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MARCH 2014 Inspiring Success On The Road To Recovery

Commentary:

What You Need to Know About Heroin Addiction

By Dr. Barbara Krantz

Philip Seymour Hoffman’s tragic death has focused attention on heroin addiction. Unfortunately, heroin addiction is on the rise from teens to older adults.

Heroin Addiction doesn’t Discriminate

Individuals from every socioeconomic background have access to the drug because it’s cheap and easy to get. According to SAMHSA, in 2011, 4.2 million people age 12 and older used heroin at least once in their lifetime, and 23 percent became dependent.

Although heroin addicts are treated alongside those addicted to alcohol and other drugs, heroin addiction can be especially difficult to treat because of the euphoria it produces in the brain. Heroin can reach the brain more quickly than other drugs — depending on how it’s administered. For example, injecting it intravenously can actually speed up the process of becoming addicted.

For this reason, we do often recommend that heroin addicts stay in treatment for at least 60 days. We find that individuals addicted to heroin need extensive time in treatment because of how much the drug impacts their brain and behavior. Cravings can be intense and they need to relearn how to deal with life stressors and be able to use non-chemical coping skills.

One of the challenges for many recovering addicts — especially those with a preference for opiates — is that painkillers prescribed for a legitimate reason are addictive and lead many people to heroin. If a doctor is unaware of a patient’s history of addiction or the patient is unaware of the addictive nature of prescription painkillers — a dangerous flame is ignited. In some cases, patients don’t have a history of addiction, but their painkiller use eventually becomes abuse and spirals into heroin addiction.

In the case of a relapse, as was the situation with Mr. Hoffman, we believe this process happens even before someone picks up a drink or a drug again. They begin to fall back into unhealthy behavior such as not reaching out for help when dealing with stress, isolating themselves and not being accountable to friends and family. Addiction is a chronic disease and is therefore encoded on their brain. Therefore, once unhealthy behavior starts again there is a tendency to slip right back into old destructive familiar ways.

It’s important to understand that relapse isn’t synonymous with failure. Just like any other chronic illness — people who relapse can recognize that they need help and get the support they need to get back

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Finding Purpose and Meaning through SPIRIT: *A Somatic Equine Workshop Experience*

By Colleen DeRango, MA, LISAC, SEP, The Meadows

As I turn off Highway 60, and follow the bumpy gravel road with its winding twists and turns, I feel as if I am entering an enchanted desert valley. The railroad trestle anchored on each side by the rustic red cliffs feels like a gateway of sorts; emotionally and physically, where one experiences the sensation of leaving one world, and entering another. As I drive through the wash and turn the corner onto Rancho Rio Bonita — the ranch — I feel what our clients describe as “the subtle shift into calm.” The glowing campfire in the distance, moonlit in the early morning hours, encourages a welcome comfort.

One of my favorite moments is when clients first arrive at this magical place. I love watching their eyes widen in wonder, their breathing shift, their lips form into a smile, and often times tear-filled eyes, followed usually by a moment or two of silence. The words that are often expressed are along the lines of: “This is so beautiful; I can heal here.” Each time this happens, I look at the long row of stalls, each housing a different color and breed of horse; the working round-pen near the tree that serves as an umbrella to the table, chairs and campfire beneath; the two large pastures in the distance filled with horses of the ranch owners; and even further away the cattle-working round-pen and arena; all surrounded by the desert mountains, cliffs, and Hassayampa River giving one the sense that “the container is big enough” for healing to occur.

The Workshop

Spirit: A Somatic Equine Workshop uniquely interweaves The Meadows Model, Somatic Experiencing® (SE), mindfulness and natural horsemanship to create the space for healing to happen. Integrating experiential activities with the most gifted clinicians of all, horses, fosters self-esteem, boundaries, spontaneity, and perhaps most importantly, nervous system regulation. The Spirit Workshop was created exclusively for a small group of no more than five participants, and is a five-day outdoor experience facilitated by me, a seasoned therapist at The Meadows and Somatic Experiencing practitioner, along with an uncommon and highly-skilled horseman/trainer, our local Buddy Uldrikson, who is also trained in SE.

It’s challenging to try to describe what the Spirit Workshop is about partly because it is an “experiencing of” versus a “description about.”

The human mind is always thinking, thinking, thinking, and it even wants to keep thinking in the round-pen with a horse; until “coaxed” into not thinking



“This experience of being, and being in connection with another “Being” which happens to be a 1,200 pound four-legged teacher often feels as if a miracle has taken place.”

and just allowed to “be.” This experience of being, and being in connection with another “Being” which happens to be a 1,200 pound four-legged teacher often feels as if a miracle has taken place. Yet, it isn’t a miracle, rather, it is just the experiencing of “presence;” presence in communion, or true connection with another.

Pathways to Healing



Research has proven that having the ability to be fully present in one’s body is one of the pathways to trauma healing. Trauma healing is what The Meadows does really well. More than 35 years ago Pia Mellody’s (Senior Clinical Advisor at The Meadows) genius, along with that of a few gifted counselors, developed The Meadows Model. This therapeutic model views addictions, anxiety and depression through the lens of trauma. As counselors at The Meadows, we are fortunate because we have access to our Senior Fellows including Peter Levine, Ph.D., Dr. Bessel van der Kolk, and Dr. Shelley Uram, all of

whom are world-renowned in understanding Trauma, Trauma Healing, and Trauma and the Brain. Peter Levine is the originator and developer of Somatic Experiencing, one of the most profound methods used in trauma healing, and the one we facilitate in our Spirit workshop.

When I first heard Dr. Levine say, “trauma is in the body, not in the event,” it changed my life as a therapist forever. There was a reason why my clients couldn’t “just get over it” and we found the answer in the new research of the brain. Analysis was no longer the approach to healing trauma; rather new methodologies aimed at nervous system regulation were the key.

The Spirit Workshop begins with mindfulness exercises in support of people increasing their ability to be fully present with themselves, their sensations, and their sight, sound, smell, touch, and taste. Once this is achieved, it becomes the pathway to their participating in SE while learning basic natural horsemanship skill-sets with a horse of their choosing. Our entire focus is on supporting clients to “get out of their heads” and “thinking” and into their “felt-sense” while working with their horse. Buddy often says: “The horse gives you what you need, not necessarily what you want” and for our clients, it is the somatic experience of moving through these “stuck” places that is transformative.

Clients often experience what we call a “pendulation” or movement back

EQUINE continued page 9



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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on the path to sobriety. A person has to be actively involved in order to achieve a full recovery.

The pain of addiction doesn't just impact the individual. Families also suffer extensively. Some family members develop anxiety, depression or hypertension, for example, in response to being with the addict.

Families require treatment separately from their addicted loved one, which is an important part of any treatment center experience. At Caron Renaissance, for example, we have a specialized family restructuring program where families attend their own intensive treatment program.

For those families who are grappling with heroin or other addictions, I offer the following recommendations:

Learn about the disease of addiction. Many family members think, "If only they had loved me more, they wouldn't have gotten addicted." **That's not true.** You need to understand that addiction is a disease and that it affects you as a family member. Whether or not your loved one is ready to accept help – I want to encourage you to practice a healthy recovery program yourself, whether through Al-Anon or a family support group.

Know what is in your power to control. You can't control another person; you only have control over yourself. Family members who want to talk to their addicted loved one could use this type of language: "You don't look well. I'm worried about you. There's a lot more stress in your life right now because of x, y, and z. Do you have a professional you can talk to or would you be open to attending a 12-step meeting?" You can't force an adult into treatment but you can stage an intervention in which friends and family express their concerns and feelings to the addict in a loving way.

Learn how to appropriately set boundaries. Families often want to keep a loved one close to them because they feel like they can keep an eye on the individual and help to ensure their safety. However, that behavior frequently enables the addict to continue his or her use. It may seem counter intuitive, but many families have to enforce difficult consequences such as asking the addict to leave the house.

Dr. Barbara Krantz is the Medical Director at the Hanley Center.

publisher's note



Grace

By BARBARA NICHOLSON-BROWN

Grace is such a beautiful word, and one definition that seems to be applicable to addicts and alcoholics is this:

"Unmerited divine assistance given humans for their regeneration or sanctification."

For 24 years, addiction had me by the throat. Even though I functioned, had a job, lived in a great city, had clothes to wear and money in my bag, I was desperately lonesome, angry, and tired. I spent so much time and energy chasing the next high, or trying to piece together blackouts, followed by another horrible hangover — that was my life. Every morning my entire being was engulfed in shame, fear, denial, and self pity. I was nothing more than an empty shell trying to destroy myself. It was only when my family and friends had finally cut me out of their lives completely that I hit bottom.

Enter divine assistance. As clear as yesterday, I remember the moment — when everything changed — the moment of surrender. Was it Grace?

Obviously my Higher Power believed there was a reason for me to be here, I surely didn't. And never — not once — have I gone back out to test the waters to see if I was *really* an alcoholic and addict. I am. I know it.

I was given a chance, not because I earned or deserved it, yet grace stepped in anyway. Everyone who has risen from the dark shadows of addiction — has been granted the very same gift. Grace.

"I do not at all understand the mystery of grace - only that it meets us where we are but does not leave us where it found us."

— Anne Lamott

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Merger of Hazelden and Betty Ford Center Approved

California has approved the merger of the Hazelden Foundation and the Betty Ford Center, the *Star Tribune* reports. The new organization will be called the Hazelden Betty Ford Foundation. It will be the nation’s largest nonprofit treatment organization.

In a statement, Mark Mishek, President and CEO of the merged organization, said, “We are now well-positioned to respond to the challenges and opportunities presented by health care reform and the rapidly changing marketplace. Together, we will be able to better utilize the addiction treatment field’s most extensive expertise, knowledge and data to accelerate innovation in treating the chronic disease of addiction and expand our already robust national system of care. Together, we will be better able to help all those who seek recovery find it.”

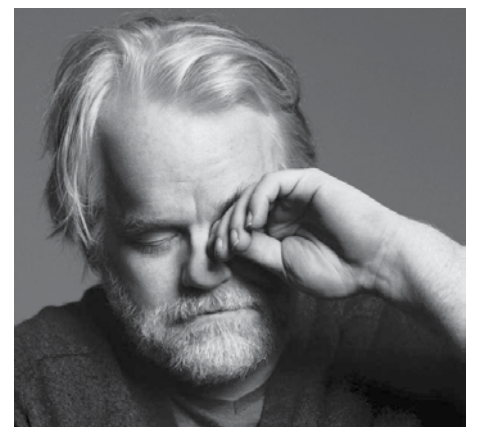
Analysts said the merger will allow the organizations to reduce administrative costs, and to bring treatment into more outpatient settings. Each organization has its own specialties, such as Betty Ford’s programs for treating chronic pain and addiction, and Hazelden’s programs for treating health care professionals and young people, the article notes.


The combined organization operates 15 sites in nine states. It will be headquartered in Center City, Minnesota, where Hazelden is based. It offers residential and outpatient services, a publishing house, an addiction research center and an accredited graduate school of addiction studies. The Betty Ford Center in Rancho Mirage, California will keep its name. It will add the tagline: “a part of the Hazelden Betty Ford Foundation.”

The boards of both organizations announced last June that they were considering a formal alliance. At the time, officials at both organizations said one incentive for a possible alliance was the Affordable Care Act, which is expected to greatly increase the number of Americans who will receive health care coverage.


Aaron Sorkin: Philip Seymour Hoffman’s Death Saved 10 Lives


The creator of ‘The West Wing’ and the renowned actor shared a struggle with drug addiction. Sorkin remembers a performer who dominated the real estate upon which his characters walked.




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Phil Hoffman and I had two things in common. We were both fathers of young children, and we were both recovering drug addicts. Of course I’d known Phil’s work for a long time — since his remarkably perfect film debut as a privileged, cowardly prep-school kid in **Scent of a Woman** — but I’d never met him until the first table read for **Charlie Wilson’s War**, in which he’d been cast as Gust Avrakotos, a working-class CIA agent who’d fallen out of favor with his Ivy League colleagues. A 180-degree turn.

“If one of us dies of an overdose, probably 10 people who were about to won’t.”

On breaks during rehearsals, we would sometimes slip outside our soundstage on the Paramount lot and get to swapping stories. It’s not unusual to have these mini-AA meetings — people like us are the only ones to whom tales of insanity don’t sound insane. “Yeah, I used to do that.” I told him I felt lucky because I’m squeamish and can’t handle needles. He told me to stay squeamish. And he said this: *“If one of us dies of an overdose, probably 10 people who were about to won’t.”* He meant that our deaths would make news and maybe scare someone clean.

So it’s in that spirit that I’d like to say this: Phil Hoffman, this kind, decent, magnificent, thunderous actor, who was never outwardly “right” for any role but who completely dominated the real estate upon which every one of his characters walked, did not die from an overdose of heroin — he died from heroin. We should stop implying that if he’d just taken the proper amount then everything would have been fine.

He didn’t die because he was party-

ing too hard or because he was depressed — he died because he was an addict on a day of the week with a y in it. He’ll have his well-earned legacy — his Willy Loman that belongs on the same shelf with Lee J. Cobb’s and Dustin Hoffman’s, his Jamie Tyrone, his Truman Capote and his Academy Award. Let’s add to that 10 people who were about to die who won’t now.

Sorkin is an Academy Award-winning writer who wrote the screenplays for two of Hoffman’s films: *Charlie Wilson’s War* (2007) and *Moneyball* (2011)

Marijuana-Infused Snacks Alarm Parents, Schools and Some Doctors

Parents, schools and some doctors are voicing concern about children’s access to marijuana-laced snacks, which are becoming increasingly popular in states where recreational or medical marijuana is legal.

In Colorado, where recreational marijuana for adults ages 21 and older is now legal, marijuana-laced snacks are becoming a booming business, according to *The New York Times*. Products include chocolate-peppermint Mile High Bars and peanut butter candies infused with hash oil, the article notes.

Retailers say the products are popular with customers who want to experience the effects of marijuana without smoking and coughing. Critics say the snacks are ending up in the hands of teens who want to get high discreetly, or children who don’t know they contain marijuana. They note products can contain large concentrations of THC, the psychoactive ingredient in marijuana.

Colorado has ordered stores to sell marijuana-infused snacks with child-resistant packaging, and has banned labels designed to appeal to children.

In a study published in May 2013, researchers at Colorado Children’s Hospital reported they treated 14 children who ingested marijuana, half of whom ate

marijuana-laced foods. Symptoms, most of which were mild, included unusual drowsiness and unsteady walking. One 5-year-old boy had trouble breathing. Eight children were hospitalized, and two were treated in the intensive care unit. All of the children recovered within a few days. The study was conducted after medical marijuana became legal in Colorado, but before the state legalized recreational marijuana.

CVS to be First U.S. Drugstore Chain to Stop Selling Tobacco Products



CVS Caremark announced it will stop selling tobacco products by October 1, the *Los Angeles Times* reports. CVS, the nation’s second-largest drugstore chain, will be the first national pharmacy company to stop selling tobacco.

The company has more than 7,600 retail stores, the article notes. Public health advocates have pressured retailers for years to stop selling cigarettes and other tobacco products. CVS says its annual sales of tobacco products total about \$2 billion, or about 1.6 percent of the company’s revenues in 2012.

“Ending the sale of cigarettes and tobacco products at CVS/pharmacy is simply the right thing to do for the good of our customers and our company,” President and CEO Larry J. Merlo said in a statement. “The sale of tobacco products is inconsistent with our purpose — helping people on their path to better health.” The company also said it will launch a “robust national smoking cessation program” this spring.

The Elephant in the Room

Marijuana policy: It's your fight

by Patrick Kennedy

Health advocates breathed an exhausted sigh of relief in 2008 when Congress passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA). It took years of intense political fighting, including some “close-but-not-yet-there” disappointments, to end what was essentially government-sanctioned discrimination by insurance companies against patients with substance use and psychiatric disorders. With the passage of this law, insurance companies were required to apply the same reimbursement policies to the treatment of psychiatric disorders as to medical illnesses.

But we know our work is far from over.

The parity rules that are being implemented will define what this actually means. To paraphrase my uncle, President John F. Kennedy, the passage of MHPAEA was “an end, as well as a beginning.”

The task now falls to all of us—regulators, advocates, citizens—to complete this unfinished work. We must cement in our statutes the rights of those with behavioral illness and banish discrimination in healthcare.

But there is an elephant in the room no one wants to talk about. It is something directly tied to the furtherance of mental illness and it is something we are perpetually turning a blind eye to: marijuana. According to every credible scientific source, marijuana use has a direct impact on mental illness, and that is why I could not stay silent on the issue any longer.

And, we appeal, neither can any of you.

We are not talking about furthering a “war on drugs” or any policies that have led to mass incarceration. We are not talking about supporting the private prison industrial complex. Rather, we are talking about stopping what is fast becoming the “Big Tobacco” of our time—“Big Marijuana,” ushered in by legalization as in the ballot items passed in Colorado and Washington in 2012.

Legalization seems to be the buzzword of the day. From coast to coast, loosening marijuana laws is a hot topic of conversation in both households and statehouses. Promising everything from an end to high incarceration rates to a significant reduction in criminal revenues, legalization advocates, aided by billionaires supporting their cause, have helped to rapidly change public attitudes about marijuana over the past 10 years.

But these attitudes are often premised on a false dichotomy. “Incarceration or legalization?” “Lock ‘em up” or “Let ‘em use?” These phrases have dominated the discussion about marijuana over the past decade. As a result, advocates—not scientists, doctors, people in recovery, disadvantaged communities, or young people affected by marijuana use and its policies—have been at the forefront of changing marijuana laws in the United States.

Enter SAM

SAM: Smart Approaches to Marijuana is a new group of professionals advocating a fresh approach that neither legalizes nor demonizes marijuana. We need a smart policy that reduces marijuana use but does not cripple marijuana users with life-devastating arrest records. This common-sense, third-way approach uses science, public health and public safety principles to guide marijuana policy.

Sure, most people will not get in trouble with marijuana use. Most will not get addicted, and most, after using a few times or less, will stop using drugs altogether. But for a growing minority of users, marijuana is a significant public health problem. And a policy of legalization, along with the American-style promotion and commercialization that will inevitably accompany it, will only expand problems associated with the drug.

Science shows that marijuana use is increasingly a problem. That is why the American Medical Association (AMA) came out strongly against the legalization of marijuana sales and in favor of a public health approach.



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New language regarding addiction aims to reduce stigma and blame

During a recent White House summit on drug policy reform, recommendations were made to change the language used to describe addiction.

Harvard University's John Kelly, director of the new Recovery Research Institute at Massachusetts General Hospital, spoke at the summit and to the current director of the U.S. Office of National Drug Control Policy, Gil Kerlikowske, about the stigma attached to people with substance abuse problems.

“By eliminating certain terms such as “abuse” and replacing them with terms such as “misuse,” stigma will be reduced and a barrier for individuals seeking treatment will start to break away.”

Kelly stated, “Addiction is like many other medical illnesses, in that there's an interaction between the genetics and the environment and this makes some people more susceptible.” In addition, Kelly said the rhetoric and language of “the war on drugs” talks about “abuse” and “abusers,” and the new movement toward smarter criminal justice and a more public health approach needs to look at addiction as a medical condition. He also urged the use of the term “substance use disorder” which is more accurate medical terminology.

“This is a giant step forward for those suffering from and treating addiction,” said Kim Dennis MD, medical director and CEO of Timberline Knolls.

“The words that historically have been used in the addiction field are rooted in old beliefs that are stigmatizing, blaming and shaming. The words ‘abuse’ and ‘abuser’ carry obvious negative connotations and imply choice. Punishment doesn't cure substance use disorders any more than it would cure heart disease, depression or an eating disorder.”

In an article with *CommonHealth*, Kelly discusses a research experiment in which doctoral level mental health clinicians were provided information about individuals who were experiencing legal trouble due to alcohol and drugs. Half of the descriptions had the person described as a “substance abuser” and half described the person as someone with a “substance use disorder.” These different descriptions were randomly distributed and it was found that the clinicians who were exposed to the term “substance abuser” were “significantly more likely to judge the person as more to blame and more deserving of punishment than the exact same individual described as having a substance use disorder.” He thinks that by eliminating certain terms such as “abuse” and replacing them with terms such as “misuse,” stigma will be reduced and a barrier for individuals seeking treatment will start to break away.

“Individuals don't choose to have a substance use disorder that destroys their lives and the lives of their loved ones,” Dennis added.

“They and only they have the power of choice in whether or not to take the necessary ‘medicine’ to recovery. This is where the choice lies.”

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A Look at Problem Gambling

Gambling starts out for most people as a simple pastime that adds a bit of excitement to their daily life. This may include small wagers with friends on sporting activities, heading out to a casino or betting on a card game with friends. However, for some individuals, the excitement and the subsequent release of the pleasure chemicals in the brain creates the need for more and more pleasure and the driving urge to gamble again and again.

Just how gambling impacts the brain and triggers an addictive behavior cycle is very similar to the way that drugs become addictive. The most problematic part of gambling is that every time the gambler wins two different types of positive reinforcement for the behavior occurs. First, the gambler gets an actual tangible reward, which is the money. Second, this is paired with a flood of pleasure chemicals in the brain that provide a positive reward. Since these are delivered randomly, the gambler continues to bet to try to obtain these rewards. Despite the fact that the gambler invests much more than he or she wins, the rewards are so pleasurable they will keep on and on.

Not all people that gamble have this behavior problem, just like all people that use drugs or alcohol don't become addicts. There is actually a change in the neurological responses in the brain and the brain circuitry. Over prolonged time gambling this pattern of responses becomes hard wired, creating the addiction that will eventually lead to complete personal and financial ruin if not treated and managed.

If you are concerned about a family member, friend or yourself with a gambling problem these are a few red flags:

- *Belief that gambling is a game of skill not a game of chance.*
- *Belief that gambling poses no problem despite relationship destruction, financial problems and trust problems.*



- *Gambling becoming the primary interest in the person's life.*
- *Hiding or lying about gambling activities.*

What is problem gambling?

Problem gambling includes all gambling behavior patterns that compromise, disrupt or damage personal, family or vocational pursuits. The essential features are increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, "chasing" losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences. In extreme cases, problem gambling can result in financial ruin, legal problems, loss of career and family, or even suicide. For more information on criteria for gambling problems, see Problem Gambling Self Quiz at <http://www.problemgambling.com/self.html>

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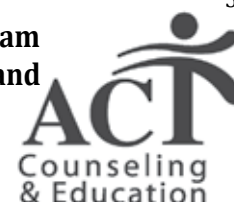
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Isn't problem gambling really the result of irresponsible or weak-willed people?

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GAMBLING continued page 12

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Why do I have an addiction?

By Mike Finecey, MA, LPC, LISAC

There are many addicts and alcoholics who say, “I want to be sober, and yet there are times I need to get high. I sometimes hate my addict but will seek the high at any cost. I’ll chase my addiction with compulsive behavior and I’ll obsess over getting high. I build tolerance and want more or change to something that is stronger. I’ll do what I do even though I know it’s going to cause regret. I want what I want when I want it.”

A common thought process

How many of you see the similarities in this story?

The first time I got high, the rough edge of living was removed and I was less angry. I was able to socialize, my thoughts became still. I never realized when I used addictive behavior was being reinforced. That’s why it’s hard to quit. I wanted the pleasure, the high, and emotional relief. I wanted control over my environment and to be the boss of me. I was not aware that as I sought pleasure, I was only numbing the pain I’d experienced.

Drugs of choice

For some, the addictive choices share a history of our life. The use of alcohol supports some in fitting in, improves social interactions and minimizes the risk of using illegal substances. Marijuana used frequently as a teenager and young adult can be a mask for anger as it takes the edge off.

Some believe that using drugs to stay awake may be my need to be acknowledged or accepted. Opiates are often abused because the user has already “seen too much” and needs to just close his or her eyes. Some use, meth and opiates together. Getting ‘up’ for the hope that the one I want will come for me and I must be ready when they do. Getting ‘down’ is for the events and/or person we don’t want here and the pain makes me want to leave, even when it’s only in my addiction.

Giving up control to achieve sobriety

Achieving sobriety starts with the first step. Powerlessness – needing support of a meeting, a sponsor, God. Unmanageability — what we do to control pain has become costly to living life. Giving up control lets the pain become real. Letting go of addiction can expand into grief, like losing a best friend. The friend that helped me cope with pain and had always been there for me. Grief begins with acceptance that the relationship of the addiction is over. To argue with perceived reasoning against sobriety is

the addict talking and being in the denial of grief. Giving up control is difficult because of the inability to have skills of dealing with pain. Many of us become addicts as avoidance of pain, to accept sobriety is to accept the pain even we don’t know what to do with our emotions. When we let go of control and drop the wall addiction supports, we give up the control and allow the emotional self to express emotions. The day we choose to stop feeling is about the age often referred to the “12-year old running your life”.

Sanity in the Second Step

Emotional resolve is found in the second step — the word sanity. To be sane and sober is to allow emotions to occur and be okay with what we feel. A healthy person knows how to emote and have empathy and sympathy for others. When we learn to emote in a healthy manner, we learn sanity in my sobriety. Somewhere in our life, we learned negative emotions are bad, unwanted and or wrong. We used addiction to ensure we never feel emotions.

The intention of this article is to express the need to let go of control, grieve the loss of addiction and accept negative emotions aren’t bad. They’re just emotions. We have many emotions to express and the fear to express is strong. We all seek love and usually end in fear with addiction.

Given a choice when looking at core fear within, are you fearful you don’t matter or you are not enough? The fear to matter if rooted in a fear of rejection and abandonment. The fear based on enough is based in the fear of intimacy. To minimize the fear of rejection is to accept I matter and I choose not to give anyone the power of rejection. To minimize the fear of intimacy challenges me to express from the inside out. I must stop running and simply stay. I need to know inside that I am enough, worthy, and human. Addiction destroys humanity; sobriety returns it to us to share. My resolve is letting go and knowing its recovery to feel, even when that feeling is negative.



Michael is the co-founder and Clinical Director of North Pointe Counseling Center. Michael holds a Master of Arts in Professional Counseling, and a Bachelor of Science in Electronic Engineering and Technologies. Visit www.npccaz.com/

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What Matters?

What is really important in your life?
Spending too much time doing life,
instead of doing what is important to you?

By DR. DINA EVAN

Like it or not, our world is changing and so are our priorities. As an infant, our only priority was milk, mother and more diapers. These survival needs, remain most important at the bottom of the hierarchy of needs when we are young, according to Maslow, a humanistic psychologist.

As we grow in consciousness, our need for basic survival or material wealth begins to change and we start to explore our need for social connection and spiritual understanding. Somewhere in the midst of our mid-life crisis, the reality that we are all born and we all die, smacks us up side the head and if you are awake you begin asking, **“Who am I and what am I here for?”**

That question becomes as loud as a bass drum banging incessantly in our head by the time we hit our sixties. This is actually a question we ought to be asking every day.

- *Who am I at my job and what am I here for?*
- *Who am I as a partner and what am I here for?*
- *Who am I as a human being on this planet, and what am I here for?*

Gandhi tells us our actions express our priorities. If true then, on what are we spending the most time and energy? No matter how much life we have left when the question arises, the question moves us to live life fully and do what matters.

But, how do we determine what matters? Trash cans matter. Chocolate matters. Books matter. Teachers matter. Sobriety matters. Friends matter. But, what matters most? Author Gary Hamel in his *Book What Matters Now* says, “Obviously, there are lots of things that matter now. But, in a world of fractured certainties and battered trust, some things matter more than others.

What matters most to you?

Is it fairness and justice? Is it saving animals or feeding the hungry? Is it living your values? Is it caring for the earth? Is it dignity or peace? Is it the ocean? Is it our youth? Is it revolution? Is it climate change? Is it exploration of new frontiers or new ideas? Is it ending poverty? Is it resolving conflict? Is it gender equality or the right to love whomever you choose? Is it protecting the wild open plains or figuring out how to feed this planet? Is it clean air? On the other hand, is it closer to home?

Is it ten minutes of meditation a day? Is it not losing your temper? Is it outwardly demonstrating the love you feel on the inside? Is it excruciating truth telling? Is it a more peaceful, orderly home? Is it your state of mind? Is it the quality of your life? Is it your spiritual walk? Is it your healing



process? Is it that look of adoration in the eyes of your child or your beloved? Is it doing no harm? Is it the sunset or the sunrise? Is it learning and growing? Is it living in the moment, in the nowness? Is your health and well being?

What ever it is...don't miss it!

I believe we are all intuitive enough to determine what matters most. It may be in that sentence you read from the list above that tugged at your heart, made you want to cry or gave you pause. Perhaps, there was even more than one thing in the list that caught you up. The problem is not so much deciding what matters, as it is what action to take once we know. Here what it's important to remember.

- Energy is like a ripple on a pond. No matter how small an action you take, it becomes exponentially larger in its effect. Every action counts.
- It's not about the action, it's about who you are doing it and the relationships you create in the process. These are the things that raise our consciousness and touch our soul.
- There is no one right thing. It all matters. It only takes one person to make that difference.
- Living what you believe is most important is really the only goal.

Make a plan and give yourself the gift of meaning in whatever amount of time you have left. After all, that is what we came here to do. I promise it will light up your life! After all, that is what we came here to do. I promise it will light up your life! Start your exploration with the movie “Happy.” It's one hour of gifts to help you on your way.



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

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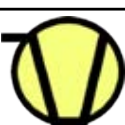
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Events Calendar

- MARCH 5 — 8:00 - 9:00 am — St. Luke's Behavioral Health Center**, 2014 Clinical Breakfast Series. *Elder Law - Admission Criteria for Seniors and other items to consider.* Presented by Stephanie A. Bivens Certified Elder Law Attorney by the National Elder Law Foundation Bivens & Associates, PLLC. St. Luke's Behavioral Health Center Auditorium. 1800 E. Van Buren, Phoenix.

MARCH 10-14 – 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.

MARCH 12—Phoenix Area Professionals' Breakfast. 8 – 10:00 a.m. Sponsored by **Sierra Tucson**. **"Physiology of Stress,"** Dr. Karen Lamb. The Pointe Hilton Squaw Peak Resort, 7677 N. 16th Street (& Morten Ave), Phoenix. 2.0 CE Credits available. Pre-registration at www.SierraTucson.com by 3/5/14: \$15 per person (no refunds after this date). At door: \$25 per person (cash or check only). For info. www.SierraTucson.com or contact Chrissy Lamy at 480-231-0260 or CLamy@CRCHealth.com.

MARCH 28 — Addiction, Technology and Arousal: Making Sense of Sex and Relationships in the Digital Age. 8:00am - 4:00pm Hilton Scottsdale Resort. This day-long workshop provides a non-judgmental understanding of addictive patterns associated with non-normative, on-line sexual and romantic behavior. Presented by Rob Weiss, LCSW, CSAT-S and Debra Kaplan, MBA, MA, LPC, CSAT-S. Cost: \$75 (includes breakfast and lunch). 6333 N Scottsdale Rd. Register www.ebhevents.com or call 866-825-1104.

APRIL 2. Tucson Area Professionals' Networking Breakfast, 8:00 – 10:00 a.m. Sponsored by Sierra Tucson. **"Equine-Assisted Psychotherapy for Co-occurring Disorders,"** Liz Dampsey, M.A., Certified EAP, Ph.D. Candidate. Westward Look Wyndham Grand Resort & Spa, Santa Catalina Ballroom, 245 E. Ina Road, Tucson. 2.0 CE Credits available. Pre-registration at www.SierraTucson.com by 3/26/14: \$15 per person (no refunds after this date). At door: \$25 per person (cash or check only). For info. www.SierraTucson.com or contact Chrissy Lamy, 480-231-0260 or CLamy@CRCHealth.com.

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EVENTS continued page 10

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Understanding Cravings in Recovery

By Jacque Miller

While some folks may not experience cravings early in recovery, many do. However, you can look forward to a time during your recovery when you no longer will have the cravings and they will begin to ease within a short time. Addicts and alcoholics spent months and years getting their body used to using, so it is hardly surprising it may take time to get over the effects.

What are cravings?

Cravings are urges that start in the brain and can become a whole body neurochemical experience that translates into a sensory experience. Imagine your brain poking you — you respond with all of the



physical and emotional responses know so well: hunger, desperation, anxiety, obsessive thoughts — you name it, it's part of the craving experience.

Cravings are different from the physiological need for drugs one might experience when using. The need then was to prevent withdrawal — cravings are experienced when you are totally clean and sober. It is the urge and desire to use again, despite knowing the experiences and havoc it caused in your life.

Anti-craving focus options:

Since cravings start in the brain focus is needed to stop them. Techniques to help modify cravings can also be applied to everyday living during recovery.

If you begin to struggle with thoughts of using, try to think positively. Take your mind in a new direction. Get active, go hiking, listen to upbeat music, write a gratitude list or try an activity you have never done before. Got to a meeting and call your sponsor or anyone you consider a strong support system to help move you through the moment. Avoid people, places and things that may lead you to use or drink. Replace them with safe, sober, healthy alternatives.

This too will pass, like an anxiety attack the feeling may build but it will subside.

Did you know that new neurological pathways develop each time you make it past a craving experience? In time, the more you move past these experiences, the more you break the connection of wanting to use. The brain has the ability to rebuild or develop new connections that will move you past the cravings sober.

Learn from your craving experience. A craving may be an indicator you need to do more to address your recovery, and is a warning sign to stay on your toes.

Learn to relax

Anger, stress, frustration, anxiety, and depression — are powerful triggers that may cause cravings to resurface. How you deal with these emotions can help curtail cravings. Relaxation techniques may include meditation, yoga, Pilates, massage, prayer, biofeedback, and deep breathing exercises.

Proper nutrition

Good nutrition habits are important yet often overlooked component of a healthy recovery process.

An individualized eating and supplementation plan is necessary to bring consistency and balance to any recovering addict. Eating in a balanced way helps keep blood sugar stable and results in decreased cravings for sugar, refined carbohydrates and other chemicals that can undermine the brain's ability to produce a stable, happy mood. Unstable blood sugar fluctuations also affect and increase the desire for sugar and caffeine — both of which can fuel anxiety and trigger cravings that encourage unhealthy eating habits.

Understanding the nutrition behavior that impacts the creation of healthy habits is crucial to recovery. When nourishment is consistent and balanced we are able to respond, rather than react, to our bodies natural need for food while averting cravings and mood fluctuations. We all make nutritional choices that may sabotage our health but an addict's nutritional sabotage is linked to cravings and triggers often a direct path to relapse.

All addicts are nutritionally comprised while using no matter what their drug of choice. It is one of the 'signs' of using that

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we all can recognize so it is only logical that the addict's body/mind/spirit must be replenished before they can fully recover.

Jacque Miller MHN CLE CBS is a Behavioral Nutritionist and the founder of Jacque Miller & Co. an addiction and recovery resource. She is an author, Speaker/Educator She teaches behavioral techniques to practitioners/families/addicts that improve communication and effectiveness with their staff and clients. Jacque can be found on LinkedIn at www.linkedin.com/in/jacque46 and www.twitter.com/jacquemiller. www.jacquemiller.com

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Equine from page1

and forth between activating senses, and calming senses; and are encouraged to stay in touch with these shifting sensations, versus "thinking." So, we don't ask "why?" or "what is that about?" or "what does that remind you of?" Rather, we ask questions like "where do you notice that sensation in your body?" and "what does it feel like?" It truly is "bottom up therapy" versus "top down." And, as Peter Levine also shared: "When the body shifts, the mind takes on new meaning."

Once a client stops "thinking" and their ability to "track" sensations broadens, emotions often percolate up and we support them in "allowing them to flow versus brace against them." What is consistently fascinating and endearing is that as the client gets more in touch and is congruent with what they are sensing and feeling, their horse seems to sense this and responds in quite astounding ways; ways that both Buddy and I have looked on in amazement, as at times, their horse appears to "nurture their partner's soul" with their subtle connective responses.

My absolute favorite part happens toward the end of the workshop. By this time, most clients are more fully present in their bodies and "attuned" with their partnering horse. With skills-set in place we invite them to create a round-pen demonstration. They may do something as simple as have their horse walk a circle, trot a circle, yield his hind-quarters and then front-quarters, come to a stop and back up. The amazing part is that although bumpy at times, it is usually done with such fluidity of motion and connection it truly looks like you are witnessing a dance of shared grace. The client's hands become the unspoken language, as pressure and release become the "please and thank you" with their horse. I cherish witnessing their final dance step; the one where the client and their horse "meet in the middle;" as a gentle hand makes contact with the more gentle and welcoming forehead; where softness is revealed and exchanged. When this occurs, there is this profound stillness that takes place; it is as if what is happening inside the round-pen in this intimate partnering

expands to envelope all of us in this sacred space, where the sensation of true healing is felt by all. It's a transformation back into what has always been there deep within; one's true essence of who they really are. I have no doubt at all that the fostering of this "emergence of essence" actually comes from the soul of the horse.

One of our Spirit Workshop participants commented: "The workshop facilitators presented challenges and elicited emotions I may not have otherwise accessed. Without ever mounting a horse, I felt connected to them, myself, and nature in a way I hadn't for some time. The horse represented struggles in my life and inspired me to stretch.

These horses and facilitators helped me connect to my higher self, providing the guidance and the healing I sought in an organic way." Buddy and I often talk about how it truly feels like a privilege to be a small part of this jump-start of healing.

Collen DeRango is an equine therapist at The Meadows Wickenburg and a facilitator of the Spirit: A Somatic Equine Workshop. Combining The Meadows Model, Somatic Experiencing® (SE), mindfulness, and natural horsemanship, this cutting-edge workshop allows for a distinct healing experience. The program consists of experiential activities with horses addressing self-esteem, boundaries, honoring reality, wants and needs, emotional regulation, and spontaneity.

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

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

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

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

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

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

ACA meeting. Tucson. Wed. 5:30-7:00 p.m *Streams In the Desert Church* 5360 E.

Pima Street. West of Craycroft. Classroom A (Follow the signs). Contact Michael **520-419-6723**. Plus 7 more meetings in Tucson call for details. **Overeaters Anonymous** is a 12 Step program that deals with addictions to food and food behaviors. 18 meetings scheduled throughout the week. For more information call **520-733-0880** or www.oasouthernaz.org.

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

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

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

Survivors of Incest Anonymous. 12-step recovery group for survivors. Tucson Survivors Meeting, Sundays 6:00 to 7:15pm.



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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—12 step group. www.Foodaddictsanonymous.org

GAM-ANON: Sun. 7:30 p.m. Desert Cross Lutheran Church, 8600 S. McClintock, Tempe. Mon. 7:30 p.m., Cross

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

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

Crystal Meth Anonymous www.cmaaz.org or CMA Hotline 602-235-0955.


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Al-Anon	602-249-1257
ACA	602-241-6760
Aurora Behavioral Health	623-344-4400
AzRHA	602-421-8066
AWEE	602-258-0864
Bipolar Wellness Network	602-274-0068
Calvary Addiction Recovery	866-76-SOBER
Chandler Valley Hope	480-899-3335
Cocaine Anonymous	602-279-3838
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
Magellan Crisis Hotline	800-631-1314
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
St. Lukes Behavioral	602-251-8535
Step Two Recovery Center	480-988-3376
Teen Dating Violence	800-992-2600
TERROS	602-685-6000
Valley Hosptial	602-952-3939

TUCSON

Alcoholics Anonymous	520-624-4183
Al-Anon	520-323-2229
Anger Management Intervention	520-887-7079
Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cottonwood de Tucson	800-877-4520
Crisis Intervention	520-323-9373
Information Referral Helpline	800-352-3792
Half-Way Home	520-881-0066
Narcotics Anonymous	520-881-8381
Nictone Anonymous	520-299-7057
Overeaters Anonymous	520-733-0880
Sex/Love Addicts Anonymous	520-792-6450
Sex Addicts Anonymous	520-745-0775
Sierra Tucson	800-842-4487
The S.O.B.E.R Project	520-404-6237
Suicide Prevention	520-323-9372
Tucson Men’s Teen Challenge	520-792-1790
Turn Your Life Around	520-887-2643
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Standing on the Shoulders of Giants

By ALAN COHEN

A student told her spiritual teacher that she was suffering under “the slings and arrows of outrageous fortune,” quoting Shakespeare’s famous verse from Hamlet. The teacher looked her piercingly in the eyes and asked, “Are you so sure that fortune is outrageous and it must bear slings and arrows?”

The stunned woman replied, “But Shakespeare was a genius. He had penetrating insights into the nature of life.”

“Maybe life in his time,” the teacher said. “But that time is not this time. “We are moving from an old paradigm of outrageous fortune to a new one of blessed fortune. If you wish to dwell in the new paradigm, you will have to let go of Shakespeare’s words. Are you ready? Are you willing?”

Paradigms work for the moments they serve, but then they evolve to more expansive domains. Every belief system gives way to a greater one. Even science, which seems “solid,” is constantly casting aside old notions in favor of new ones. Sir James Jeans noted, “Science should give up on making pronouncements. The river of truth has often turned back upon itself.”

The teachers and methods that once guided you, the ones that changed and saved your life, the ones that seemed solid as steel, may no longer be appropriate for you. To the ego, that suggestion is quite scary. But, as Mahatma Gandhi declared, “I am committed to truth, not consistency.” Just because a pathway healed or saved you at one time, does not mean it will serve you in the same way at this time. This does not make the system, the people who represent it, or related experiences wrong. It just makes them outdated. For you, at least. The teacher or system may be totally valid for those who use it now. But you have a different path, and you must be true to it.

Let’s take some beliefs and teachings that many of us have embraced on the spiritual path, and hold them up to the light to see if they still work for us. Karma, for example. Is it the ultimate truth, or does the principle of

grace supersede it? The religion you were brought up in—does it uplift you now, or does it bind you? Following an external guru—it works for many, but does it work for you? The notions of having to work to earn a living; or suffer to become free; or to have to walk through hell to earn heaven; or the belief that pain buys you anything worthwhile; or that sacrifice is required; or that one person’s self-diminishment results in another’s strengthening; or that one person’s death gives another life. And do we really reincarnate in a linear fashion, or might we be One Mind living all lives simultaneously?

My mentor once advised, “You must devour your teacher. You must go beyond what your teacher taught you.” We must honor the giants who have helped us, but ultimately we must stand on their shoulders. Those who have changed the world for the better have always questioned and transcended the world they inherited. If initial methods were the only methods, we would all still be writing on papyrus. E-mail? Crazy!

I saw a display at an ocean museum showing several nautilus seashells, each larger than the one before it. The guide explained, “The same creature could have conceivably lived in each one of these shells at different times in its life. The animal spins the shell as its ‘house,’ and when it outgrows the house, it leaves the shell behind and spins a new home to accommodate its larger size.”

We, too, outgrow the shells that once housed and protected us. For all of them we must be grateful. But

we must also be great-full, allowing greatness to shine to us and through us in ever more expansive ways. In horticulture, there is one sure sign that a plant is healthy: the presence of new growth. If the plant is forming new leaves and flowers, it is in good shape.

Likewise, we must always be forming new leaves and flowers to stay alive spiritually. For new growth to come, the old leaves must fall away. They have done their job. They will be recycled by the universe to create new and more wondrous creations.

Shakespeare rocks. He was a genius. Yet he was a writer for his time more than ours. Certainly he captured certain eternal themes. Yet new Shakespeares are being groomed even as we speak. Perhaps you are one of them, in your own unique way. The new paradigm might be flowing through you as a painter, inventor, or mother. You must be true to what is, not what was. Then you will be a living corroboration of the bard’s visionary prophecy that “there are more things in heaven and earth, Horatio, than are dreamt of in your philosophy.”



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. For more information about

this program, Alan’s other books, free daily inspirational quotes, and his weekly radio show, visit www.alancohen.com, or email info@alancohen.com.

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GAMBLING continued from page 5

precipitating factors often lead to a change in behavior, such as retirement or job related stress.

What kind of people become problem gamblers?

Anyone who gambles can develop problems if they are not aware of the risks and do not gamble responsibly. When gambling behavior interferes with finances, relationships and the workplace, a serious problem already exists.

Do casinos, lotteries and other types of gambling “cause” problem gambling?

The cause of a gambling problem is the individual’s inability to control the gambling. This may be due in part to a person’s genetic tendency to develop addiction, their ability to cope with normal life stress and even their social upbringing and moral attitudes about gambling. The casino or lottery provides the opportunity for the person to gamble. It does not, in and of itself, create the problem any more than a liquor store would create an alcoholic.

What types of gambling cause the most problem gambling?

Again, the cause of a gambling problem is the individual’s inability to control the gambling. Therefore, any type of gambling can become problematic, just as an alcoholic can get drunk on any type of alcohol. But some types of gambling have different characteristics that may exacerbate gambling problems. While these factors are still poorly understood, anecdotal reports indicate that one risk factor may be a fast speed of play. In other words, the faster the wager to response time with a game, the more likely players may be to develop problems with a particular game.

What is the responsibility of the gaming industry?

Everyone who provides gambling opportunities has a responsibility to develop policies and programs to address underage and problem gambling issues.

Can you be a problem gambler if you don’t gamble every day?

The frequency of a person’s gambling does not determine whether or not they have a gambling problem. Even though the problem gambler may only go on periodic gambling binges, the emotional and financial consequences will still be evident in the gambler’s life, including the effects on the family.

How much money do you have to lose before gambling becomes a problem?

The amount of money lost or won does not determine when gambling becomes a problem. Gambling becomes a problem when it causes a negative impact on any area of the individual’s life.

How can a person be addicted to something that isn’t a substance?

Although no substance is ingested, the problem gambler gets the same effect from gambling as someone else might get from taking a tranquilizer or having a drink. The gambling alters the person’s mood and the gambler keeps repeating the behavior attempting to achieve that same effect. But just as tolerance develops to drugs or alcohol, the gambler finds that it takes more and more of the gambling experience to achieve the same emotional effect as before. This creates an increased craving for the activity and the gambler finds they have less and less ability to resist as the craving grows in intensity and frequency.

Are problem gamblers usually addicted to other things too?

It is generally accepted that people with one addiction are more at risk to develop another. Some problem gamblers also find they have a problem with alcohol or drugs. This does not, however, mean that if you have a gambling problem you are guaranteed to become addicted to other things. Some problem gamblers never experience any other addiction because no other substance or activity gives them the same feeling as the gambling does. There also appears to be evidence of family patterns regarding dependency as many problem gamblers report one or both parents had a drinking and or gambling problem.

How widespread is problem gambling in the U.S.?

2 million (1%) of U.S. adults are estimated to meet criteria for pathological gambling in a given year. Another 4-6 million (2-3%) would be considered problem gamblers; that is, they do not meet the full diagnostic criteria for pathological gambling, but meet one of more of the criteria and are experiencing problems due to their gambling behavior. Research also indicates that most adults who choose to gamble are able to do responsibly.

Can children or teenagers develop gambling problems?

A number of states allow children under 18 to gamble, and youth also participate in illegal forms of gambling, such as gambling on the Internet or betting on sports. Therefore, it is not surprising that research shows that a vast majority of kids have gambled before their 18th birthday, and that children may be more likely to develop problems related to gambling than adults. While debate continues on this issue, there appears to be a number of factors influencing this finding. Parental attitudes and behavior play a role. Age of exposure plays a part, in that adults who seek treatment for problem gambling report having started gambling at an early age. A number of adolescents reported a preoccupation with everything related to gambling prior to developing problems.

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Ruled by Obsessive-Compulsive Disorder

“I couldn’t do anything without rituals. They invaded every aspect of my life. Counting really bogged me down. I would wash my hair three times as opposed to once because three was a good luck number and one wasn’t. It took me longer to read because I’d count the lines in a paragraph. When I set my alarm at night, I had to set it to a number that wouldn’t add up to a ‘bad’ number.”

“I knew the rituals didn’t make sense, and I was deeply ashamed of them, but I couldn’t seem to overcome them until I had therapy.”

“Getting dressed in the morning was tough, because I had a routine, and if I didn’t follow the routine, I’d get anxious and would have to get dressed again. I always worried that if I didn’t do something, my parents were going to die. I’d have these terrible thoughts of harming my parents. That was completely irrational, but the thoughts triggered more anxiety and more senseless behavior. Because of the time I spent on rituals, I was unable to do a lot of things that were important to me.”

People with obsessive-compulsive disorder (OCD) have persistent, upsetting thoughts (obsessions) and use rituals (compulsions) to control the anxiety these thoughts produce. Most of the time, the rituals end up controlling them.

For example, if people are obsessed with germs or dirt, they may develop a compulsion to wash their hands over and over again. If they develop an obsession with intruders, they may lock and relock their doors many times before going to bed. Being afraid of social embarrassment may prompt people with OCD to comb their hair compulsively in front of a mirror—sometimes they get “caught” in the mirror and can’t move away from it. Performing such rituals is not pleasurable. At best, it produces temporary relief from the anxiety created by obsessive thoughts.

Other common rituals are a need to repeatedly check things, touch things (especially in a particular sequence), or count things. Some common obsessions include having frequent thoughts of violence and harming loved ones, persistently thinking

about performing sexual acts the person dislikes, or having thoughts that are prohibited by religious beliefs. People with OCD may also be preoccupied with order and symmetry, have difficulty throwing things out, or hoard unneeded items.

Healthy people also have rituals, such as checking to see if the stove is off several times before leaving the house. The difference is that people with OCD perform their rituals even though doing so interferes with daily life and they find the repetition distressing. Although most adults with OCD recognize that what they are doing is senseless, some adults and most children may not realize that their behavior is out of the ordinary.

OCD affects about 2.2 million American adults, and the problem can be accompanied by eating disorders, other anxiety disorders, or depression. It strikes men and women in roughly equal numbers and usually appears in childhood, adolescence, or early adulthood. One-third of adults with OCD develop symptoms as children, and research indicates that OCD might run in families.

The course of the disease is quite varied. Symptoms may come and go, ease over time, or get worse. If OCD becomes severe, it can keep a person from working or carrying out normal responsibilities at home. People with OCD may try to help themselves by avoiding situations that trigger their obsessions, or they may use alcohol or drugs to calm themselves.

OCD usually responds well to treatment with certain medications and/or exposure-based psychotherapy, in which people face situations that cause fear or anxiety and become less sensitive (desensitized) to them. NIMH is supporting research into new treatment approaches for people whose OCD does not respond well to the usual therapies. These approaches include combination and augmentation (add-on) treatments, as well as modern techniques such as deep brain stimulation.

For information visit <http://www.nimh.nih.gov/> (National Institute on Mental Health)



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NEWS from page 3

The Campaign for Tobacco-Free Kids applauded the company's decision. In a statement, President Matthew L. Myers said the move "represents one of the strongest actions any business has ever taken to address the enormous public health problems caused by tobacco use. CVS's decision will reduce the availability of cigarettes and other tobacco products and sends an unmistakable message to all Americans, especially children, that tobacco use is uniquely harmful and socially unacceptable."

Target announced in 1996 that it would stop selling tobacco products. No major retailer has limited tobacco sales since then, according to the newspaper.

Advocates' Calls for Tougher Rx Pain Meds Resisted

Advocates say the need to curb the abuse of prescription (Rx) opiates is more urgent than ever, due to a growing epidemic of Rx overdoses from pain medication in Massachusetts and across the country, according to The Boston Globe.

The abuse of prescription painkillers is heavily linked to heroin abuse and the pharmaceutical industry has developed pills that are strongly resistant to being crushed, and are therefore difficult for addicts to abuse. But industry battles over patents, concerns over waning profit margins and federal bureaucracy have kept such abuse-resistant pills from being widely available in the market.

Currently the federal Food and Drug Administration allows only one painkiller – an expensive reformulation of the brand-name OxyContin – to be marketed as abuse-resistant. Meanwhile, other opiate medications that are widely prescribed, and well-known to abusers, are still easily pounded into powder form and can be snorted or dissolved for injection.

Detective Sergeant Charles Peterson of the Yarmouth Police Department, a 20-year veteran of narcotics enforcement, is among the supporters of proposals in Congress to require that drug companies market only abuse-resistant versions of oxycodone and other prescription opiate pain-relief pills.

"Do we look at public safety, or do we look at profit?" said Peterson. He added that any opiate addiction, "could have been prevented through either regulation of the pharmaceutical industry or restructuring of the opiate-based drugs themselves. They're not going to go anywhere that would affect their bottom line unless they get pushed that way."

A recent report from the DEA called prescription drug abuse one of the nation's fastest-growing drug problems.

Heroin Addicts Seeking Treatment Face Insurance Roadblocks

As heroin use escalates across the U.S., addicts and their loved ones who are seeking treatment face a lack of services and strict constraints placed by insurance companies, according to health care and addiction professionals.

Specialists say before insurance companies agree to cover inpatient services they require evidence that the addicted patient has tried one or more outpatient programs. Some insurance companies also demand proof that the individual has little or no outside support network, has already failed at a less expensive treatment facility or has a health condition that makes treatment a medical necessity, the Courier Post Reports.

The demand for treatment is also quickly outpacing the available supply for help, often leaving those who are struggling with a heroin addiction without the services they need to be on a path to recovery.

A study released late last year by the Substance Abuse and Mental Health Services Administration shows that while use of other drugs like methamphetamine is decreasing, heroin use continues to rise across the nation.

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**DO YOU KNOW WHAT
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PEERX

Real Teens ask: *How Can I Help My Friend?*

Lots of teens have questions about drugs and alcohol. Each year, NIDA scientists spend a day chatting online with high school students and answering their questions.

What should I do if one of my friends is using drugs...What should I say to convince them to stop?

There are many ways to help and support your friend, but in the end, it will need to be your friend's decision. And just by asking us this question, it's easy to see you are a good friend. Sometimes our friends won't appreciate advice they don't want to hear—especially if they are using drugs—but telling the truth to help someone close to you is part of being a real friend, even when it's hard to do.

Here's some ideas of things to say and do to help:

What To Do:

- Find out if your friend is experimenting with drugs, or if he may be addicted. Neither one is good—but you may need more support if your friend is addicted.
- Understand that addiction is a brain disease. Just like you wouldn't expect someone with cancer to be able to heal herself without the help of a doctor, the right treatment, and support from family and friends, you can't expect your friend to heal themselves.
- Know that it is never easy for anyone to admit that they have a drug problem. You will need to be patient—and not give up easily.
- Listen, encourage, share, and support. Sounds easy right? But it's so hard. We provide further tips and resources in a previous post we wrote titled "How to Help a Friend in Need."
- It's tough having a friend with addiction issues. So, if you need some support, visit: <http://www.alanon.alateen.org/>.

What To Say:

Just telling your friend that you're concerned can be a big help. Your friend may not want to talk about it, and the effects that drugs have on the brain may keep him or her from "hearing" you or acting on your advice.

Assure your friend you are there for her and that she is not alone. People with drug problems often have gotten in with the wrong crowd—and they don't want to turn away from these so-called friends for fear of being alone.



Suggest that he or she speak to a trusted adult who will keep it confidential. Maybe there's a family friend who could help.

Turn to a professional for immediate help if the problem looks to be too big for you to handle alone, or if you're worried your friend may have suicidal thoughts that she could act on.

Use SAMHSA's Substance Abuse Treatment Facility Locator or call 1-800-662-HELP to tap into a support network where you can find immediate and confidential help 24/7. They will also be able to direct you to local treatment options.

When the people we care about and have lots in common with make bad choices, it can be frustrating, confusing, and a little depressing. Still, we should be there for our friends, and also try to be a good role models for them by making smart choices ourselves.

The Startling Facts

Underage drinking is a major cause of death from injuries among young people. Each year, approximately 4,700 people under age 21 die as a result of underage drinking.1 Causes include alcohol poisoning; suicide; homicide; traffic crashes; and injuries from burns, falls, and other harms.

Addiction

The younger you are when you start drinking, the greater your chance of becoming addicted to alcohol at some point in your life. More than 4 in 10 people who begin drinking before age 15 eventually become alcoholic.

Arrest

Drinking under age 21 is against the law. Penalties can include not getting a drivers license on time, having the license removed for driving with any trace of alcohol in the body, losing a job, and losing a college scholarship.

http://www.thecoolspot.gov/too_much4.asp

The State of LGBT Substance Abuse Treatment Availability

by Michael Shelton

It's been more than a decade since the Substance Abuse and Mental Health Services Administration released "*A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals*," which recommended, "A commitment should be made at every level of the program, from the board of directors to the direct line staff, to design and deliver services in a manner sensitive to the needs of LGBT individuals."

A 2009 study offers evidence as to the continued importance of this recommendation: 180 lesbian, gay, and bisexual participants were asked about their past substance abuse treatment experiences (both inpatient and outpatient), including overall satisfaction with their experiences, ability to be open about their sexuality in the program, and the amount of support they received from staff. The author concluded that "LGBT specialized treatment was the only program treatment factor that was a statistically significant predictor of current abstinence."

How available is specialized treatment for LGBTs? A 2007 study presents

a chilling snapshot. The researchers made telephone contact with 854 substance abuse treatment agencies promoting themselves as having specialized programs for LGBTs in the National Survey of Substance Abuse Treatment Services. Each facility was presented with the same question: "'Hi, I am calling because your agency is listed in the SAMHSA directory as one that provides special programs or groups for gays and lesbians, and I am interested specifically in what those programs are. Could you tell me more about them?'" The results?

- Although all 854 agencies had indicated they provided LGBT-specific services, at the time of the phone contact 605 (70.8%) acknowledged no specialized programs existed.
- Sixteen of the agencies (1.9%) reported they had offered those services in the past but no longer did so.
- 79 (9.3%) programs described themselves as "non-discriminating" (sample response: "We offer the same thing we offer straight people, we don't discriminate.") and 34 (4%) as "accepting" (sample response: "We don't have special services for gays and lesbians, we just allow them in our groups.").
- Only 62 (7.3%) of agencies indicated specialized LGBT programming and almost half were in New York and California.

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LIFE 101

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Vicious Cycles and Delicious Cycles

One of the favorite parts of my “How to Overcome Procrastination NOW” workshop is the time when I introduce the Delicious Cycle. It almost always brings about smiles and chuckles from participants. But before I explain what a Delicious Cycle is, it’s wise to get a clearer picture of what a vicious cycle is, the kind of cycle that far more people are familiar with than the cycle that’s the subject of this column.

A vicious cycle is one in which one trouble or problem leads to another, which, in turn, leads to yet one more, and so on, in a feedback loop spiraling downward. An example might make things clearer. Let’s say that you get up on the wrong side of the bed; in other words, you had trouble falling asleep the night before. So you got up grudgingly to the alarm clock; your day has already started off poorly. Many people then conclude that “This is going to be a day from hell.” A self-fulfilling prophecy has just begun.

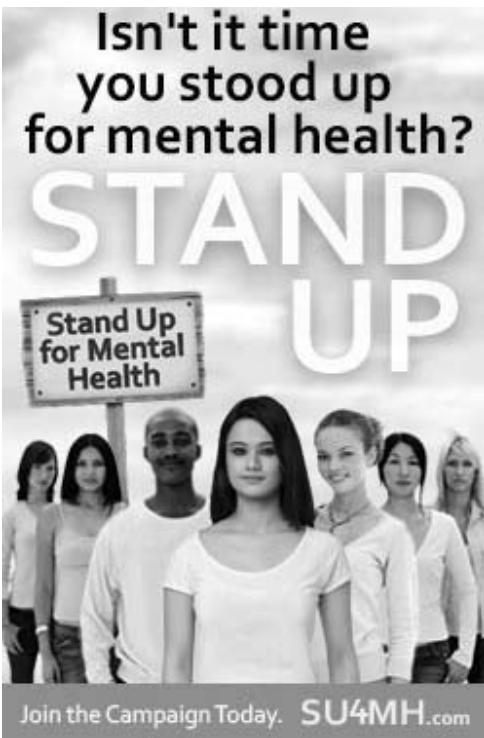
So you stagger into the bathroom and, if you’re a man, you cut yourself shaving. The nick could be due to grogginess or, if you understand the ancient Law of Attraction, articulated so clearly in The Secret, it may also have been caused by your own assessment made moments earlier that this was going to be a day from hell. Fueled by your own negative reactions to the things that are happening, your mood spirals out of control. A vicious cycle is underway. Then, if you miss your train because you took longer in the bathroom to stop the bleeding from your cut, you get into work late, incurring yet further disapproval by your boss or, worse, you miss a meeting. And the cycle worsens.

So what’s a Delicious Cycle?

That’s one in which the feedback loop moves in a positive direction instead of in a negative one. Let’s look at a typical New Year’s resolution. Let’s say that, after six weeks of holiday partying — Thanksgiving pigouts, New Year’s Eve blowouts — you decide, on January 1, to lose 25 pounds in the new year. You’ve been invited to watch one of the college football bowl games that night and, committed to your fresh new

resolution, you steer clear of the potato chips, cakes, and pizza, and munch away on crudités, salads, and fish dishes. Instead of wine, you go with seltzer.

You enjoy the game, you have fun at the party, and you feel light in your body and high in spirits because you stayed true to your resolution to lose weight. You also resist the hostess’s invitation to take home some sweet leftover desserts. So the next day your resolve to trim is even stronger, and you find it easier to avoid the bagel and croissant spread at the morning meeting at the office. When you weight in on January 8, you discover that you lost two pounds. And that makes you feel even better about yourself, and you celebrate by booking a massage, instead of buying a pint of Ben and Jerry’s Chubby Hubby ice cream, a former choice for minor celebrations. During and after the massage you feel even better in your body and mind, and you decide to attend a Yoga class. Attending that class makes you feel even better, and so you book a series of 10 of them at a discounted New Year’s price. You save money, you grow in peace of mind, and flexibility in body, and that inspires you even more to stay on your body-trimming program. This is what’s called a Delicious Cycle.



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When it is obvious that the goals cannot be reached, don’t adjust the goals, adjust the action steps.

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