

# Together AZ

JANUARY 2018

Inspiring Success on the Road to Recovery

## An Integrated Approach to Tackling the Opioid Crisis

By CBI, Inc. staff

**CBI** knows we have an opioid crisis happening in the United States of America. If you work in the industry or have had a loved one affected by opioid addiction, then you get it. However, there are still many Americans who can't explain opioids. They aren't familiar with what they are, the side effects of use, and signs of abuse or withdrawal symptoms. They don't know the opioid family expands from prescription painkillers (Percocet, Oxycodone, Vicodin, etc.) to the illicit drug of heroin and new forms of street fentanyl, an extremely potent narcotic that can be deadly from one use or exposure. Most people can't explain the "crisis" component of opioids as many people are still unfamiliar with the addictive nature of all opioids. In community training, we often ask people what the number one cause of death is when abusing opioids and some typical answers are an overdose or heart attack. Yes, one can overdose, or take too many, but that doesn't always mean death. We definitely need our hearts to function, but when it comes to opioids, they tend to act on our respiratory system, slowing our breathing, often resulting in respiratory failure, the number one cause of death. All this is just the start of the opioid epidemic in America.

### Substance abuse is cyclical.

It never ends. Patterns and trends change, but the abuse of drugs is constantly there. Over the years, Americans have seen an increase in drug overdose deaths. In the 1980s many will recall sayings like "the war on drugs" and "just say no" and we got the feeling that drugs were a problem in our communities. In 1980, there were 6,100 American lives lost to drug overdoses. As we approached the new millennium, we saw an increase to almost 17,000 deaths in 1999 and then we changed history when in 2008 there were more deaths from drugs than car crashes. Over 36,500 lives were lost. Sadly, the increase in drug deaths continues to rise. The Centers for Disease Control confirmed 52,404 drug deaths in 2015. Preliminary data suggests that the number of drug overdose deaths will reach over 64,000 for 2016! The deaths are from many substances; however, a majority of the deaths are from opioids. Early estimates claim 15,466 heroin deaths in 2016 and 20,145 deaths due to fentanyl. These numbers alone total 35,611, about 56% of all the deaths that year and we haven't even factored in prescription pills.

### You never know what you are taking.

A substance that looks like a pill doesn't mean it is a pharmaceutical grade drug. Anything can be pressed to look like a pill. There have been many cases of heroin and fentanyl showing up as coun-

terfeit prescription meds. One should know that heroin is not only popular, but is the most potent it's ever been. Today, heroin can be 90% pure, resulting in addiction or death with one time use. Fentanyl is 50 times stronger than heroin and the US has seen an influx of use and availability. Many of these fake pills are trafficked in from China and Mexico. Current trends reflect blue pills stamped to look like oxycodone. Fentanyl can be deadly in as little as 3 milligrams, which looks like 3 grains of salt... nearly undetectable to the human eye.

### "The just say no" campaign failed.

This is why being in the know or knowledgeable is so important. **This is where it starts... education.** We can't be afraid to communicate with one another. Ask our doctors questions. Find out the facts. Inquire with loved ones about their habits, genetics, daily environments, etc. We need to prevent the problem before it occurs and start serious life skill conversations with our kids early and often. We can't stop the efforts or give up hope. We just need to understand the potential for harm and reduce it. Pain management is a real thing and necessary in some cases, but not all. It's ok to feel pain and it's ok to feel happiness. We

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learn from our life experiences and feelings. It's all part of human nature to grow and develop. Perhaps we need reminders that drugs, legal and illegal, can hinder that progress. Maybe more importantly, we remember it's possible to cope without the "pill for every ill" mentality.

**Pain is part of life.** We need to accept that pain is part of life. Yes, sometimes the pain becomes unmanageable. We may need medications, counseling or other means/skills to assist us in coping. However, it is when we do not accept the pain that

THE OPIOID CRISIS continued page 6

## Sierra Tucson celebrates 10 years - Gratitude for Giving



December 1, 2017, marked the 10th annual Sierra Tucson Gratitude for Giving Recognition Award Breakfast. Each year colleagues in the addiction recovery and behavioral health industry vote for their peers for their outstanding work in the community. This years winners include (from left) *Humility Award*: **Nancy Barto** (AZ State Senator), *Compassion Award*: **Valita Warner** (Terros Health), *Gratitude Award for Lifetime Achievement*: **Dr. Michael Sucher**, *Hope Award*: **Stephanie Siete** (CBI, Inc., Community Bridges), *Spirit Award*: **Terra Schaad** (Hunkapi Programs). Congratulations to all!



# Publisher's Note



By Barbara Nicholson-Brown

## Finding Joy

The dictionary defines joy as a deep feeling or condition of happiness or contentment, a source of happiness, an outward show of pleasure or delight; rejoicing.

Sometimes feeling a sense of joy can come from having a few moments of serenity or during a quiet meditation or reflection. It isn't always an outward experience; it is also internal and quite personal.

I've sensed joy taking my seat in a 12 step meeting, reaching my hand out to another, smiling at stranger in the grocery store for no reason, and when my cat sits on my lap and snuggles.

I've felt sadness, pain and grief through the years, and coupled with fear it can be debilitating. I have learned sometimes you have to dig deep and dive down to find the light and the way up.

A few months back I was exhausted, physically, mentally and spiritually. The first thought that came to mind was, "Well, you're not 35 anymore." I realized I couldn't keep running and doing, it was time to be a human "being." Just being.

So I took some time off, a few long needed naps on the weekends and asked my Higher Power for guidance. Along with His guidance — I prayed for patience. Patience with myself, the people and world around me.

*Everything really does happen in God's time.*

I wish for you this coming New Year to enjoy all the joy that is around you.

# AZ Advocacy Day — January 11

By Angie Geren

In the November 2016 edition of *Together AZ* I wrote, "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."**

January begins our legislative season, and it's imperative we come together and advocate for change. Historically, those affected by addiction have not been represented in the legislative process. We were a demographic easily ignored and dismissed. As the opiate crisis continues to expand and overdose deaths continue to rise, we can no longer sit idle. Last year 35 people represented all of us by meeting with legislators and advocating for key legislation at our Addiction and Recovery Advocacy Day. I know we can easily double our attendance this year on January 11, 2018! It was clear we are being heard and have support from many legislators, however, we cannot rest on our laurels. The legislative process is long, arduous and requires diligence and support through the process.

Quick breakdown of bill process: first read, second read, committees, Committee of the Whole, Caucus, third read, vote and on to either Senate or House to repeat the process before being sent to the Governor's desk for

signature and then the law won't go into effect for another 6-8 months. This allows for bad legislation to get changed and stopped along the way, it requires us to follow the bills and make sure good legislation has support through the entire process.

Many new bills are being introduced that could have a profound impact changing the conversation around recovery and addiction. Some bills directly affect the way addiction treatment works, ie., banning patient brokering, sober living regulations, and a Good Samaritan Bill that would not punish those who call emergency responders in a case of overdose with drug violations. These big changes need our support and voice. Legislators need to see people in recovery, they need our stories to shift their perceptions that we are "junkies" who will never amount to anything.

Advocating takes on many forms, from meeting one on one with your legislators to calling or emailing. The process can seem daunting and for those of us who have been let down by the "system" it can be very scary, however we are here to help shift your perception also!

We need YOU, please join us at [www.addictionhaven.com/arizona-advocacy](http://www.addictionhaven.com/arizona-advocacy) to find out how to become involved, read the bills that we are advocating for, and create change in our communities.



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Recovery Together  
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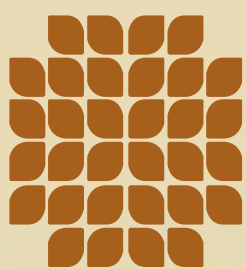
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# IT'S YOUR YEAR

By Dina Evan, Ph.D

No doubt about it, 2017 was a tough year for most. However, the energy of the New Year brings a fresh start, and new hope. One of the greatest gifts we have as human beings, is we get to begin again in each moment, in each day and on each New Year. We get to do that by making a new choice. Nothing you have done in the past can hurt you, the moment you make a new choice. None of the headlines, news reports or the scare tactics can have any effect at all, unless you begin to believe them. The past has no power over you unless you drag it kicking and screaming into this new year.

## You are very powerful

Since you are creating your reality with each new choice, you have an immense impact on creating the life, the body, the joy you want to have, the moment you make that decision. That choice is your first step. It ignites the fire. Believing a new choice is available and claiming it as yours is not always easy. Sometimes what seems to be...can feel overwhelming. Your choices direct the energy in your life to whatever you choose to focus on and we can be inadvertently focused on the strife in life before we realize we are drowning in that energy.

A master is careful about who he or she invites into his or her mind and life. A master knows that choices must be in alignment with integrity, spirit and values because if it is not, the creative force is lessened. For instance, think about the last time you made a half-hearted decision you really didn't believe in or knew was wrong. What happened? No doubt you spent some time cleaning up the mess because that decision or action wasn't aligned with your heart and soul. It wasn't part of your purpose. It's a little like a sour note in a symphony.

On the other hand, think about the times you made a decision or took an action that your heart and soul just knew was right for you, even if it didn't seem possible. No doubt it worked for you in some form. If you still have doubt, you have clearly not heard of Ho'oponopono, the Hawaiian healing process used by

Dr. Stanley Hew Len. Take a moment to find his story online and read about he healed a ward of mentally ill, criminal patients with Ho'oponopono. Yep, he actually healed a hospital full of murderers and insane patients that were criminals, simply by using directed energy and love. He never even spoke with them personally. The staff thought he was nuts, but after a year, there was no longer any turnover in staff, no need for strait jackets and the place was flourishing with love and healing. The energy there became joyful for both staff and patients.

## We have a choice this year.

We can listen to the rhetoric of division, separation and fear, or we can create life as WE want it to be. We can stop and help another with love, we can encourage someone even if it is just a sweet hello. We can decide what energy we will empower in our lives. I know many people feel this is a bunch of woo-woo nonsense. These are the same people who have never tried it. Sometimes the simplest things in life are also the most effective. So, here is the secret. Think of something you want this year. Every morning when you get up and you are getting ready for your day, look in the mirror and say, "Today I have **(you fill in the blank)**. Don't say it in a wimpy way. Own it. It's that simple. The hard part is not allowing doubt and negative energy to seep in and diffuse your directed energy. So, when that happens, and it might because this is a new thought process, just say cancel — cancel and reaffirm your first thought. For some reason, the mind hears a cancel, cancel or erase-erase or delete-delete as an instruction not to retain the last negative thought in mind. What have you got to lose?

Reaffirming your new thought each day may change your year in wonderful new way. And, it also changes the energy for the rest of us in a positive way. It's a team effort. We wish you every blessing in 2018.

## Leaping into the Housing Market

By Scott Troyanos

If you've decided to take the leap into home ownership it can be an exciting time. Before taking the leap, take time to consider all that will be involved.

### Consider these questions

- What is your credit score and outstanding debt?
- How far is your drive to work?
- What types of schools are in the area?
- Is the home close to conveniences?
- What can you afford for a down payment?
- Are you thinking of a condo, town-home or single family residence?
- What are the monthly HOA fees and what services are included?

### Real Estate Agents

Once you are in search mode, you'll want to select a trustworthy agent. Network with family and friends, asking if they know a credible agent, and consider visiting agents at open houses to see if they'd be a good fit for your needs. If you still aren't sure, search online for local agents.

### The Offer

If you think you've found THE house, then it's time to do a little more research to be sure.

- How much are taxes?
- Is the local school system desirable? What will you pay for utilities each month?
- Does the neighborhood have a good reputation?

These are all questions to consider when it comes time to make an offer.

### Offer to Purchase

The next step is to have your agent help you write an offer to purchase. You'll want to think about things like price, contingencies, home inspections and earnest money. Once you have considered everything and written the offer, you wait on the seller's response.

### Earnest Money

Your earnest money amount is a deposit held in escrow by your agent. When you purchase the home, then you'll be able to apply the earnest money to the sale price at closing.

Purchasing a home can be an exciting experience. Just consider every avenue. Sellers are anxious to sell, yet buyers should be slower to jump into

the process. Do your homework and be sure you have covered everything before signing anything. Once comfortable, go for it and buy your dream home with confidence.

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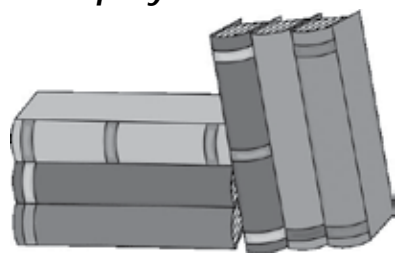
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sea between the shores  
of your souls.**

— Khalil Gibran



# Can We Prevent a Suicide?

Understanding the issues concerning suicide and mental health is an important way to take part in suicide prevention, help others in crisis, and change the con-

By Renee Sieradski, EA

Last month, a colleague told me she had lost her son to suicide a few years back, and then another friends daughter had a failed suicide attempt.

If I were to count how many personal friends and family I've lost to suicide, it's 10 people. If I expand to colleagues, acquaintances, and their families, that's another 10. I don't know if this is an average statistic or if my count is higher.

As a person who has struggled with suicidal thoughts since pre-teen years, I know the feeling of the deep relentless pain and wanting it to stop. Thankfully I've always found the right people and medications to help with those feelings.

My cousin Becky who took her life at age 18. She had the biggest, most beautiful smile and was always so kind to me.

My husband and I are approaching our 20-year wedding anniversary. As I've mentioned in previous articles, he has bipolar disorder. According to the textbooks, he is at a higher risk for suicide than I am because most medications are ineffective for him.

We've figured out the secret to him staying stable is a combination of several factors including an obscure medication called Clozaril, not traveling long distances, avoiding crowds if he is in an irritable mood, and going to sleep at the same time every night.

I realize there may come a day when he gives up the fight against bipolar disorder. I, of course, would be devastated. He's the love of my life. He was my first kiss, taught me how to drive a stick-shift and how to have humor in life. And he makes me laugh so hard my stomach hurts. We've been together longer than we've been apart and he is an amazing person. I don't know how I would live without him.

When he first became ill, I used to leave work, run home and check on him almost daily out of the fear of losing him to suicide. I've since learned that if he was going to take his life, he would find a way no matter what magical, perfect words I came up with. I've learned to let go of the terror of losing him. I would like to think somehow me letting go of controlling whether or not he would take his life has empowered him to think it through for himself.

I have to take life one day at a time

I heard the most beautiful quote and wanted to share: *"Your heart is full of a new storehouse of love every day that you wake up and if you don't give it away, it's gone forever."*

## On to Finances:

On July 1, Arizona instituted a new law requiring employers to give their employees paid sick time. The only exceptions to this law being government employers and sole proprietor employers. It used to be only full-time employees received paid sick time but it now includes part-time, and seasonal or temporary workers. It, however, does not include contract workers.

The new law requires 24 hours of paid sick time per year, per employee for businesses with 14 or fewer workers and 40 hours for businesses with 15 or more people.

Another facet of this law is employees may request to use their sick time for other issues. Sick leave may be taken if an employee is dealing with domestic violence, sexual abuse, stalking issues, or the closing of a child's school. The time may also be used for meeting with lawyers, arranging housing, or problems within the family.

An employer may only request proof of sick time when an employee has been absent for three consecutive days. Proof may be provided by way of a letter from an attorney, a doctor's note, a police report, or a statement written by the employee. In the case of a written statement from the employee, he is not required to state why he needed the time off, but the time off was necessary. Employers are generally required to grant requests for sick leave. They are also required to keep records of accrued time off for each employee. These records of paid sick time, whether accrued or used, must be retained for four years. Employee paystubs should show the amount of sick time used and the amount available for use. This new law must also be posted in a conspicuous area where all employees can see it such as the breakroom. Employers should also have a company policy in place that clearly states, in writing, what happens to unused sick time if an employee is fired or quits.

Renee Sieradski is a Tax Specialist, visit [www.tax-intervention.com](http://www.tax-intervention.com) or call 602-687-9768.

## Life can be difficult at times.

We face many challenges and sometimes it seems like a lonely journey. **But, you are not alone.**

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## The National Suicide Prevention Lifeline is a national

network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. Committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness.

## We Can All Take Action

Evidence shows that providing support services, talking about suicide, reducing access to means of self-harm, and following up with loved ones are just some of the actions we can all take to help others.

**1-800-273-8255 [suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)**



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we can create suffering for ourselves. When we burn our hand, we want to experience pain so we can treat that wound accordingly. When a loved one passes away, we may feel pain related to the grief of the loss. If we do not allow ourselves to feel the pain and/or process the experience, the pain can turn into suffering. We can store that pain or suffering in our bodies, which can impact our mind, behaviors, emotions and physical reactions.

### There is treatment and support.

Addiction and/or dependence not only impacts the individual who is addicted or dependent, it impacts families, friends and the community. Community Bridges, Inc. (CBI) provides services throughout the state of Arizona that assist individuals with getting on their own journey to recovery, and services that provide support and education to families, friends, and the community. At CBI, we know the journey to recovery is not always easy and it can look very different for each person. There's a stigma around addiction, which can include blaming the person who's addicted. Addiction does change the brain. As we treat other medical conditions, it's important that we're treating addiction the same way. When a loved one is going through cancer treatments, the family unit needs support as well. It's the same thing with addiction.

### Recovery is possible.

Community Bridges, Inc. (CBI) understands the support that is needed when you or a loved one are going through recovery. Many CBI employees have been through recovery, and are now working to help others realize the light at the end of the tunnel. Over the past 35 years, CBI has helped thousands of men, women, and families from all walks of life, including Veterans, homeless, and those suffering from mental illness and substance use. They offer a variety of programs that are catered towards very specific needs, such as opioid dependency.

### CBI's programs can help.

UnScript is a program of Community Bridges, Inc.(CBI) which was developed to treat individuals who have become dependent on prescription pain medications due to having a legitimate pain condition and being prescribed medication by a doctor. The program uses medical interventions, along with an addiction-free pain management model to assist individuals in decreasing their dependence on opioid-based interventions and increase their ability to manage their pain in a manner that is less disruptive to their life. The programs assist the individual in making a long-term gain in their ability to manage their pain.

### Don't always believe your doctor.

People go to the doctor and get a legitimate prescription for pain medication and feel as though they are doing the right thing. Over time, that dependence can build to where we see the need for the Unscript Program because it is that unintentional dependence that was developed due to being prescribed medication that was needed. We have become so used to prescribing these medications, even in large quantities for minor injuries or minor procedures. One may become physically dependent or addicted to these medications in as little as five days.

# Recovery is..Possible



*"Most individuals who are dependent on drugs are like most of us, with families, jobs, and children."*

### The original opioids are unheard of.

The original opioids are naturally occurring substances and come from the opium poppy. Rather than converted into morphine and heroin, they are made into all these synthetic analogs that are meant to be more effective, more powerful pain relief. Then there's the street world of heroin. Physicians and the public have become more aware of the epidemic and physicians are starting to be wary of prescribing. We also have pharmaceutical databases to look at what somebody is being prescribed, and that's driving the move to street drugs.

### The face of addiction has changed.

Addiction no longer looks like the stereotypical homeless person on the side of the street. Most individuals who are dependent on drugs are like most of us, with families, jobs, and children. Substance use is becoming common in the workplace. The philosophy behind chronic pain management is that you'll be able to function until it starts getting out of control and addiction takes over.

### Adolescents are becoming addicted to opioids.

It is not just adults in the workplace becoming addicted to opioids, but it is also our youth. CBI is introducing their new Unscript Adolescent Program in 2018. The program will provide comprehensive, medically integrated behavioral health services that support members in achieving their recovery goals, enhancing health and wellness, and improving the quality of their lives.

### Teenage deaths continue to grow due to heroin and other opioids.

CBI developed an Adolescent Opioid Use Disorder Treatment Program model for those 16 to 18. The program will focus on brief intervention techniques and taper adolescents off opioids by using Medication Assisted Treatment (MAT), individual counseling, and expanded family support. By using a holistic approach and age-specific interventions, CBI will guide and support adolescents in their journey through addiction recovery.

### Medically treating opioid dependencies.

Medication Assisted Treatment (MAT) helps treat opioid dependency by using suboxone. According to studies, suboxone is a medication often prescribed to teens and is used to treat opioid dependence. "One of the advantages to using suboxone is that it can't be taken to achieve a full opioid effect, making it more difficult to abuse than other forms of medication-assisted treatment, such as methadone. It is designed to assist the youth in slowly coming off opioids by introducing the suboxone and then to taper off suboxone. This transition process is done under the care of both a psychiatric and family practitioner to monitor mental health and physical health issues. CBI currently offers Medication Assisted Treatment services at five of their facilities in Arizona.

THE OPIOID CRISIS next page

# RECOVERY IS POSSIBLE

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CBI's specialized programs work through a multidisciplinary team approach to assess biological, medical, psychological, social, and spiritual domains of life to design the most effective treatment modality for each individual and/or family. The model addresses these domains to achieve true wellness and recovery. Family Support Services are used throughout the treatment to engage the family in discussion regarding education, crisis intervention, skills training, management of mental illness, problem-solving, and social and emotional support. CBI believes it is important to not only treat the patient, but their families too.

Your path to recovery.

Everybody has their own journey through recovery. Every person has their own unique story and path. Community Bridges, Inc. (CBI) acknowledges that and takes every facet of your life into consideration when helping you through your path of recovery. CBI remarkable and talented staff loves people. CBI offers inpatient and outpatient programs that fit all individual needs.

For more information and to learn about our services please visit:

[www.communitybridgesAZ.org](http://www.communitybridgesAZ.org).

I am enough

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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AZ-17-09-01



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— Aristotle

**NCADD PHOENIX**

is a non-profit organization dedicated to providing substance abuse treatment to women through a variety of programs to address individual needs. All of NCADD's programs focus on providing the tools and resources to assist women in becoming financially self-sufficient and believing in their potential to remain drug and alcohol free and live a quality life.

VISIT US AT [HTTP://WWW.NCADD-PHX.ORG](http://www.ncadd-phx.org)  
4201 NORTH 16TH STREET, SUITE 140, PHOENIX, AZ 85016

WELDON HOUSE

**602-264-6214**



With the recent Monitoring the Future Study release indicating that nearly one in three 12th graders reported using a vaping device in the past year, it's imperative that parents are informed of the potential dangers that can result from vaping.

### **What is Vaping?**

Vaping is the act of inhaling and exhaling the aerosol, often referred to as vapor, produced by an e-cigarette or similar device. It's become more popular among teens than regular cigarettes, especially given that vaping devices can be used for anything from flavors like mango, mint or tutti frutti, to flavorings containing nicotine or THC, the chemical compound in marijuana that produces the high.

### **What are the Risks?**

There are several risks to vaping for teens. Below are three major ones for parents to be concerned about:

### **Vaping is often marketed to kids, downplaying the dangers.**

With lots of flavors available for vaping liquids, as well as the variety of colors and devices available that charge just like cell phones, it's clear that vaping products are often marketed to teens. One of the slang terms for vaping, known as JUULing (“jeweling”), comes from the JUUL brand device that looks more like a flash drive as opposed to an e-cigarette. Vaping is also often sold as a “safer” alternative to cigarettes, and some teens are under the false assumption that because e-cigarettes don't contain tobacco they're safe.

### **Vaping chemicals used in the liquids can be more concentrated and dangerous.**

Inhaling from a vape pen or e-cigarette, especially in the case of one containing nicotine or THC, can enhance a drug user's high and can amplify a drug's side effects. Vaping is also very new and there are literally hundreds of brands, so there's not a lot of firm information about what chemicals might be in what vape liquids. But even beyond nicotine and THC, synthetic chemicals that make up these liquids – including “herbal incense” like spice and synthetic marijuana – expose the lungs to a variety of chemicals, which could include carcinogens and toxic metal nanoparticles from the device itself. Not only could these chemicals make their way into young lungs, causing irritation and potentially “smoker's cough,” but they could also damage the inside of the mouth and create sores.

### **Vaping may make the transition to cigarette smoking easier in adolescence.**

In a meta analysis of six studies, the findings concluded that the risk of smoking increases four times if a teen vapes versus a teen that does not. In another study of more than 2,000 10th graders, researchers found that one in five teens who reported a regular vaping habit at the start of the study smoked traditional cigarettes at least three times a month by the end of the study period. Another 12% of routine vapers smoked at least one day a month. By comparison, less than 1% of students who didn't try vaping reported smoking even one day a month at the end of the study.

### **What Can Parents Do?**

Make it clear to your son or daughter that you don't approve of them vaping or using e-cigarettes, no matter what.

If you think your son or daughter is vaping, take a deep breath and set yourself up for success by creating a safe, open and comfortable space to start talking with your son or daughter. As angry or frustrated as you feel, keep reminding yourself to speak and listen from a place of love, support and concern. Explain to them that young people who use THC or nicotine products in any form, including e-cigarettes or vaporizers, are uniquely at risk for long-lasting effects. Because these substances affect the development of the brain's reward system, continued use can lead to addiction (the likelihood of addiction increases considerably for those who start young), as well as other health problems.

You want your child to be as healthy as possible. Find out why vaping might be attractive to your son or daughter, and work with him or her to replace it with a healthier behavior. (Source: [drugfree.org/parent-blog/the-teen-vaping-trend-what-parents-need-to-know/](http://drugfree.org/parent-blog/the-teen-vaping-trend-what-parents-need-to-know/))



# Opioids After Surgery Left Her Addicted. A Medical Error?

By Martha Bebinger, WBUR

In April 2017, Katie Herzog checked into a Boston teaching hospital for what turned out to be a nine-hour-long back surgery.

The 68-year-old consulting firm president left the hospital with a prescription for Dilaudid, an opioid used to treat severe pain, and instructions to take two pills every four hours as needed. Herzog took close to the full dose for about two weeks.

Then, worried about addiction, she began asking questions. “I said, ‘How do I taper off this? I don’t want to stay on this drug forever, you know? What do I do?’” Herzog said, recalling conversations with her various providers.

She never got a clear answer.

So she turned to Google to try to figure out how to wean herself off the Dilaudid. She eventually found a Canadian Medical Association guide to tapering opioids.

“So I started tapering from 28 [milligrams], to 24 to 16,” Herzog said, scrolling through a pocket diary that she used to keep track.

About a month after surgery, she had a follow-up visit with her surgeon. She had reached the end of her self-imposed tapering path the day before and at the doctor’s, she recalls feeling quite sick.

“I was teary, I had diarrhea, I was vomiting a lot, I had muscle pains, headache, I had a low-grade fever,” Herzog recalled.

The surgeon thought she had a virus and told her to see her internist. Her internist came to the same conclusion.

She went home and suffered through five days of what she came to realize was acute withdrawal, and two more weeks of fatigue, nausea and diarrhea.

“I had every single symptom in the book,” Herzog said. “And there was no recognition by these really professional, senior, seasoned doctors at Boston’s finest hospitals that I was going through withdrawal.”

Herzog did not name any of the providers who had something to do with her pain management or missed signs of withdrawal. She said she sees this as a system-wide problem. Herzog did share medical records that support her story. After the withdrawal, she did not crave Dilaudid and she manages any lingering pain with Tylenol. She has since returned to her providers, who’ve acknowledged that she was in withdrawal.

## Not An Isolated Incident

Herzog’s story is one doctors are hearing more and more. “We have many clinicians prescribing opioids without any understanding of opioid withdrawal symptoms,” said Dr. Andrew Kolodny, director of Physicians for Responsible Opioid Prescribing and co-director of the Opioid Policy Research Collaborative at Brandeis University’s Heller School. One reason, Kolodny said, is that doctors don’t real-

ize how quickly a patient can become dependent on drugs like Dilaudid.

Sometimes that dependence leads to full-blown addiction. About half of street drug users say they switched to heroin after prescribed painkillers became too expensive.

Now, a handful of doctors and hospital administrators are asking, if an opioid addiction starts with a prescription after surgery or some other hospital-based care, should the hospital be penalized? As in: Is addiction a medical error along the lines of some hospital-acquired infections?

Writing for the blog and journal Health Affairs, three physician-executives with the Hospital Corporation of America argue for calling it just that.

“It arises during a hospitalization, is a high-cost and high-volume condition, and could reasonably have been prevented through the application of evidence-based guidelines,” write Drs. Michael Schlosser, Ravi Chari and Jonathan Perlin.

The authors admit it would be hard for hospitals to monitor all patients given an opioid prescription in the weeks and months after surgery, but they say hospitals need to try.

“Addressing long-term opioid use as a hospital-acquired condition will draw a clear line between appropriate and inappropriate use, and will empower hospitals to develop evidenced-based standards of care for managing post-operative pain adequately while also helping protect the patient from future harm,” said Schlosser in an emailed response to questions.

Kolodny said it’s an idea worth considering.

“We’re in the midst of a severe opioid epidemic, caused by the over-prescribing of opioids,” Kolodny said. “Putting hospitals on the hook for the consequences of aggressive opioid prescribing makes sense to me.”

## Potential Addiction vs. Pain Management Awareness

Penalizing hospitals for patients who become addicted to opioids conflicts with payments tied to patient satisfaction surveys. Hospitals that do not adequately address patients’ pain may lose money for low patient satisfaction scores. In response to the opioid epidemic, patient surveys are shifting from questions like, “Did the hospital staff do everything they could to help you with your pain?” to questions that emphasize talking to patients about their pain. But physicians may still prescribe more, rather than fewer, opioids to avoid complaints from dissatisfied patients.

“This is a real concern that patients who may feel that their pain is under-managed may take that out in these patient report cards,” said Dr. Gabriel Brat, a trauma surgeon at Beth Israel Deaconess Medical Center who stud-

continued page 12



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Community Liaison Ken Flack @602-292-6757**

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# Community Calendar

Send events/support group information to [aztogether@yahoo.com](mailto:aztogether@yahoo.com). Due 20th of month prior to printing

### Professional Events

**JAN. 16** —PCS Networking Luncheon, 12:15 -1:30 PM. PCS- -3302 N. Miller Road, Scottsdale. Follow signs to the back of the building to enter. Register: Jacquee Nickerson, 480-947-5739, email: [pcs@pcsearle.com](mailto:pcs@pcsearle.com)

**Jan. 25-26— Motivational Interviewing Academy** presented by **Center for Applied Behavioral Health Policy**. Downtown Phoenix Campus - The Westward Ho, 602-496-1470, 618 N. Central, Suite 100, Phoenix, 85004. Register [cabhp@asu.edu](mailto:cabhp@asu.edu)

### Open Support Groups & Events

**NEW! Begins Jan 8.— LGBTQ+ IOP Program.** Dedicated specialty program designed to meet the mental health and substance abuse, treatment needs of the LGBTQ+ population. Mon., Tues., Thurs. 6:00-9:00 pm. Transportation available. Call **602-952-3939** or **602-952-3907** for information.**Valley Hospital**, 3550 East Pinchot Ave. Phoenix. [www.valleyhospital-phoenix.com](http://www.valleyhospital-phoenix.com)

**SIERRA TUCSON**— Alumni Groups. Scottsdale, Tues., 6:00- 7:00 p.m.Valley Presbyterian Church. 6947 E. McDonald Drive, Paradise Valley. **480-991-4267**. Meet in Counseling Center (Parlor Room). Rob L. 602-339-4244 or [stscottsdalealumni@gmail.com](mailto:stscottsdalealumni@gmail.com).

**SIERRA TUCSON**— Continuing Care Groups in Phoenix. Thursdays – Resident Alumni. Psychological Counseling Services, 3302 N. Miller Road, Scottsdale. 5:30 – 7:00 p.m.Group is facilitated by staff of PCS at no charge for Resident Alumni. Contact Alumni Coordinator Courtney Martinez at **520-624-4000**, Ext. 600205 or email: [Courtney.Martinez@SierraTucson.com](mailto:Courtney.Martinez@SierraTucson.com).

**SIERRA TUCSON** - Resident & Family Member Alumni. First/ third Thurs. of month – Blue Door Psychotherapy, 5929 E. Pima St. Tucson. (Park off of Sahuara Street behind Pilates center) **6:00 – 7:30 p.m.** Bi-weekly group facilitated by clinical staff at Blue Door Psychotherapy. No charge for Resident and Family Member Alumni. Courtney Martinez at 520-624-4000, Ext. 600205 or e: [Courtney.Martinez@SierraTucson.com](mailto:Courtney.Martinez@SierraTucson.com).

Mondays– Scottsdale – **FAMILY RECOVERY GROUP**—Facilitated by Brough Stewart, LPC. 5:30-7:30 p.m. Designed to help begin/continue family recovery. Meadows Outpatient Center, 19120 N. Pima Rd., Ste. 125, Scottsdale. Contact: Jim Corrington LCSW, 602-740-8403

**Celebrate Recovery** — COMPASS CHRISTIAN CHURCH. 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 Habits. 1825 S. Alma School Rd. Chandler. 480-963-3997.

**Valley Hospital— IOP Group for Chemical Dependency/Co-Occuring.** Mon.,Tues., Thurs. 6:00-9:00 p.m. 602-952-3939. 3550 E. Pinchot Avenue, Phoenix. [valleyhospital-phoenix.com](http://valleyhospital-phoenix.com)

**Open Hearts Counseling Services** — Women’s Therapeutic Group for Partners of Sex Addicts. Comfort, strength and hope while exploring intimacy issues. Cynthia A. Criss, LPC, CSAT 602-677-3557.

**FAMILIES ANONYMOUS**—12 step program for family members of addicts. Scottsdale Sun. 4:00 p.m., 10427 N. Scottsdale Rd., N. Scottsdale Fellowship 480-225-1555 or 602-647-5800

**NICOTINE ANONYMOUS** (NicA) Fellowship for those with a desire to stop using nicotine. Phoenix Sat., 5-6:00 p.m. at Our Saviour’s Lutheran Church, 1212 E. Glendale Ave., Glendale, Sun., 9:15-10:15 a.m. Fellowship Hall, 8910 N. 43rd Ave. 480-990-3860 or [www.nicotine-anonymous.org](http://www.nicotine-anonymous.org)

**Chronic Pain Sufferers** “Harvesting Support for Chronic Pain,” 3rd Saturday of month, 12-1:00 p.m. Harvest of Tempe, 710 W. Elliot Rd., Suite 103, Tempe. 480-246-7029.

**Jewish Alcoholics, Addicts, Families and Friends** (JACS) 1st / 3rd Wed., 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](mailto:JACSarizona@gmail.com)

**COSA** (12-step recovery program for thosewhose lives have been affected by another person’s compulsive sexual behavior) Thurs. 11:00 a.m.-Noon. 2210 W. Southern Ave. Mesa. 602-793-4120.

**WOMEN for SOBRIETY** — [www.womenforsobriety.org](http://www.womenforsobriety.org). Sat. 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**— Message of hope and personal recovery to family and friends of someone who is addicted to cocaine or other substances. “Off the Roller Coaster” Thurs., 6:30-7:45 p.m., 2121 S. Rural Rd., Tempe. Our Lady of Mount Carmel Church. Donna 602-697-9550 /Maggie 480-567-8002.

**Cottonwood Tucson Alumni**—First Wednesday of month 6:00-7:30 p.m. 4110 W. Sweetwater Drive. Tucson.800-877-4520 x2141. [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com)

**ACOA** Thurs., 7:00 p.m., North Scottsdale United Methodist Church, 11735 N. Scottsdale Rd., Scottsdale.[www.aca.arizona.org](http://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, Tucson. Room A. Michael 520-419-6723.

**OA**—12 Step program for addictions to food, food behaviors. 520-733-0880 or [www.oasouthernaz.org](http://www.oasouthernaz.org).

**Pills Anonymous**—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.

**GA**—Christ the Redeemer Lutheran Church, 8801 N. 43rd Ave. Sunday, Spanish 7:00-9:00 p.m. Good Shepherd Lutheran Church, 3040 N 7th Ave. Sunday, English 6:00-8:00 p.m. 5010 E. Shea Blvd., Ste. D-202, Contact Sue F. 602-349-0372

**SAA** — [www.saa-phoenix.org](http://www.saa-phoenix.org) 602-735-1681 or 520-745-0775.

*Valley Hope Alumni Support.* 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](mailto:mphaes@mac.com)

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



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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](http://www.arizonada.org).

**Eating Disorder Support Groups**— PHX— Monday @ 7:00 p.m. (N,D/SP,O). 2927 E. Campbell Dr. Ste. 104, (Mt. View Christian Church). Contact Jen at (602) 316-7799 or [edaphoenix@gmail.com](mailto:edaphoenix@gmail.com) for directions/info. Wed. 7:00 p.m. Liberation Center, 650 N. 6th Ave, Phoenix. (cross street McKinley). Jennifer at (602) 316-7799. Tempe—Thursday@ 6:30 p.m. Big Book/Step Study meeting. Rosewood Centers for Eating Disorders, 950 W. Elliot Road, Suite #201, Tempe. Contact [info@eatingdisordersanonymous.com](mailto:info@eatingdisordersanonymous.com). Tucson— Tues. 5:30 - 6:30 p.m. Steps to the Solution Meeting. Mountain View Retirement Village, 2nd floor, 7900 N. La

Canada Drive, Tucson. Holly (203) 592-7742 or [leeverholly@gmail.com](mailto:leeverholly@gmail.com). Thurs. 5:30 - 6:30 p.m. EDA Big Book Step Study. Mountain View Retirement Village, 2nd floor, 7900 N. La Canada Drive, Tucson. Holly, (203) 592-7742 / [leeverholly@gmail.com](mailto:leeverholly@gmail.com). Wickenburg—Wed. 7:15 p.m. and Sunday 7:45 p.m. (N,D/SP,O,) Capri PHP program. Contact (928) 684-9594 or (800) 845-2211.Yuma—Wed. @ 5:00 - 6:00 p.m. 3970 W. 24th St. Ste. 206 Yuma. Alyssa at (928) 920-0008 or email [2014yumae.d.a@gmail.com](mailto:2014yumae.d.a@gmail.com).

**GODDESSESS & KACHINAS** Philosophical, spiritual, religious 12 step, 12 Tradition, 12 Promises support group. Details 480-203-6518.

**Crystal Meth Anonymous** [www.cmaaz.org](http://www.cmaaz.org) or 602-235-0955. Tues. and Thurs. Stepping Stone Place, 1311 N 14th St. Phoenix

### CRISIS & SUPPORT Groups

Alcoholics Anonymous	602-264-1341	Heroin Anonymous	602-870-3665
Al-Anon	602-249-1257	Marijuana Anonymous	800-766-6779
ACA	<a href="http://aca-arizona.org">aca-arizona.org</a>	Narcotics Anonymous	480-897-4636
Bipolar Wellness Network	602-274-0068	National Domestic Violence	800-799-SAFE
Choices Network	(602) 278-1414	Overeaters Anonymous	602-234-1195
Compass Christian Church	480-963-39972	PAL	480-300-4712
Cocaine Anonymous	602-279-3838	Parents Anonymous	602-248-0428
Co-Anon	602-697-9550	Phoenix Metro SAA	602-735-1681
CoDA	602-277-7991	Rape Hotline (CASA)	602-241-9010
COSA	480-385-8454	Sexaholics Anonymous	602-439-3000
Crisis Text Line	Text HOME to 741741	Sex/Love Addicts Anonymous	602-337-7117
Crystal Meth Anonymous	602-235-0955	Sex/Love Addicts Anonymous	520-792-6450
Emotions Anonymous	480-969-6813	Sex Addicts Anonymous	602-735-1681
Families Anonymous	602-647-5800	S-ANON	480-545-0520
Gamblers Anonymous	602-266-9784	Suicide Hotline	800-254-HELP
Grief Recovery	800-334-7606		



# BOOK REVIEW

Reviewed by Kyle Rhodes

## You Can't Make Me Angry

by Dr. Paul O.

“By the time you put this book down, you will be convinced that people and circumstances don’t make us angry; we make ourselves angry. People can’t make us angry—unless we let them. We alone are responsible for our feelings.

A measure of the effectiveness of communication is the result it produces. If you don’t like the results you are getting when communication with another person, there’s a great deal you can do about it. I’m not willing to let any thing or any person put my physical sobriety at risk; why should I put less value on my emotional sobriety?

For physical sobriety, we had to give up drinking, and for emotional sobriety, we have to give up blaming others. No longer can we say, “You made me angry!” Instead, we must accept personal responsibility for our emotional state.

This much responsibility may seem extreme, yet in fact it is a great freedom. Henceforth, no person or situation can upset us if we don’t give them or it permission to do so. What could be a greater freedom than that?

### Emotional maturity is like serenity.

The first time I felt serene, I wondered what was happening, but I liked the feeling and wanted more. The more I got, the more I wanted. Serenity is addictive,” passage from the back cover.

“And acceptance is the answer to all my problems today.” Alcoholics everywhere know of Dr. Paul’s wisdom through the often-quoted passages from his story, “Acceptance

was the Answer”, in the big book of Alcoholics Anonymous. Dr. Paul continues sharing his astute insight and gentle humor with discussions of the physical, mental, emotional, interpersonal and spiritual aspects of sobriety in his book, *You Can’t Make Me Angry*.

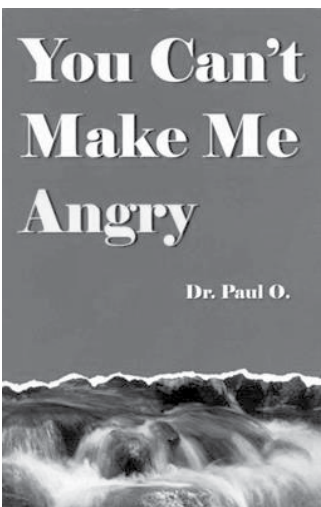
He begins by discussing “the problem.” With an extremely interactive use of language targeted directly at the reader, he points out the importance of both physical and emotional sobriety by explaining what he believes is a contributor to becoming a “dry drunk” or experiencing alcoholic “slips”. As an alcoholic, Dr. Paul says his emotional sobriety must be maintained in order to remain physically sober. A key aspect to this “emotional sobriety”, he suggests, is accepting responsibility for his own emotional state and his emotional reactions to someone else’s behavior.

Dr. Paul uses examples from his own experience in Al-Anon to show living examples of how people are able to make incredible changes along the lines of emotional sobriety. Al-Anon members are particularly suited as examples because many of them are able to maintain emotionally sobriety whether or not their alcoholic is drinking, dry or sober. Dr. Paul’s simple wisdom complements his tall order for action by acknowledging that human beings, alcoholic or not, are simply not going to be able to “maintain complete control of our emotional state at all times”.

Interpersonal relationships depend on communication in order to thrive. Dr. Paul suggests that emotional independence is a way to clear

communication with others. When we allow others to control our emotions and actions with their behaviors we are not always able to clearly communicate what must be said or done. He tells us that if we aren’t happy with the results our communication skills are producing, then we must have “the courage to change our thinking, our attitudes and our behavior in many small ways.”

One of the most effective and interesting styles I have experienced, Dr. Paul doesn’t only put forth suggestions and solutions. He points out several behaviors and tendencies many people struggle to let go of. He adds the resulting chaos as part of his explanation of what can get in the way of effective communication and emotional independence. He borrows theories from psychologists and counselors to drive home several of his main concerns.



Dr. Paul borrows valuable advice from other books and authors as well as drawing from his own experience in Alcoholics Anonymous, Al-Anon, and his marriage to Max O. in order to put some perspective behind the suggestions he has put forth. As a reader, we are able to see practical application of some of the things we have read up to this point and the results that came to fruition for Dr. Paul. He continues to offer up techniques and practices that he has had success with in maintaining his own emotional sobriety. His experiences are easily relatable for anyone who is a member of Alcoholics Anonymous or Al-Anon, and for those who are in a committed relationship or marriage.

## Together AZ Resources

TOGETHER AZ	602-684-1136
Art of Recovery Expo	602-684-1136
ACT Counseling & Education	602-569-4328
AZ. Dept. of Health	602-364-2086
Office of Problem Gambling	800-NEXTSTEP
Aurora Behavioral Health	623-344-4400
AzRHA	602-421-8066
Calvary Healing Center	866-76-SOBER
Carla Vista Sober Living	480-612-0296
Chandler Valley Hope	480-899-3335
Choices Network	602-222-9444
CBI, Inc.	480-831-7566
CBI, Inc. Access to Care	877-931-9142
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
Julian Pickens, EdD, LISAC	480-491-1554
Foundations Recovery Network	855-316-0114
Gifts Anon	480-483-6006
Governor's Office of Youth, Faith & Family	602-542-4043
Hunkapi Programs	480-393-0870
Lafrontera -EMPACT	800-273-8255
The Meadows	800-632-3697
Mercy Maricopa Integrated Care	602-222-9444 or 1-800-631-1314
NCADD	602-264-6214
PITCH 4 KIDZ	480-607-4472
Psychological Counseling Services (PCS)	480-947-5739
Remuda Ranch	800-445-1900
Rio Retreat Center	800-244-4949
River Source-12 Step Holistic	480-827-0322 or 866-891-4221
Scottsdale Detox	480-646-7660

Scottsdale Providence Recovery Center	480-532-4208
Teen Challenge of AZ	800-346-7859
TERROS	602-685-6000
Valley Hospital	602-952-3939
<b>Legal Services</b>	
Dwane Cates	480-905-3117
<b>Real Estate</b>	
Scott Troyanos	602-376-6086
<b>Tax Intervention</b>	
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	520-638-6000
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

### Want to be a resource?

Send your request by email to  
aztogether@yahoo.com

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Enhancing the Quality of Life

855-245-6350 / info@itsofaz.com

Intensive Treatment Systems of Arizona

www.itsofaz.com



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ies the use of opioids after surgery at Harvard Medical School.

Most patients leave the hospital with more pain meds than they need. Studies show that between 67 and 92 percent of patients have opioid pills left over after common surgical procedures.

One reason that may contribute to over-prescribing is that patients vary a lot. Brat said about 10 percent of patients need intense pain management, but it's difficult to identify who will be that 10 percent.

"Many surgeons are still prescribing opioids for the subset of patients that have higher requirements, as opposed to for the majority of patients who are taking a very small percentage of the

pills that they are prescribed," Brat explained.

There are no firm guidelines for which opioids to prescribe after surgery, at what dose or for how long. The CDC released opioid prescribing guidelines for chronic pain in 2016, but it included only brief references to acute pain.

Some opioid prescribing guidance for surgeons is emerging. A study published in September reviewed surgical records for 215,140 patients. It found that the optimal opioid prescription following general surgery is between four to nine days.

This story is part of a reporting partnership with NPR, WBUR and Kaiser Health News.



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