

# Together AZ

OCTOBER 2014

Inspiring Success on the Road to Recovery

## The Journey through Addiction and Depression to *Hope and Recovery*

By Joyce M. Willis, LPC

**O**n August 12, 2014, the day after Robin Williams committed suicide, I was talking to my neighbor about this tragic death. My neighbor stated, “What a fool, he had everything and any resource money could afford.” My reply: “We never know what is going on in someone else’s life and it is not up to us to judge his last moments. He must have been feeling despair, loneliness and hopeless at the moment.”

My neighbor, knowing that I am a mental health therapist, politely conceded, knowing this was not a topic I would change my opinion on. The truth is that in that last moment before someone takes his own life, he is in the darkest moment of his life and thinks this is the answer. In this article, we will explore depression, addiction and how they tie together. Most importantly, we will explore hope and recovery.

The one glaring truth that comes to light after Robin Williams’ suicide is that depression, addiction and suicide do not discriminate. Depression and addiction are not diseases that are more likely to occur in the poor or the rich. The truth is that depression and addiction are human diseases; no matter whether you are rich, poor or middle class. Robin Williams’ death does bring up the connection between creativity and mental illness. A study completed earlier this year by the British Journal of Psychiatry found a connection between creativity, comedic ability (whether it be writing or performing) and depression. Often, comedy is a way to escape the pain and depression. Yet, we cannot escape; we need to work through to get to the other side. Robin Williams was not the only comedian or artistic, creative person to suffer from depression and substance abuse. He is one of many entertainers who took his life, either intentionally or incidentally. As Alice Walton points out in the Forbes.com website, Robin Williams spoke about this himself. Williams spoke about how it is important to be funny when you’re speaking about painful subjects. He spoke about how humor was a tool to obliterate the pain. In the history of entertainment, we have seen many comedians and entertainers die from addiction via accidental

### Decision Point Center expands with acquisition of Carleton Recovery Center

Decision Point Center, a renowned name in the treatment industry, announced the acquisition of Carleton Recovery Center as of September 15, 2014. Decision Point Center’s focus is helping individuals that have dual-diagnosis, drug and alcohol addiction, compulsive behaviors, codependency, underlying trauma and behavioral health issues.

Decision Point has been treating adults since 2002, with a unique blend of 12 Step, holistic, adventure and individualized therapy to ensure that every one of our clients receives the most effective treatment. According to Decision Point Center’s CEO, Michael McGill, “Acquiring Carleton will allow Decision Point Center to serve more clients and continue its mission of cognitively clarifying clients’ concerns, while introducing them to the 12 Step philosophy with a goal of lifelong recovery.”

With this acquisition, Decision Point Center will become the largest residential treatment center in Prescott, AZ, expanding from 45 to 105 beds including 8 beds for detox services. Decision Point Center’s Executive Director,



**“Hope begins with getting help for yourself or for a loved one who is struggling with depression and substance abuse. This is where connection comes in.”**

overdose and from suicide often caused by both addictions and depression... Kurt Cobain, Ray Combs, Richard Jeni, Dana Plato, Freddie Prinze...the list goes on. Comedians often make us laugh, so we cannot see how much they hurt. Those of us who have suffered from depression or addictions often do the same. We put on masks of humor or smiling so others cannot see the pain beneath. It is when we are able and willing to open up and make connections that we can begin to enter a life of recovery and of hope.

Gail Chase-Quinn, enthusiastically stated, “This is very exciting news for us! Carleton Recovery Center has been successful in helping so many people over the years and we look forward to integrating the two companies. The transition will be unified with absolutely no interruption to our clients’ care and daily routines.”

The staff at both facilities have many years of experience in the field of addiction and recovery. This newly combined staff will only add to the level of expertise. “Decision Point Center’s acquisition of Carleton is a win-win for our clients, present and future, as well as our employees. Our culture is one of collegiality and sharing where each clinician knows they not only have my support but the support of every member of the team.” states Gary Hees, Decision Point Center’s Clinical Director. “The addition of the years of expertise and experience of the Carleton team will greatly enhance our ability to effectively address the developmental and spiritual malady of addiction.”

For more information visit [www.DecisionPointCenter.com](http://www.DecisionPointCenter.com) or contact call 888-966-9279.

As I stated, addiction and depression do not discriminate; these diseases enter many lives for many reasons. There is a close relationship between addiction and substance abuse.

#### How did either or both start?

As per Pia Mellody, Senior Clinical Advisor for The Meadows, less than nurturing and abusive family systems in childhood lead to adulthood behaviors of codependency. The codependency patterns translate into addictions and mood disorders. According to Pia, there are five primary symptoms of codependency, which lead to addictions, depression and other mood disorders. The five primary symptoms are:

1. We have trouble esteeming ourselves from the idea of inherent worth.
2. We have trouble protecting and nurturing ourselves.
3. We have trouble being real.
4. We have trouble attending to our needs and wants.
5. We have trouble living life with an attitude of moderation in all things.

When we have trouble with these five primary symptoms, we are more than likely to abuse substances and become depressed.

Substance abuse and depression occur together in a high percentage of individuals. The connection is so strong that we cannot say for certain which “caused” the other. There are many drugs that people use which do directly affect the brain and can lead to depression. Marijuana





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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## publisher's note



By BARBARA NICHOLSON-BROWN

## My favorite four letter word

**Hope.** This word means I believe and trust something *way greater than me* has the divine plan.

When I was acting out in addiction, hope meant nothing more than “hoping to get out of a jam; God, I hope to get away with the lies; hope I don’t get caught; hope no one I knew saw me in such a state of oblivion; hope I don’t lose my job and so on.” For all the hoping I did — my life was dark and shadowy. From just about losing my friends and family, to employment, or a place to live... everyone was simply tired of my empty promises to change.

Why some of us make it in recovery and why others don’t is reality. Being shackled to the bottle, drugs or any other addiction are tough chains to break — but it can be done.

At the start of my journey, the most I could hope for a was a glimmer, a sliver of something better. I was offered hope by people who were on the path ahead of me, and I started to believe and trust them. Being clean and sober was uncharted territory, I was a scared, who knows, maybe hope was growing within, micro-inch by micro-inch.

Like any human being, many things I’ve hoped for did not turn out ‘my’ way. There have been major losses and changes, pain, tears and a few ‘WTF’s’? Now it’s up to me how I approach challenges, it’s up to me to share my story and reality, it’s up to me to ask for help whenever I get lost or stuck.

Today, I believe that hope will never die inside me — because when it does so will I.

*A special thank you to all who supported and attended the 9th Annual Art of Recovery Expo and making it the success that it was. I am truly grateful.*

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# Are teens texting away their lives?

By Gerald Schoenewolf, Ph.D

A study by the Pew Research Center and the University of Michigan found nearly one out of three kids between 12 and 17 sent 100 or more texts a day. Seventy-five percent of the teens in the study owned cell phones and the figure is rising fast.

For teenagers, texting is the form of communication preferred above all others. They text during meals, while they are brushing their teeth, while they are going to school, during classes (when teachers have not banned cell phones), in the cafeteria, while doing homework, and before going to bed. Most sleep with their cell phones or keep them near the bed. Sometimes they text and drive, which leads to accidents.

One of my teen-aged therapy patients reported she and her friends were even texting each other while they were watching a movie together. I asked her why they couldn't just whisper to each other. Her answer: "I don't know. It just seems more interesting if you text it."

Some are calling this obsession with texting an addiction. And not only teenagers are texting but also a great many young adults and even older adults. However, it seems that the younger you are, the more likely that most of your communication is in the form of texting.

Like my patient, many young people can't tell you exactly why they like texting so much. This is a clue that the urge to text comes from an unconscious source. I believe that source is a fear of intimacy. Texting appears to allow for protective communication. By texting, you can hide your tone of voice and facial expression. You can engage in pseudo social exchanges without giving away how you really feel or dealing with other people's feelings.

You keep a protective distance between yourself and others.



Albert Mehrabian, a psychologist who did pioneering research on nonverbal communication, found people primarily determine the meaning of what others are saying by their body language rather than by their words. A person can say "I love you," in many different ways, using an array of voice intonations and facial expressions. If a husband tells his wife, "Yes, I love you," while grimacing, she pays more attention to his grimace than to his words.

While texting makes it less threatening for young people to socialize, the pitfalls can be both emotional and physical.

A report in Matzov.com cited sixteen-year-old Annie Levitz, who was sending about 4,000 texts per month. She now has carpal tunnel syndrome and needs surgery. "I started, like, losing feeling in my hands and they'd go numb and I'd be going to pick up dishes and things and they would just fall out of my hands," she said.

Like any addiction, texting can become an obsession that interferes with normal

functioning. We have not begun to study how texting will affect the body and the brain in the long term. But we do know that

addictive behaviors such as alcoholism and obesity have been correlated with changes in the brain.

From a psychological standpoint, this texting addiction prevents teenagers from developing the emotional skills to have genuine and lasting relationships, to go on job interviews, and generally to resolve problems with others. Emotional intelligence is one of the hardest things to learn, not only for individuals but for countries. Every relationship, whether it is between individuals or between groups of people, depends on the effectiveness of the emotional communication.

What will become of our texting teenagers as they ascend the ladder of adulthood? How will they affect our society, our culture? Will we become a nation of solipsists that can never connect with other people?

Let us say, in reply, that there may be a reason for concern.



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## Family Support for a Gambling Addiction

About 2 million Americans have a serious gambling addiction. Gambling is the act of wagering on the outcome of an event. The thrill of risk-taking sometimes becomes an addiction. Like all addictions, it takes a toll on the addict's family. An addicted gambler often consistently places his need to wager above the needs and wants of his loved ones. There are several ways for concerned family members to help a gambling addict get treatment.

### About Compulsive Gambling

Compulsive gambling, also called problem gambling or a gambling addiction, is a form of mental illness. It is an impulse control disorder. Gambling addicts cannot control the urge to gamble whenever the opportunity presents itself, despite knowing the negative impact gambling has on their lives. Gambling addictions can lead to debt, divorce, alienation from family and friends, job loss, depression and suicide. The Minnesota Department of Human Services reports that about 2 million Americans are pathological gamblers.

### Steps for Families

It is a natural reaction to feel responsible for helping a loved one with an addiction. The first step is to realize that the addict is ultimately responsible for his problem, and he is the only one who can decide to break the addiction. You can help by learning about the addiction and its treatments. Consider joining a peer support group or seeing a therapist to help deal with the conflicting feelings that addict's family members often face.

You must also set a strategy for handling money and dealing with the addict's requests for money. This may include taking control over the family finances. A counselor may be able to help you make these difficult decisions.

### Resources for Families

Gam-Anon is a free peer support organization for the families and loved ones of gambling addicts. Gam-Anon works as a support group by bringing together people affected by a gambling addict so they can share experiences and encouragement. Call the Arizona Helpline 1-800-777-7207, [www.azccg.org/Arizona\\_GA\\_\\_\\_GAM-ANON.html](http://www.azccg.org/Arizona_GA___GAM-ANON.html)

### Support for Addicts

In informal support groups, people with addictions meet to talk about their problem, share success stories and support one another. Gamblers Anonymous is a 12-step program modeled after the one used by Alcoholics Anonymous. The organization's website includes a page of 20 questions that help a person determine whether they have a gambling problem.

### Resources:

- **Arizona Office of Problem Gambling, 1-800-NEXT STEP** (1-800-639-8783), <https://problemgambling.az.gov/>
- **Gamblers Anonymous** — <http://www.gaphoenix.org/>
- **ACT Counseling & Education, 602-569-4328**, [www.actcounseling.com](http://www.actcounseling.com)

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## Arizona Humanities Launches Two New Programs for Veterans

Arizona Humanities presents two new free programs open to all veterans beginning this month. The goal of the programs is to help veterans reintegrate into the larger community while connecting with other veterans.

***Making Peace: Exploring Personal Experience Through Writing*** is a writing workshop designed for female veterans to learn writing techniques and share stories. ***At Home: Veterans Read and Share Stories*** is a facilitated book discussion for male veterans to read and discuss classic and contemporary literature.

Both programs are free, include all materials with a complimentary meal, and are open to veterans from all eras.

- ***Making Peace: Exploring Personal Experience Through Writing*** (for women) Facilitator: Debra A. Schwartz, Ph.D., Writing Instructor, Arizona State University, Tuesdays, 6:00-8:00pm October 7, 14, 21, 28 at Arizona Humanities, 1242 N. Central Avenue, Phoenix, AZ.

To register, contact Hannah Schmidl ([hschmidl@azhumanities.org](mailto:hschmidl@azhumanities.org)) or call 602-257-0335 x27.

- ***At Home: Veterans Read and Share Stories (for men)*** Facilitator: Dan Shilling, Ph.D. Arizona State University and Vietnam Veteran, Wednesdays, 6:30-8:00 pm. October 15 & 29, November 12 & 26, December 10. At Burton Barr Central Library — Meeting Room C. 1221 N. Central Avenue, Phoenix, AZ. To register, contact Nancy Dallett ([nancy.dallett@asu.edu](mailto:nancy.dallett@asu.edu)) or call 480-965-9331.

Since 2001, over two million American men and women have been deployed

in the conflicts in Iraq and Afghanistan, and for the first time in a generation, Americans have lived with the ongoing consequences of war. Brenda Thomson, Executive Director of Arizona Humanities remarked, "We are proud to launch these new programs for veterans. Our goal is not only to learn more about their experiences as they served our country, but also the challenges they face as they return to civilian life. We are interested in the stories they have to tell, and also the impact that their service has had on all of us, friends, family and supporters."

For more information and to register for Veterans Programs, visit our website [www.azhumanities.org](http://www.azhumanities.org) or contact Hannah Schmidl, Marketing and Programs Assistant, 602-257-0335 x27 / [hschmidl@azhumanities.org](mailto:hschmidl@azhumanities.org).

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slows down the brain functioning and diminishes cognitive ability, which can lead to depression. Alcohol affects people in the same way as marijuana. Cocaine can elevate moods, yet when people stop using cocaine, they can experience a crash that turns into depression. There is a long list of drugs that can be a factor in depression either during the time the person is actively using or when the person is withdrawing from use.

### How does depression leads to substance abuse?

Many people with depression are looking for a way to "cure" the depression, so they look for ways to medicate themselves. They may have difficulty accepting they are depressed or think they can handle the depression without professional help, thus they turn to alcohol or other drugs to change how they feel. They are able to change how they feel temporarily, yet they have just created more of a dilemma for themselves; they have now become addicted to alcohol or other drugs...and the drug abuse worsens the depression. It is a vicious cycle.

Let's explore this connection between depression and substance abuse a bit more. Depression is debilitating; it is a disorder that can destroy relationships and lives. It is one of the most common disorders in our society. Depression leads to people feeling sad, empty, lonely, discouraged and hopeless. Many people with depression are irritable and have difficulty concentrating. They stop doing things that interest them and stop taking pleasure in activities they previously enjoyed. Trouble sleeping, becoming easily fatigued and weight fluctuations are signs of depression. Feelings of worthlessness and guilt can lead to suicidal ideation...and suicide.

People with depression have a high rate of substance abuse. It is important to consider that often addiction is a mask for depression. With depression, we feel less than others; with substance abuse, this takes us to a feeling of more than others. However, as stated before, this is a vicious cycle and we, ultimately, go to a place of "less than others." **Depression can be seen as the acting in behavior, while addiction can be thought of as the acting out behavior.**

It is possible that someone may be depressed and not abuse substances, yet

the two usually go together. We will look at some statistics further in this article. Depression does have the potential to predispose people to abuse substances.

Many substances have a close connection with depression. We will explore a few specific connections; the first of these being marijuana. Depression is common in people who use marijuana. It has been found that higher quantities of marijuana use predict severe depressive symptoms. Alcohol, most certainly, has a high correlation with depression. Alcohol is a mood depressant, even though many people use alcohol to feel happy. Alcohol has the opposite effect of those looking for "HAPPY."

Alcohol in large quantities worsens depressed moods. Depression and alcohol use are closely associated with an increased risk of suicide. Depression is common among stimulant users. Stimulant use includes methamphetamines. Stimulants affect sleep cycles and thus, add to depression during sleep-wake cycles. In the days following stimulant use, users experience depression. Depression is present during the withdrawal stages from stimulants and present for a significant time following abstinence.

The connection between depression and substance abuse is severe and can affect many people. Stats from *The National Alliance on Mental Illness* tell us:

- *One in four adults experience mental illness in a given year. Mental illness can be major depression, schizophrenia or bi-polar disorder.*
- *Approximately 6.7 percent of American adults live with major depression. That may seem like a small number, yet that computes to about 14.8 million people.*
- *About 9.2 million adults have both mental health (depression, anxiety...) and addiction disorders occurring at the same time.*
- *Mood disorders such as depression are the third most common cause of hospitalization in America for youth and adults between the ages of 18 to 44.*
- *Suicide is the tenth leading cause of death in the United States. Suicide is more common than homicide and is the third*

### THE JOURNEY continued page 9



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# What's Behind The Mask?

By Dr. Dina Evan

To our children we feel we need to be the perfect parent, never having taken a risk, tried a drink or drug, and of course never having had sex a bit too early. I can't pull that one off because I had my first child at eighteen.

To our employers we need to be on the corporate bandwagon, upholding corporate cultures and values. I can't pull that one off either. I could never keep my mouth shut about the gender inequality in salaries, promotions and benefits.

Hence, I work for myself.

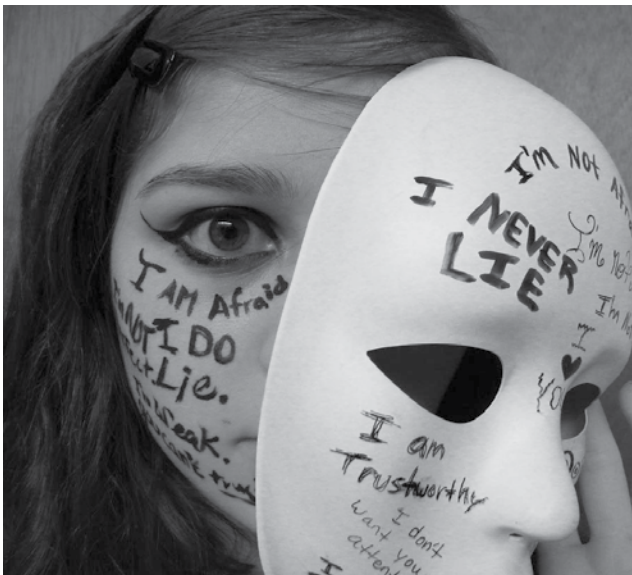
To our partners we need to be the macho guy capable of taking care of everything, or the sexy partner who is always ready for a romp in bed even with two kids on her hip and an inability to recall a recent decent night's sleep.

We put on brave long suffering faces, dealing with addictions, infidelity, financial hardships, illnesses and a multitude of other challenges. We pretend to like people we don't, love people we don't and act like people we aren't. But why? What would happen if we just became who we really are, told our truth and made choices that uphold our spirits?

## Would the world, as we know it, really end?

Somehow we got it in our heads that being who we really are isn't nice, isn't loving and certainly isn't acceptable. Truth tellers get shunned, are labeled abusive or inappropriate. Perhaps it's not the truth telling that is inappropriate...maybe it's all in the delivery.

For instance, it's much harder to hear a truth that begins with YOU and ends with WRONG. I recently caught a friend in a lie. I had to tell her about it knowing she is sensitive. So I said, "I value our relationship and don't think there is a place in it for any kind of lying so I want to make a contract with you that we always tell each other the truth, even when it seems hard. I think that will deepen our bond." Notice



the words YOU, WRONG or BAD were not in that discussion. Most of the time, just asking for what we need, rather than criticizing, gets the job done.

Even in simple things, such as when your partner asks if you like this shirt or that dress on him or her. If you don't, a supportive way of answering is, "I think I like the blue one a bit better." The point is, we can be truthful, without being hurtful. It's a bit like verbal Tai Chi, and, it's also you being real.

Why is it important to be real? It's important because that is how we build trust and safety. We live in a world where I believe we would be aghast if we really knew what is going on in our governments, our corporations, our medical communities and in our service organizations, such as Child Protective Services and major fund raising organizations. We get lied to all the time and too often we are also the liars. It has to change and the only way that can happen is if you and I make a decision to change it, starting with how we deal with each other and in the world. Think for a minute about how much safer and happier you would be if you knew that the people you deal with and love would always tell you the truth.

Does that mean you have tell everyone everything? Of course not, however, you do have to be truthful and transparent about everything that affects your partner or your relationships.

Be aware that excruciating truth telling isn't always easy, but, it is always healing. For instance, a withhold, is the same as

lying. An exaggeration or embellishment that serves to make you look better in some way is also lying. I don't believe there is anyone reading this column that does not know when he or she is lying. Let's start with telling the truth about that. And remember you can always have a do-over. You can always say, "You know that isn't quite a whole truth so let me try again." You will earn greater trust and respect by doing so. There is nothing more ecstatic than being in a family or partnership where both people are committed to their own growth and are evolving their own souls together. There is great joy in the process and you will create much deeper bonds and intimacy in that commitment.

So let's make a contract to take the masks off. I will celebrate your courage to be who you are and hope you will celebrate mine. After all, isn't that what we came here to do?



*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. For more information 602-997-1200, email drdbe@attglobal.net or visit www.DrDinaEvan.com.*

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As I read my credit card statement, my eyes bulged. I was being billed for two \$5,000 cash advances I had not taken. Then there was a clothing shopping spree in Dallas. Someone had stolen my credit card information and went to town on it. Fortunately, the credit card company absorbed those losses, but they are not unusual. Every day crooks steal the identities of thousands of people, and as a result banks and Internet businesses go to elaborate security measures to protect customers' identities.

There is an even more insidious form of identity theft that has hijacked far more than your credit card account. This theft has caused you to forget who you are and believe that you are small, limited, and powerless — a photographic negative of your true self.

Grand theft identity began soon after you arrived on earth. Parents, teachers, siblings, clergy, and authority figures told you that you are inept, insignificant, ugly, unworthy, and sinful, and the world is a menacing place with threats and danger at every turn. Over time you began to believe these terrible lies, and the day came when you forgot your innate beauty, strength, and innocence. Eventually you adopted an identity contrary to your divine nature and have lived as someone you are not.

If you tell a lie enough, you start to believe it

When I was in junior high school I went to a Beatles concert in Atlantic City. At school the next day, I decided to impress my classmate Donna by telling her I had met Paul McCartney on his way out of the concert hall. Even more exciting, Paul had given me his guitar pick! To prove it, I showed Donna the pick with his initials "P.M." carved in it. Her pupils dilated. To thrill her even more, I romantically placed the pick in her hand and told her I wanted her to have it. Donna swooned and gave me a kiss on the cheek, which made my year. Word got around that I had obtained Paul McCartney's pick, and I had my junior high school day in the sun.

The story, of course, was complete bunk. But I told it so many times over the course of the days that followed,

with increasing detail, that now when I think of it, it seems as real as many things that actually happened. I can clearly picture Paul running out the back door of the concert hall and tossing the pick my way. I can feel the excitement of an event that never occurred!

Over your lifetime you have adopted an array of lies about yourself, underscoring what's wrong with you and the world. You have been playing out these untruths in your finances, relationships, career, health, and other significant arenas of your life. The world you see is based on a mass of illusions that appear to be real because so many people agree with them and base their lives on them. "If you take enough people to the middle of nowhere, it starts to feel like somewhere." Yet popularity cannot make fiction true, and habit cannot render fear more substantial than love. The only cure for illusions is truth. The only cure for a mistaken identity is to remember who you really are.

The story is told of a princess who was kidnapped as a child and taken to live among fishmongers. She grew up amidst piles of fish, smelled like them, and accepted the mentality of a struggling hawker. Years later, one of the king's servants found the princess and brought her back to the royal palace. Her parents welcomed her profusely and showed her to her elegant bedroom laden with the softest bed, flowers, incense, a breathtaking view, a sumptuous dinner, and servants at her beck and call. During her first night in the palace the princess tossed and turned. "Get me out of here," she cried out. "I can't stand this. I want to go home."

What the princess did not realize was that she was home. Elegance, royalty, and riches were her birthright. But she had gotten so used to living amidst foul smells and poverty that she believed those conditions were her



true place in life. Normal does not equal natural. Like the princess, you have become accustomed to living in psychic quarters far shabbier than you deserve.

You can find your way back to the palace by remembering your origin. A Course in Miracles urges us to know, "I am as God created me." Your real identity is spiritual and spiritual only. You are not your name, age, weight, address, relationship status, job, bank statement, medical diagnosis, or any other attribute by which the world identifies you. While the world judges and pigeonholes you by fragmented aspects, God sees you as whole. When you share God's vision of yourself, you know who you are and you live in the love and dignity you merit by virtue of your divine inheritance.

People can steal your credit card number or another physical item, **but they cannot steal your soul. Don't leave home without it.**



Alan Cohen is the author of many inspirational books, including *I Had it All the Time: When Self-Improvement Gives Way to Ecstasy*. Join Alan's upcoming Life Coach Training Program to become a professional life coach or incorporate life coaching skills in your career or personal life, join. For more information about this program, Hawaii retreats, Alan's books, free daily inspirational quotes, and his weekly radio show, visit [www.alancohen.com](http://www.alancohen.com), email [info@alancohen.com](mailto:info@alancohen.com).

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leading cause of death for those between the ages of 15-24. More than 90 percent of those who die by suicide had one or more mental disorders. This includes those with depression and substance abuse disorders.

These are alarming statistics. Yet, there is hope. The fact is that most people with depression do not kill themselves. However, untreated depression can lead to suicide. Suicide is a possible risk when combined with substance abuse when professional help and support are not sought out. Further statistics on suicide show us that:

- Up to 15% of those who are clinically depressed commit suicide.
- More than four times as many men as women die by suicide. However, women report attempting suicide more often than men.
- The majority of suicide attempts are expressions of extreme distress that need to be addressed, and not just a harmless bid for attention. A suicidal person should not be left alone and needs immediate intervention and mental health treatment.

### Suicidal behavior is complex

Risk factors for suicide occur in combination; not in a vacuum. Ninety percent of people who commit suicide have depression in combination with another mental disorder or in combination with substance abuse. It is important to stress that suicide and suicidal behavior are not normal responses to the stresses experienced by most people. Many people who experience one or more risk factors are not at risk for suicide. Statistics show that the strongest risk factors for attempted suicide or actual suicide are depression, substance abuse and separation or divorce.

Statistics, however, do not need to determine our lives. There is hope! Things can get better. The path out of depression and substance abuse has more than two paths. Many see the only two paths as spiraling back into substance abuse and depression or death. There are so many other possibilities that lead to a life in recovery and a life full of hope and fulfillment.

Hope begins with getting help for yourself or for a loved one who is struggling with depression and substance abuse. This is where connection comes in. Connection is so important in prevention and intervention. The most positive action a person can take is to begin to connect with others. When we build connections, we also build hope. Talking to a mental health professional is of utmost importance, yet, often a depressed person is reluctant to do so. How do you help a person who is in despair and experiencing one of his darkest days?

The first way is to be there for them and to let them know that you love and support them.

The second is to provide resources for help...and, often to go with them. At the very least, suggest 12 Step Meetings, such as Alcoholics Anonymous, Depression Anonymous, Co-Dependents Anonymous and Emotions Anonymous. Often, people will begin to feel more comfortable opening up when they realize there are people who have experienced the same things they are experiencing.

At that first meeting, it is important to select a sponsor, even if this is just a temporary sponsor at first. The connection with just one person who has your back and is concerned with your well-being can often spur you on to even further recovery.

Therapy is of utmost importance. Both the addiction and the depression need to be addressed in treatment. Treating one is no

*“Happiness never decreases by being shared.” Share the tough times and share the happiness. The tough times will decrease and the happiness will increase.” — Buddha*

guarantee that this will eliminate the other. Sometimes, therapy will require medications under a doctor’s supervision. Accept this help. One of the most useful treatment modalities is Family of Origin work. When we can get to the root of the depression and substance abuse, we can release the pain and shame of our past and move toward recovery and hope.

Other professional resources include attending workshops, seminars and lectures. Look at your community resources and the Resource list in this publication of *Together AZ*. There are many free resources that are there for you and for your loved ones.

In addition to therapy and professional resources, there are other resources we can incorporate to maintain recovery.

### The Importance of Self-care

How do you take care of your needs and wants? Do you honor your need for connection with others by making phone calls, attending meetings or meeting a friend for lunch? Do you honor your simple wants by treating yourself to a simple pleasure: a walk after work, listening to music that you like or playing with your dog or cat? These are all ways to nurture yourself.

Other ways to nurture yourself and honor yourself as a human are stating daily affirmations and keeping a gratitude journal to write in at the end of every day. Establishing boundaries with other people so that you protect yourself and contain yourself helps keep you balanced and in recovery. Meditation and exercise are great tools to add to your recovery basket.

I want you to realize that all addictions and mood disorders can be overcome with work. It is about placing yourself in the position to succeed and having the honest desire to seek help. When you have the honest desire to seek help, positive things start happening in your life! This leads to an onset of new hope and an appreciation of possibilities for a new way of life. You begin being more in control of your emotions and building confidence in yourself. All these lead to an enlightened way of life opening up on this road that we all travel; the road of hope, of recovery and of life.

Pia Mellody’s five primary symptoms which lead to addictions, depression and mood disorders were mentioned earlier in this article.

We can all recover from these five primary symptoms and change the outlook to five ways to maintain balance and recovery in our lives:

- *We are precious and valuable just as we are.*
- *We are vulnerable and can expect protection.*
- *We are human and make mistakes. We are perfectly imperfect.*
- *We are dependent on others for our needs and wants, when making a reasonable request. We can live inter-dependently with others.*
- *We are spontaneous and open.*

I want to end this article with reminding you that there are so many resources available to everyone — not just the rich or the privileged, as some viewed Robin Williams. Recovery is about taking that risk

to say, “I am important enough to deserve a life of hope...a life of fulfillment... and I am going to take the steps to do this.” All the resources mentioned require connection...connection to yourself and connection to others. Another connection to incorporate is the spiritual connection. A spiritual connection to your higher power is another tool to keep you balanced and on the continuing on the road of recovery...for the rest of your life. When we build healthy connections, we build healthy relationships and recovery.

Connection requires that we open up and talk about our addiction and depression; that we share with those who can help us. Connection requires that we continue opening up and talking, even when we are confident in recovery and our lives are going well. As Buddha stated, “Happiness never decreases by being shared.” Share the tough times and share the happiness. The tough times will decrease and the happiness will increase.

I would like to provide you with a number that can be a life-saver. The number is for the National Suicide Prevention Life: 1-800-274 TALK (8255). This is a free confidential call that will be answered by a trained counselor at a local crisis center. Keep this number, share this number and make a difference.

Lastly, I would like to leave you with an acronym: CARE for yourself. Connect with Anonymous groups and Resources Every day.

*Joyce Willis is a Licensed Professional Counselor and is currently a Lead Counselor and Training Specialist at The Meadows. Joyce earned a Bachelors of Education from the University of Akron. After teaching for several years, Joyce pursued and earned a Masters in Counseling from the University of Phoenix. Joyce has been in the Counseling Field since 1996.*



*Joyce has worked extensively in the addictions field. Joyce’s specialties include treatment for addictions, bereavement, trauma, depression and anxiety. Joyce has a special interest in mindfulness and helping people connect their emotional, spiritual, mindful and physiological selves with compassion and respect.*

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### Resources:

Mellody P. (1989). *Facing Codependence*. New York: Harper Collins.  
National Institute of Health, National Institute of Mental Health. (n.d) Statistics; Any Disorder Among Adults. Retrieved March 5, 2013, from <http://www.nimh.nih.gov/statistics>  
[www.allaboutdepression.com](http://www.allaboutdepression.com), [www.forbes.com/sites/alicegwalton/2014/08/12](http://www.forbes.com/sites/alicegwalton/2014/08/12)

*The Meadows is a multi-disorder facility specializing in the treatment of trauma and addictions. The Meadows’ clinical experts reach beyond single-level treatment of addictions, behavioral disorders and psychological conditions to diagnose and treat the underlying problems. [www.themeadows.com](http://www.themeadows.com) (888) 289-6177.*



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**OCT. 1 — 8:00 – 10:00 A.M.** *Tucson Area Professionals' Networking Breakfast*, Sponsored by Sierra Tucson. **"Cultural Sensitivity and Eating Disorders."** Lesley Williams, M.D. Westward Look Wyndham Grand Resort & Spa, Santa Catalina Ballroom, 245 E. Ina Road, Tucson. 2.0 CE Credits. Visit [www.SierraTucson.com](http://www.SierraTucson.com) or Chrissy Lamy at **480-231-0260** or [CLamy@CRCHealth.com](mailto:CLamy@CRCHealth.com)

**OCT. 13-17 —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](http://www.cottonwoodtucson.com) or call Jana at **520-743-2141** or email at [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information.

**OCT. 20— 6:30 p.m.** *Help for Pornography Addiction.* This six-week workshop is based on the work of Patrick Carnes, and provides the education for getting started in recovery. It is the first phase of the LifeSTAR Program. Concepts of addiction and sobriety tools will be taught. Appropriate for both single and married adult men. Family Strategies. 6402 E. Superstition Springs, Ste 208, Mesa. **480-668-8301**

**NOV. 3-7 – Tucson – Cottonwood Tucson — InnerPath Beginnings & Beyond Retreat.** This five-day intensive retreat is tailored to meet the needs of those individuals who want to make healthy changes in their lives. Facilitated by Rokelle Lerner. Visit [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com) or call Jana at **520-743-2141** or email at [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information and registration

**Every Week – Tucson – Cottonwood Tucson – InnerPath Developing Healthy Families Workshop.** Five-day workshop is for families impacted by addictions, psychiatric disorders, anger & rage, and trauma. Facilitated by Cottonwood staff. Visit [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com) or call Jana at **520-743 2141** or email [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information.

# Events Calendar

**DEC. 5 —** Seventh Annual Phoenix Area **"Gratitude for Giving"** Celebration. 8:30 - 11:00 a.m. Arizona Biltmore, Grand Ballroom, 2400 E. Missouri Avenue, Phoenix. 602-955-6600.

**Merritt Center Returning Combat Veterans Retreat Program.** Free 4 week-end 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](mailto:betty@merrittcenter.org). **800-414-9880** [www.merrittcenter.org](http://www.merrittcenter.org)

## On Going Support

**CHRONIC PAIN SUFFERERS — "Harvesting Support for Chronic Pain,"** held the third Saturday of the month, from 12 noon - 1 p.m. Harvest of Tempe Classroom, 710 W. Elliot Rd., Suite 103, Tempe. Contact Carol **480-246-7029**.

**COSA** (12-step recovery program for men and women whose lives have been affected by another person's compulsive sexual behavior)— **Being in Balance.** Thursday 11:00 am-Noon. 2210 W. Southern Ave. Mesa, 85202. Information 602-793-4120.

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

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

**Emotional Healing Journaling Workshop.** Strategies to manage unwanted habits, compulsive behaviors. Thursdays 7-8:30pm. Elisabeth Davies, MC. \$20

Includes copy of *Good Things Emotional Healing Journal: Addiction.* 9401 W. Thunderbird Road. Suite 186. Peoria **(602) 478-6332** [www.GoodThingsEmotionalHealing.com](http://www.GoodThingsEmotionalHealing.com)

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

**COTTONWOOD TUCSON.** Ongoing **Alumni Meeting:** first Wednesday of month 6:00-7:30 p.m. **Cottonwood campus in Tucson.** 4110 W. Sweetwater Drive. Come at 5:00 p.m. for dinner. Contact Jana Martin **520-743-2141** or email [jmartin@cottonwoodtucson.com](mailto: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](http://www.oasouthernaz.org).

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

**Pills Anonymous—Glendale** Tues. 7:00-8:00 pm. HealthSouth Stroke Rehab 13460 N 67th Ave. (S. of Thunderbird) Education Room. Rosalie 602 540-2540. **Mesa** Tues. 7-8:00 pm, St. Matthew United Methodist Church. 2540 W. Baseline. B-14. Jim, 480-813-3406. Meggan 480-603-8892. **Scottsdale**, Wed. 5:30-6:30 pm, N. Scottsdale Fellowship Club, 10427 N. Scottsdale Rd., Room 3. Tom N. 602-290-0998. **Phoenix**, Thurs. 7-8:00 pm. First Mennonite Church 1612 W. Northern. Marc 623-217-9495, Pam 602-944-0834. Contact Janice **602-909-8937**.

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

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

**OA—**Teen Meeting, Saturdays 4:00 p.m. 1219 E. Glendale Ave. #23 Phoenix. [www.oaphoenix.org/](http://www.oaphoenix.org/) **602-234-1195**.

**SLAA—Sex and Love Addict Anonymous** **602-337-7117**. [slaa-arizona.org](http://slaa-arizona.org)

**FOOD ADDICTS Anonymous—**[www.Foodaddictsanonymous.org](http://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., *EVENTS continued page 14*

# 1 in 4 teens

has abused a prescription (Rx) drug.



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# Breaking Free from your Victim Story

By Debra Manchester MacMannis, LCSW

**H**ow often do you say things out loud or to yourself like: “He makes me feel stupid” or, “I’m depressed because she is always criticizing me” or “I would be happy if my partner would only treat me better? He/she won’t let me do that, think that, feel that...”? Underneath these statements is the same negative belief — I can’t change because...

If you believe that your self-esteem or happiness (or lack thereof) are caused by how your current or past family members treat you then you are falling into the role of “the victim” whether you like to think that way of yourself or not. Any time we blame someone else for our problems, we are telling ourselves a victim story.

## Don’t be afraid to admit it

We all do this sometimes. Some people seem to do it constantly. The problem is once we get lost in this hopeless narrative, we become more depressed, angry and fearful. If someone else can readily manipulate your mood state then you are like a puppet on a string. Someone else is in control. Pause to think about this for a moment: Who have you allowed to become your puppeteer?

## Having a victim mindset vs. being a current victim of crime

Of course, there are times when a person is a very real victim. There are numerous websites and blogs to describe the psychological effects and treatment of victims of domestic violence, child abuse, rape or assault, embezzlement or theft, not to speak of the aftermath of war, terrorism, or poverty.

It is certainly true that people who have been the actual victims of trauma often struggle with this problem more than those who have had less childhood adversity but sometimes the reverse is true. Some of the most empowered individuals that I know are people who faced trauma early on and fought to become survivors and thrivers rather than victims. No longer victims, they made themselves the heroes in their life stories.

## How to break a victim mindset

The first step in changing from victim to hero is to notice whenever you are blaming someone or something else for your current negative feelings. Say to yourself, “I am choosing to allow the other person’s words, actions or thoughts to make me feel bad. I can choose to feel differently about myself.”

The moment that you realize that you have a choice in the matter, you are no longer a victim. If you choose to agree with the other person’s opinion of you, then you have

become a willing co-conspirator instead. You and the other person can agree that you are to blame. Or you can take another step out of your victim story and not take what the other person says so personally. When trapped in a blaming cycle, much of what another accuses us of ....is really about the other person not about you. Our partner could be angry or mean to us for many reasons that have nothing to do with us — they could be sick, tired, frustrated with something else in life, or merely projecting unhappiness onto those closest. Haven’t we all done this?

## Set clear firm boundaries with others

What often is helpful when trying to break free of victim-like thinking is to examine where you need to set clearer boundaries. One mark of a healthy relationship is the ability to maintain boundaries that are neither too rigid nor flimsy.

When our boundaries are too rigid, we tend to close ourselves off from our own or others’ feelings, creating an impenetrable wall of “**I don’t care what you feel.**” This stance does not allow for enough closeness.

When boundaries are too soft, we worry so much about what the other person feels we fail to stand up for what we think, want and feel. If anyone in your life is “making you” feel inferior, think about how to create a better boundary.

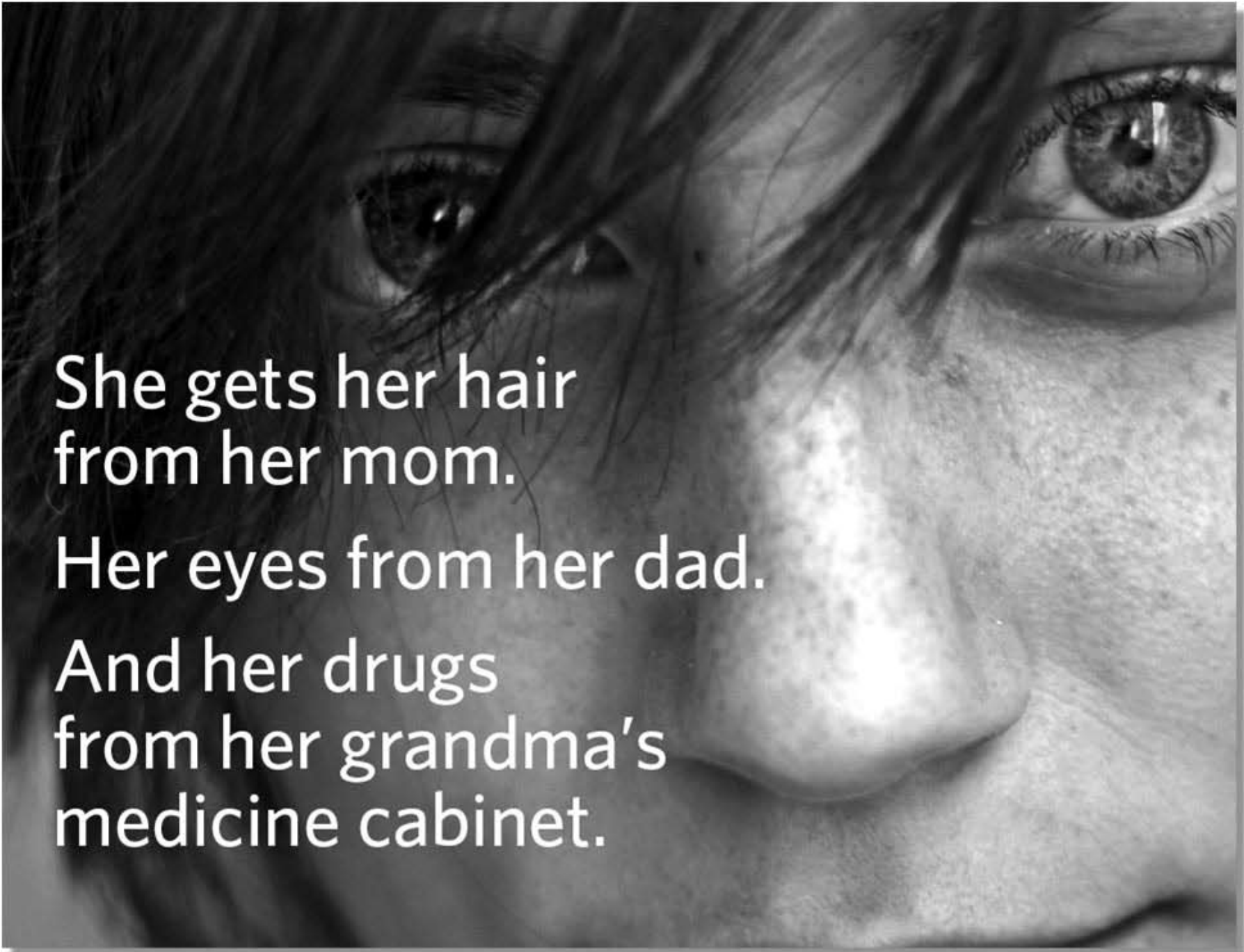
This can be done by communicating (“*please don’t speak to me that way*”), by choosing to spend less time or by spending your time together differently (having certain topics you won’t discuss). You can also construct an internal boundary where you silently remind yourself not to believe everything you hear.

## Become the hero in your life story

“The victim mindset dilutes the human potential. By not accepting personal responsibility for our circumstances, we greatly reduce our power to change them.”

If you give yourself the control of those puppet strings, you can begin to believe that you — and only you — have the power to change your view of yourself and your behavior as you see fit. Although every hero confronts obstacles along the way, he or she also learns valuable lessons from mistakes and hardship.

Heroes persevere against the odds, find friends and allies to lean on, and build on their own strength and resources to achieve their goals. It may sound like a tall order if right now you feel disempowered and alone, but breaking free from your victim story is the first step of the journey. ***Are you up for the adventure? The treasure of believing in yourself is worth it.***



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# Shame is not a Motivator

By HOLLY BROWN, LMFT

There's a fresh wave of stories about yet another young model told she's "too fat for the runway." To the vast majority of us, that young woman doesn't have a pound to spare.

And there's always the latest story of another young woman driven to suicide after being raped, or being bullied for being too sexual or not sexual enough or too hot or not hot enough. The online world is rife with opportunities to be told that something is wrong with you.

## What is a parent to do?

Studies show that shaming people for being overweight is psychologically damaging, causing them to eat more and gain more weight. I'm not sure if the same can be said for other behaviors (for example, if slut shaming makes women feel bad about themselves and they seek to ameliorate their pain through promiscuity.)

Shame is a terrible motivator for health.

## How does a parent combat that?

Have open discussions that are not just about people and individual behavior, but about the cultural context.

When you see a news story that's relevant, talk about it with your children. Help them begin to see the underlying messages embedded within the story: the biases that might go unexamined even by the writer of the story.

Fish can't see the water they're swimming in. Cultural suppositions are the water in which we all swim. Some of those suppositions are very damaging, especially the shame-inducing ones.

If we can help our children to see the water sooner, then they don't have to simply ingest the messages; they can subvert them. They can become more independent thinkers, which is a great antidote to other people's narrow minded beliefs.

## Be a positive model

Don't spout shaming remarks yourself. Be aware of any criticism about your children's appearance, and the biases that exist behind them. They'll get enough of those messages as they grow up.

If you have a partner in parenting, make sure that you're both mindful of this. If you're divorced or separated and co-parenting, you still want to try to get on the same page about the messages that you're sending. Because if one parent is engaging in shaming behavior, the child is more likely to take that in than they are to take in the positivity on the other side.

If you are overweight, don't make self-hating statements (*because even if your child isn't overweight, they will hear that and think that extra pounds are grounds for self-contempt.*) If you want your child to make healthier choices, then make them yourself, and be open about why you're trying to change certain behaviors.

## Express confidence in your child

Given the right tools, if a child learns to trust and believe in herself, she will generally make healthy choices. She will be able to resist the zeitgeist when it is urging her in an unhealthy direction.

That's not to say she won't feel pain if she's being bullied or shamed. But pain can be a good motivator. It can teach her to get a new group of friends. It can encourage her to be a free thinker, or an advocate for others. Pain truly can make us stronger, especially if the people around us buoy us up and believe that we have that strength within us.

Shame, on the other hand, is weakening. It makes people want to hide. It makes them want to shut down and isolate. Support your child in her individuality. That means deconstructing, withstanding, and combating certain cultural messages—not just through our words but through our examples.

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EVENTS from page 11

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.

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

Deaths from prescription painkillers are rising at a slower pace than in years past, the Centers for Disease Control and Prevention (CDC) reports. Prescription painkiller overdose deaths rose by 3 percent from 2007 to 2011, compared with 18 percent each year from 1999 through 2006, according to *USA Today*.

The CDC, in a report released this week, said opioids including hydrocodone, morphine and oxycodone were involved in 11,693 drug-poisoning deaths in 2011, up from 2,749 deaths in 1999.

The report noted benzodiazepines are involved in a growing number of opioid-related deaths. Benzodiazepines were involved in 31 percent of opioid-related deaths in 2011, up from 13 percent in 1999. The number of drug-poisoning deaths involving methadone, used to treat opioid dependency and pain, increased from 784 deaths in 1999 to 5,518 deaths in 2007 and then declined to 4,418 deaths in 2011.

In 2006,the Food and Drug Administration urged doctors to use caution when prescribing methadone to patients who are not used to the drug, and that patients take the drug exactly as directed. Two years later, methadone manufacturers agreed to limit distribution of large volumes of the drug, the article notes.

In the past decade, adults ages 55 to 64

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*In the past decade, adults ages 55 to 64 and non-Hispanic whites experienced the greatest increase in the rates of prescription painkiller poisoning deaths.*

and non-Hispanic whites experienced the greatest increase in the rates of prescription painkiller poisoning deaths.

In an effort to reduce prescription drug abuse, the Drug Enforcement Administration recently announced it will reclassify hydrocodone combination products such as Vicodin. Under the new rules, patients will be able to receive the drugs for only up to 90 days without receiving a new prescription.

Hydrocodone combination products will be classified as Schedule II drugs. Currently these products are Schedule III drugs, meaning they can be refilled up to five times, and prescriptions can cover a 180-day period.

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Office of Problem Gambling	800-NEXTSTEP
Aurora Behavioral Health	623-344-4444
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Carleton Recovery	928-642-5399
Celebrate Recovery with Chandler	
Christian Church	480-963-3997
Chandler Valley Hope	480-899-3335
Chapter 5	928-379-1315
Community Bridges	480-831-7566
CBI, Inc. Access to Care Line	877-931-9142
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Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
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Dr. Dina Evan	602-997-1200
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Gifts Anon	480-483-6006
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Springboard Recovery	928-710-3016
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