while intoxicated.”

continued page 13

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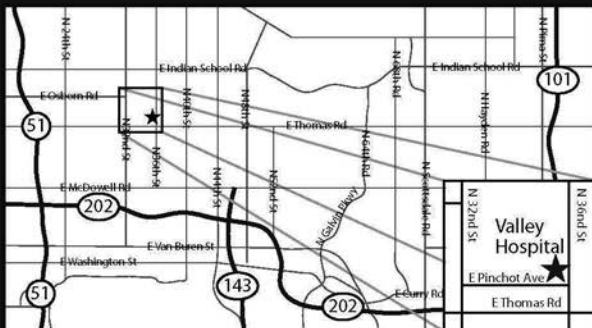


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Substance abuse among the elderly: *A Growing Problem*

In her early years, Eva would probably have been called a “teetotaler.” Except for an infrequent sip of wine on special occasions, she never drank alcoholic beverages. But after her children moved away and her husband and many of her close friends died, Eva turned to the bottle for escape and companionship. Now in her late 70s, Eva is an alcoholic.



Harry has had problems with substance abuse since his late teens. Although drinking binges were often followed by periods of sobriety, he inevitably returned to his addictive ways. At 75, he is on several prescription medications, some of which should not be taken with alcohol. His children, long ago burned out from trying to persuade him to get help, have come to believe that you really can’t “teach an old dog new tricks.”

These two composite situations illustrate what has been called one of the fastest growing health problems in this country — substance abuse among the elderly. More people are living longer and more of them are abusing drugs and alcohol in their later years.

Recent census data estimates that nearly 35 million people in the United States are 65 years or older. Substance abuse among those 60 years and older (including misuse of prescription drugs) currently affects about 17 percent of this population. By 2020, the number of older adults with substance abuse problems is expected to double.

As demographics change, attitudes about and use of alcohol and drugs change as well. “In January 2006, the leading edge of the baby-boom generation (those born during the population swell of 1946-1964) will turn 60,” said Frederic Blow, professor in the Department of Psychiatry at the University of Michigan and a Huss Research Chair on Older Adults and Alcohol/Drug Problems at Hazelden’s Butler Center for Research. “These individuals have had more exposure to alcohol and illegal drugs, and there is more acceptance among them about using substances to ‘cure’ things. We expect to see an increase in drug and alcohol use; and more use means more problems.”

Blow said there has also been an attitude shift regarding addiction and treatment, and that gives him hope that older substance abusers will get the help they need. “There is less shame and guilt associated with substance abuse now and more acceptance of treatment as a way to make things better,” he said.

According to Blow and other experts, when people age, their sensitivity to alcohol increases as their tolerance decreases. Also, the percent of their body weight composed of water decreases, and alcohol — which is water-soluble — affects them more quickly and to a greater degree. Alcohol takes longer to metabolize in older persons, accumulating in their bodies and leading to intoxication if consumption is not controlled. Because of their physical make-up, older women are more vulnerable to the negative effects of alcohol.

As a whole, more older men have substance abuse problems than do older women, but women are more likely than men to start drinking heavily later in life. Substance abuse is more prevalent among

“By 2020, the number of older adults with substance abuse problems is expected to double.”

persons who suffer a number of losses, including death of loved ones, retirement, and loss of health. The fact that women are more likely to be widowed or divorced, to have experienced depression, and to have been prescribed psychoactive medications that increase the negative effects of alcohol help explain these gender differences.

Unfortunately, health care providers often overlook substance abuse among older adults because they don’t know what to look for or they mistakenly assume that older adults cannot be successfully treated. Loved ones, too, may excuse an older relative’s substance abuse as a result of grief or loss or a reaction to boredom. Or family members may not want to confront an elder, fearing they will offend or anger them or get “written out of the will,” said Blow.

Yet Blow said there is “good evidence” that older adults do as well as young people when it comes to treating substance abuse and that they may even do somewhat better. “Older adults can recognize all kinds of benefit from treatment,” stressed Blow. “There are often direct health benefits, improved cognition, more independent living, more and better social connectedness, and new hobbies. The benefits are enormous.”

Health, Alcoholism and the Elderly

Excessive alcohol consumption in the elderly can lead to:

- **Strokes**
- **High blood pressure**
- **Alcoholic liver disease, including alcoholic cirrhosis.**
- **A higher risk of cancer in the head, neck and throat**
- **Dangerous interactions with prescription drugs**
- **A decline in the functioning of the brain. Accelerating brain impairment, dementia and wet brain syndrome.**
- **Osteoporosis**
- **Increased risk of falls, in particular hip fractures, which might need surgery and all the risks associated with it.**

As people age, so the amount of water stored in their bodies falls. This means that there is less water to dilute the alcohol and so its effects on the elderly are greater than on the young.

In short an elderly alcoholic is risking their health **every time they lift a glass to their mouth.**

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Hop on the Enlightenment Bus

By Dr. Dina Evan

Too much of anything is still too much! Since the 60's, we have spent a lot of time developing ourselves individually, identifying our needs, and setting boundaries that have mostly become walls. If you look closely enough you'll see the writing on those bricks...*my gender, my street, my language, my organization, my mailing list, my skin color, my idea...my, my, my...* how all the my's keep us separated in our community. Wouldn't it be a great time to reach across our own isles?

The evolutionary impulse is for us to connect more deeply not only with ourselves but also with each other.

Why?

It's because all those separating ideas have left us isolated and in a world where every fraction is operating out of negativity, exclusion and fear with each other. Everyone is going a different direction and most are headed toward destruction — destruction of companies, organizations, planets, families, and psyches. We are even walled off from ourselves and our own feelings.

What Are We Protecting?

There is nothing we actually own and can take with us to the next life. Haven't we gotten the reality that compassion and unity are better, healthier, and more joyful for us, the rest of our community and the planet? Are we trading our humanity for the illusionary thrill of competition?

We have stopped seeking the genuine highest and best good for ourselves and our communities. Cliché yes, but also a truth.

Community organizations compete to be the best known, have the most power, and money. No one stops to ask if some sort of collaboration might better serve the community. We almost never ask how we can serve each other. After all, what would happen if the public ended up with more and better?

Wouldn't everyone win?

Families compete with each other to have more, look better, have smarter kids, be involved in more activities and to what end? Families and the generations in them are separated from each other, kids are exhausted, and no one is talking at a meaningful level to anyone else. Instead, we are off to the next soccer practice or piano lesson.

One evening in our spirituality group, I told everyone the Enlightenment Bus was outside and they had a choice to get on it. I asked them what they would take. No one wanted anything other than his or her loved ones. It's time to wake up. There is no such thing as my city, my nation, and my planet. Losing yourself by loving completely is an oxymoron—it's impossible, in fact you might finally find yourself. Doing what is best for the greater society, family, beloved or friend is, most often, also doing what's best for you.

It's time to jump the track of higher consciousness and put the emphasis on the community, on letting our hearts break open with love, on giving up the things we think we cannot live without and on states of non-duality, relatedness and compassion. It's time to let go of the ego and move into the heart and spirit.

The funny thing about all this is, that all that stuff we have been hoarding, with attitudes of selfishness and separation is waiting for us in the center of true humanity. When you get to the place where nothing other than your integrity and compassion matters...you find you have it all. Like it or not, we are bound to one another through love, destiny and purpose.

We can get over ourselves now, or continue to deal with the consequences of our lack of awareness and connection. Either way we will one day learn the lesson. Seems silly to take the long way home, doesn't it?

The bottom line is, that our response to others is only about us, our character, and our level of consciousness. It's never about anyone else. The lovely thing is, that from minute to minute, you get to decide who you will be next. You get to change your mind about what you thought just a moment ago. You get to begin again and nothing you have ever done in the past matters in that moment. That's what waking up is all about and that's what you came here to do.

Ego says you're an executive of a non-profit,
but spirit says you are a servant of the community.

Ego says you are a Phoenician,
but spirit says you are a global citizen.


Ego says, you own a partner, husband or wife,
but spirit says you are here to cherish your beloved.

We say me, but listen closely...the greater consciousness is saying ...**WE.**



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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Women & Sober Living

By Meena Khattak

When I got out of 28 days of inpatient treatment, life as I knew it — was pretty much the way I left it, a mess. My life, family, home, choices and everything in my environment still reflected the chaos I had lived in as the result of my alcoholism and addiction. Unfortunately for me, 28 days of inpatient had been lovely and I highly recommend it to this day, but was by no means the quick fix I sought.

My family relationships and finances were a wreck, and most frightening was the level of delusion and denial I was in. During discharge from treatment, my counselors set up aftercare plans. We went through a standard discharge packet with names and phone numbers of people I planned to call if I got into trouble. There was a schedule form for my planned activities and meetings and I was enrolled in an Intensive Outpatient Program.

I don't know if I truly intended to follow through and call those people, and whether or not I planned to make it to this or that meeting, but once I had my car and a little bit of cash it was only a matter of time before I was off and running again. I didn't know how to make the right choices in regards to people, places, and things.

Within six weeks of my discharge from rehab, I was arrested for the first time in my

life. I went on a binge resulting in 3 arrests, the loss of custody of my children, and a couple of overdoses before I was done. I was broken. Everyone in my life thought I was lost to the disease of addiction forever. Sadly, I thought so too.

Yet today I am clacking away on my laptop at my favorite downtown coffee shop, which I can be found doing at least 3 times a week as I am finishing up my Master's in Addiction Counseling. I have lots of papers to write and I need the peace and quiet as I own a successful business and have full custody of my 2 children. I often look at my journey to recovery and ask: how did that happen?

I believe it is a multitude of factors and a lot of luck that contributed, but I will say that after a 9 month run post-rehab, I made it into a Sober Living facility. I hated every minute of it, but there I began to learn how to live. It certainly wasn't perfect and I had this notion, for about 3 months of my 4 month stay, that if I could just get some of my stuff back, get my family to trust me, and deal with all my legal consequences I would be able to casually drink and use, "like a normal person." I was still delusional, but I was separated from the trappings of my drinking and using life and this pseudo alternative drug culture I had wrapped myself in. I was forced to be uncomfortable living with other women, make friends with them, and be accountable with drug tests and 12-step recovery meetings. I was made to get a sponsor and start working the steps. In treatment there simply isn't time to learn this type of information much less process it. When you're in treatment, you are dealing with the acute symptoms of withdrawal and when someone is talking about a sponsor and a book it doesn't seem real.

Now I'm an advocate for Sober Living after inpatient treatment because I believe that it works and it makes sense. The education and separation from substances begins in treatment and can be extended with a stay in Sober Living. The bubble of treatment is there, but one can experience the tests that "real life" inevitably brings in a supportive environment with people going through the same trials and triumphs. When I was in treatment a few years ago referral to Recovery Housing or Sober Living wasn't emphasized and there wasn't an abundance of great options. Today it is a little different, but I think women in particular have a specific set of circumstances that don't allow them to hear the Sober Living option. We certainly want to get right back into our lives, to be a mother, a sister, an aunt, and a daughter. The arguments with the Sober

journey forward



Living option for women usually have the following points:

- I have to go home.
- I have to go home to take care of my cat/dog/child/husband/girlfriend/boyfriend/plant/anything but myself.
- I have a sponsor/a schedule/ a meeting list/ a Higher Power.
- I have to get back to work.
- I just spent 30/60/90 days in treatment.
- I just can't afford it.
- Sober living just isn't an option.
- **Are you kidding?**

Jokes aside, men and women have a unique set of circumstances, I believe that gender-specific sober living is what works. Men and women use for a variety of different reasons, and gender-specific sober livings are able to address the individual needs of its members. Women in a gender-specific home have the advantage of being able to learn the value of building relationships with other females. We see a lot of broken women who, for most of their lives, unfortunately felt value only through the perspective of the male gaze. All-female sober living allows residents, often for the first time, to focus on themselves and figure out what it is that they truly need and desire out of this life.

Never mind that statistics show that within one year from discharge of inpatient treatment more than 90 percent of people will relapse. What we find is that the majority of our clients who choose the

Sober Living option are not on their first attempt at abstinence. It is not because they don't want to stay clean when they get out of treatment; it is because essentially they don't know how. Sober Livings are set up to show you how to remain abstinent through a variety of different programs that vary. If you choose to go, do your research for what will work for you. Do an honest assessment of your needs and I believe if you do, chances are you will find that you can't stay stopped on your own.

Recently I was at an alumni meeting of the inpatient treatment facility I attended before my relapse. Twelve alumni were present along with eight current patients. The topic was: "What did you do after you got out of treatment?" I was the first person called on and I looked around the room and said, "What do the majority of alumni here have in common?" I pointed and named each one of the alumni who had been to sober living. Out of the group, 10 have more than a year of sobriety and eight had gone to sober living. That's powerful.

I didn't leave sober living knowing it all, just like I didn't leave treatment having this recovery thing figured out. I'm still learning every day, and now have the chance to be a mother, friend, sister, daughter, and partner. It isn't a cure-all, but if you want to know how to stay clean and sober, a Sober Living home can show you how.

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Events Calendar

JUNE 4 — 8:00 - 9:00 am — St. Luke's Behavioral Health Center, 2014 Clinical Breakfast Series. *Navigating the Benefit System*, presented by *Daniel Nunez, MSW, Jackson White Attorneys at Law*. St. Luke's Behavioral Health Center Auditorium St. Luke's Behavioral Health Center Auditorium. 1800 E. Van Buren, Phoenix.

JUNE 4 — Tucson Area Professionals' Networking Breakfast Presented by Sierra Tucson. 7:30 - 8:00 a.m. Registration 8:00 - 11:00 a.m. Presentation & Networking. Westward Look Santa Catalina Ballroom, 245 E. Ina Road, Tucson. "OUT for Excellence: Best Practice Essentials for Serving Lesbian, Gay, Bisexual, and Transgender Clients" Speaker: Kyle J. Penniman, MSW, LISAC, CADAC, ICADC

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

JUNE 16-20 – 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**, email jmartin@cottonwoodtucson.com for information.

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**

EVENTS continued page 10

EVENTS from page 9

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

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

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



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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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By ALAN COHEN

Tellers of a New Tale

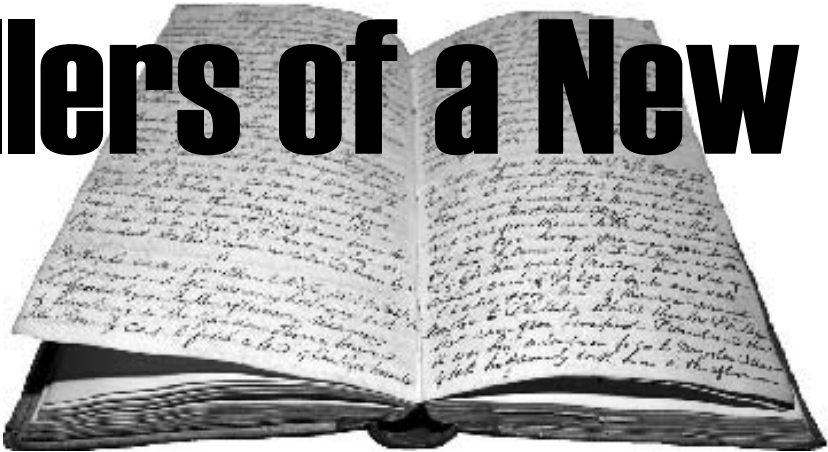
When I go to the local bank I always enjoy seeing a teller named Emily, a delightful retired elementary school teacher with a kind word for everyone. One morning while I was making a deposit at Emily’s window, the shrieking siren of a passing emergency vehicle pierced the bank. “That’s the first one today,” Emily noted. “You count them?” I asked her. “I always say a prayer as they go by,” she answered.

I was touched by Emily’s use of the emergency. For many of us, a siren is an annoyance. Or we shrivel to think that someone might be hurt or in trouble. But Emily uses emergencies to practice healing. She is not just a bank teller. She is a teller of blessing.

I used to complain about the news, which is so often negative. Then I heard Michael Beckwith mention that he considers the news to be his prayer list. Hmmm. Is the news something to worry about, or is it a platform upon which to practice holding a higher vision?

New York philanthropist Milton Petrie scanned the newspaper every morning to see whom he could help. One day he read about a beautiful young model who had been viciously attacked by thugs hired by the boyfriend she had left. The article showed heart-rending photographs of three long hideous scars that ran the length of both cheeks and her forehead; hundred of stitches were required to put her face back together. A Venus had become a Frankenstein.

Moved by the girl’s plight, Mr. Petrie called the model to his office and told her that he would give her twenty thousand dollars a year for the rest of her life. Thrilled to receive such kindness in the wake of her anguish, she had numerous surgeries that restored her skin and beauty to near-perfection. As I watched her being interviewed on television, I noticed an additional glow not obvious in her pre-attack model photos. She had been the recipient of grace.



I saw a documentary about cosmetic surgeons who donated their services to help people who had become disfigured, primarily women who had been beaten. In each case there was a moment when the doctor removed the bandages, and the woman looked in the mirror to see her new face for the first time. All the recipients burst into tears. A few hours of the surgeons’ time led to a lifetime of better for their patients. These doctors were tellers of a new tale.

A Course in Miracles teaches that every act is either an expression of love or a call for love. *All antisocial or aberrant behavior is a call for love.* We do not heal by punishment. We heal by validation. In a certain African tribe, when a person commits a crime, that person is not punished. Instead, he or she is called to the center of the circle of tribespeople, where everyone chants that person’s unique song to him or her. The tribe realizes that the cure for social ills is not chastisement. It is connection to self, community, and spirit.

Business also has a new tale, if we are willing to tell it. Two basic attitudes underlie all business transactions: (1) What can I get? or (2) How can I help? Ultimately only the attitude of service will be rewarding. My mentor Carla Gordan coached many people by telephone. One day while visiting her home I saw the phone she used for coaching. On the back of the handset she had taped a small reminder note to herself. It said, “How can I help?”

Many people are suffering in the world as we know it. Ian Maclaren said, “Be kind, for everyone you meet is fighting a hard battle.” Sometimes even apparently hap-

py people are struggling with issues you don’t see. So ultimately kindness, not intellectual prowess, financial stability, or worldly power is the most valuable resource. Abraham Joshua Heschel said, “When I was young, I used to admire intelligent people; as I grow older, I admire kind people.”

I used to think that people who advertised themselves as gurus, healers, teachers, and enlightened beings were the great souls on earth. As I grow in experience, I consider people who demonstrate kindness to be the most advanced souls. Waitresses, chambermaids, van drivers, and custodians are among the holiest people I know. They care about making the world a better place more than what they can get for themselves. Helping others brings them greater reward than acquiring more stuff or becoming enlightened. Many of these hidden saints have never attended a self-improvement seminar, but they improve the lives of everyone they touch by being present with them. Albert Schweitzer said, “. . . the only ones among you who will be really happy are those who will have sought and found how to serve.”

Life is not a series of opportunities to get somewhere. Life is a series of opportunities to be somewhere. Difficulties are not oppressions from a dark source. They are invitations to be a light source. Bank teller Emily has more change to offer than I can count.



Alan Cohen is the author of *Enough Already: The Power of Radical Contentment*. If you would like to become a professional life coach or incorporate life coaching skills in your career or personal life, join Alan’s celebrated Life Coach Training Program beginning in September. Visit www.alancohen.com, email info@alancohen.com.

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AzRHA	602-421-8066
AWEE	602-258-0864
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Calvary Addiction Recovery	866-76-SOBER
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Co-Anon	602-697-9550
CoDA	602-277-7991
COSA	480-232-5437
Commun. Info & Referral	1-877-211-8661
Community Bridges	877-931-9142
Cottonwood Tucson	800-877-4520
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Crystal Meth Anonymous	602-235-0955
Emotions Anonymous	480-969-6813
EVARC	480-962-7711
Gamblers Anonymous	602-266-9784
Greater Phx. Teen Challenge	602-271-4084
Grief Recovery	800-334-7606
Heroin Anonymous	602-870-3665
Marijuana Anonymous	800-766-6779
The Meadows	800-632-3697
Narcotics Anonymous	480-897-4636
National Domestic Violence	800-799-SAFE
NCADD	602-264-6214
Nicotine Anonymous	877-TRY-NICA
Office Problem Gambling	800-639-8783
Overeaters Anonymous	602-234-1195
Parents Anonymous	602-248-0428
Psychological Counseling Services (PCS)	480-947-5739
The Promises	866-390-2340
Rape Hotline (CASA)	602-241-9010

Remuda Ranch	800-445-1900
Runaway Hotline	800-231-6946
Sexaholics Anonymous	602-439-3000
Sex/Love Addicts Anonymous	602-337-7117
Sex Addicts Anonymous	602-735-1681
SANON	480-545-0520
Sober Living of AZ	602-478-3210
Suicide Hotline	800-254-HELP
Start Fresh	855-393-4673
St. Lukes Behavioral	602-251-8535
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The Recovery Chef

The Truffle Trend

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

One of the hottest culinary trends in the last couple of years has been the inclusion of truffles or truffle oil in food. Truffles add one of the 5 basic tastes, umami. Umami is often described as savory and meat-like creating a fuller, more rounded taste and it is helpful for adding flavor while trying to decrease sodium in dishes. The flavor of truffles has been depicted as similar to mushrooms, but “earthier.” They also offer a pungent aroma often described as earthy, musky or nutty. So, what exactly is a truffle? A truffle is similar to a mushroom in that it is a fungus, but unlike a mushroom, it grows underground near the roots of certain species of trees. Truffles are difficult to harvest, making them costly. Typically, a female hog or well trained dog is needed to seek them out. There are many varieties of truffles that grow in different countries and different seasons offering many degrees of taste and smell.

Restaurants often use truffle oil instead of truffles themselves. The oil is much less expensive and you don’t have to worry about season. Light oils such as olive oil and grape seed are often used as the base of truffle oil. Hopefully, the oil has been infused with pieces of truffle, but often a synthetic agent is used to artificially flavor the oil and it doesn’t contain truffles at all. Both truffles and especially truffle oil should be used sparingly as they are intensely pungent and flavorful.

In this Truffled Asparagus Sauce presented by Chef Richard Serna, rice milk and potato are used to create a delightfully creamy consistency. This sauce is a flavorful, aromatic addition to poultry, fish or vegetables. Indulge your senses with this dairy free, vegan sauce. Enjoy!

Lisa MacDonald, MPH, RD is the director of Nutrition Services at Cottonwood Tucson. Lisa is a Registered Dietitian with expertise in nutrition education, weight management and eating disorders. She has worked in a managed care organization, a public health agency and in the health and wellness/spa setting. Lisa is committed to scientific integrity and the “non-diet” approach to weight management.



Chef Richard Serna serves as executive chef at Cottonwood Tucson. Cottonwood is a dual diagnosis rehabilitation facility that wanted to foster a holistic approach to recovery. As any chef knows, health begins with what you eat. Richard has completely revitalized the culinary program at Cottonwood in only two years. He became sous chef for Chef Cary Neff at Miraval Life in Balance Spa, which was voted the #1 spa in the world while he was there. Next he was the sous chef at Enchantment Resort in Sedona. He ran the sushi bar at AJ's Fine Foods, attended the culinary program at Pima Community College, and did his internship at the Anaheim Hilton.

Truffled Asparagus Sauce (Makes 3 cups) Presented by Chef Richard Serna

1/2 cup	yellow onion (chopped)
1/2 cup	celery (chopped)
1 cup	asparagus (chopped)
6	black peppercorns
1	bay leaf
4 sprigs	fresh thyme
3 cups	rice milk
1/3 cup	potatoes (chopped)
1 1/2 cups	fresh spinach
3 tsp	truffle oil
pinch	salt and pepper to taste

Instructions: In a saucepot, sauté the onion, celery, asparagus, bay leaf and peppercorns. Continue to sauté for 10 minutes until onions are soft. Add the rice milk and potatoes; bring to a simmer. Let simmer for 30 minutes. Once the potatoes are soft, blend the sauce with the spinach and strain. Season to taste. Drizzle truffle oil.

Nutritional Facts estimated by ESHA Research SQL Food Processor Programs

Nutrition Facts	
Serving Size 1/3 cup Amount Per Serving	
Calories 100	
Total Fat 1g	
Sodium 100mg	
Total Carbohydrate 1g	
Protein 1g	
Vitamin A 100%	
Vitamin C 100%	
Calcium 100%	
Iron 100%	
Total Fat 1g	
Sodium 100mg	
Total Carbohydrate 1g	
Protein 1g	
Vitamin A 100%	
Vitamin C 100%	
Calcium 100%	
Iron 100%	

\$428B

The estimated cost of illicit drug and alcohol use in America is \$428 billion dollars a year in costs related to crime, lost work productivity and health care.



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President Bill Clinton said Tuesday at a town hall meeting about reducing prescription drug abuse. He spoke at Johns Hopkins University, CBS Baltimore reports.

Hillary Clinton told the National Council for Behavioral Health Conference the Clinton Foundation “is making naloxone a priority,” according to The Hill. Some states have passed laws allowing first responders to carry the antidote.

Naloxone, sold under the brand name Narcan, is becoming more widely available nationwide. It has been used for many years by paramedics and doctors in emergency rooms. It is administered by nasal spray. The medication blocks the ability of heroin or opioid painkillers to attach to brain cells. The U.S. Office of National Drug Control Policy says it is encouraging police departments to carry Narcan.

In March, Attorney General Eric Holder said the government is encouraging emergency personnel to carry naloxone.

Last year, the Clinton Foundation announced it would work with the New York Police Department and other partners to address prescription drug abuse, with a focus on college students.

Prescription Drug Abuse Takes Enormous Toll on Seniors

Prescription drug abuse is hitting the senior community hard, according to a review of government data conducted by USA Today. The newspaper looked at overdose deaths, emergency room visits and admissions to addiction treatment programs.

“There’s this growing group of seniors, they have pain, they have anxiety...and a lot of (doctors) have one thing in their tool box — a prescription pad,” said Mel Pohl, Medical Director at the Las Vegas Recovery Center, which treats elderly patients for pain and drug dependence. “The doctor wants to make their life better, so they start on the meds.” Patients build up a tolerance over time, or they suffer more pain and request more medication. “And without anyone necessarily realizing, it begins a downward spiral with horrible consequences,” he told the newspaper.

Elderly patients are susceptible to complications from drug use, including falls, cognitive problems, respiratory failure and dementia, the article notes.

Older patients are receiving more opioid painkillers and benzodiazepines (such as Xanax and Valium). Last year, 55 million opioid prescriptions were written for people 65 and older, marking a 20 percent increase over five years—almost double the growth rate of the elderly population. During the same period, the number of benzodiazepine prescriptions rose 12 percent, to 28.4 million.

The Substance Abuse and Mental Health Services Administration found in 2012, the average number of elderly people misusing or dependent on prescription painkillers in the past year increased from 132,000 a decade ago, to 336,000. Government data also shows a 46 percent increase in cases of adults 55 and older seeking substance abuse treatment for prescription narcotics from 2007 to 2011.

Men With Eating Disorders Often Ignore Symptoms

A recent study by the University of Oxford found that most undiagnosed men were unaware of eating disorder symptoms.

A new British study has uncovered the reasons why men with eating disorders often ignore the symptoms and prove resistant to getting treatment.

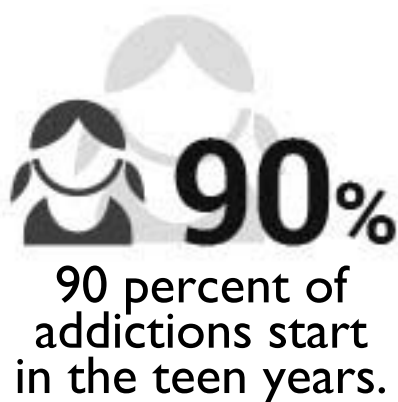
The widely held belief has been that only women experience eating disorders like anorexia, bulimia, and binge eating. Such a societal misconception can delay men with these conditions from getting treatment. In the study written by a team led by Ulla Raisanen at the University of Oxford, the researchers report that, “Men with eating disorders are underdiagnosed, undertreated and under-researched.”

In the study, the researchers interviewed 29 women and 10 men who had been previously diagnosed with an eating disorder. Ranging in age from 16 to 25, the men said it took them a long time to realize that they even had the symptoms of an eating disorder. The warning signs of an eating disorder include obsessive calorie counting, exercise and weighing, going days without eating, and the combination of bingeing and purging.

Since the men believed that only women had eating disorders, it proved difficult for them to conceive that such a thing was happening to them. Prior to being diagnosed, none were aware of the symptoms of an eating disorder. In conjunction with this lack of knowledge, their family, friends and work colleagues were slow to pick-up on the symptoms, even when they thought something was amiss.

Most of the men in the study only reached out for help after they suffered a serious health crisis or required emergency medical treatment. Even after such an incident, the men remained slow to seek help because they didn’t know where to go. They also feared they would not be taken seriously by medical professionals. In light of the gross lack of available male-oriented resources about eating disorders, the men in the study often felt at a complete loss.

According to the study published April 8 in the online journal BMJ Open, a patient in the study actually said a male doctor told him “to man up.” The cultural construction of eating disorders as exclusively female has proven to be a huge barrier for men. If this problem is going to be addressed effectively in the future, primary care professionals need to challenge such erroneous perceptions.



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Students from page 5

Students at Miami University who seek medication for ADHD must first go through an initial phone screen. They attend a 90 minute “brain booster” workshop, where they receive a planner to help them organize their time, and are instructed in how to use it. They receive tips about time management, such as using their cell phone to keep track of appointments. Students are told how to improve their sleep, hygiene, minimize distractions, and improve their study skills and reduce procrastination.

“We tell them to treat college like a job,” Dr. Hersh said. “One of the main reasons people abuse stimulants is poor time management. They find they need to cram for an exam, and use stimulants to help them stay up all night.”

When students learn time management skills, their attention and focus improves, and they are less likely to misuse stimulants.

Several weeks after attending the workshop, students fill out a goal completion worksheet to demonstrate how well they have adopted the skills and behaviors they learned. If they decide to go ahead with an evaluation for ADHD, they attend another hour-long workshop, which is required even for students who have been prescribed ADHD medication in the past.

They learn how to keep their medications safe in a college setting, and avoid misusing or diverting them. Only after they have attended both workshops can they see Dr. Hersh. “We slow down the process to screen out the people who just want a quick fix,” he explained.

Students seeking treatment for anxiety disorders attend an anxiety management workshop, sometimes along with individual therapy. “They are introduced to guided imagery, relaxation techniques and other behavioral techniques to control anxiety before they are evaluated for medication,” said Dr. Hersh.

If the doctor determines a student would benefit from medication, the student is first prescribed a non-addictive medication. If these medications aren’t effective, they may be prescribed benzodiazepines, but the amount is limited, usually to 10 pills per month. The student is monitored frequently for signs of misuse and diversion.

For sleep disorders, students learn behavioral techniques, such as using a noise machine, before medication is prescribed. If medication is needed, students are first given non-controlled substances such as trazodone or melatonin. If the student is prescribed a controlled substance such as zolpidem (Ambien), they are given a limited amount. If needed, they are referred to a sleep disorders clinic for evaluation of sleep apnea or narcolepsy.

Students being treated for pain are first given non-controlled medications such as non-steroidal anti-inflammatory medications (NSAIDs). If opiates are needed for severe, acute pain, students are given a limited supply, and are monitored for signs of misuse and diversion through urine screening.

By giving students tools to help manage their condition, evaluating them and following them closely, and prescribing potentially addictive medications only as a last resort, Dr. Hersh believes colleges across the country can have a big impact on reducing prescription drug abuse on campus.

Emotionally...are you healthy?

By Elisabeth Davies

According to Psychologist Doris Jeanette, most people are emotionally unhealthy because they try to avoid or control their feelings, rather than accept and express them in healthy, assertive ways.

If you grew up in a home with parents or caretakers who were not safe to be around due to abuse, neglect or addiction, or if you experienced trauma — those events may have negatively affected your emotional health.

The good news is anyone can become emotionally healthy simply by providing emotional needs for yourself, or seeking other people and resources to help you.

How do you know if you are emotionally healthy?

Emotionally healthy people feel safe and secure with their own emotions and feelings, and will provide a safe atmosphere for others to express themselves.

In order to be emotionally healthy there are basic emotional needs that all human beings seek, some of these include:

- The need to be unconditionally loved
- To be accepted for who you are
- To feel connected to a person, group or community
- To feel useful or competent
- The need to be acknowledged
- The need to feel safe and secure
- The need for attention
- The need to feel autonomy or control over your environment

And, we do have the ability to provide several of these emotional needs for ourselves, while others can be met from safe people and outside support. Not having our emotional needs met can result in living an emotionally unhealthy lifestyle.

A few indicators you may not be emotionally healthy are:

- Not feeling in control of our thoughts, feelings or behaviors
- Not being emotionally available to connect with others
- Not being flexible with change
- Using unhealthy substances, such as alcohol or drugs to manage emotions
- Being unhappy and lacking enjoyment, purpose or fulfillment in your life
- Staying in abusive relationships or environments
- Chronic negative thinking patterns
- Inability to maintain fulfilling relationships
- Anger problems

There are several effective ways to accomplish change. A few to try are,

- Eating whole, natural foods with each meal
- Resting and pacing yourself throughout the day
- Getting 6-8 hours of sleep each night or whenever possible. Deepak Chopra recommends turning the technology

off and reading inspirational or spiritual literature before going to sleep to calm your mind and promote restful sleep.

- Exercising 30 minutes a day to combat stress and releases endorphins which promote emotional well-being. Yoga promotes mind-body connection through breathing, which assists in balancing your emotions.
- Journaling to develop your creative, personal and emotional processes. This helps clear the mind by expressing internal thoughts through writing. It can also be used to deepen self-reflection and to gain more perspective on what triggers your emotions and behaviors.
- Practicing mindful meditation to assist in calming down and decreasing emotional intensity. This can actually result in brain changes that may be protective against mental illness.

When you practice living an emotionally healthy lifestyle, it results in you



- Taking good care of yourself.
- The ability to express to others what you need
- Having a sense of contentment and enjoyment in your life.
- Being in gratitude and appreciating what you have
- Having long-lasting, fulfilling relationships
- Feeling life is meaningful
- Regulating and managing your moods and emotions.
- Being able to bounce back from disappointments, setbacks and difficulties
- Being adaptable and flexible with change and new situations

In addition to meeting your emotional needs, developing a support network is crucial to maintaining emotional health. Human beings do not thrive in isolation. Choosing people who listen and allow you to express your emotions releases internal feelings. Receiving professional support from mental health experts can assist with developing effective coping skills to deal with life's difficulties and personal setbacks.

The activities you engage in and the daily choices you make affects the way you feel. Be aware of making choices that are for your highest good and engage in activities that grow you as a person.

You can be emotionally healthy. All it takes is a commitment to work on it each day. As you become emotionally healthy, the rewards can lead to happiness, fulfilling relationships and a meaningful life. You are worth it!

Elisabeth Davies, MC is the author of Good Things Emotional Healing Journal: Addiction. Visit brightalternatives.com




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Retired NFL Players say League Illegally Supplied Prescription Painkillers

By Celia Vimont


A group of retired National Football League (NFL) players filed a lawsuit this week, alleging the league illegally supplied them with prescription painkillers. The drugs numbed their injuries, and led to medical complications, according to the players.

The players say the NFL obtained and administered the painkillers without prescriptions, the Associated Press reports. The league did not warn the players about the drugs' potential side effects, the lawsuit alleges. The players say the league wanted them to return to the field quickly, in order to maximize profits.

Some players say they were not told they had broken legs or ankles, and were instead given painkillers. One player said he was given anti-inflammatory medication instead of surgery. The years of free painkillers led to addiction, some players contend.

The NFL would not comment on the lawsuit, which names eight players. Lawyers for the players are seeking class-action status for former players who received narcotic painkillers, anti-inflammatory drugs, local anesthetics, sleeping aids or other drugs without a prescription. More than 500 other former players have signed on to the lawsuit, according to the lawyers.

The suit seeks to force the NFL to fund a testing and monitoring program to help prevent addiction, injuries and disabilities resulting from painkiller use, the AP notes. The suit also seeks unspecified financial damages.




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Xanax Misuse sent 123,000 People to ER in 2011

More than 123,000 people ended up in hospital emergency rooms in 2011 after misusing the sedative alprazolam, sold under brand names including Xanax. The findings come from a new government report.

The number of ER visits associated with Xanax in 2011 was slightly less than the previous year, but more than double the number in 2005, USA Today reports. The drug is also sold as Xanax XR and Niravam. Alprazolam was the most commonly prescribed psychiatric drug in 2011, the article notes. It is prescribed to treat anxiety, insomnia and depression.

In total, more than 1.2 million people went to the emergency room for prescription drug abuse in 2011, according to the *Substance Abuse and Mental Health Services Administration* (SAMHSA).

Misuse of alprazolam can lead to physical dependence, causing withdrawal symptoms such as tremors and seizures, according to a SAMHSA news release. The effects of alprazolam can be dangerously enhanced if it is combined with alcohol or other drugs that depress the central nervous system, such as narcotic pain relievers.

The report found in 81 percent of cases, patients used alprazolam together with other prescription drugs or alcohol. Almost two-thirds used the drug with another prescription drug. More than one-third used the drug with a prescription painkiller such as oxycodone.

“When used as directed, alprazolam is safe and effective, but misuse can result in serious health consequences,” said SAMHSA Administrator Pamela S. Hyde. “This report highlights the need to educate people about the dangers of misusing or sharing prescription medications and the importance of properly disposing of unused medication.”

“Talk. They Hear You.”

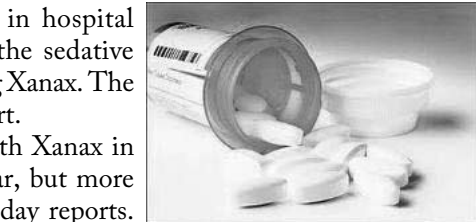
Adolescents aged 12 to 17 in foster care were significantly less likely to talk to a parent or guardian about the dangers of substance use compared to other adolescents, according to a report by the Substance Abuse and Mental Health Services Administration (SAMHSA). The report shows while 58.9 percent of adolescents living with biological parents have these discussions and 57.6 percent of adolescents living with adoptive parent have the talks, that percentage drops to 51.1 for adolescents in foster care.

The report also shows considerable differences between how adolescents in foster care and other adolescents receive substance use prevention messaging. For example, 79.2 percent of adolescents living with biological parents and 77.3 percent of adolescents living with adoptive parents receive substance use prevention messaging from media sources, only 70.5 percent of adolescents in foster care received these messages.

Adolescents in foster care are also less likely to receive messages in school about the dangers of substance use. While adolescents living with biological parents received these messages in school 66.6 percent of the time, and adolescents living with adoptive parents received them 63.3 percent of the time, adolescents in foster care only received messages about substance use in school about 59.9 percent of the time. However, when adolescents receive prevention messages through special school classes or through prevention programs outside of school, there is very little difference between groups.

“Youth in foster care may face special challenges that make it essential that they, like other youth, get effective substance use prevention messaging,” said Frances M. Harding, director of SAMHSA’s Center for Substance Abuse Prevention. “We need to explore innovative approaches to providing this prevention messaging to them – especially in ways that also engage parents and guardians. That’s why we’re very excited about our new national public service campaign, ‘Talk. They Hear You.’ This new campaign empowers parents and caregivers to talk to their children as young as nine years old about the dangers of underage drinking.”

“Talk. They Hear You.” raises parents’ and caregivers’ awareness about these issues, and provides them with information needed



to help them start a conversation about alcohol by modeling opportunities for initiating the conversation about alcohol through the public service announcements and online interactive tools. For more information about this national media campaign, visit www.samhsa.gov/underagedrinking.

SAMHSA also partners with the White House Office of National Drug Control Policy to fund Drug Free Community (DFC) coalitions. In more than 600 communities nationwide, coalitions recruit, train, and welcome parents and youth volunteers to join forces with other community members to make a positive difference. These coalitions work to support the health, safety, and well-being of their communities, families, youth, and the systems and organizations that prevent substance abuse. For DFC program information, visit www.whitehouse.gov/ondcp/drug-free-communities-support-program.

The report, *Teens in Foster Care Are Less Likely to Talk with Parent or Guardian about the Dangers of Substance Use*, is available at: <http://www.samhsa.gov/data/spotlight/spot141-teens-foster-care-2014.pdf>. It is based on SAMHSA’s National Survey on Drug Use and Health, an annual survey of 67,500 people age 12 and older throughout the nation. The report defines adolescents in foster care as those currently living with a foster parent or guardian or who have stayed overnight in foster care in the past year.

For more information visit <http://www.samhsa.gov/>.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

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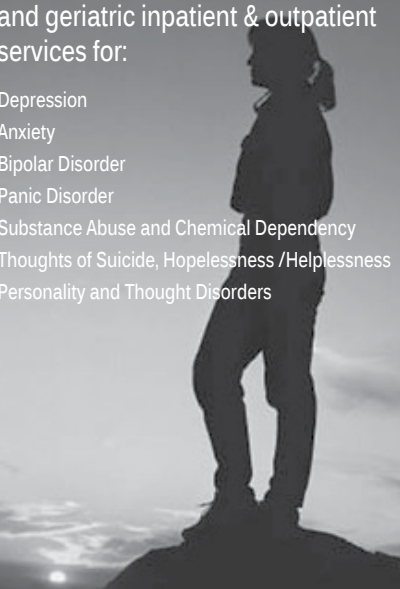
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