

Together AZ

OCTOBER 2016

Inspiring Success on the Road to Recovery

Stopping Expanded Addiction Problems

By Seth Leibsohn

I'm a radio host and also privileged to chair an organization dedicated to prevention. In my individual capacity, I was asked to address the connection between prevention and recovery and a very serious ballot measure facing all of us this November — a measure that, if passed, will radically change both prevention and recovery efforts in Arizona.

The Miracle of Recovery

Whenever I meet someone in recovery, I am always reminded of how much of a miracle that person is. Those that don't know about this magical thing called recovery just don't get it. People in recovery quietly and nobly fight—daily. And the fight is against physiological inclinations, nature, and the environment we all live in. I've heard it put this way: Shopaholics shop. Chocoholics eat chocolate. Workaholics work. Alcoholics drink. Substance abusers use substances—that's how they often get to, or change, their "normal."

So, as I've learned it and seen it with family and friends: Every day of sobriety for someone in recovery, every week, every month, every year is a successful fight against physiology, inclination, and nature. It's a miracle. It really is. And it's a hell of an achievement.

And it's also so, so rare. In an ironic sense, we all want to see more people in recovery who don't get it, who don't have it—addicts in the grips or throes of their addictions. Yet on the other hand, we also wish there were not so many—or any—with these problems. But there are, and those in recovery always have their hands and arms open to others. There are no greater helpers among us than those in recovery. And I'm going to ask for your help in a moment.



The Side of Prevention

But first, I want to explain why I work the other side of the street: prevention. I work in the prevention field precisely because I know how hard recovery is. I know how rare a miracle is. I know that for each and every person in sobriety who gets it, who keeps it, there are millions who will never find it, or, if they do, simply will not be able to join you and hold on to it. You are the minority of the minority. You are the miracles.

So I push prevention—better not to start, better not to initiate, better not to play Russian roulette because who knows which chamber will have the fatal bullet. So while those in recovery open their hands and arms and hearts, we in prevention do our best to limit how many will ever need it.

We Have a CHOICE in November

This is why I have been such a strong advocate against a choice before all of us this November, a choice that will make all of our work harder if we get it wrong. We actually have a real choice, in the form of a ballot vote, on whether we want to create more addicts or not, more drug problems or not, more alcohol problems or not. We will not have a choice on whether we can give more people more recovery, but we do have the choice about whether we can make the problems we all know worse.

Irony. It's an important word in our movement. I was thinking about a book on it, by the philosopher Reinhold Niebuhr. The book is the *Irony of American History*. If Niebuhr's name is at all familiar, perhaps it is because he wrote the Serenity Prayer. I love that prayer:

God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.

Lately I've been focused on the second part: **Courage.** The courage to change the things we can. One thing that is of no irony to me is that Aristotle taught that courage is the most important of virtues, because without it nothing else is possible. *My plea here to you is to embrace the courage to help our community—and in this case, to help our community not make things worse.*

Prop 205

So, for those that want less addiction temptations and opportunities for our families, our friends, our children, our co-workers, our neighbors, think about what is before us this November. There will be a ballot initiative known as Proposition 205. It will make marijuana legal for recreational purposes. But I want you each to actually read the initiative—it is 20 pages long. Once you read it, you will see it does far more than just make marijuana legal. And as too many know, this is not the marijuana of yesterday, we are talking about high potency THC marijuana and child-attractive edibles like gummy bears, lollipops, and candy bars. Proposition 205 will, among other things:

- **Allow households to grow indoors and out, 6 to 12 marijuana plants that can yield pounds of marijuana.**
- **It will ban every city or HOA from preventing that home growth.**
- **It defines a place of residence for such growth so that you could have entire apartment buildings or condominium buildings or frat houses with each unit number being a high-yield marijuana grow house. Or you could be the one unit that is not, as you are surrounded by it.**

It's Up to You

Legalizing recreation marijuana will lead to more addiction.

by Lisa James



I am the sister of a long term addict. My brother started down the path of addiction over 30 years ago with a little pot. **No harm there right?**

He has spent half his adult life in prison. He has no job. He is the father of three wonderful children, two of them now live with their grandmother.

At 46 years of age the future is not bright. Short periods of sobriety are followed by long periods of life threatening addiction.

There is hardly a family in the world not touched by this scourge. If you have not been touched in your family, odds are that your co-worker, your neighbor, a church member, or club member has not been as fortunate. It knows no economic boundary. Rich or poor. Famous or anonymous. A recent survey showed

See **IT'S UP TO YOU** page 3

See **Stopping** page 8

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Publisher's Note

What Are We In For?

By Barbara Nicholson-Brown



Together AZ has always been on the side of prevention, hope and recovery. While this publication has never taken a political stance and has remained neutral — times are changing.

The more I've learned about the recreational marijuana issue on our ballot this November, the more I cringe and become frightened of what passing this will do — not only our State, but our children, teens, and community at large.

The pot of today is not the pot of yesteryear. It is a chemical nightmare.

Yes, back in 70's and 80's I used it—why? Because I wanted to be part of the in group, the rebels, the anti-crowd, the defiant ones. I am not saying my indulgence in marijuana took me to the depths of addiction, or was the cause.

Once alcohol was in my system, and my defenses were low, I was willing to try the next drug available, and many times it was marijuana, which led to _____, which led to _____, and the list could go on.

These destructive behaviors were ongoing and extremely detrimental to my emotional and academic growth. Getting high was all that mattered, really. I am one of the lucky ones who escaped a deeper plunge — the abyss where there is no turning back. What I am asking you is: please do your homework on Proposition 205 before making a decision. Otherwise, what are we in for?

Prop 205 Endangers Arizona Kids

- 45% of the marijuana products sold in Colorado are edibles – accessible and attractive to kids.
- Accidental ingestion by youth has increased by 600% in marijuana-friendly states.
- Colorado's teen marijuana use is now 74% higher than the national average.

Prop 205 Causes Major Public Safety Risks

- Under Prop 205, Arizona's authorities are prohibited from ever imposing a THC limit for impaired drivers.
- Prop 205 prohibits almost all cities and towns in Arizona from banning marijuana operations in our communities.
- Prop 205 allows HOME GROWS which authorities in CO found virtually impossible to regulate. Citizens are using the law as a way to break the law.

Prop 205 Protects Marijuana Special Interests

- Prop 205 creates a monopoly – a select few will get rich while taxpayers pick up cost of prevention, treatment, accidents and lost potential in our youth.

The Colorado Experiment is a Disaster

- Colorado YOUTH now rank #1 in the nation for marijuana use.
- Colorado marijuana-related traffic deaths increased 62% since legalization.
- Crime, homelessness, and drug cartel activity have all increased in CO since legalization.

Voter Protection Act:

- Arizona's Voter Protection Act means if Prop 205 passes, there is virtually NO TURNING BACK. The Governor cannot veto it and the legislature cannot repeal it.

Visit Arizonans for Responsible Drug Policy in Opposition to Prop 205 <https://nopro205.com/>



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that of the 310 million US citizens some 20 million have a serious untreated addiction problem. **This is an epidemic.**

Addiction isn't the disease we talk about. There is a stigma attached that doesn't exist for heart disease, cancer, diabetes, and more. ***But it is a disease and it is far reaching.*** We to come together not only for a cure, but to prevent legalizing more substances that lead to addiction.

Economic Boom or Doom?

Proponents of legalizing marijuana point to the economic boom in the industry along with huge tax revenues generated by the sales.

What they don't take into account is the economic toll this will take on individuals, families, and our state and local economy. Broken families, homeless, lost productivity, and state and local funded recovery resources all have a financial cost.

Even by just talking about legalizing marijuana they are fueling the fire. Our young citizens must be thinking "what's the harm? They are going to legalize it anyway. It must be government approved just like alcohol and cigarettes."

Nothing could be further from the truth. I am not saying that some people can't smoke and never get lung disease. I am not saying some people can't have an occasional glass of wine and never have a problem. I am saying that legalizing marijuana will not solve a problem, it will only make a problem worse.

When my children would ask to do something I wouldn't allow, they would always ask why. And they always had a response for each reason I gave them. Eventually it would lead to, "but my friend, Sam or Sarah, gets to go/do. Their parents don't care." And my response would be, "Well, I love you more." I'm asking you today to love Arizona's kids more. To love Arizona more. To love Arizona's future more. Please love our kids more.

I want to remind you the same people who are asking you to make marijuana legal for recreational use are the very same people who, just a few short years ago, told you it was a powerful medicine. What other medicine do we encourage people to use recreationally? None. Zero. Why start now?

We already have a law on the books legalizing medical marijuana. While this law is easily abused, it is allowing those with a legitimate medical reason for using marijuana to get it from a licensed facility. Why not wait a while and see how this works out?

Make no mistake, these are dealers who want to market to your children and try to buy your support with promise of money for education. Tell them you can't be bought. Your children aren't for sale. You love your children more.

Please, for the sake of our children, let us not encourage those who already have problem to use something that can only make it worse.

It is up to you!
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Addiction Treatment and Insurance: A Troubled Relationship!

By Jim Kreitler, CEO, Calvary Addiction Recovery Center



They don't trust us and we don't trust them! And yet the vast majority of people seeking help at private addiction treatment centers use their insurance to access care. Insurance companies are dealing with an avalanche of abuse and fraud. Treatment centers and patients are feeling the restriction of approvals of benefits people have paid for and deserve.

Something has to give, but if the addiction treatment community is not careful, that change will be thrust upon us in ways we will not like. Imagine plans with no out-of-network addiction benefits at all, and the power that gives insurance companies to force low rates for contracted providers. This could lead to many programs shutting down, reducing the availability of care in the midst of the opiate epidemic!

First let's discuss the types of insurance and the issues that are becoming problematic.

In-Network vs Out-of-Network

Most, but not all, plans have both in-network and out-of-network benefits. There are important differences the public and referring entities must understand. It is possible to operate legally and appropriately as in or out-of-network, but the differences must be explained and understood by the patient to make an informed decision.

In-network providers have discounted their rates in return for being contracted as in-network to plan members. The advantage for plan members is significantly reduced patient out-of-pocket cost and confidence that the insurance company has qualified the program as properly licensed, accredited and free of claims of malfeasance.

In-network plans may have a co-pay of \$20 for an office visit or \$150 to \$500 admission fee for a stay in inpatient. PPO plans have a split, with 80/20 being the most common. Insurance pays 80% and the patient pays 20% until a maximum out-of-pocket is reached. If a plan has a \$5000 max, care is covered at 100% after the patient pays that amount.

Out-of-network providers are not limited in what they can charge, provided they attempt to collect the difference between what is paid by insurance and what is billed. Most plans pay at a much lower percent; typically 50%, and have a higher out-of-pocket limit. Obviously insurance payers prefer the discounted rates of in network providers. They complain about fraudulently inflated billing with no serious attempt to collect from patients. Their audits have led to large dollar recoveries backed by the threat of legal action for insurance fraud.

How it Should Work

In-network cost control is achieved through contracting of discounted rates. Out-of-network control of unnecessary care and overbilling is dependent on collection of patient responsibility. If I want to continue to see my long term primary care physician I should have that right. Because I am paying 50% I won't go more than necessary and if he charges an outrageous amount, I will switch to an in-network doctor.

Many self-pay programs now accept out-of-network insurance. A program that costs \$50k self-pay may now collect \$25k from insurance and \$25k from the patient. A high level of care and amenities is provided and well to-do persons have an increased choice of treatment programs. The system works in this situation or wherever the patient responsibility is considered and collected.

When it Becomes Troublesome

Certain programs have determined that they can overcharge for services provided and not collect anything from patients in violation of insurance fraud statutes. Thomas Force, a licensed attorney and ERISA litigator, says in his seminar *The Balance Billing Requirement - Why Out-of-Network Providers Must Balance Bill Their Patients*, "If you're waiving fees, if you're waiving co-insurances or agreeing to accept the insurance as payment in full . . . you're committing insurance fraud in most state jurisdictions."

In some cases the overbilling is so high it can also pay for the sober living and the program is unethically marketed as "residential treatment." Insurance may audit for this also. Certain insurance companies are refusing to verify out-of-network benefits unless they speak to the member and he agrees he has been notified that it will cost more and the provider is required to balance bill the charges.

Urine Screens becomes Liquid Gold

Testing patients with urine drug screens to determine compliance and sobriety is clinically indicated and ensures safety for the group and program. But in an extreme and distorted example of unethical ingenuity, treatment providers or sober living operators have determined that overcharging for frequent testing of a person's urine can create, excuse the pun, an income stream second to none!

The system was perfected in Florida but has migrated to Arizona. This is how it works: A program does urine testing and for what may be worth \$50 — charges insurance \$1,500. And they may test 3 times a week or in the worst cases 7 days a week. *My Palm Beach Post* reports about addiction treatment providers

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and sober living operators

"Owners scraped by. It was, said one person close to the industry, doing "God's work."

That began changing when some realized insurance companies would pay big bucks for urine testing. At first, money from urine testing was just a means to make ends meet. But as time went on, and the cash started rolling in, it became a financial linchpin — and now, a gold mine.

Urine testing is a staple of rehab, a fast way to both track relapse and gauge use of prescribed drugs. It's also cheap. Corner drug stores sell \$25 tests that will immediately indicate the presence of a wide array of drugs.

Over the past few years, though, some treatment centers, sober homes and their affiliated labs have charged hundreds of dollars for a similar test. One routinely charged a reported \$1,500."

This led to the FBI getting involved in some high profile raids in Florida and some major lawsuits by insurance companies. One way programs tried to hide the scheme was to buy "shares" in test labs and then collect dividends on the volume of urine they sent for testing. United Health Care has filed a \$50 million lawsuit against Skye Toxicology for this practice, named 20 major defendants and lists 150 unnamed coconspirators. I cannot speak to the merits of the lawsuit, but it is likely some of the unnamed programs are operating in AZ. Julie Miller Editor in Chief of *Behavioral Healthcare Magazine*² writes "Elements Behavioral Health is claimed to have the largest stake of the investments among those named, holding 20 limited partnership shares, resulting in \$600,000 in payments per month, according to the language in the lawsuit."

Insurance Companies are not angels

On the other side of the coin are insurers who deny care for persons who clearly meet medical necessity, or retroactively terminate plans or agreements to pay after authorization has been given and expensive care provided. The recent freezing of payments in Arizona by Healthnet affected good and bad programs. Insurance companies are massive for-profit companies publicly traded on Wall Street. Do they sometimes place profit before patient care? You're darn tootin! Do they dance around the requirements of the Federal Parity Act which requires addiction and mental health benefits are provided on par with medical benefits? Why hell yes!

In a recent court case, Cigna vs Humble, a Texas court awarded \$13M to the provider in a suit over balance billing. The case is expected to reset the expectations of balance billing and charity qualification but mainly served to chastise the insurance company for overplaying their hand when withholding claim payments. This is good news for out-of-network providers.

Conclusion

Insurance coverage with substance use disorder benefits is an important factor in addicted people getting the help they need. There is a place for both in-network and out-of-network treatment providers. The relationship needs improvement from both sides or change will come in ways that could be painful — including lawsuits and law enforcement.

When referring clients the difference must be understood and explained to them. Out-of-network treatment when it provides amenities or services not available in-network is appropriate. The patient just needs to understand that as a rule it should cost them more or something is amiss.

I suggest we first look at our own practices. If we are operating in a way that is unethical and puts us at risk of reprisal we must **stop it**. Join those of us forming coalitions to unite treatment centers as forces of ethical patient care and advocacy for accessible treatment. Once our side of the street is cleaner, our collective voice will carry more validity as we push to hold insurance companies responsible for their behavior!

1 Beall, Pat and Stapleton, Christine. "Addiction treatment bonanza: How urine tests rake in millions" MyPalmBeachPost.com., 14 Aug. 2015.
2 Miller, Julie "UnitedHealth names labs, treatment centers in federal fraud case." Behavioral Healthcare, 2 May. 2016.

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A Value Driven Life

By Dr. Dina Evan

One of the new thought phrases we often hear, is that we should be living a purpose driven life, but what does that mean?

How does one decide on a purpose, fulfill a purpose and create a purpose driven life? I think it might be simpler than we think. What's under a purpose driven life? It has to start somewhere.

It starts with values...yours.

A way of living your values is to be sure that both what you say and what you do are fully aligned with what truly believe. Then you are living your values. Think of the last time you did something courageous just because you knew with every part of you it was the right thing to do. Now imagine living your life that way.

Seeking Fulfillment

Most of us are focused outside of ourselves for finding happiness and fulfillment. A value driven life starts with you being willing to look inward to examine what you believe are your values. Start to explore whether or not they are still viable and working for you in your current life. We grew up being taught that some things and some people are good, and others are bad. What if it's all good and all there in service — to your life and your growth. How else can we learn if we don't bring ourselves to our knees occasionally with a bad choice? Maybe bad choices aren't bad choices, and bad people aren't really bad people, maybe they are simply lessons we have created so that *we can wake up!*

On that note what about the other people in a value driven life? What if each of these people, whether stranger or beloved, family or friend is simply a master teacher in our life teaching us something about our self. We might be able to see each person with greater compassion if we knew that on a spiritual level we invited them in so that we could find out who we are as spiritual beings. For instance, when your child is acting out in the restaurant, and you feel horrified watching the reaction of the couple two tables away, are you horrified because of what they might be thinking about you as a parent or

are you horrified because your child is acting like a child? In that moment, your child is being your master teacher, as is the couple.

To fine tune your values, begin to ask the deeper questions... When I hold back my truth, is it because I am afraid I'll be abandoned or judged if I speak the truth? When I'm afraid to stand up for what I believe, is it because, I am afraid I'll look foolish if I stand up or — because I haven't committed to what I believe. When I lack compassion when delivering a criticism, is it because I have the same fault that I have not yet owned, or because the other person's error reflects poorly on me? Asking these kinds of questions opens the door to deeper soul work and a refining of your values. The more we embrace our values, the more we courageously stand in them.

In essence that is what mindfulness is; being so present in your own life that you can notice your actions and reactions objectively, without judgment, in order to make new decisions about who you want to be and how you want to respond from your best self. You start to act like you own your life and you came here for a reason. You did and that reason is only to wake up to your potential as a compassionate, conscious human being. This planet is the best school for that and it means you take ownership of everything that you have created in your life! The gift when you do own your life and choices, is that you will also understand you are able to change anything that no longer serves you.

Living a mindful, values driven life is exciting. It brings clarity, compassion for yourself and others and a commitment to waking up. The greatest thing about that is you know for a certainty that waking up ever ends and nothing else is ever as exciting.



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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By Alan Cohen

Who Taught You to Doubt Yourself?

A young entrepreneur came to me complaining that she was having trouble completing the text for her website. “Where is the roadblock you are hitting?” I asked Barbara.

“It’s the About Me page,” she answered with a contorted face that told me how painful this process was for her. This is the page that most entrepreneurs get hung up on, the very one I have had countless coaching sessions to help clients get posted.

“Do you have any doubts about presenting yourself to the world?”

“Well, yes. . .” she answered sheepishly. “I question if I am really qualified and if I am worth people paying me for my services.”

“Got it. . . Now let’s put the web page aside for the moment, and look deeper,” I suggested, knowing precisely where we were headed. “Who taught you to doubt yourself?”

“My father was a newspaper editor and highly critical of me, especially when it came to English. Even beyond that subject, there was nothing I could ever do that was good enough. If I did a project with 99% excellence, he wouldn’t compliment me on my achievement. Instead, he would criticize me for the deficient one percent.”

“And even though you have grown up and moved out of your father’s home, his voice still lives in your head, constantly banging at you for never being perfect.”

“That’s right.”

Nearly every person I have ever coached has voiced some variation on this theme.

“So your current challenge with your About Me page is just one more instance of a theme that has been going on for your entire life.”

“It is so.”

“Then let’s reframe this: You are now being presented with an opportunity to finally break free from this lifelong oppressive voice within you, implanted long ago by your father, that has debilitated your progress in ways far more serious than the website.”

“If I could do that, it would be tremendous!” she answered, her face lighting up for the first time since we met.

“Then let’s do a role play,” I suggested. “I will represent your father. I won’t say anything, but I will give you a chance to say to him what you wished you could have said when he criticized you as a child, or when his judgmental voice chides you as an adult.”

Barbara sat up straight, looked me in the eye, and

spoke firmly. “Dad, I know you love me and you want the best for me. But I can no longer live under the whip of your criticism. Every time I did something as a child, or an adult, you found something wrong with my action and with me. Your judgments have kept me small for my entire life. I am not willing to live with them and allow them to impede me anymore.”

Then came the tears.

“I am a bright woman with a good heart, strong skills, and a significant contribution to make. I want to do that through my new business and other avenues down the road. I know I can do this, and I do not need your permission to live the life I choose and to create a successful career. So I now release all the dark criticisms I have borne for so long, and I step with confidence into a richer life.”

Barbara’s tears had cleared and her eyes shone. She looked like an entirely different person than the one who had complained about her inability to complete her web page.

“How do you feel now?” I asked her.

“Freer than I have felt in a long, long time.”

“And how do you feel about setting up your About Me page?”

“Ready,” she answered with a smile. “Totally ready.”

A long silence ensued. Barbara’s eyes lit up as she said, quietly stunned, “It wasn’t about the website, was it?”

No, it wasn’t about the website. The website

was directing Barbara to look inward for her answer. Her block was about self-image, self-esteem, self-confidence, attitude, beliefs, and expectations—the factors that make or break any endeavor. The business and relationship situations in your life do not have a life or reality of their own. They are reflections of your psyche, the images you hold about yourself projected onto the screen of the world. As James Allen brilliantly stated, “We think in secret and it comes to pass. Environment is our looking glass.”

Situations that bother us are not curses. They are arrows pointing us to places in our mind where we are holding illusions. When we can identify the illusion that is causing us pain, we are ready to discover the truth the illusion was covering. When we do, we are free.

It’s not about the website. Or the relationship, the job, the money, Or the world. It’s about waking up. ***When we do, everything changes!***



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 through 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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12th Annual NAMI Valley Walk

By Rebecca Duke

On Saturday, October 15, NAMI Valley of the Sun, an affiliate of the National Alliance on Mental Illness (NAMI) will hold its 12th Annual 5k Walk on the streets in front of the State Capitol Grounds. Registration begins at 8:00 am and the walk begins at 9:15— 17th Ave. and Jefferson is the starting point. In addition to people and pets (dogs are welcome to register and walk right along with their owners!) there will be exhibitors, entertainment, food and plenty of bottled water.

NAMI, is the nation's largest grassroots organization dedicated to improving the lives of individuals and families affected by mental illness. Locally, NAMI Valley of the Sun enriches our community by raising awareness, tackling stigma, educating, and offering support groups.

Last year alone, NAMI Valley of the Sun touched the lives of close to 22,000 people in Maricopa County through a variety of presentations, public speaking events, community forums, educational classes and support groups. Because of the time, talents and fund raising efforts of devoted volunteers and donations from the public and our community partners, all of NAMI's programs were and are offered at no cost.

1 in 5

One in five people are affected by mental illness, be it the individual living with mental illness, or a close friend or family member. With a high rate of teen suicide, an increase in depression among the elderly, an ever growing homeless population, and our vets returning home, NAMI's services and invaluable support and education to those who are suffering are vital.

The Walk is NAMI Valley of the Sun's main fundraiser and it's through generous donations from partners, sponsors, walkers, and individuals, that NAMI will continue to be able to offer these life changing programs at no cost. Every year, tens of thousands of concerned citizens in more than 84 communities across the nation will join NAMI and walk together to raise money and awareness about our country's need for a treatment and recovery system for people living with mental illness.

To register, donate or volunteer visit www.namiwalks.org/valleywalk or email our Volunteer Walk Manager, Gloria, at info@namivalleywalk.org

If you're unable to join the event, consider making a donation and spreading the word about the Valley Walk. Donations can be made online at www.namiwalks.org/valleywalk, or by mail... send a check or money order to: NAMI Valley Walk, 5025 E. Washington Street, Suite 112, Phoenix, AZ 85034. Please make checks payable to NAMI Valley Walk.



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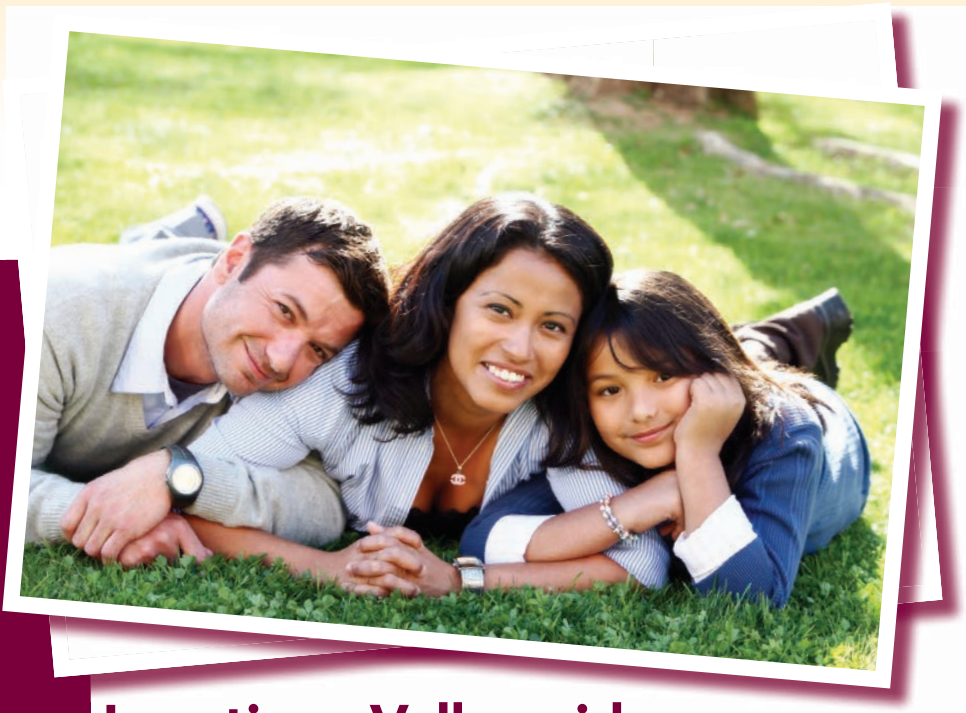
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Stopping from page 1

- It will set up marijuana stores and facilities throughout the state—all selling high potency THC edibles and smoked marijuana.
- It will allow for marijuana delivery, just like pizza. It will allow advertisements in newspapers, on billboards, and sign spinners promoting commercialized marijuana on our streets.
- While Proposition 205 states marijuana stores have to be 500 feet from a school, it allows them to be built or operate with no distance limits from a church or synagogue, a rehab facility, a half-way house, or a homeless shelter—you very easily could have one of these right next to where your 12- step meetings take place; right next to the most vulnerable of populations, at an after school club or rehab or homeless shelter. When we think of the way those who seek addicts to make profits off their intoxicants, we simply cannot assume this is an accident or oversight.
- Proposition 205 will change family law. Judges will no longer be able to use marijuana consumption or growth as a determinant in awarding custody or parenting time. Why does this bother me so much? How many of you have seen or worked to keep your children away from those who use substances and do not get recovery? We all know one big thing in prevention, too: Children get a lot of their substances from their homes, be it a parent’s medicine or liquor cabinet. Now they will be able to get them from their parent’s gardens and kitchens.

Lollipops, Gummy Bears, Cookies and Candies and . . .



And please understand, the marketing of edibles is highly child-attractive. Marijuana gummy bears, lollipops, candies. All will be legal. Now look to Colorado—since legalization, youth use of marijuana has increased to 74% higher than the national average. And accidental youth ingestions have risen 150%.

Perhaps the most important thing to know about those numbers: Colorado’s legislature just banned certain forms of those child-attractive candies. Arizona is unique in that it has a Voter Protection Act, barring our legislature from making that kind of adjustment or change. What we decide at the ballot box with propositions in Arizona is essentially permanent. Do not think that is an accident either.

TO REPEAT: When an initiative is passed here, the Governor cannot veto it and the legislature cannot amend it against the purpose of the language. In other words, if this thing passes, we will have radically changed 80 years of good, hard, substance abuse prevention work overnight—with consequences that will be permanent.

Now consider: almost every person with a use disorder, started using in their teens. And in Colorado, the plurality of youth who use marijuana will tell you they got it from a friend who obtained it legally. 25% got it from their parents’ homes.

All of this is one grand recipe for a lot more substance abuse. We know this, don’t we? You make an attractive and intoxicating and addictive substance more available, it will be used more. Now make it child friendly. We’ve seen this with alcohol, we’ve seen this with tobacco, and Colorado and Washington State are seeing it with marijuana. And if alcohol is your most important concern, just think about the new studies showing marijuana users are five times more likely to have alcohol problems. We are talking about multi-substance abuse problems with this one initiative.

We don’t need this in our state, and we cannot afford it. I love hanging out with people who get recovery. In this movement, I have found the actual proof of the theoretical notion that it is the weak who are cruel and that gentleness can only be expected from the strong. I ask you to summon your strength, to summon the courage to change the things you can, and help in stopping this public health disaster in the making, a disaster that comes in the form of a ballot, a disaster that will be nearly impossible to reverse.

It would seem the ultimate irony to me that as we all celebrate and work for more recovery we would—at the same time—make more available an increasingly potent, child-attractive, and addictive drug. We’ve come too far, all of us, for that.

As the Greek poets put it:

Let’s do our best to help make gentle the life of this world—that can only come from the strong.

Right now, it must come from you, your experience, your strength, and all of our hope. I thank you for your help.



Seth Leibsohn is the host of the Seth Leibsohn Show, heard nightly on KKNT/960am, and the Chairman of NotMYKid.

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Providing Answers to the OPIOID EPIDEMIC

By Jennifer Stolpe MS, LASAC

With heroin and opiate abuse aggressively sweeping the nation the effects are devastating. Eighty-one people die each day in the US from an opioid overdose and 2.2 million Americans struggle with an addiction to opioids — such as heroin or pain pills. With drug overdoses now leading the cause of accidental deaths, it is clear this epidemic does not discriminate.

What are Opioids/Opiates?

Opiates cover a large variety of substances, some legal like pain pills and others illegal — opium and heroin. Vicodin, OxyContin and Percocet to name a few are often referred to as “opioids.” When referring to drugs naturally derived from active narcotic components of the opium poppy like heroin and opium they are referred to as “opiates.” These terms have become interchangeable.

Opiates are medications prescribed to relieve pain; they reduce the pain signals reaching the brain. They target the brain’s reward system and floods the brain with dopamine. Dopamine a neurotransmitter is present in sectors of the brain that regulate movement, cognition, emotion, motivation and feelings of pleasure. There are certain life-sustaining activities the brain wants to make sure people repeat in life, in order to do so, when a person performs one of those activities the brain associates those activities with pleasure or a reward like the release of dopamine. Since drugs of abuse stimulate these same areas it teaches the person to abuse drugs

Heroin is an opioid drug synthesized from morphine, it usually appears as a white or brown powder. It can be inhaled by sniffing or snorting, smoked or injected. All three ways of consumption deliver the drug to the brain rapidly. Upon entering the brain it is converted back to morphine and binds to molecules on cells known as opioid receptors. These receptors are throughout the brain and body and are involved in the perception of pain and in reward. With continued use tolerance is built and dependence occurs.

What can be done?

At this time, MAT is the industry standard for treating opioid addiction, as recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA). It offers the best possible outcome for people struggling to stop illicit opioid use. Medication assisted treatment (MAT) is the use of medications combined with counseling and behavioral therapies, to provide a ‘whole patient’ approach to the treatment of substance use disorders. Research indicates that a combination of medication and behavioral therapies can successfully treat substance use disorders, and for some people struggling with addiction, MAT can help sustain recovery.

Intensive Treatment Systems

Intensive Treatment Systems (I.T.S) is a CARF accredited, outpatient substance abuse treatment program providing Medication Assisted Treatment (MAT) to patients who are affected by Opioid Use Disorder, or Opioid Addiction. The primary treatment objective of I.T.S is to help patients free themselves from the dysfunctional pattern of opioid abuse through the use of medications such as methadone as well as counseling and case management services.

Ultimately through the use of medication, counseling, and case management services, the goal is to guide patients toward a drug-free lifestyle with improved personal and vocational functioning. Medication services are provided and closely monitored by qualified medical staff, who emphasize safety and a comprehensive approach to the patient’s treatment. Counseling, case management services and groups are provided by addictions professionals who utilize Motivational Interviewing and other evidenced based practices to ensure exceptional recovery-oriented and patient centered treatment.

I.T.S has been serving patients in the Phoenix area for more than 20 years and has developed a program that is dedicated to high quality patient care and is focused on comprehensive recovery. I.T.S has three clinics in the Phoenix area, offering methadone and counseling services at all locations. Each patient’s care is also closely monitored by a Physician Assistant to ensure therapeutic dosing and to prevent overmedication. Our Medical Director is Board Certified in Addiction Medicine and directs the program to abide by all federal and state guidelines and to ensure safety for all patients served.

I.T.S looks forward to serving any patients in need of MAT. Currently we accept AHCCCS and private pay as forms of payment. In addition, we utilize the Substance Abuse Block Grant to provide treatment to patients who are unable to pay and who do not have AHCCCS. We provide priority treatment to pregnant women and work closely with OBGYN doctors to ensure the most effective care for pregnant women addicted to opioids.

I.T.S is dedicated to providing quality care to all patients. To ensure the best care for every patient, I.T.S believes in the importance of strong community ties and the power of the community working together to provide as many services and resources to each and every patient. ITS is aware that together is the only way to find a solution to this devastating epidemic.

For more information on Intensive Treatment Systems, visit www.itsofaz.com.



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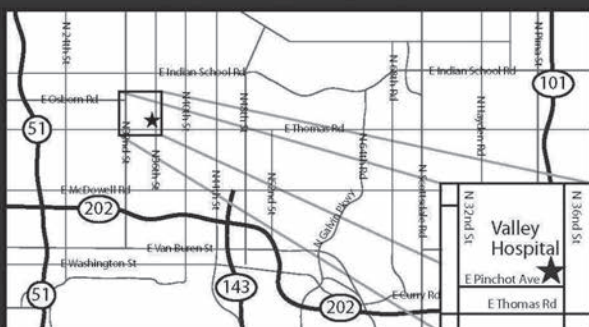


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LIFE 101

By COACH CARY BAYER www.carybayer.com

Stand Up Consciousness: Comedians as Philosophers

TV host Art Linkletter used to say that sometimes "Kids say the darnedest things." I like to say that sometimes comedians say the wisest things. As someone who's taught meditation for decades so that people can awaken to the Cosmic, and who's done stand-up comedy, I'm happy to offer this small sample of some very funny stand-ups on the nature of consciousness, Reality, God, the Universe, time, and so forth.

"I'm astounded by people who want to 'know' the universe when it's hard enough to find your way around Chinatown." "I was thrown out of NYU for cheating on my metaphysical final. I looked within the soul of the boy sitting next to me." "I don't want to achieve immortality through my work. I want to achieve it by not dying." — *Woody Allen*

"When it comes to God's existence, I'm not an atheist and I'm not an agnostic. I'm an acrostic: the whole thing puzzles me." — *George Carlin*

"I intend to live forever, or die trying." — *Groucho Marx*

"A man was trying to understand the nature of God and asked Him: 'God, how long is a million years to you?' God answered, 'A million years is like a minute.' Then the man asked, 'God, how much is a million dollars to you?' And God replied, 'A million dollars is like a penny.' So the man asked, 'God, could you give me a penny?' And God said, 'In a minute.'" — *Larry Miller*

"Life is a tragedy in close-up, but a comedy in long shot." — *Charlie Chaplin*

If it's the Psychic Network why do they need a phone number?" — *Robin Williams*

"There are two kinds of mystics in the world —the optimystics and the pessimystics. The pessimystics are very much in touch with reality, but the optimystics are happier and live longer for some reason."

"We are not here to earn God's love, we're here to spend it!"

"I believe we were created to evolve. Otherwise Jesus would have said, 'Now don't do a thing till I return.'"

"We are here to manifest our destiny as a humanity—to re-grow the Garden from the grassroots up, and have a heaven of a time doing it." —Swami Beyondananda (aka Steve Bhaerman)

"Why is it that when we talk to God we're said to be praying, but when God talks to us we're schizophrenic?"

"The best mind altering drug is the truth." — *Lily Tomlin*

"All those who believe in psychokinesis— raise my hand."

"If you tell a joke in the forest, but nobody laughs, was it a joke?"

"I was a peripheral visionary. I could see the future, but only way off to the side." — *Steven Wright*

"India has the Sat guru, America has the meditation guru, and Australia has the kan guru."

"The journey of a thousand miles gets you to about northern Virginia."

"Native Americans began their ceremonies by asking for blessings from the four directions. They're the last men on our continent to ask for directions."

"In case you wind up dying today, take a flashlight wherever you go. There's a power outage in Heaven, so the light at the end of the tunnel is out."

—*Wise Guy Swami (aka Cary Bayer)*

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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: **OCT. 18.** 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.

OCT. 3-7 —RIO RETREAT CENTER — A Man's Way™ Intensive. Using the powerful curriculum developed by Dan Griffin, The Meadows Senior Fellow and based on his two groundbreaking books *A Man's Way through the Twelve Steps* and *A Man's Way through Relationships*. A five day intensive and challenging experience for to transform your understanding of what it means to be a man in recovery. **Register: 800-244-4949.**

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.**

Every Week – Tucson – COTTONWOOD TUCSON – Developing Healthy Families Workshop. Five-day workshop is for families impacted by addictions, psychiatric disorders, anger & rage, and trauma. Facilitated by Cottonwood staff. Visit www.cottonwoodtucson.com or call **520-743 2141** for information.

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—6-8:00 PM- Pointe Hilton Squaw Peak. 7677 N. 16th St. Phoenix, AZ **Tickets online at <http://www.inrecoverygala.com/register/>**

On Going Support VALLEY HOSPITAL— IOP Group for Chemical Dependency/Co-Occuring. Mon., Tues., Thurs. 6-9:00 P.M. Call for details: **602-952-3939**. 3550 E. Pinchot Avenue, Phoenix. www.valleyhospital-phoenix.com

Open Hearts Open Minds Counseling Services — Women's Therapeutic Group

for Partners of Sex Addicts. Find comfort, strength and hope while exploring intimacy 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.

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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.

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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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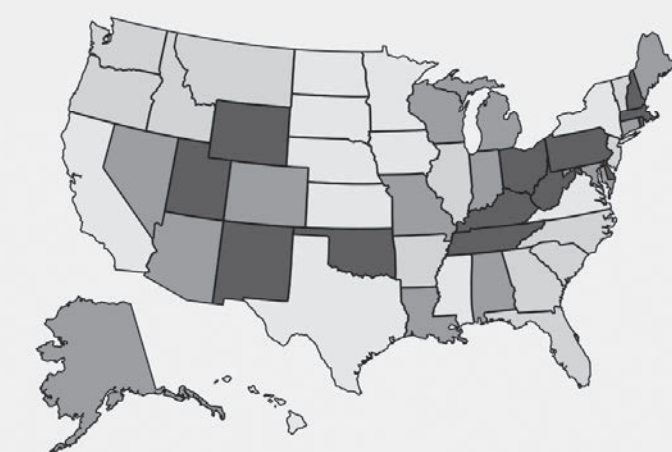


The Opioid Epidemic: By the Numbers

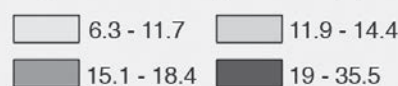
Our nation is in the midst of an unprecedented opioid epidemic. More people died from drug overdoses in 2014 than in any year on record, and the majority of drug overdose deaths (more than six out of ten) involved an opioid.¹ Since 1999, the rate of overdose deaths involving opioids—including prescription opioid pain relievers and heroin—nearly quadrupled, and over 165,000 people have died from prescription opioid overdoses.² Prescription pain medication deaths remain far too high, and in 2014, the most recent year on record, there was a sharp increase in heroin-involved deaths and an increase in deaths involving synthetic opioids such as fentanyl.

Prevention, treatment, research, and effective responses to rapidly reverse opioid overdoses are critical to fighting the epidemic—a top priority for the U.S. Department of Health and Human Services (HHS). In March 2015, HHS Secretary Sylvia M. Burwell announced an initiative targeting three priority areas to tackle the opioid epidemic and help save lives. These include: improving prescribing practices, expanding access to and the use of medication-assisted treatment, and expanding the use of naloxone.

Drug overdose death rates, United States, 2014*



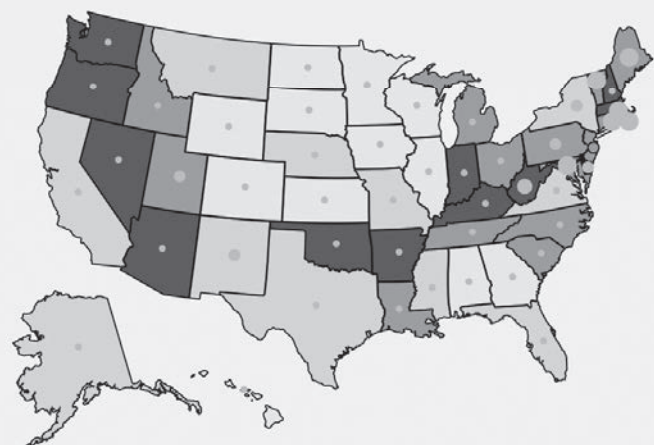
Drug overdose deaths per 100,000 population



*Age-adjusted death rate per 100,000 population

Source: CDC National Vital Statistics System

Rate of Past Year Opioid Abuse or Dependence* and Rate of Medication-Assisted Treatment Capacity with Methadone or Buprenorphine



Rate per 1,000 persons aged 12 years and older



*Opioid abuse or dependence includes prescription opioids and/or heroin

Source: AJPH 2015;105(8):e55-63.

Economic Impact of the Opioid Epidemic:

\$ 55 billion in health and social costs related to prescription opioid abuse each year¹

\$ 20 billion in emergency department and inpatient care for opioid poisonings²

Source: Pain Med. 2011;12(4):657-67.¹
2013;14(10):1534-47.²

On an average day in the U.S.:

More than 650,000 opioid prescriptions dispensed¹

3,900 people initiate nonmedical use of prescription opioids²

580 people initiate heroin use²

78 people die from an opioid-related overdose*³

*Opioid-related overdoses include those involving prescription opioids and illicit opioids such as heroin

Source: IMS Health National Prescription Audit¹ / SAMHSA National Survey on Drug Use and Health² / CDC National Vital Statistics System³

1. CDC, MMWR, 2015; 64:1-5.

2. CDC Vital Signs, 60(43):1487-1492

Updated June 2016. For more information, visit: <http://www.hhs.gov/opioids/>

1

New rule helps move to provide more medication-assisted treatment to people with opioid disorders

The Substance Abuse and Mental Health Services Administration (SAMHSA), as part of the US Department of Health and Human Services (HHS), has issued new reporting requirements for physicians who will be authorized to prescribe the opioid use disorder treatment medication buprenorphine at the new limit of 275 patients. The requirements, published on September 27, 2016 in the Federal Register, are a key step in increasing access to medication-assisted treatment for opioid-related disorders.

On July 8, 2016, SAMHSA/HHS published a final rule, *“Medication Assisted Treatment for Opioid Use Disorders,”* which allows practitioners who have had a waiver to prescribe buprenorphine for up to 100 patients for a year or more, to now obtain a waiver to treat up to 275 patients. Practitioners are eligible to obtain the waiver if they have additional credentialing in addiction medicine or addiction psychiatry from a specialty medical board and/or professional society, or practice in a qualified setting as described in the rule. As of this week, 1,665 practitioners have applied for and been granted waivers to prescribe at the increased limit. This rule was accompanied by a supplemental notice of proposed rulemaking, which solicited public comment on proposed reporting requirements for practitioners who increase their patient limit to 275.

Under the new rule, physicians prescribing buprenorphine at the maximum patient cap of 275 will be required to complete a SAMHSA reporting form each year. This reporting will help SAMHSA ensure that physicians prescribing at the new higher levels are in compliance with safe and appropriate prescribing practices. Practitioners will be required to report the annual caseload of patients by month, the number of patients provided behavioral health services and referred to behavioral health services, and features of the practitioner’s diversion control plan.

The rule announced today is part of the U.S. Department of Health and Human Services’ Opioid Initiative, which was launched in March 2015 and is focused on improving opioid prescribing practices; expanding access to medication-assisted treatment (MAT) for opioid use disorder; and increasing the use of naloxone to reverse opioid overdoses. The initiative concentrates on evidence-based strategies that can have the most significant impact on the crisis. But additional funding is necessary to ensure that every American who wants to get treatment for opioid use disorder will have access. That is why the President has called on Congress to fund his \$1.1 billion proposal to expand access to treatment in communities across the country.

For more information about medication-assisted treatment, including buprenorphine, please visit:

<http://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management>

About SAMHSA please visit: <http://www.samhsa.gov>

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Co-Anon	602-697-9550
CoDA	602-277-7991
COSA	480-232-5437
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

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ART OF RECOVERY EXPO	602-684-1136
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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
Celebrate Recovery Chandler Christian Church	480-963-3997

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
Franciscan Renewal Center	480-948-7460
Gallus Detox	928-227-2300
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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
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Why We Can't Accept Ourselves — and Small Steps to Start

By Margarita Tartakovsky, M.S.

There are all sorts of obstacles that stop us from accepting ourselves. For starters, it might be a combination of scarce self-knowledge and wounds from our past, said Alexis Marson, LMFT, a psychotherapist who specializes in working with individuals, couples, families and children.

We often lack knowledge and awareness about our emotions. And the most damaging past wounds tend to stem from our caregivers. Marson shared this example: You feel angry and interpret your parents as disconnecting from you. You do everything you can to dismiss or ignore your anger so you can maintain the connection. "If we've cut off our ability to feel anger, we aren't aware of that part of our self. You cannot accept something you don't even know is there."

We also might continue the negative narratives from our childhood or past. We may continue retelling stories about how we are unworthy or less than, said Raquel Kislinger, a marriage and family therapist who specializes in narrative therapy.

Another obstacle involves misconceptions about self-acceptance. And there are plenty. For instance, we're taught that being hard on ourselves makes us better, said Joy Malek, LMFT, founder of SoulFull, which offers psychotherapy, coaching and workshops. We're taught that self-acceptance is lazy.

And yet "self-acceptance sets the stage for growth motivated by curiosity, inspiration and self-care. That sounds

a lot better than feeling motivated by self-rejection and shame."

We also believe that our imperfections will stop others from loving and valuing us, Malek said. We believe we'll only become worthy once we become perfect. Which is interesting because even though we might look up to someone who seems perfect, we love humanity and vulnerability in others, she said.

We worry that if we accept ourselves, others will see us as less attractive, as conceited and pompous. But in reality, "it's our inability to accept ourselves that can cause us to use arrogance as a defense against feeling unworthy." When we accept ourselves, it's actually easier to be humble and kind. It's actually easier to accept others, too, Malek said.

If you're having a tough time accepting yourself, start with these steps:

Shift your Beliefs

"In my experience, self-acceptance involves a paradigm shift," Malek said. You shift from the belief that you must be perfect and polished to be worthy of love and a good life to the belief that everyone is imperfect and human, and still worthy, she said. You can create this shift by:

Being vulnerable with safe and supportive people. Share your struggles. Talk about the time you "failed." Talk about when you felt embarrassed. Talk about something that brings you shame.

Surrounding yourself with self-accepting resources. Malek's favorites include this Ted talk from researcher

and storyteller Brené Brown and her book *Daring Greatly: How the Courage to Be Vulnerable Transforms the Way We Live, Love, Parent and Lead*. Malek also created this wonderful meditation. It "teaches how to engage our natural empathy for others, and direct that empathy toward ourselves as a natural path to self-acceptance."

Revise Damaging Stories

"It is important to look at the stories we tell about ourselves, and ask if they reflect our hopes and dreams; if they bring us a sense of contentment and equilibrium; if they nurture our strengths; if they 'work' for us and are stories we'd like to carry forward," Kislinger said.

Because if they aren't, consider revising them. Find exceptions. Because they absolutely exist. Kislinger shared this example: A man holds a life narrative that he's clumsy and can't handle anything fragile. He's also a bad

teammate because he fumbles the ball. He's never invited to events because he bumps into people.

"If we represent that person's life as a long succession of events, we might, indeed, find ones that support his problem story of 'clumsiness,'" Kislinger said. But we'll also find exceptions, which help to create an alternate, supportive story, such as: catching a fly ball at a baseball game; receiving several invites to parties; safely transporting a glass vase during a recent move.

The key is to find life experiences and events that challenge and dispute your problem story. "The more we do that, the more we invite self-acceptance."

Kislinger also suggested identifying one thing that encourages hope. "Even if you are wrestling with a problem story of depression and diminished self-worth, see if you can connect to something in your life that gives you a sense of possibility."



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