

Together AZ

NOVEMBER 2016

Inspiring Success on the Road to Recovery

An Ethical Compass: Navigating the Maze of Addiction Treatment

By Carey Davidson, MAC, CIP, ICADAC, CAI

At two years sober, I thought I had all the answers. I was heavily involved in my 12 step program and felt incredibly confident in my recovery. I started to gain notoriety in the recovery community, and when people were in crisis, they knew I was a solid resource to whom they could turn for help. I was, and still am—passionate about confronting the disease of addiction.

“Why not?” I thought. So, I did it. I printed up cards and called myself an “Interventionist.”

It was easy. I recalled when applying for my real estate license, I was required to be finger printed and participate in a background check. However, all I needed to do to guide vulnerable patients and their often desperate families through this life-threatening disease was print up a card.

Without the proper training and certification, I had only one tool—my own recovery experience. I placed many people in treatment, but I’ll never know the extent of damage I may have caused families along the way.

Luckily, after a couple of tough cases in a row, I realized my approach, while legal and extremely common in the field, was not in the best interest of those I served.

Families depended on me to guide them and their loved ones into recovery. The course of their lives would be significantly impacted by my guidance, and the work I had done in my personal recovery program *‘could never substitute for the formal education and clinical training I knew I needed’*.

Consequently, I enrolled in the Hazelden Betty Ford Graduate School of Addiction Studies, where



on the first day they inform you: “If you are looking to get your Masters in the 12 steps, you’re in the wrong place.”

To fulfill my passion to helping others I went back to school and earned a Masters Level degree in addiction studies and counseling, which included rigorous academics and more than 1,200 clinically supervised hours working with patients. I dedicated myself to education because, although my passion for this field hadn’t changed, my responsibilities to strug-

gling families extended far beyond a simple desire to help people. If I was going to offer myself as a credible resource to the vulnerable, I had to become a trained professional with a solid clinical background.

One key difference between a trained professional and a layperson is that a layperson works solely from personal experience and a professional works from an empirically-evidenced theory.

The Families of those in Need

While I can never “undo” what has been done, I have had to own some difficult truths as I’ve moved forward in the field. I now find myself hyperaware of the many untrained interventionists around me who, unfortunately, continue to do harm.

Family can be the most powerful and motivating force in an individual’s life. Those traits, amplified in crisis, can be a family’s greatest asset or liability. There are those in this industry who capitalize on this vulnerability in an unethical manner. It is essential families are able to place their trust in capable, educated, and accountable specialists.

However, because the behavioral health field is so vast, multi-faceted, and unregulated, it’s difficult to know where to begin. Let this article serve as an ethical compass for you to use when navigating the treatment world.

Questionable Treatment Placement Practices

The point at which your life, or life of someone close to you becomes too unmanageable to handle alone feels unprecedentedly vulnerable and frightening to most families. You want to trust anyone who promises a treatment or, in some cases, even a miracle cure. Because you want so desperately to believe what these self-proclaimed “professionals” say, your

See *Navigating* page 8

Curbing Opioid Addiction Through Executive Order

On October 24, 2016, Governor Doug Ducey marked the kickoff of Red Ribbon Week by signing an executive order that limits the first fill of addictive prescription opioids to 7 days in all cases where the state is the payer.

The measure limits all fills for children, except for those with cancer, chronic disease and traumatic injury.

“This action is essential to help prevent future drug addictions,” said Governor Ducey. “The numbers are staggering. In 2015, 401 people in Arizona – more than 1 a day – died from prescription opioid overdoses. In 2013 there were enough prescription pain medications dispensed to medicate every adult in Arizona around the clock for two weeks.

“These large prescriptions of highly addictive substances are incredibly dangerous, and we have to take action now. By limiting the fills of prescriptions for all state health plans, we hope to encourage private companies to consider similar action.”

Ducey also noted that children in particular are susceptible to addiction.

“We’ve got to do more to protect our kids from these addictive medications. I recently learned about a young boy who had his wisdom teeth removed and was sent home with a 30 day supply of opioids,” said Ducey. “This has to stop. These large prescriptions of highly addictive substances are terribly harmful for everyone, but especially for our young people.” (Source: <http://azgovernor.gov>)



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Publisher's Note



To Be or Not to Be *Grateful*

By Barbara Nicholson-Brown

We have a choice on where to focus our attention, even with all the digital distractions bombarding us daily. As I continue to grow in my recovery, I still need reminders to view all that life throws at me— with gratitude, and some days are easier than others.

When I was actively consumed in addiction, being grateful never entered my thoughts — not unless it was to get me out of a jam, away with another lie, you know the story.

I wasn't a bad person, yet my behavior would always prove otherwise. That's where addiction took me. It robbed me of my conscience, integrity and morality. Even though I was taught right from wrong; wrong was the fork in the road I took.

Now, and for the last 26 years, with a rigorous commitment to my recovery — being in gratitude is the safest place for me to be; not in my head, not regretting past mistakes or projecting future outcomes. I have a choice to focus on what I have; and not what I want.

I need gratitude and thanksgiving as part of my daily routine more than I need to know who has texted, emailed or friended me, because the most important entity I must connect with — is always with me.

Have a blessed Thanksgiving.



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Hot Topics

Governor's Office of Youth, Faith and Family Awarded \$50,000 Grant to Help Address Opioid Epidemic

Governor Doug Ducey announced that the Governor's Office of Youth, Faith and Family (GOYFF) has been awarded a \$50,000 grant from the Corporation for National and Community Service (CNCS). The grant will be administered by the Governor's Commission on Service and Volunteerism to help address Arizona's opioid crisis.

The funding will enable the commission to assist eligible organizations in applying for future AmeriCorps grants focused on combating the opioid epidemic.

"This grant will go a long way in ensuring that good organizations have the resources they need to help those suffering from substance abuse," said Governor Ducey. "There is a nationwide opioid epidemic occurring right now and Arizona is taking significant measures to stop it in its tracks. This is the latest win in an ongoing battle. This administration will continue to fight and work alongside community partners to curb opioid abuse in Arizona."

"In 2015, Arizona experienced more than 1,100 acute drug overdoses," said GOYFF Director Debbie Moak. "Our goal is to prevent as many overdose deaths as possible and to ensure that all Arizonans suffering from substance abuse have access to the treatment and support services they need."

CNCS's mission is to improve lives, strengthen communities, and foster civic participation through service and volunteering. Through AmeriCorps, Senior Corps, the Social Innovation Fund, and the Volunteer Generation Fund, CNCS has helped to engage millions of citizens in meeting community and national challenges through service and volunteer action.

Governor Ducey signed two bills last session aimed at preventing and treating opioid addiction in Arizona.

SB1283 targets "doctor shopping" by requiring physicians in Arizona to access and update the Controlled Substance Prescription Monitoring Program (CSPMP) database before prescribing a controlled substance to a patient.

HB 2355 allows a pharmacist to dispense Naloxone without a prescription to a person at risk of experiencing an opioid-related overdose, a family member or community member in a position to assist that person.

Meadows Out Patient Center in Network

The Meadows Outpatient Center is now an in-network provider with Blue Cross Blue Shield and Humana insurance carriers making The Meadows' cutting-edge services and resources accessible to more people than ever before.

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Humana, these people have access to the same state of the art quality of care available at a Meadows' facility" says Jim Corrington, Jr., MSW, LCSW, Director of Outpatient Services.

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Are Study Drugs Helpful or Harmful?

Teens' lives today are jam-packed
See **Hot Topics** page 12



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Provided to the community by The Governor’s Office of Youth, Faith and Family.

The Current State of Recovery Advocacy

By Angie Geren

Our country is experiencing a climate where addiction is at pandemic proportions. It is said that 1 in 3 families are directly touched by addiction. The Office of National Drug Control Policy estimates the number of fatal drug overdoses are closer to 140 people daily. According to the National Institute on Drug Abuse, “there were just over 2.8 million new users of illicit drugs in 2013, or about 7,800 new users per day. Over half (54.1 percent) were under 18 years of age.”

To say our society is in an addiction crisis is an understatement.

I often get asked who I believe is to blame for the rise in these figures — the doctors, parents, government, etc. My answer of “society in general is to blame” usually surprises them! Addiction doesn’t happen in a bubble, it takes many interwoven factors to create the current state of our nation. Our children are facing stressors like we’ve never seen before; more school pressure, less sleep, less community, broken families, and a culture that believes that there is a pill to fix anything that ails us. It is a “perfect storm” to, in essence, breed addiction in all forms.

How do WE Change this?

It seems like a huge undertaking, how do we change something that is so pervasive, reaches so many people, and the backbone is a society in which effectively acts as the precursor to one of the largest health crisis ever? The answer — **ADVOCACY**, which is: the act or process of supporting a cause or proposal: the act or process of advocating something.

I’m sure everyone in recovery can remember the person or persons who were their biggest advocates during their journey. They played an integral part in supporting us, cheering us on, and were our motivation when recovery seemed so far out of our reach. They stood as our lighthouse, guiding us and being the ever present constant that we knew would help us find our way.

What society needs now is for all of us in recovery to be that advocate for those who may be first experimenting with drugs and alcohol, who may be getting their first prescription of opiates for a dental procedure, for those who are falling in love with the best friend they never dreamed was possible.



Advocacy is not just about lobbying for new laws, holding events, or speaking to a room full of people. Advocacy is as simple as standing up and being seen, highlighting that not only is recovery possible, but also we are normal, everyday people. As the crisis has grown there are many national groups who have risen up to help support these efforts; Facing Addiction, Shatterproof, Addiction Policy Forum, Faces and Voices of Recovery, Young People in Recovery, and many state specific groups. These organizations are all different, their own niche, however, they are all invested for the same reason: to educate society, to show what recovery really looks like, and to instill hope — we can change the conversation **from addiction to recovery**.

Remember when you first entered recovery, what changed? What was the conversation you heard over and over again? I bet it entailed possibilities, highlighting what recovery could do for you, magnifying hope and a new way to live. If we are ever to change the climate we are in, it will involve speaking a new language and changing our focus from addiction to recovery in society’s eyes.

WE are the change, WE are the only ones who can truly shift the paradigm. WE are the ones who give hope to the 16 year old who realized that what started out as partying has morphed into a beast that refuses to be caged. It is time for all of us to come together, one voice, to stand up and advocate for those who have no idea that recovery will bring them more joy and peace than the substances they are using.

If we continue to only speak about recovery in the rooms or with close friends and don’t come out of the shadows, we are then complicit to this pandemic growing and feeding into the perpetuating myths that addiction only happens to “other people.” It is OUR time, we need to be the voice for those with none, we need to be the lighthouse for those searching, we need to be the driving force to change the conversation, we need to stand up and say, “I’m in recovery and I refuse to stay silent anymore.”



Angie Geren, Executive Director of Addiction Haven, empowers individuals and connects communities by giving a voice to the voiceless and providing hope to the hopeless. Angie knows first hand the heartache, shame, guilt, and judgment that addiction brings with it and this fuels her passion to bring love back into the equation. Angie’s own struggle with addiction, her daughter’s self harm, and brother’s death from overdose has inspired her to lead online family support groups, lobby for better laws, advocate for parents. She is committed to changing the conversation surrounding prevention, treatment, and creating recovery

ready communities. Visit <http://angiegeren.com/>

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Thanks Giving

By Dr. Dina Evan

What are you thankful for this year, and who are you thanking for it?

In my world of metaphysics, where we teach that each of us creates our own reality, one could legitimately wonder, "Should I be thanking myself for all the good things and people in my life?"

Still, in the vast majority of homes and in most religions, and spiritual traditions, we thank an entity outside of ourselves, which implies we must have earned or qualified for the blessings in our lives in some odd way. So did those who were not so blessed, not qualify? Who should we be thanking for what?

A Thanksgiving State of Mind

Maybe Thanksgiving is really about something altogether different. It's really just about a sense of gratitude that implies a connectedness linking us to all of creation. Albert Schweitzer says, *"At times our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us. To educate yourself for the feeling of gratitude means to take nothing for granted."*

Author, Melody Beattie says, *"Gratitude unlocks the fullness of life. It turns what we have into enough, and more. It turns denial into acceptance, chaos to order, confusion into clarity. It can turn a meal into a feast, a house into a home, a stranger into a friend. Gratitude makes sense of our past, brings peace for today, and creates a vision for tomorrow."*

Being in thanksgiving and gratitude are acts of living appreciation.

Living in a sense of gratitude changes everything in your life. Notice I didn't say "living with" a sense of gratitude because to be truly grateful one must embody the feeling, not just be with it. However, is being grateful utterly ridiculous given the circumstances that we are living with today? Not really. There are more consciousness teachers responding to today's crisis than ever before. There are more books and movies, CD's and DVD's on the issues of compassion, integrity and honesty than ever before.

It's nearly impossible to sit with anyone and not eventually get to the issues of the major changes happening today that ask us to reexamine what we use to think was important. The challenges we are dealing with have created

an opportunity for quantum leaping into higher states of consciousness. We are no longer able to ignore the vicious cycle of violence in the world and thousands have joined in the fight against unconscious acts of inhumanity. We are making changes, good ones. An active practice of gratitude can quite literally change the world.

Gratitude and thanks giving are deeply personal. They are centered on our own heart condition and state of awareness. It's not about being egoistical—but rather humble. It's about embracing the hard lessons and small joys. It's about being thankful for a level of awareness that knows how important the people in our lives can be and treating them and yourself with a sense of reverence. It's about taking care of our planet, homes, and four-legged creatures. It's about having a sense of the sacred in our personal lives and not waiting too long to express it. For some things, we simply don't want to wait too long. This is one of them. Gratitude increases a sense of health, expansiveness and wonder. It pushes at the outer limits of your heart and asks you to change. It's a journey toward enlightenment.

What and who is it that you love in your life right now? What is it that you could not, would not want to live without? What great lessons have changed the very fiber of your being and pushed your soul forward. What people have stood their ground and stayed through everything? These are the gifts for which we must feel great thanks giving. As John Kennedy said, *"As we express our gratitude, we must never forget that the highest appreciation is not to utter words, but to live by them."*

We are grateful that each of you has given us a way to fulfill our purpose.

Happy thanksgiving and love to all of you from all of us.



Dr. Evan specializes in relationships, personal and professional empowerment, compassion and consciousness. 602-997-1200, e: DrDinaEvan@cox.net, www.DrDinaEvan.com.

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How to Get Paid BIG TIME for Your Creations

Meryl Streep is considered by many to be the world's greatest living actress. To date she has garnered 306 Best or Supporting Actress nominations and 158 wins, including three Academy Awards and eight Golden Globes. Her first Oscar came in 1979 for her Best Supporting Actress role in *Kramer vs. Kramer*. During the awards ceremony Streep went to the ladies' room and forgetfully left the coveted gold statue on the toilet seat. For her, acting was the real gold. The trophy it led to was an afterthought.

Truly creative people are more interested in the process of creating than its side effects. They do not create in order to get something else. The joy of creating is reward enough in itself. Awards and accolades are not the goal; they are the by-products of the goal. To dwell in the sacred state of creation is heaven; trying to manage the results is hell. Never deny or withhold your creative gifts. They will pay off first in spirit, and then in the world.

When you know you deserve to be paid for your creative gifts and service, you will be.

Karen Drucker is a talented career musician who grew weary of playing for corporate conferences, weddings, and bar mitzvahs. After many years of performing pop tunes, she longed to launch out on her own, write original songs on uplifting themes, and perform for people who were actually listening. So Karen decided to take a leap of faith and establish a career as a recording and concert artist for audiences attracted to music that nourishes the spirit.

Initially Karen's venture was shaky. It wasn't easy to establish a new career in a field less popular than mass music. She got a few gigs, but there was more space between them than she had hoped, and the income was meager.

One day Karen found a musician's magazine she wanted to subscribe to. On the subscription page she found two rates offered: (1) Regular, and; (2) a discounted rate called Starving Artist. Karen started to check the Starving Artist box, but then caught herself. Wait a minute, she thought. Do I really want to affirm that I am a starving artist?

Karen's training in new thought had taught her that she would become whatever she thought about herself, and especially how she described herself. She did not want to identify herself as a starving artist who could not afford the regular subscription rate. So she took another leap of faith, checked the Regular box, and paid the higher fee.

Within a few days Karen received a wealth of invitations to perform, and checks in the mail. Her affirmation of herself as a successful artist became a reality. When she purposely checked the box that represented her ideal self rather than her feared self, that is the person she became. Karen went on to become an extremely successful performer for new thought audiences, traveling around the world, earning an excellent income, and receiving awards for her original music. Now she is a well-fed artist.

It is very common for artists of all kinds to think and speak of themselves as starving artists. They do not realize the great disservice they do to themselves and their peers by affirming this lackful condition. Belief systems are reinforced by the spoken word and by agreement. What you call yourself, you become. Take care—great care—to never define yourself or your condition as less than you would like it to be. Always speak of yourself and your work in terms of the ideal conditions you wish to create, and they will follow.

There are many ways you can and will be paid for your creativity, some that go far beyond money. At age 61, Andy Mackie had gone through nine heart surgeries and was taking 15 medications. He was tired of the surgeries, medications, and side effects. So he decided to just enjoy his life, even if his time was short. He quit taking the medications, took the \$600 per month he was spending on the pills, bought 300 harmonicas, went into schools to teach children how to play them, and waited to die. When he didn't die, he did the same thing the next month, and the next. He forgot about dying and started to live.

Andy went on like this for years, using his social security checks to purchase more and more musical instruments, including guitars and drumsticks. Ten years later Mackie was still alive and had used his money previously devoted to medicine to purchase over 20,000 harmonicas and 5,500 music sticks. When he finally left this world, even though his physical heart was worn out, his spiritual heart was fully alive.

Creativity brings life and rewards you on all levels. You can assess your mental and emotional health by the degree of creativity in which you are engaged. Are you expanding and growing? Are you launching into uncharted territory? Do you welcome challenge and change as opportunities to advance? Be true to your creativity, and life will take care of you in wondrous and miraculous ways.



Alan Cohen is the author the bestselling *A Course in Miracles Made Easy: Mastering the Journey from Fear to Love*. Become a certified professional life coach though Alan's deeply transformational Life Coach Training beginning January 4. For more information about this program, his books and videos, free daily inspirational quotes, online courses, and weekly radio show, visit www.alancohen.com, on FB Alan H. Cohen (author), and Twitter @alanhcohen



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Commentary:

The Most Under-Recognized Public Health Crisis

By Tom Hedrick

We lose over 130 people a day to drug overdoses. It is the leading cause of accidental death in the United States, and the loss is felt most acutely by the families left behind. By doing a better job of helping families and their addicted children, we can most effectively reduce these deaths and the accompanying pain and suffering.

The Family Disease

Nothing tears apart the fabric of a family quite like having a child who's struggling with drugs or alcohol. In my experience, parents of these kids are usually overwhelmed by feelings of guilt, shame and fear. Will their child be alive the next morning?

When they most need a comprehensive evaluation of their child's condition and evidence-based treatment options as "standards of care" to consider, they instead find conventional wisdom from well-meaning friends and recommendations from under-trained healthcare professionals. In an age when most people use the Internet to access health information for their family, there is very little reliable science-based information available online, a far cry from the abundant resources for all other adolescent and young adult health issues and disorders.

Why won't she just stop?

I am haunted by a mother's story about her two daughters. Her elder daughter developed juvenile diabetes. She was very sick, in and out of the hospital for many months. After a correct diagnosis and beginning insulin therapy, her health began to improve. Still, she struggled with her condition and required lifestyle changes that made her feel different from her friends. The parent's doctor suggested programs of support and training for the family, and after a period of adjustment the daughter and family began to thrive again.

A few years later, the mother's younger daughter developed an addiction to opiate pain medications, after suffering a serious sports injury. Always quiet and shy, this daughter became sullen and withdrawn. She started acting out, embarrassing her family. The question everyone silently asked, "Why won't she just stop?"

Friends and loved ones all insisted she wouldn't stop until "she hit bottom," and even their doctor didn't think her addiction was a medical problem.

Anything loving and positive the mother did toward this daughter was seen as "enabling" and as making her daughter worse. Feeling like she was out of options and following the advice of her closest friends, the mother finally told her daughter she had to leave home. Less than two weeks later, the daughter was found by police in an

"Millions of people who are in recovery and millions of families who are healing are beginning to speak out for change, fighting the stigma of addiction and demanding better care for their children."

abandoned car – she had died from an overdose of heroin.

The mother's regret and message to anyone who would listen was "Why didn't I care for my younger daughter and fight for her healing with the same determination and love as my other daughter? Why wasn't I told that there are other, better options and even new medications to consider?"

Why indeed.

My perspective surrounding addiction has been heavily influenced by the parents and families I've met along the course of my 30 years with the Partnership for Drug-Free Kids.

These parents have humbled me, educated and inspired me and the organization to do more for the children and families in the crosshairs of the most under-recognized public health crisis of our time. The most prevalent drugs causing death and suffering may have changed since the Partnership was founded – from crack cocaine in the 1980's to abuse of pain medication and other opiates like heroin today – but greater access to evidenced-based treatment, along with support and education for families is needed just as urgently now.

We believe that there is a path to recovery for everyone, but no single path for everybody. We believe that addiction is a health issue. Like other adolescent and young adult health issues, there is increasing evidence that parents with kids who are struggling with drugs or alcohol who are given guidance, support and training have better outcomes with their kids than parents who don't.

Scientific and medical research is showing that some approaches work better than others. But parents must know that there are options, and that conventional wisdom about people needing to "hit rock bottom" often ends up not helping, or making things worse.

The recently passed Comprehensive Addiction and Recovery Act is the most important piece of legislation for families in recent memory. The state-based Good Samaritan laws and wider availability of Naloxone, a rescue medication that helps reverse the effects of



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opioid overdose, are helping to reduce overdose deaths.

Millions of people who are in recovery and millions of families who are healing are beginning to speak out for change, fighting the stigma of addiction and demanding better care for their children.

These are real and encouraging steps in reducing addiction. But the millions of families facing these frightening challenges deserve more. So much of the suffering is preventable, so many lives could be saved and so many parents should have better information and support to help their children thrive. We must do a better job leveraging the most powerful force

in healing – a parent's love and drive to help and protect their children.



Tom Hedrick is one of the founding members of the Partnership for Drug-Free Kids, a national nonprofit committed to helping

families struggling with their son or daughter's substance use. He helped lead the development of a national Parent Support Network, including online resources at **drugfree.org**, a Toll-Free Helpline and peer-to-peer coaching.

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judgment can understandably become impaired.

A Surge of New Professions

It is crucial everyone be aware of the many questionable treatment placement practices that currently exist in the U.S. The *2008 Parity Act* and *Obamacare* made treatment for mental health and substance use more accessible for millions of people.

Consultants, patient brokers, marketers, treatment placement specialists, and other creative professions surged, often, without formal training for those espousing these titles. While these workers are called different names, they serve the same function: to put “heads in beds.” They are people who, through one method or another, receive kickbacks for getting a patient into a particular facility. These so-called professionals make their money directly by placing someone into a specific treatment program who pays them a “bounty,” a “marketing fee,” or “reward” for “placing” the person with them. “Patient Brokers,” in effect, broker lives for cash.

Interventionists and Treatment Professionals

My intent is not to discredit the challenging and indispensable work of interventionists (or anyone else working in the field). After all, I am one. I married one. However, it is crucial to know there are individuals without any formal behavioral health education, certification, license or clinical training who claim to be “interventionists” or “addiction specialists” that “work” in the addiction field. This is dangerous. Just because a person has been through recovery and/or has watched every season of Intervention on A&E, it does not follow they are qualified to be an Interventionist. While unfortunately

legal, it is as reckless as watching *Grey’s Anatomy*, buying an ambulance, and calling oneself an EMT.

When considering employing the services of an interventionist, or ANY TREATMENT “PROFESSIONAL” involved in recommending a treatment program and involved with patient care, questions must be asked to ensure you find yourself in capable, educated, and ethical hands.

What is the professional’s relevant education? What are their certifications? Does any board license them? How long have they been doing what they do? What qualifies them to make recommendations?

For example, if an interventionist is not able to identify and specifically describe what they do or the intervention modalities they believe would be most effective and why, do not hire them.

If a person who is recommending a treatment center can’t give clear criteria as to why they are recommending a particular center, find out more. Ask if anyone receives any kind of financial compensation or incentives for referrals and/or placement.

Just because someone calls themselves a “professional addiction whatever,” does not mean their decisions are not financially incentivized.

“Kickbacks” have become rampant in the intervention world and can prevent a person from being placed in a program that’s best fit for their needs. Kickbacks can be in the form of money, gifts, or anything that would encourage someone to recommend one program over another in exchange for compensation.

A Parallel Situation

Your doctor tells you he has discovered a potentially life-threatening tumor in your brain and surgery is required. You panic. You don’t know anything about neurology, let alone a

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good neurologist or neurosurgeon with experience in tumor removal. You want the best option available, so you ask your doctor to recommend the best neurosurgeon in town.

He or she knows of two neurosurgeons who specialize in the type of procedure that could save your life. One does a decent job, but has recently settled a malpractice suit. Due to the lawsuit, this surgeon’s referrals have decreased and he’s mentioned he would be willing to give your doctor a ‘cut of the profits’ for any surgery sent his way. The other neurosurgeon is highly respected — one of the best in the field. Her schedule is often full and services are in high demand, but your doctor has a good relationship with her and knows he can ask her to find time to perform the procedure.

Your doctor writes down the name and office number of the first neurosurgeon and tells you, with a reassuring smile, he’s the better option. You walk out of his office unaware your wellbeing was just compromised for financial gain.

This scenario seems almost too ridiculous to take seriously, but why is that? First, this is a violation of Stark Law (starklaw.org). Second, it’s difficult to fathom a medical professional would compromise the quality of a life-saving decision because of money. Why is mental health and substance abuse any different if we are, **in fact, treating a disease?**

This happens to families every day. Most states do not have equivalent laws for non-professionals working in the behavioral health field, and those that do rarely enforce them.

Who is paying the Addiction Treatment Professional?

If someone offers their services at no charge, more often than not, this is a red flag.

If someone isn’t asking you to compensate them for their services, this often means someone else is. They are fully employed, contracted, or financially incentivized by a specific facility, and they have a professional and monetary obligation or “motivation” to recommend clients to a specific program(s). An independent professional depends upon being fairly compensated or will not mind telling you how they are compensated if it is other than by patients. A best practice would be to use independent professionals are compensated directly by the families they serve.

Again, I implore you to do your homework. These questions may seem blunt, but a professional worth hiring will not get defensive, will answer directly, and will appreciate your asking.

Levels of Care

Addiction treatment has its own vocabulary, often difficult to decode and understand. There are so many acronyms it often sounds like you’re listening to a two-way radio in a police car: IOP, residential treatment, PHP, sober living, OP, extended care, transitional living, day treatment, peer driven care, half way house, gender specific, dual diagnosis, SA, NA, ACOA, trauma informed care, and the list goes on.

Even if you are in a best-case scenario and are sitting across from an ethical professional who is giving you excellent treatment options, it can still feel impossible to make a decision when you don’t understand the language. Furthermore, how can you accurately assess the quality of services when you have no frame of reference for what the baseline should be?


The following is an overview of levels of treatment care. You can determine how they are differentiated in greater detail by researching the *American Society of Addiction Medicine* (www.asam.org) and identify the differences and approaches in each level of care.

Medically-Managed Intensive Inpatient Services:

This most frequently takes place in the “psych ward” within a hospital setting. If a person has had a suicide attempt, is found to be of harm to themselves or others and placed on a mandatory hold, or has experienced a psychotic break, this is where they will be admitted, stabilized and then transported to another facility.

Medically-Monitored Intensive Inpatient Services


Takes place in a residential treatment setting, provides 24 hour care monitored by nurses, physicians, and credentialed clinicians. In layman’s terms, this is what allows some residential programs to be able to provide a safe medical detox program on the same campus where they provide a residential program. Once a person has been medically cleared and clinically stabilized, they are phased down to the next level of care.




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Clinically-Managed, High Intensity Residential Services

A 24 hour, structured environment. Again, changing levels of care does not always mean changing a physical location. It is entirely possible to have three levels of care provided within the same campus. The distinctive element to this level of care is that it is non-medical and clinically managed. The programming provided is focused on maintaining abstinence from substances, delivering intensive therapy, and developing the skills necessary to accept responsibility and promote positive character change.

Clinically-Managed, Medium-Intensity Residential Services

This is also known as extended care and is used to bridge the gap from an intensive therapy schedule in a residential setting to an intensive outpatient program (IOP). It maintains a level of care, but with a lesser amount of therapeutic programming.

Partial Hospitalization (PHP)

If someone is enrolled in a Partial Hospitalization (PHP), they require daily monitoring. A person can participate in a PHP while also living in an extended care facility or sober living home.

Intensive Outpatient Programs (IOP)

Intensive outpatient programs (IOP) requires nine or more hours of structured counseling and education services per week. Psychiatric and medical services can be scheduled in addition to programming but are used as needed. This level of care can be utilized at the same time a person is living in a sober living environment. It is best practice for this level of care to follow residential treatment.

Outpatient Treatment Services

To be designated Outpatient Treatment Services, clinical interaction falls to a level of fewer than nine contact hours per week.

Low-Intensity Residential Services

Low-Intensity Residential Services are better known as Sober Living Environments and were formally known as Halfway Houses. Clinical programming drops down to around five hours of professional addiction services per week. The main focus is reintegration back into work and society while maintaining a structured living environment.

“There are many levels of care available to individuals in need, and they all offer different services. While there are many treatment programs — not all hold themselves to the same ethical standards.”

As you can see, there are many levels of care available to individuals in need of treatment, and they all offer different services. While there are many treatment programs.... not all treatment programs hold themselves to the same

ethical standards, nor do they offer the same clinical regime or enforcement of standards, and regulations of marketing strategies are lax at best.

Basic Questions to Providers

An example: What is the treatment setting? Describe your physical plant or campus. Is everything in one place in a “campus” setting 24/7?

If they are housing patients in one place and transporting them to a different location or “center,” the facility is likely getting combining IOP, or other levels of care, with an off-site sober living facility and marketing it as “residential treatment.” While many people get help this way, it is often not what a person expected when they agreed to seek treatment.

While this is not a complete list of questions to ask a treatment provider, it’s a start:

- How is your program licensed? (Residential, IOP/ PHP or ?)
- What is the length of the program?
- What do you do for detox if needed?
- Where are your services provided?
- What is a typical day in your program?
- What is your relapse policy?
- What is your maximum patient capacity?
- How do you work with co-occurring issues?
- How many on your treatment team have Masters Level or above educations?
- Are there medical personnel on-site 24/7?
- What does insurance cover?
- What is your cash pay cost?
- If a client leaves treatment early, is there a refund for unused amount
- What age group/gender do you serve?
- How many one-on-one sessions does a client have with Master’s Level or above clinician per week?
- Is the client expected to prepare their own meals (sober living level) while in treatment?
- How often do you drug test?
- Are phones and computers allowed?
- Is there a family program? If so, please explain.
- Do you have an MFT on staff (Marriage and Family Therapist)
- Is there an aftercare program?
- How does the treatment provider measure “success”?

Insurance and Treatment

While treatment centers all have a cash price, some accept in-network insurance benefits while others either file out-of-network benefits on your behalf or provide you with a super bill (an itemized list of services provided and cost) at the end of your stay. Once a super bill is provided, the patient or policyholder can file for out-of-network reimbursement on their own behalf.

Each treatment center accepting in-network insurance has a usual and customary rate that determines part of your reimbursement. Usual and customary rates vary based on geographic region and are based on what providers in the area usually charge



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for the same or similar services. For example, if a treatment center offers in-network coverage and has a daily usual and customary rate of \$375.00 – your reimbursement is calculated base on this rate. If your plan reimburses 80%, it will reimburse 80% of \$375.00 per day. Out-of-network providers are not bound to usual and customary rates as defined by geographic region and can set their fee for services at whatever rate they like – although most (not all) stay close to the usual and customary rate for that reason. Let's say you are using an out-of-network treatment center and they have set the daily rate at \$500.00 and your plan reimburses 20%. Your plan will reimburse for 20% of \$500.00.

Whether you are using in-network or out-of-network insurance, the patient or policyholder is responsible for the amount owed that is not covered by your insurance.

In-network insurance can greatly reduce the cost of treatment. Most insurance policies require that a policyholder meet a deductible before the insurance benefits will take effect. Once the deductible is met and pre-authorization (if part of your plan) is obtained by the treatment center, in-network insurance can be used to cover up to 80% (in most cases) of the usual and customary rate. Once the deductible and out-of-pocket minimum is met, insurance can cover up to 100% of services at the usual and customary rate.

Out-of-network insurance works in a similar way to in-network, although out-of-network providers can choose to not file on your behalf and simply provide you with a super bill that you can use to file at the end of treatment. Pre-authorization for services is

still required for most plans and cannot be obtained until a person has entered a treatment program. Out-of-network insurance usually reimburses at a much lower rate than in-network insurance and often has higher deductibles and out-of-pocket minimums.

Addiction and recovery impacts the life of an addict and everyone that is around them.

Sadly, it can become Caveat Emp-tor, or “Let the Buyer Beware,” when it comes to navigating the world of addiction treatment.

Find a qualified professional to help you. People do get better from addiction; the right treatment and treatment provider can make all the difference in the world. Do your homework, and ask the right questions. It can truly be a matter of life and death.



Carey Davidson is a Board Registered Intervention Specialist and Certified Intervention Professional. He holds a Master’s Degree from the esteemed Hazelden

Graduate School of Addiction Studies. Carey is President of the Network of Independent Interventionists, sits on the Board of Certification of Addiction Counselors, and is a member of the Association of Intervention Specialists. Carey is trained in all models of intervention and practices only proven addiction intervention methods, implementing the best combination of techniques for each individual intervention. His focus is on helping people that care about someone struggling with substance abuse. Contact Cary Davidson at 800-219-0570 and visit www.hayes-davidson.com.

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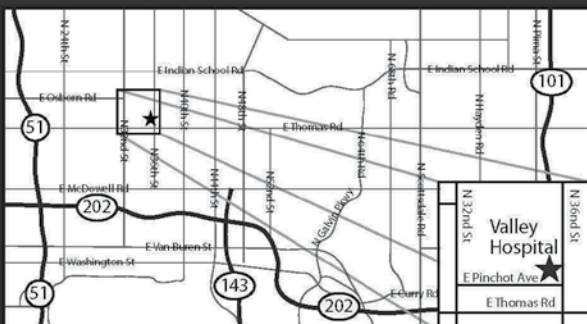


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Your Self or Selfie?

Recently I enjoyed a day of tennis matches at the U.S. Open with my cousin, when my body told me it was time to do my evening meditation. A match just ended, and there would be time before the players for the next contest would come on the court and warm up before launching 125-miles per hour bombs at each other.

Before I closed my eyes to meditate, I noticed quite a few of the fans in the stands lighting up with big smiles for their iPhones as they took a number of selfies with the tennis court in the background. It was their way, I suppose, to let the world know through Facebook they were in the same building as Roger Federer and Serena Williams. They were using this downtime for a selfie, while I was about to use the gap in the action to connect to my higher Self. That's when the idea for this column dawned in my consciousness.

Clearly I was in the minority. As each of a dozen or more people wanted to photograph his self while I wanted to contact my Self. As my mantra brought me inward, it further dawned on me that a selfie should be renamed a "bodie," because it only captures your body, not your Self. If you want to capture your Self, I thought as my consciousness got quieter, my mind both stiller and more expanded, then why not just meditate. I define meditation as a method for the busy mind to become the serene Self. Meditation is really the selfie. But let's spell that Selfie with a capital S, because it captures a connection to your higher Self, not your lower self.

As a species, we seem to love the image, and crave it over that which is imageless, like the higher Self, which can be located at the depth of your mind. Hinduism, with its extremely colorful pantheon of gods, appeals to more than 1 billion people, while only 14 million people are Jewish, a religion

that forbids the use of an image to depict the Higher Power. Those are interesting numbers, according to numbers presented by the Pew Research Center's Global Religious Landscape in 2010.

It's pretty much the same situation with regard to sound and silence. Music is among the most popular art forms in the our century. There are network reality shows like "American Idol" and "The Voice," but there doesn't seem to be a single program on network TV or elsewhere about the silence that underlies music. About 50 million people watch these shows. As a lover of music, I think this is great. But as a lover of meditation and the silence that is the foundation of all music, I await the day when equal numbers of people tune in to a TV show that shows them how to tune in to the delicious silence of their higher Self. There's a lot of drama and competition in these shows, and anxiety for the contestants and the millions of people who vote for them. Silence is different from anxiety. Blaise Pascal, the French philosopher, put it brilliantly, "*All of humanity's problems stem from man's inability to sit quietly in a room alone.*"

Imagine a show called "American Idle," which might feature a man and his ability to sit quietly in a room alone. This wouldn't be the entire show, of course—too many people would liken it to watching paint dry. Such a program might show how people sitting quietly in a room get great insights, energy, creativity, and live dynamic lives that makes a difference for others, as well. When "American Idle" becomes as popular as "American Idol," an age of Enlightenment might dawn in our country. The U.S. might then become the united states of consciousness—higher states of consciousness, in which the selfie photograph is replaced by the Selfie contact and experience.

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Community Calendar

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FREE Professional Networking Luncheon — Psychological Counseling Services (PCS)
Join us for a free networking luncheon experience from 12:15- 1:45 P.M. Mark your calendar: **NOV. 15**. If you have attended in the past, join us. If you are new send an email request for an invitation to pcs@pcsearle.com or call **480-947-5739**. Ellen Hamilton for details.

Clinical Breakfast Series — First Wednesday of the month 8:00-9:00 A.M. *St. Luke's Behavioral Health* Trends and treatments in the behavioral health field, 1 CEU. St. Luke's Behavioral Health Center Auditorium. 1800 East Van Buren Street.

Mondays—Scottsdale—FAMILY RECOVERY GROUP at The Meadows Outpatient Center. Facilitated by Brough Stewart, LPC. 5:30-7:30 p.m. Designed to help begin, continue family recovery. Stop enabling behaviors, set healthy boundaries based on Pia Mellody's Model. **No RSVP or charge.** The Meadows Outpatient Center, 19120 N. Pima Rd., Ste. 125, Scottsdale. Contact: Jim Corrington LCSW, **602-740-8403**.

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SIERRA TUCSON— Alumni Groups. Scottsdale, Tues., 6:00- 7:00 p.m. Valley Presbyterian Church. 6947 E. McDonald Drive, Paradise Valley. 480-991-4267. Alumni meet in the Counseling Center (Parlor Room). Park in the west parking lot, follow signs to the Counseling Center, located in the chapel complex. Contact: Rob L. at **602-339-4244** or stscottsdalealumni@gmail.com.

SIERRA TUCSON— Continuing Care Groups in Phoenix. Wednesdays — for Family Member Alumni (18 and over). (PCS) Psychological Counseling Services, 7530 E. Angus Drive, Scottsdale. 5:30 – 7:00 p.m. **Thursdays** — for Patient Alumni, PCS, 3302 N. Miller Rd., Scottsdale, 5:30 – 7:00 p.m. Facilitated by the clinical staff of Psychological Counseling Services. **No charge for Patient and Family Member Alumni.**

NOV. 18—Desert Star Workshops — Tucson Behavioral Health Professionals Networking Event. 8:30-10:30am Westward Look Resort. 245 East Ina Road, Tucson, AZ 85704. Cost is \$20.00 (per person) to attend and upon completion you will receive 1.5 CEUS. Information@DesertStarARC.com

NOV. 18—IN RECOVERY Magazine GALA & Comedy Night—5-9:00 p.m. Pointe Hilton Squaw Peak. 7677 N. 16th St. Phoenix. **Tickets online at <http://www.inrecoverygala.com/register/>**

DEC. 18 —HEROES IN RECOVERY 6K. Gilbert, Riparian Preserve at Water Ranch. Heroes in Recovery celebrates the heroic efforts of those who seek the addiction and mental health help they need without feeling ashamed or isolated. Registration and information: <http://heroesinrecovery.com/heroes6k/arizona/>

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issues. Shea/Tatum area. **Men's Therapeutic Group for Sex Addiction**— work through a task-centered model with a certified sex addiction therapist. Call Cynthia A. Criss, LPC, CSAT **602-677-3557** for details.

Families Anonymous—12 step program for family members of addicted individuals. Phoenix -Mon. 7:00 P.M., First Methodist Church, 5510 N. Central Ave. 602-647-5800. Scottsdale Sun. 4:00 p.m., 10427 N. Scottsdale Rd., North Scottsdale Fellowship **480-225-1555** or **602-647-5800**

Thursdays— Men's Group empowering work through blockages to living. Dennis Ryan, M.C., L.P.C. 5-6:30 P.M. and 6:30-8:00 P.M. Transformation Institute. 4202 N. 32nd St., Suite J, Phoenix. **602-381-8003**.

Chronic Pain Sufferers "Harvesting Support for Chronic Pain," third Saturday of month, 12—1:00 P.M. Harvest of Tempe, 710 W. Elliot Rd., Suite 103, Tempe. Carol **480-246-7029**.

Hope, Strength, Support—Jewish Alcoholics, Addicts, Families and Friends (JACS*) 1st / 3rd Wednesday, 7:30 p.m. Ina Levine Jewish Community Campus, 2nd floor. 12701 N. Scottsdale Rd. **602-971-1234** ext. 280 or at JACSarizona@gmail.com

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**.

WOMEN FOR SOBRIETY — www.womenforsobriety.org Meeting every Saturday—10-11:30 A.M. All Saints of the Desert Episcopal Church-9502 W. Hutton Drive. Sun City. Christy **602-316-5136**.

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"** Thurs., 6:30-7:45 P.M., 2121 S. Rural Rd., Tempe. Our Lady of Mount Carmel Church. Donna **602-697-9550** or Maggie **480-567-8002**.

COTTONWOOD TUCSON. ALUMNI—First Wednesday of month 6:00-7:30 p.m. **Cottonwood campus in Tucson.** 4110 W. Sweetwater Drive. 5:00 p.m. dinner. **800-877-4520x2141**. cottonwoodtucson.com

ACOA Thurs., 7:00 p.m., North Scottsdale United Methodist Church, 11735 N. Scottsdale Rd., Scottsdale. www.aca.arizona.org

ACA. Tucson. Wed. 5:30-7:00 p.m. *Streams In the Desert Church* 5360 E. Pima Street. West of Craycroft. Room A. (Follow signs). Michael **520-419-6723**.

Overeaters Anonymous (OA)- 12 Step program for addictions to food, food behaviors. **520-733-0880** or www.oasouthernaz.org.

Pills Anonymous (PA)—Glendale Tues. 7-8:00 pm. HealthSouth Rehab 13460 N. 67th Ave. 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, 10427 N. Scottsdale Rd., Rm 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, Janice 602-909-8937.

CELEBRATE RECOVERY—Chandler Christian Church. Weekly Fridays 7 p.m. Room B-200. For men and women dealing with chemical or sexual addictions, co-dependency and other **Hurts, Hang-ups and**

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Habits. 1825 S. Alma School Rd. Chandler. **480-963-3997**. Pastor Larry Daily, E: larrydaily@chandlercc.org.

GA Meetings —ACT Counseling & Education. Phoenix/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, Contact Sue F. **602-349-0372**

SAA 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.

SPECIAL NEEDS — AA Meetings. Cynthia SN/AC Coordinator 480-946-1384, email Mike at mphaes@mac.com
SLAA—Sex and Love Addict Anonymous **602-337-7117**. slaa-arizona.org

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

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

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

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Hot Topics from page 3

and many are stressed out and anxious. Instead of coping in healthy ways, some are abusing prescription stimulants not prescribed to them — also known as “study drugs.” These are medicines that are used to treat Attention-Deficit Hyperactivity Disorder (ADHD) such as Adderall, Concerta and Ritalin — but are abused to pull all-nighters and cram for exams. Most don't see this behavior as risky.

But what happens when high-school and college kids (who don't have ADHD) take prescription stimulants that are not prescribed to them? Is this safe or are there real dangers?

- The data is showing overall stimulant medications do not improve your cognitive performance. If you have someone that is performing optimally, and you give them a stimulant, the performance may deteriorate.
- If you're giving stimulant medications to a kid that doesn't have ADHD, at the time in their life when their brain is developing very rapidly that may interfere with those developmental processes.
- When someone is abusing stimulants, the effects can be not very dissimilar to those that you observe with cocaine or methamphetamine — all of these are stimulant drugs.
- When you are dealing with adolescents, which is the period of higher risk, that's why you have to be particularly careful, because

even though they may not have the genetic vulnerability, they're at a stage in their life where exposure to drugs can create changes in the brain that may result in addictive behaviors.

- Stimulant abuse can produce full-blown psychosis. So you can end up in an emergency room because you are basically completely paranoid. It can be very severe, and devastating to the person. It does have deleterious effects.

New Program Fights Substance Use in GLBTQA Young Adults

By Wesley Perdue, MS, MAC

Building Blocks Counseling (BBC) has been awarded a contract with MMIC/AHCCCS to provide intensive outpatient substance abuse treatment services to young adults ages 18-25, who identify as LGBTQ or a supportive ally

This program is offered at no charge to those receiving MMIC/AHCCCS, and is also available to others with insurance, or those paying privately.

“It is estimated that between 20 percent to 30 percent of gay and transgendered people abuse substances, compared to about 9 percent of the general population,” (Hunt, J. Center for American Progress. 3/9/2012).

A combination of factors can impact this dynamic, and vary from study to study, but common factors often include: the influence of stress from

stigma and discrimination, a lack of cultural competency among those in social services who are trying to assist, and the fact that a great deal of socialization among this community takes place in bars and nightclubs, due to the sense of belonging and safety people feel while in these environments.

At the heart of its mission, BBC strives to meet the needs of those who are often the invisible, feared, discriminated against or misunderstood members of our society. Whether it be a member of a gender or sexual minority, a person who is homeless or struggles with unstable or insufficient housing, or someone who was formerly incarcerated and is now returning to the community, learning how to be a successful and integral part of society... BBC is that community partner, ready and willing to assist.

As part of its commitment to these young people, BBC has partnered with **one-n-ten**, a local organization focused on serving the needs of LGBTQ youth and young adults for more than 23 years. Two former co-chairs of one-n-ten are part of BBC's leadership, and share deep personal concern and commitment to serving the needs of these young people. one-n-ten staff will also be providing ongoing cultural sensitivity training to the BBC staff, and referring young people in-need to these services.

BBC is located at 4225 W Glendale Avenue, Ste. E-108, Phoenix, AZ 85051. 602-626-8112.

Get to know one•n•ten

one•n•ten envisions a world where all LGBTQ youth and young adults are embraced for who they are, actively engaged in their communities, and empowered to lead.

The mission is to serve LGBTQ youth and young adults ages 14-24, to enhance their lives by providing empowering social and service programs that promote self-expression, self-acceptance, leadership development and healthy life choices.

one•n•ten is a nonprofit organization dedicated to serving and assisting lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. We provide youth with tools to improve self-esteem and self-acceptance.

Youth range in age from 14 to 24. We create a safe space, mentally and physically, for youth of all socioeconomic and cultural backgrounds. Our weekly discussion groups cover a wide range of social, educational, health and community issues.

For more details visit **onenten.org**



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Support Groups

Alcoholics Anonymous	602-264-1341
Al-Anon	602-249-1257
ACA	aca-arizona.org
Bipolar Wellness Network	602-274-0068
Celebrate Recovery Chandler Christian Church	480-963-3997
Cocaine Anonymous	602-279-3838
Co-Anon	602-697-9550
CoDA	602-277-7991
COSA	480-385-8454
Crystal Meth Anonymous	602-235-0955
Emotions Anonymous	480-969-6813
Families Anonymous	602-647-5800
Gamblers Anonymous	602-266-9784
Grief Recovery	800-334-7606
Heroin Anonymous	602-870-3665
Marijuana Anonymous	800-766-6779
Narcotics Anonymous	480-897-4636
Overeaters Anonymous	602-234-1195
Parents Anonymous	602-248-0428
Phoenix Metro SAA	602-735-1681
Sexaholics Anonymous	602-439-3000
Sex/Love Addicts Anonymous	602-337-7117
Sex/Love Addicts Anonymous	520-792-6450
Sex Addicts Anonymous	602-735-1681
S-ANON	480-545-0520

Treatment Service Resources

TOGETHER AZ	602-684-1136
ART OF RECOVERY EXPO	602-684-1136
ACT Counseling & Education	602-569-4328
Amity Foundation	520-749-5980
AZ. Dept. of Health	602-364-2086
AZ Office of Problem Gambling	800-NEXTSTEP
Aurora Behavioral Health	623-344-4400
AzRHA	602-421-8066
Calvary Addiction Recovery	866-76-SOBER
Carla Vista Sober Living	480-612-0296

Chandler Valley Hope	480-899-3335
Choices Network	800-631-1314 - 602-222-9444
Community Bridges	480-831-7566
CBI, Inc. Access to Care Line	877-931-9142
Core Recovery Services	602-810-1210
Cottonwood Tucson	800-877-4520
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Decision Point Center	928-778-4600
Dr. Marlo Archer	480-705-5007
Dr. Janice Blair	602-460-5464
Dr. Dina Evan	602-997-1200
Dr. Dan Glick	480-614-5622
EVARC	480-962-7711
Gallus Detox	928-227-2300
Gifts Anon	480-483-6006
Governor's Office of Youth, Faith & Family	602- 542-4043
Hunkapi Programs	480- 393-0870
Intervention ASAP	602-606-2995
Geffen Liberman, LISAC	480-388-1495
Lafrontera -EMPACT	800-273-8255
The Meadows	800-632-3697
Mercy Maricopa Integrated Care (MMIC)	602-222-9444 or 1-800-631-1314
National Domestic Violence	800-799-SAFE
NCADD	602-264-6214
Pathway Programs	480-921-4050
PITCH 4 KIDZ	480-607-4472
Psychological Counseling Services (PCS)	480-947-5739
Rape Hotline (CASA)	602-241-9010
Remuda Ranch	800-445-1900
Rio Retreat Center	800-244-4949
River Source-12 Step Holistic	480-827-0322 or 866-891-4221
Sierra Tucson	800-842-4487
SOL Recovery	866-212-3420
St. Luke's Behavioral	602-251-8535

Suicide Hotline	800-254-HELP
Sundance Center	844-878-4925
Teen Challenge of AZ	800-346-7859
Teen Dating Violence	800-992-2600
TERROS	602-685-6000
Valley Hosptial	602-952-3939

Legal Services

Dwane Cates	480-905-3117
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Tax Intervention

Renee Sieradski, EA	602-687-9768
www.tax-intervention.com	

TUCSON

ACA	aca-arizona.org
Alcoholics Anonymous	520-624-4183
Al-Anon	520-323-2229
Anger Management	520-887-7079
Center For Life Skills Development	520-229-6220
Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cottonwood Tucson	800-877-4520
Crisis Intervention	520-323-9373
Desert Star Addiction Recovery	520-638-6000
Information Referral Helpline	800-352-3792
Narcotics Anonymous	520-881-8381
Nicotine 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
Suicide Prevention	520-323-9372
Men's Teen Challenge	520-792-1790
Turn Your Life Around	520-887-2643
Workaholics Anonymous	520-403-3559

To get listed email Barbara Brown: aztogether@yahoo.com

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*Drugfree Marijuana Survey



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