

Together AZ



Inspiring Success On The Road To Recovery

December 2011

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by Larry Solomon



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Living Well With a Chronic Illness

By ALLEN NOHRE,
TERROS BEHAVIORAL HEALTH

On a balmy April Arizona evening, my wife Kathie and I were enjoying ourselves with visiting Minnesota friends when the phone rang. This time it wasn't a telemarketer. For five years my doctor had been monitoring my MGUS—"monoclonal gammopathy of undetermined significance"—the craziest medical term ever invented for a disease. I had been living in a state of limbo wondering when my MGUS would develop to multiple myeloma, a rare, incurable cancer of the blood. The message I heard on the phone said, in effect, "We have significance. We need to start treatment."

As a writer at TERROS, I interview people recovering from drug and alcohol addictions, and see how it can be a difficult and painful process. These amazing people give me the privilege of writing their stories and it occurs to me they also struggle with life and death issues. I see we are different and the same. They don't have a cancer, and I don't have an addiction, but we fight for our lives, and I see what we have in common.

- We have a health condition that is chronic.
- Our condition is a matter of life and death.
- Our condition can be treated and managed.



Better than the Alternative

A chronic health condition persists over a long period and affects every corner of our life: our bodies, emotions, the way we think, jobs, families, and our faith and spirituality. It is good news that a serious condition like addiction and some cancers can be treated and managed over a period of time. A chronic and treatable health condition is certainly better than one that is imminently fatal. However, untreated chronic conditions usually become fatal. Responding to addiction as a chronic condition gives the hope of recovery.

I was given a long-lasting shot of optimism and good news about my future when my doctor said he's confident, that with treatment, my multiple myeloma can be managed

as a chronic illness. He said, "I am looking forward to treating you until you are your mother's age."

At the time, Mom was 101. I said, "I'd be happy with 20 years, that takes me to age 94, and that's enough."

Managing a Chronic Condition

Cancer, hypertension and diabetes are chronic conditions as is addiction to drugs or alcohol. I use scientific medicine for treating my cancer and a person with addiction should get evidenced-based treatment. Brief addiction treatment may result in sobriety, but that's not all it takes to develop psychological and spiritual health. It takes the work of

LIVING WELL continued page 9

Toddlers & Tiaras Generates Controversy

An interview with Dr. Kim Dennis, medical director and board certified psychiatrist and Kirsten Haglund, Miss America 2008, eating disorders awareness advocate and Community Relations Specialist at Timberline Knolls

For years, child beauty pageants were fairly benign: girls wore frilly party dresses and satin ribbons. That innocent vision was permanently shattered in 1996 with the murder of six-year-old JonBenét Ramsey in Boulder, Colorado. Although seemingly unrelated to her death, much was made of JonBenét's involvement in beauty contests. Provocative clips of this beautiful little girl singing and walking the runway were a staple on television news for months.

Fast forward to 2009, a mere 13 actual years and a million media light years away from that tragic time. In this first decade of the new millennium, sensationalism became standard and reality shows were crowned king. Enter *TLC's Toddlers & Tiaras*. This television show took viewers behind the scenes of the unique world of child beauty pageants. Each wildly popular episode showcased the tears and tantrums of the "divaesque" toddlers and the extreme lengths pageant parents went to in order to claim the cash and crown. Nothing was off limits—not hair extensions, stage makeup, spray tans, fake teeth, padded breasts—nothing.

Recently, *Toddlers & Tiaras* managed to catapult the scrutiny and controversy surrounding child beauty pageants even farther—straight into the stratosphere. The catalyst proved to be three and four year old girls

dressed like Dolly Parton or Julia Roberts's prostitute character from the movie *Pretty Woman*. Suddenly child development pundits and behavioral health professionals throughout the country began weighing in on the ethicality of such contests. Whereas participants in adult pageants are there by choice, possess real talent and hope to possibly win a college scholarship to further their education, enhance their career opportunities and make a difference in the lives of others, those in child pageants are there due to parental influence, and therefore, are often unwitting participants in a highly exploitative world.

Two Experts Provide Insight

We asked two professionals to provide perspective and personal viewpoints regarding this topic.

Dr. Kim Dennis is a board-certified psychiatrist and Medical Director at Timberline Knolls Residential Treatment Center just outside of Chicago. A nationally known

speaker and writer, Dr. Dennis specializes in treating addictions, eating disorders and co-occurring disorders.



Kirsten Haglund, Miss America 2008 and eating disorders awareness advocate, is community relations specialist at Timberline Knolls. Kirsten made eating disorders her platform during her reign as Miss America and continues to lead her non-profit foundation to help educate and prevent eating disorders.

Questions & Answers

What message does a show like this send to young girls in our country?

Dr. Dennis: The message can be very damaging to a child's emotional and spiritual well-being, personality development, and eventually her physical health. It says they are nothing more than an object. Their worth is in their looks. Each girl is either better or less than her peers, based on her appearance. As a mental health professional, I find many of the things people do for this show to be abusive.

Kirsten: I think this show exposes a real perversion in our country of what is consid-

ered beautiful, and what value females have versus what value they are TAUGHT they have. In this show, they're being taught their value is how pretty, tan, made-up, "perfect" they are, and whether or not they're the BEST. Although this show is highly dramatized for impact, I believe it still sends a harmful message to young girls. When they see a show like this, they don't understand, as adults do, that it is extreme behavior. This behavior is glorified, and ultimately dangerous.

What potential effects could this have once the girl enters adolescence or adulthood?

Dr. Dennis: The impact could be dramatic. When self-worth is wrapped up solely in looks, girls may try to exert strong control over their bodies as they enter adolescence. The goal would be to keep their bodies the same rather than allowing them to develop into natural woman bodies. This behavior predisposes them to developing clinically significant eating disorders, which can be fatal.

Kirsten: There is the reinforced belief that as a girl, the only worth you have, the only thing you seriously have to offer is your physical beauty. Of course, this lie is perpetuated by the media and advertisements.

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publisher's note



Addiction Never Takes a Holiday

By BARBARA NICHOLSON-BROWN

When I plummeted to my bottom, celebrating holidays was the last thing I was thinking about. My addiction was a monster that haunted me day and night. Holiday or not, I kept using, though it wasn't fun anymore, I was only trying to numb myself from the truth — I desperately needed help.

I've been blessed. Ever since putting down the drinks and drugs in 1990, I haven't found it necessary to pick up any mind altering substance — including weekends, birthdays and holidays.

In the first few years of sobriety, holiday season was uncomfortable — as this recovery thing was all so new and unfamiliar.

It wasn't luck that kept me sober back in the early years. It was a combination of God's grace, and a strong sponsor who had mapped out a plan for me on how to get through the tough moments. Her recipe included lots and lots of meetings, getting as many phone numbers as possible, and surrounding myself with people on the same path.

The great advantage to being part of a fellowship and having my foot in the door was knowing there was somewhere I could go. Those doors are still open to me and they continue to be my safe haven, twenty one years later.

Hazelden recommends the following tips for preventing the holiday blues and staying sober.

- **Self-care is vital.** Remember to slow down. Take some quiet time each day

and work on an attitude of gratitude. Plan relaxation and meditation into your day, even for a few minutes. Relax your standards and reduce overwhelming demands and responsibilities.

- **Don't overindulge.** Go easy on the holiday sweets and follow a balanced diet. Monitor your intake of caffeine, nicotine and sugar. Exercise. Don't try to do too much. Get plenty of sleep.
- **Enhance your support system.** Holidays are a good time to reach out more frequently to your therapist, sponsor, spiritual advisor, or support group. Let others help you realize your personal limits. Learn to say "no" in a way that is comfortable for you.
- **Find new ways to celebrate.** Create some new symbols and rituals that will help redefine a joyful holiday season. You might host a holiday gathering for special recovering friends and/or attend celebrations of your Twelve Step group. Avoid isolation and spend time with people you like who are not substance users. Don't expose yourself to unnecessary temptations, such as gatherings where alcohol is the center of entertainment. If there are people who have a negative influence on you, avoid them.
- **Focus on your recovery program.** Holidays are also an important time to focus on your recovery program. For example, ask, "What am I working on in my program now?" Discuss this with your sponsor.

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- **Release your resentments.** Resentment has been described as allowing a person you dislike to live in your head, rent-free. Resentments that gain steam during the holidays can be disastrous for anyone, especially recovering people.
- **Recovery is serious work,** but it is also important to have fun. Laugh a little and a little more. Start seeing the humor in those things that annoy you. Take from the holiday season what is important for you and leave the rest.

I wish you all a very safe and happy holiday season a day at a time.



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NEWS

Number of Prescription Painkiller Deaths More Than Tripled in Last 10 Years

The number of Americans who died from overdoses of prescription painkillers more than tripled in the past decade, according to the Centers for Disease Control and Prevention (CDC). More people now die from painkillers than from heroin and cocaine combined.

An estimated 14,800 people died in the United States from painkiller overdoses in 2008, a more than threefold jump from the 4,000 deaths recorded in 1999, the CDC said in a new report.

Prescription and illegal drugs caused 36,450 deaths in 2008, compared with 39,973 deaths from motor vehicle crashes, according to the Associated Press.

The CDC said painkiller abuse and deaths are rising because the drugs are easier than ever to obtain. They cited the growth of “pill mills,” clinics that prescribe opioids without first conducting medical exams, and “doctor shopping,” or receiving multiple prescriptions from different doctors.

According to the CDC, enough painkillers were prescribed in 2010 to medicate every American adult around the clock for a month. “Right now, the system is awash in opioids—dangerous drugs that got people hooked and keep them hooked,” said CDC Director Thomas Frieden.

“Prescription drug abuse is a silent epidemic that is stealing thousands of lives and tearing apart communities and families across America,” Gil Kerlikowske, Director of National Drug Control Policy, said in a CDC news release. He noted health care providers and patients should be educated on the risks of prescription painkillers. “Parents and grandparents should properly dispose of any unneeded or expired medications from the home and to talk to their kids about the misuse and abuse of prescription drugs,” he noted.

Meth Labs Get Smaller and Easier to Hide

Methamphetamine is increasingly being made in the United States in small labs that are easy to move and hide, The Wall Street Journal reports.

These “one-pot” labs use a two-liter soda bottle and ingredients that can be bought through a single trip to a pharmacy. These small labs are spreading at a time when budget cuts are reducing police forces, making it more difficult for police to close down these labs.

Although the labs only produce small amounts of meth, they are toxic and highly explosive, and can cause fires and deaths. Incidents related to meth production increased to 11,239 last year, after falling to 6,095 in 2007, according to the Drug Enforcement Administration.

The growth of small meth labs has prompted some states to propose bills that would require a doctor’s prescription for over-the-counter cold medicines that contains pseudoephedrine, the main ingredient in meth. Such laws already have been passed in Oregon and Mississippi.

Drug manufacturers are financing a national tracking network to monitor pseudoephedrine sales. So far 17 states have signed up. After federal regulations began to limit over-the-counter sales of pseudoephedrine to a few grams a day in 2006, meth producers began scaling down recipes so that just a few cold medicine packages are needed.

In many states, agencies have had to abandon tactics to confront meth manufacturers, after the federal government in February canceled a program that provided \$19.2 million in 2010 to assist local agencies in disposing of meth labs.

Specialized training is needed to clean up meth labs, because making meth requires dangerous ingredients including ammonia, battery acid and drain cleaner. The waste cannot be discarded in a regular landfill.

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Almost 70 Percent of Smokers Want to Quit, But Few Do

A new government study finds almost 70 percent of American smokers want to quit, and more than half tried last year, but only 6 percent succeeded.

The Centers for Disease Control and Prevention (CDC) found most people who tried to quit smoking did not use medicine or counseling, which can double or triple success rates, according to a CDC news release. Most people who wanted to quit smoking did not receive smoking cessation advice from a doctor, the report noted.

Almost 76 percent of African-American smokers wanted to quit in 2010, according to The Wall Street Journal. While 59 percent tried, only 3 percent were successful, the lowest rate among races and ethnicities measured by the CDC.

Smokers who had a college degree had an 11 percent success rate, compared with just 3 percent with smokers with fewer than 12 years of education.

The report notes that making health care settings, public places and workplaces smoke free encourages smokers to quit. The CDC also urged the health care industry to provide

comprehensive insurance coverage, with no deductibles or co-payments for smoking cessation services and treatments.

What are the Impacts of Good Samaritan Laws?

Interest is growing in Good Samaritan laws aimed at saving lives by encouraging people who witness drug overdoses to call 911. The laws provide legal immunity from drug possession prosecution both for the person who overdoses and his or her companion who calls for help. But much is not yet known

NEWS continued page 13



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Before the Crisis Develops



By **BOBBE MCGINLEY**

Clinical Director/CEO of ACT – Counseling & Education

It has been said than “*an ounce of prevention is worth a pound of cure.*”

Unfortunately, however, most marriage and family counselors only become involved after a crisis has developed which demands some type of resolution. The longer and more chronic the intervention required, the lower the prognosis for therapeutic improvement. The purpose of this article is to summarize a development model that has been useful in a systems approach to both prevention and early remediation of marriage and family issues.

Sharing information and Negotiating Expectations:

First dates are notorious for both the awkwardness and the potential curiosity coupled with hopes and excitements as the relationship develops. Mutual likes and dislikes, interests, and needs are usually talked about— in the getting to know you stage.

Questions such as, “What kind of music, movies, books do you like? Who has most influenced you? What are your needs, wishes and hopes? What are your philosophical and spiritual beliefs?” are typical initial developmental issues.

Commitment:

Assuming there are no major non-negotiable issues, the relationship then moves on to the next phase. This is characterized by some type of commitment based on shared expectations relative to each other's roles and behaviors. Such an agreement should result in a feeling of trust and security, conditions highly correlated to a productive interrelationship.

When commitment to a set of shared expectations takes place, each person's role is defined and each knows for the most part what is expected of him or her and what to expect from the other person. The strength of commitment is a measure of the level of the importance of the relationship in the individual's life. “We are exclusive,” “We don't date other people” or “We only are sexually intimate with each other” are examples of different types of commitment.

Stability and Productivity:

When there is a commitment a feeling of stability develops within the relationship. Productivity is not just work-related outcome, rather it signifies the joy and happiness possible due to the synergy which comes from the combining of individual's separate personal selves. While stability does not in and of itself guarantee productivity, it is necessary for productive work to occur.

Disruption:

Eventually some type of disruption is characteristic of most long-term relationships. Such a disruption occurs because a partner never shares information completely during the formative periods of the relationship, and because, as open systems, people change as a result of interactions and changes within their environments.

Such disturbances can be external in origin, such as the birth of a child in the marriage. Partners also change as a result of new experiences, training, and education. There is also an internal origin component of change — the women's movement has created a desire for “new job descriptions” for many females. The current “male bonding”— back to nature drumming ceremony is a parallel example. But when the changed person returns to their unchanged fixed role, expectations may be violated which can lead to a disruption of the relationship.

Change can now enter the relationship, for now, expectations are no longer fixed. New information can now enter a couples partnership and another cycle of sharing expectations, commitment, stability, and productivity is possible and can be reached.

The paradox is that at the very moment when the relationship is most open to change there are also equally strong inhibiting forces working to return “to the way it used to be.” Dealing with the anxiety created by the uncertainty of the “rules” and expectations leads to what is called cognitive dissonance*.

*(*Mental conflict that occurs when beliefs or assumptions are contradicted by new information. The concept was introduced by the psychologist Leon Festinger (1919 – 89) in the late 1950s. He and later researchers showed that, when confronted with challenging new information, most people seek to preserve their current understanding of the world by rejecting, explaining away, or avoiding the new information or by convincing themselves that no conflict really exists. Cognitive dissonance is nonetheless considered an explanation for attitude change.)*

Bobbe McGinley MA, MBA, CADAC, LISAC, NCGC II, is a nationally known speaker, author, presenter and trainer, consulting many different industries about Problem Gambling. She currently serves as their Gambling Program Consultant. Call 602-569-4328 or visit www.actcounseling.com.

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By SIS WENGER, PRESIDENT/CEO
National Association for Children of Alcoholics (NACoA)

All children wake up in a world that is not of their own making, but children of alcoholics and other drug addicted parents wake up in a world that doesn't take care of them. No matter what we name their risk factors, they still have to make their own breakfast and find their own way.

— Jeannette Johnson, PhD

The addiction prevention and mental health problem literatures are replete with examples and data that describe the childhood and adult problems and disorders of individuals who have addicted parents.

The National Institute on Alcohol Abuse and Alcoholism reports that as many as 1 in 4 children younger than age 18 is exposed to family alcohol abuse or dependence. Countless other children are growing up in homes where there is parental drug abuse. These are the children who are more likely to develop depression or anxiety disorders in adolescence, use alcohol or other drugs early and — for both genetic and environmental reasons — to become tomorrow's addicted youth, the children in foster care, troubled youth in the juvenile justice system and the adults most likely to seek mental health therapy for depression, anxiety disorders, marital problems, and struggle with parenting their own children.

From the plethora of reports flowing out of the 10-year Adverse Childhood Experiences (ACE) Study, we know that growing up in the chronic emotional stress of families impacted by parental addiction negatively affects children's brain development from the earliest days of life. Unaddressed mental illness, physical or emotional violence or having a parent in prison are also negative factors.

Today the alcohol/drug use prevention field is focusing on "environmental strategies," which is an important part of preventing alcohol and drug use among our youth. Yet the primary environment that influences, for good or ill, the alcohol and drug use choices of today's and tomorrow's youth is the family, and most specifically the parents. This is the environment that nurtures both society's contributing adults and society's most costly problems in education, health care, mental health, the work place, the justice system and the prison system.

The medical profession and the addiction disease prevention advocates have been successful in conceiving, testing and promot-

ing screening and brief interventions and referrals to treatment (SBIRT) for adolescents and adults, in order to identify and stop the progression of alcohol abuse in clients. We know that the family members of persons suffering from alcohol or drug use problems have much higher medical costs than the norm. Yet, despite strategies developed over 10 years ago to identify the children in these families through primary care providers, there is no effort to develop codes to allow caring physicians to be paid for addressing such early interventions in medical settings to help prevent the medical and emotional consequences of living with abusive use; the focus is entirely on the user.

We know that school-based student assistance programs have successfully identified troubled youth before they have become a burden on the system or developed serious and costly problems. They have helped countless children living in families with addiction disorders, and provided them with early education and supportive interventions that have made it possible for them to succeed and even thrive. Yet, this year the Department of Education again recommended eliminating the state's portion of the Safe and Drug Free Schools and Communities funding, which supported these successful programs. The President's budget zeroed out this funding. We are quickly reverting to the professional staffing teams in schools to address problems that have escalated out of control, rather than catching them early and saving the child and the school costly negative consequences.

We know what works to help children of addicted parents navigate through their confusing and difficult lives, devastating to them and so costly to society across all our systems.

*Why are we so reluctant to step up?
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Seven Ways Grieving Affects Your Health

By D. Keith Cobb MD

Adapted from his book, "The Grief Survival Handbook"

"In grief, nothing stays put.

One keeps emerging from a phase, but it always recurs.

Round and round. Everything repeats.

Am I going in circles, or dare I hope I am on a spiral?

But if I spiral, am I going up or down it?"

—C.S. Lewis

Of all experiences known to man, mourning is one of the most difficult to encounter. It is a time of deep despair that is difficult to place into words. When tragedy strikes us, these emotions change our lives dramatically. We feel as if our life has been shattered beyond repair. It becomes difficult to imagine what a normal day was like, and it seems unlikely that life will ever be normal again.

Here are seven common symptoms mourners experience.

- 1. Abdominal pain and "heartache."** The emotional pain recognition site in the brain is located near the region that senses and interprets sensations, including pain, from the stomach and other abdominal organs. When we suffer emotionally, the brain responds by releasing neurochemicals we experience in our body as an intense aching in our upper abdomen and lower chest.
- 2. Eating disturbances.** The nervous system chemicals that contribute to our emotional state also affect healthy hunger signals. Eating too much (trying to self-comfort using food) and eating too little (loss of appetite) are commonplace among those who have suffered a loss.
- 3. Fatigue and insomnia.** The inability to sleep easily, deeply, and through the night is common under these circumstances, and may take months or years to improve. Chronic insomnia can lead

to chronic fatigue.

- 4. Mood swings and irritability.** Grieving people often feel as if they are going insane. That's because anxiety is a frequent component of bereavement, and the neurochemicals that produce it also contribute to irrational moods swings and uncontrollable irritability.
- 5. Functional impairment.** Anxiety and stress resulting from extreme grief can cause the mourner to experience noticeable impairment in concentration, decision making, and even physical reaction time, known as psychomotor retardation. It can be hazardous to your health to do any activity — such as driving, skiing, roof work, etc.— when you're under severe duress from mourning.
- 6. Sensitivity to aches and pains.** Intense grief leads to feelings of depression, rejection, despondency, and loneliness. All of these understandable emotions are brought on by a decrease in serotonin and norepinephrine, the compounds that help to relieve pain and boost mood. These "feel-better" chemicals are abnormally low in the brains of grieving and depressed people, so it's normal for grievers to be more sensitive to aches and pains.
- 7. Exacerbated medical problems.** It is a well-described phenomenon that existing medical problems often worsen and healing slows down when a person is under extreme stress, such as that caused by the profound burden of mourning. This is why people who are in mourning often have chronic medical complaints.

D. Keith Cobb MD is an internal medicine physician and the author of *The Grief Survival Handbook: A Guide from Heartache to Healing* (Trafford Publishing). Learn more about him at www.drkeithcobb.com.

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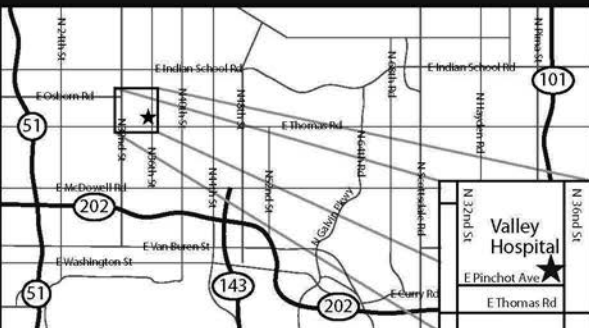


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TODDLERS from page 1

It's not just kiddie-pageants that reinforce this. Especially if the young girl received lots of positive reinforcement and attention in pageants, once she gets older, this will lead to that constant need for the adoration of others for self-worth. What can be especially damaging is the introduction of so many false beauty enhancements to girls at such a young age: plastic surgery, veneers, tanning, heavy makeup and wigs. These girls might grow up thinking they are not created naturally beautiful enough. This can lead to behaviors such as substance addiction to cope with the pressure and stress to be beautiful, and eating disorders in the pursuance of this ideal that does not exist in nature.

What are the dangers of entering toddlers into these pageants where everything is based on physical appearance?

Dr. Dennis: Activities with an inordinate focus on physical appearance increase risk for developing eating disorders. Early sexualization also increases the risk of an eating disorder, as well as the risk of developing sexually compulsive behavior as a teen or adult. The parents of these young children desperately need help. Some of what they do can even be considered sexual abuse. A parent willing to sexualize and pimp out her three-year-old daughter needs treatment. A little girl that has been sexualized and adultified will also need help at some point to cope with the loss of her childhood and obliteration of self.

Kirsten: It impedes the girl's own sense of what she enjoys. Girls should be able and encouraged to participate in a wide range of activities, so they can discover where their true talents and abilities lie. When they are pushed into pageants, they can get 'stuck' in the grind, never pursuing what their heart desires.

What about the mom who dressed her toddler as Dolly Parton or the prostitute from Pretty Woman?

Dr. Dennis: This is sexual abuse. Although covert, it is still sexual abuse. The only group to eventually gain from this aberrant behavior is the mental health community since these toddlers will need treatment for their eating disorders, substance abuse and

trauma when they hit adolescence or adulthood.

Kirsten: The biggest tragedy here is the problems within the mothers that result in this horrible influence on their children's lives. No child has dreams of dressing like a prostitute. The mother has failed in one of two ways, or perhaps both. She has either pushed this kind of costume or "image" on her daughter, or she has exposed her child to films, television shows and other media that are not age appropriate, so the daughter aspires to be like an adult woman at far too early an age.

These moms say pageants are no different than other sports that girls are involved in such as gymnastics. Do these claims have any validity?

Dr. Dennis: As a former college athlete, I think the comparison is ludicrous. Look up the definition of sport: an athletic activity requiring physical skill and prowess. To compare these child pageants to sports is absurd. Sports — real sports — are about what people can do, in many cases as a team, and not about how they look. And as much as proponents say they're about doing good and developing talents, when was the last time anyone saw a talented, but ugly, winner in a pageant? Or even an average to overweight winner? Never. This is because pageantry is about how contestants look, about how they are objects.

Kirsten: As someone who was involved in dance and ballet, I can see how one might draw parallels. Dance schools sometimes dress children in costumes that are too sexy, or demand that they wear too much stage make up. This is not "OK" either. The sexualization of girls is occurring earlier and earlier, and many industries share a responsibility in this. It is ultimately the parents' responsibility to monitor the things that a child is being asked to do or wear. I highly advocate for girls' participation in team sports, so they can develop a sense of camaraderie and team work, and are not judged based on their appearance.

Timberline Knolls is one of the leading residential treatment centers in the U.S. helping women struggling with: eating disorders, alcohol abuse, co-occurring disorders, drug addiction, mood disorders and trauma. For more information visit www.timberlineknolls.com or call 877-372-7492.

Medical Group Calls Addiction Brain Disorder, Not Behavior Problem

The American Society of Addiction Medicine (ASAM), the largest professional society of doctors dedicated to treating and preventing addiction, has released a new definition of addiction, calling it a chronic brain disorder, not just a behavior problem, *USA Today* recently reported. The medical group announced the new definition after a four-year process that involved more than 80 experts.

"At its core, addiction isn't just a social problem or a moral problem or a criminal problem. It's a brain problem whose behaviors manifest in all these other areas," Dr. Michael Miller, Past President of ASAM, who oversaw the development of the new definition, said in a news release. "Many behaviors driven by addiction are real problems and sometimes criminal acts. But the disease is about brains, not drugs. It's about underlying neurology, not outward actions."

This marks the first time ASAM has taken an official position that addiction is not simply related to substance abuse. The group said outward behaviors of substance abuse are manifestations of underlying disease that involve different parts of the brain. According to the new definition, addiction is a primary disease, not the result of other causes such as psychiatric problems. ASAM notes addiction is chronic and must be managed throughout a person's lifetime.



Dr. Raju Hajela, Past President of the Canadian Society of Addiction Medicine, who chaired the ASAM committee that came up with the new definition, said addiction is not a choice. "The disease creates distortions in thinking, feelings and perceptions, which drive people to behave in ways that are not understandable to others around them."

Dr. Nora Volkow, Director of the National Institute on Drug Abuse (NIDA), told *USA Today* the new definition will help her agency convince more primary care doctors to screen patients for signs of addiction. According to NIDA, 23 million Americans need substance abuse treatment, but only two million receive it.



From the Heart

By ALAN COHEN

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Leave Your Nets

and divisiveness. This sense of alienation from love is not real, but a mind-net we strengthen by believing in it. Indeed there have been many noble individuals who have transcended their sense of limits and served as models of freedom. We call them saints, gurus, healers, free spirits, and sometimes lunatics. Yet they are no freer than we are. They have simply recognized the freedom we all own, claimed it, and lived it.

Jesus told his fishermen disciples, “leave your nets.” This advice was a double entendre. On one level he was telling them to let go of their profession as fisherman and come with him. On another level he was telling them — and all of us — to let go of the mental and emotional nets that have encumbered our fins, so that we can swim in the great ocean granted to us as our divine domain.

I am very interested in the phenomenon of hypnosis. When hypnotized, subjects can be burned with a lit cigarette and develop no blister because they have been told that they were being touched by a finger. Others can be touched by a finger and develop a blister because they were told it is a cigarette. The power of the mind is phenomenal, creating very real physical results. A normal person can lift a car leaning on someone stuck under the car, when under less dire circumstance the weight would be unbearable. These examples are insignificant compared to the entire world we have created because we believe in it. A Course in Miracles tells us, “Illusions are as strong in their effects as the truth,” and that there are no idle thoughts, because “that which gives rise to an entire world can hardly be called idle.”

For this reason we must constantly examine our thoughts to discern between thoughts that imprison us and thoughts that liberate us. Every thought is taking us either deeper into illusion or toward greater freedom. If you monitor your thoughts you will be amazed at how many nets you have wrapped around your massive fins. While this realization may be startling and even feel daunting, there is a gift in it: If you have the power to net yourself, you have the power to release yourself. Herein lies the method and path to freedom.

We are living during a time of great awakening. The ills that seem to plague our world must be undone from inside out. Each of us must find our way to freedom so that we may show others the way. You may feel netted but you have also been given a knife. The freedom available at the end of the knife is one that will give rise to a most glorious show.

Alan Cohen is the author of many inspirational books, including Enough Already: The Power of Radical Contentment. For more information about Alan's books, programs, or his free daily inspirational quotes via email, visit www.alancohen.com.

December marks the beginning of whale season in Hawaii. Around this time majestic humpback whales appear in Hawaiian waters, having traversed 3,000 miles of deep blue sea from offshore Alaska. The whales stay through the winter, mating and bearing their young. To watch them cavort is a spectacle for the senses and the heart.

Last Valentine's Day Michael Fishbach and Gershon Cohen were fishing off the coast of Baja when they encountered a humpback whale tangled in a myriad of fishing nets. The animal's fins were encumbered to the point that she could not swim and, if she remained fettered, would soon die. Armed with but a pen knife, Fishbach and Cohen worked diligently for over three hours, cutting away one small section of netting at a time, until “Valentina” was free. As soon as she gained a distance from the small boat, Valentina put on a freedom show to bring tears to any eye. (Check out the YouTube record of the event by searching “Saving Valentina.6.8.11.h264.mov”.)

I was amazed that such a huge creature — as large as 40,000 pounds — could be imprisoned by relatively fragile nets. In a way that's what happens to human beings. Spiritually we are huge, free, and unlimited — literally children of God, with all the powers of the divine imbued within us. Yet we become encumbered by the nets of earth and we experience being imprisoned. Our nets are not physical, like Valentina's, but mental and emotional. We have been conditioned to believe we are small, frail, lost, and limited, and those thoughts are enough to keep us so.

One of my favorite Star Trek television episodes, Menagerie, portrays Captain Christopher Pike (Captain Kirk's predecessor) imprisoned on a planet supervised by mentally powerful aliens. At one point Captain Pike begins to sense that his jail is not physical, but an illusion created by his captors. The next time one of the aliens comes to feed the crew, Pike grabs the alien by the throat and tells him that he believes the jail is just a trick of the mind, and he demands to be free. At that moment the appearance of the jail disappears and the crew is liberated.

The symbolism of this scene goes far beyond fiction. Human beings have been subjugated to what Ernest Holmes called “race thought” — the cloud of fear, separateness, and limitation that hangs over the world because people subscribe to beliefs of lack, loss,

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EVENTS CALENDAR

HAVE AN EVENT? CLASSIFIED? Email us: aztogether@yahoo.com Submissions accepted one month prior to event.

DEC. 1-4—Tucson – Cottonwood Tucson – InnerPath Developing Healthy Relationships Retreat. This 4-day intensive retreat focuses on learning what constitutes a healthy relationship. Topics include communication styles, boundary conflicts, how childhood issues surface in relationships, recreating passion, and staying connected without being consumed. Facilitated by **Rokelle Lerner**. Visit www.cottonwoodtucson.com or call Jana at **520-743-2141** or email at jmartin@cottonwoodtucson.com for information and registration.

DEC. 5-9 – Tucson – Cottonwood Tucson – InnerPath Beginnings & Beyond Retreat. This five-day intensive retreat is tailored to meet the needs of those individuals who want to make healthy changes in their lives. Facilitated by **Rokelle Lerner**. Visit www.cottonwoodtucson.com or call Jana at **520-743-2141**, email at jmartin@cottonwoodtucson.com for information and registration.

DEC. 7—St. Luke's Behavioral Health Center Clinical Breakfast Series. 8:00-9:00 a.m. **Arnaldo Maldonado, LISAC presents "Cultural Competency Series 3: Exploring Counseling Strategies with Latino People."** Behavioral Health Center Auditorium, 1800 E. Van Buren. **Free CEU.** Breakfast, networking. Chip Coffey, **602-251-8799**. pcoffey@iasishealthcare.com.

JAN. 9-13 – Tucson – Cottonwood Tucson – InnerPath Women's Retreat. This five-day retreat has been designed especially to meet the needs of women who are re-evaluating their relationships, their priorities, and their sense of self. Facilitated by **Rokelle Lerner**.

Visit www.cottonwoodtucson.com or call Jana at **520-743-2141** or email at jmartin@cottonwoodtucson.com for information and registration.

PROMISES ALUMNI MEETING—DEC. 13. 7:00 p.m. For information about location. Contact Tracey **310-595-0166** tsimmons@promises.com or Ann **602-996-6395**.

AURORA LUNCH & LECTURE SERIES—Aurora West, Tuesday, **January 24.** 11:30 a.m. - 1:30 p.m. Topic: *Hoarding*. **Aurora East**, Tuesday, **February 28.** 11:30 a.m. - 1:30 p.m. Topic: *Treating a culturally diverse population*. For more information, contact Erin Boyd 623-344-4416 or email erin.boyd@aurorabehavioral.com

ON GOING SUPPORT
Pathway presents CHOICES. Teen workshop/support group, activities night open to all teens ages 12 to 21. **480-921-4050** or email: zeebies@msn.com. Gilbert location.

Incest Survivors Anonymous ISA meeting in Phoenix—Freedom Hall (corner of 12th Street & Highland). Gloria, **602-819-0401**.

COTTONWOOD TUCSON. On going Alumni Meetings: Every Wednesday @ 6:00 -7:30 p.m. Cottonwood campus in Tucson. 4110 W. Sweetwater Drive. Tucson 1st and 3rd Tuesday of every month in Scottsdale at 7:00—8:30 p.m. 7219 E. Shea Blvd., Scottsdale. Contact Sally Hicks **520-743-0411 ext. 2517** or email shicks@cottonwoodtucson.com

TUCSON—ARTS Anonymous a 12 step program for creative people. Fridays, 5:30 p.m. First United Methodist Church of Tucson 915 E. 4th Street. Tucson. Alison **520-203-7763**.

(ACOA) Adult Children of Alcoholics and Dysfunctional Families. Saturdays 4:00 p.m. First United Methodist Church of Tucson 915 E. 4th Street. Tucson. Alison **520-203-7763**.

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

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

OVEREATERS Anonymous is a 12 Step program that deals with addictions to food and food behaviors. OA has 18 meetings scheduled throughout the week. For more information call 520-733-0880 or check our web site www.oasouthernaz.org

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

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

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

Incest Survivors Anonymous—Survivors only. Freedom Hall, NW corner of 12th Street and Highland, Phoenix. Starting August 6, 11:15 a.m.-12:15 p.m. Information: Gloria **602-819-0401**

Depression/Bipolar Support Alliance Peer support groups. **480-593-4630**.

GA Meeting Sunday nights. ACT Counseling & Education. 5010 E. Shea, D 202, 6:30 to 8:00. Details call **602-569-4328**.

Spanish Speaking GA—448 W. Peoria Avenue, Suite 203, Glendale. Contact Sue, **602-956-4931**.

CELEBRATE RECOVERY—City of Grace, Mesa. 655 E. University. Fridays, 6:00-10:00 p.m. Chapel Bldg. 7. City of Grace Scottsdale, 9610 E. Cactus Rd. Scottsdale. Tuesday's 6:30-10:00 p.m. Linda Rinzel **480-464-3916**.

Are sexual behaviors in and out of relationships causing problems? **SexAddicts Anonymous** www.saa-phoenix.org **602-735-1681** or **520-745-0775** in Tucson.

Tempe Valley Hope Alumni Support Groups, Thursdays 6-7:00 p.m., 2115 E. Southern Ave. Phoenix. Tuesdays 8-9:00 p.m. , 3233 W. Peoria Ave. Ste. 203, Open to anyone in recovery.

Special Needs AA Meetings. Contact Cynthia SN/AC Coordinator 480-946-1384, email Mike at mphaes@mac.com

North Phoenix Visions of Hope Center—Recovery center for 18 or older enrolled in Magellan. 15044 N. Cave Creek Road #2. Phoenix. **602-404-1555**.

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

OVEREATERS Anonymous—Teen Meeting, Saturdays 4:00 p.m. 1219 E. Glendale Ave. #23 Phoenix. www.oaphoenix.org/ **602-234-1195**.

CLUTTERERS Anonymous—Thurs. 6:30 p.m. North Hills Church, 15025 N. 19th Ave, Rm F-103, Phoenix. **602-601-1414**.

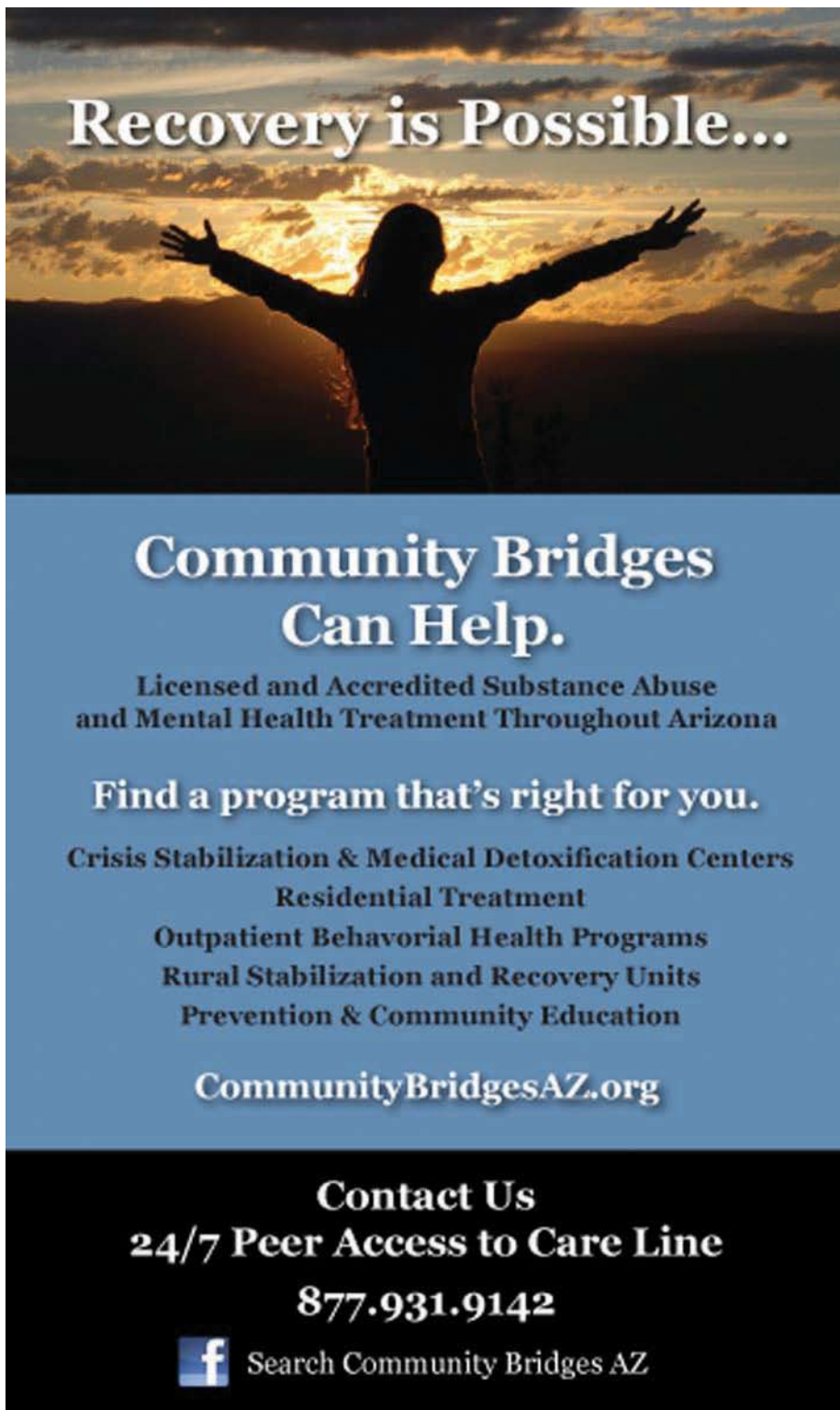
SLAA—Sex and Love Addict Anonymous **602-337-7117**. www.slaa-arizona.org

FOOD ADDICTS Anonymous—12 step group. www.Foodaddictsanonymous.org

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

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

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Living Well with a Chronic Illness from page 1

long-term recovery. The same is true of cancer. I need to do more than get treatment that is aimed at my bad cells. I need to be as healthy as I can be by taking care of myself; I call this self management.

Self management is attending to the components of our lives and doing all we can to be healthy in every dimension — body, mind, spirit and soul. There are some things I can manage and there are other things out of my control. My will power does not have the ability to kill off the bad cells that live in my body. That is beyond my ability. I need outside help. I need the help of scientific physicians to keep those cells at a manageable level. My job is to do all of the basic things I learned over my life time to maintain good health.

“Millions of people with chronic illnesses are traveling a road that will hopefully be a long road. Our journey is the opportunity to use our time to make changes, live better, and be happier.”

The Journey of Recovery

I repeatedly call addictions, as well as cancer, “chronic health conditions” because that is what they are. You may also have rightly surmised that I am avoiding the word “disease” because I don’t want to go down the controversial path of debating whether excessive use of alcohol and drugs is a disease. Others can have that debate. I know that addiction to drugs and alcohol, like cancer, is a serious health condition that needs treatment and on-going recovery.

The people in recovery whom I interview are doing what I am doing: getting outside help and taking responsibility for recovery. All have gone to treatment and most use recovery groups to help them sustain sobriety and improve their lives. They tell me they are learning that being clean and sober is not enough; that thing called addiction is still with them. Sobriety is the first step; personal growth is the next step – a fulfilling life-long journey of recovery.

It seems to me what people in recovery do is similar, but not identical, to my use of physician specialists to deal with what I can’t control. The people in my recovery stories are taking control of their lives, but the chronic condition is still there.

Three Parts to Recovery Stories

When people describe their recovery journey, their story descriptions fall naturally into stages. The first part of the story is a description of their experience of the stranglehold of drugs or alcohol, the extent to which they have hurt themselves and those they love, and how close they have come to death. I sometimes shudder with fear hearing how destructive some had been with their lives and how deeply into despair they had fallen.

The second part usually describes a crisis that is the start of a turnaround. The crisis might be a DUI, the loss of a job, arrest and jail, or Child Protective Services rescuing a child. Sometimes it’s an accumulation of many disasters that causes them to say “enough” and seek help.

The third chapter of the story is about redemption, how they are assuming authority, taking charge and taking part in those recovery activities that bring about transformation. There might be three parts to the story, but no story has been typical; each journey has been unique. I always leave the interview with respect for the courage and determination shown to reclaim lives and purpose.

Yvette

Yvette is one of those people who inspire me. She has a bright engaging smile, a quick laugh, bright eyes that beam intelligence, and I just can’t imagine her drunk.

As we spoke, I didn’t need to write Yvette’s story. She wrote it for me.

“I drank when I was happy or sad. I drank when there was a party and when there wasn’t. I drank in the morning and at night, not to mention in-between.”

“I drank and drank and then one day I could not stop. Frightened does not come close to describing how I felt. Would I drown in this bottle, would I lose me? I called the Crisis Hot Line and a team of wonderful people came together to help me. ME! I was recoverable. It took a team to help me climb out of the bottle into a real life.

“I now work, and in my work I find fulfillment. It’s good to be busy and to come home tired. I’m eager to add more days, months and years to my eleven months of sobriety.”

Yvette received outpatient treatment at CHOICES Network Midtown Clinic for several months and continues to strengthen her recovery with weekly participation in recovery groups.

Attitudes and Actions

Recently I was asked by a colleague at TERROS, “How are you managing so well, given you have a serious cancer?” I had a difficult time coming up with a quick answer to the question. It prompted me to do some thinking, and then I came up with a list of things helping me manage my chronic health condition. Some of them may also translate to the management of addiction.

- Embracing the goal of managing my cancer as a chronic condition rather than expecting a miraculous cure.
- Monitoring my condition and getting treatment as needed, trusting the competence of my physicians.
- Taking care of my body with exercise, sleep, and a healthy normal diet.
- Stimulating my mind by continuing to learn and develop new skills.
- Fostering my spirit with awareness of the sacred in my life every day.
- Nourishing my soul with relationships that significantly connect me.

The Long Road with Companions

Millions of people with chronic illnesses are traveling a road that will hopefully be a long road. Our journey is the opportunity to use our time to make changes, live better, and be happier. The word chronic comes from the Greek language and means, “time marked by a long duration.” Every day I’m thankful that my health challenge is chronic and not acute. Our chronic conditions give us the gift of time — time to do positive things for ourselves and others.

The gift of time comes as a package to be unwrapped “a day at a time.” Our journey is not lonely; we travel with professional and peer companions. I don’t regard what I’m doing as heroic. I’m not at war with my cancer, I’m at peace, living as positively, fully, and pleasurable as I know how. My life has never been better. People in recovery with addiction tell me that their lives, although not easy, haven’t been this good for a long time, and they also continue to get better a day at a time.

TERROS provides a wide variety of outpatient drug, alcohol and mental health services. For assistance call 602-685-6000 ext. 1950 or visit www.terros.org



About the Author

Allen Nohre works as a writer in the Communication Department at TERROS. Previous positions included CEO and senior management positions with hospital companies in Minneapolis, Phoenix and Chicago.

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A Different View of the Holidays

By DR. DINA EVAN | www.DrDinaEvan.com

Eric is sixteen. He is charming, smart and so energetically available that you just want to grab him and steal him away out the back door to take him home with you, even though he belongs to the best parents in the world. He has spent most of his life fighting cancer in one part after another of his body. His parents are incredibly courageous, loving people who have moved mountains to get him the best possible care. Time after time, they breathe in the belief that they have beat the C-enemy only to be overwhelmed and overpowered with the grief of oh God, not again. His sister sits vigil after Chemo and tells him he looks even more marvelous without his hair each time. Mom and Dad have investigated every possible medical and holistic therapy, seen the best healers and doctors and have spoken to God a million or more times. Psychics tell them Eric has beaten it. Doctors tell them Eric has beaten it.

And what does Eric Think?

Well, Eric has given me a new perspective about the holidays.

When we are away on Holidays, we have no problem just hanging out and relaxing. We can spend an hour or two doing nothing except being together. We genuinely express our caring for each other and have less hesitancy about saying “I love you.” We listen a bit more intensely, hoping to catch up. We share a bit more intensely hoping to connect. Simply put, we are more present.

We greet the day knowing it has the potential for great joy.

We anticipate it and we join in to help create it. We tell people how kind we feel they are, how much we appreciate them and how truly glad we are that they are in our lives. We miss those whose turn it is to travel to the out of town family, and we begin to plan for next year when it is our turn to have them back with us.

We make time to take in the scents and sounds of the day, the laughter, the conversations, the music and the sharing. Every color seems more vivid, every expression a bit more poignant and every minute together more precious. In a country that abhors and avoids feelings like a plague, we allow ourselves to feel the full gambit of them on the holidays. Whether it’s the scared anticipation of what’s behind the Halloween mask or a joyful one about what’s in the beautifully wrapped package, we give into the moment and the feelings on Holidays.

Why not all year?

What is it about the Holidays that give us permission to feel, or rather, why do we

give our selves permission to feel more openly during the Holidays? Is it the expectation of smiles being returned on the street, of hands wrapped around warm drinks, the general goodwill of your family and fellow man and woman? Or, is it that we embrace and experience the Holidays and each other differently. I think I need to reframe the Holidays for myself and make them a year round event.

I think at Halloween I will decide to take off any masks that have been created during the year and get back to my authentic self. No tricks up my sleeve, no false façade, just a renewed commitment of me being me.

This Thanksgiving, I will remind myself that I have much to be thankful for and that it needs to flow outward to others for the rest of the year. No grimacing about what might be missing or how difficult my year has been, when in truth, I am incredibly blessed.

This Christmas, I will have a heart full of love. I will reach beyond what I perceive to be the shortcomings of family or friends and see that they need a space of compassion and love in which to find their best selves, just as I do.

This New Year’s Eve, my resolution, as always, will be to be as conscious and kind as I can be, knowing the world is changed through the individual effort of each of us.

“I will remind myself how precious life is, how amazing the people in my family and life are and what an amazing gift every moment and every breath is.”

But, most of all I will be thinking of Eric. He has not beaten it. The Oh God, is here again and this time in a more dangerous place than ever. So, I will remind myself how precious life is, how amazing the people in my family and life are and what an amazing gift every moment and every breath is. I will choose not to be weighed down by anything that doesn’t matter and in tribute to Eric’s courage; I will greet the holidays and the New Year with a renewed reverence for life. I will thank him for reminding me that beautiful spirits live life to the fullest, without regret, in hopeful abandon and that every moment of everyday should be, can be, a holiday.

We wish you a holiday filled with love and an abundance of good feelings. And if you have a minute, say a prayer for Eric.

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

THE NEXT WAVE OF DESIGNER DRUGS

Spice and bath salt have been available in head shops and on-line for several years. The availability of these drugs increased rapidly over the last year. At Calvary Center we have been seeing the terrible effects these drugs can have on patients. Patients that present influenced by these drugs have extremely elevated heart rates and delusional thoughts. After several days of being off these drugs patients have reported tactile hallucinations (skin-crawling), panic attacks and severe anxiety. None have ever reported the experience to be pleasant.

Recent laws passed by the federal government are finally being enacted and these two drugs are becoming increasingly more difficult to obtain. However because of the nature of supply and demand, a new set of designer drugs may soon be available in the same manner as spice and bath salt. It is possible that Dragonfly and Crocodile may be the next “designer drugs” to invade America.

Dragonfly

Dragonfly is an extremely powerful hallucinogen. It is similar to LSD but the effects can last up to 48 hours. Once administered, it can take up to six hours before effects are noticed by the user. This increases the potential for overdose as the user assumes they did not take enough to feel the effects.

One description of this drug states that it is like a mixture of LSD, spice and bath salt combined in one. This works to make it a very powerful Serotonin agonist. It appears to have a very strong and long binding affinity at the receptor site. Users have reported the experience to be, “Like being dragged to hell and back,” and “It never seemed like it was going to end.”

It has been banned in Sweden, Norway and Denmark. In the United States two young men died of an overdose in May, 2011. They reportedly made a serious miscalculation and took 100 times the normal dose. They experienced massive seizures, vomiting blood and terrifying hallucinations. Witnesses report still being affected by the event to this day.

Because of the duration the drug binds to Serotonin receptors sites the potential for damage throughout the body is increased. As neurotransmitters continue to fire uncontrolled, users can experience intestinal spasms and even spasms in the blood vessels themselves. In the short-term, this could cause a release of fluid into the lungs which eventually causes cardiac arrest. The long-term effects are unknown, but nothing good can come from stressing the body’s systems so severely.

Crocodile

Desomorphine is an opiate analog that has been around since 1932. It is a derivative of morphine. A surge in desomorphine occurred in Russia last year due to the availability of codeine tablets without a prescription. Several household chemicals are involved to convert the codeine tablets into desomorphine such as paint thinner, acid, iodine and phosphorous. This process is similar to methamphetamine production using pseudoephedrine tablets. The result is a very impure highly toxic compound that is reportedly ten times more powerful than morphine. The drug is then routinely injected with no further purification process. The desired effect has a quick onset but effects do not last long. It is not uncommon for a user



to engage in an endless cycle of cooking and shooting all day long.

This drug’s street name in Russia is krokodil. It receives its name due to the effects it has on the injection site and surrounding tissues. Because of the impurities severe tissue damage occurs. The injection site and surrounding tissues soon develop phlebitis and gangrene. In less severe cases the skin becomes discolored and scaly (crocodile-like). In more severe cases, the skin and muscles actually disintegrate and bone is exposed. Photos of these more severe cases are available online. I want to warn you that the images can be quite disturbing. These individuals look more like survivors of a shark attack rather than drug attics. The amount of tissue damage is so high that life expectancies are said to be as low as two to three years.

“These individuals look more like survivors of a shark attack rather than drug attics. The amount of tissue damage is so high that life expectancies are said to be as low as two to three years.”

If these two drugs do make their way into the mainstream of America the results will be devastating. We cannot rely on the government to regulate these new drugs as fast as chemists can alter them. It seems the more we regulate and outlaw these drugs, the more lethal the next batch becomes. It would seem our best plan of action would be to parallel the former meth campaign. Make the base drug hard to obtain (such as pseudoephedrine) and flood the public with education and graphic images.

Calvary Center has been treating patients with addictions for over 47 years. Through most of those years, treatment has occurred in a residential setting. However recently, Calvary has expanded services to include inpatient medical detox, partial hospitalization (day treatment) and intensive outpatient services. Calvary works with all major insurance companies. To Contact Calvary Center call 1-866-76-SOBER (866-767-6237), or visit www.calvarycenter.com.



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 - Adult Inpatient
 - Child/Adolescent Inpatient
- CHEMICAL DEPENDENCY

 - Adult Outpatient
 - Adult Inpatient Detox
 - Adolescent Outpatient

- OTHER SERVICES

 - Generations/Geropsych – inpatient psychiatric and medical care for patients ages 55+
 - Momentum – outpatient treatment for long-term mental illness

Intake representatives are available 24 hours a day to schedule appointments for assessment. St. Luke's Behavioral Health Center does not have an Emergency Department and does not offer emergency services.

Call 602-251-8535 or 800-821-4193 to schedule an appointment for a free assessment.
stlukesbehavioralhealth.com



Teen musicians in drug treatment win 2012 GRAMMY® experience

Two teens with powerful stories about their experience in drug treatment have been awarded the top distinction in the MusiCares® and GRAMMY Foundation's® Teen Substance Abuse Awareness through Music Contest. The annual contest was created to celebrate *National Drug Facts Week* and is coordinated by the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health.

The contest was open to teens ages 14-18. Entrants were asked to compose or create an original song and/or music video that explores, encourages, and celebrates a healthy lifestyle or accurately depicts a story about drug abuse. Composers of all three winning entries will have the opportunity to attend the 54th Annual GRAMMY Awards Backstage Experience®, a special backstage tour while artists rehearse for the live GRAMMY Awards® show early in 2012. NIDA partnered with MusiCares® and the GRAMMY Foundation®, the two nonprofit organizations of The Recording Academy®, to raise awareness about drug abuse.

"This innovative contest has once again brought the music education mission of the GRAMMY Foundation® and the addiction recovery mission of MusiCares® to teens across America," said Neil Portnow, president/CEO of the GRAMMY Foundation®, MusiCares®, and The Recording Academy®. "We received even more entries this year than last, and were impressed with the power and honesty of their lyrics. All entrants are to be congratulated, and we encourage them to keep making music."

The first place winners, Harvie and Amanda, are two teens currently in treatment1 at the Phoenix House Academy in Los Angeles. Their entry, an original song entitled "Like a Phoenix in the Air," chronicles their feelings about being teens in drug treatment and their desire to rise above their addictions "even with a broken wing." The song ends with the lyrics "Cuz I may fall one hundred times before I sleep, but I promise you I'll get back up tomorrow."

"The winning song reflects the hope that

treatment brings, especially to young people who have so much potential to change their life course," said NIDA Director Dr. Nora Volkow. "This songwriting team brought incredible emotion to their personal journey that hopefully will encourage others to seek treatment for substance abuse problems."

The second place winner also created his song while in treatment. Kevin Simmons wrote "My Life" while at the Healing Lodge of the Seven Nations, a residential center in Spokane Valley, Wash., that makes the "self revealing nature" of music and poetry part of treatment. Kevin told his story of addiction and recovery through powerful lyrics that included, "My life was over until I got sober, but I found another way to get through life." In a video essay, Kevin added that "Whenever I have a bad day I go to my room with a pencil and paper and write down how I feel."

The third place winner is 14-year-old Grant Davis, a student at Silver State High School in Carson City, Nev. In his entry, "Just a Child," the young lyricist referenced his experience growing up in a family dominated by his older sister's struggle with addiction. He created a haunting but hopeful composition that included the lyrics, "You were not supposed to be in charge of the world created for me."

MusiCares® and the GRAMMY Foundation® provided a panel of judges that included musical artists, while NIDA provided technical expertise in the judging process. Points were given for accurate depictions of subject matter. The winning entries can be seen and heard at: <http://drugfactsweek.drugabuse.gov/contestWinners.php>. Follow what NIDA's doing for National Drug Facts Week on Twitter with @NIDANews or #DrugFacts2010.

The full names of the first place winners are withheld for confidentiality purposes. Their song, however, can be heard at: <http://drugfactsweek.drugabuse.gov/contestwinners.php>.

(Source: <http://www.nida.nih.gov/news-room/11/NR11-07.html>)

When You Need Help

PHOENIX /VALLEY AREA

ACT Counseling & Education	602-569-4328	Rape Hotline (CASA)	602-241-9010
AZ NicA	480-990-3860	Remuda Ranch	800-445-1900
Alcoholics Anonymous	602-264-1341	Runaway Hotline	800-231-6946
Al-Anon	602-249-1257	Scottsdale Intervention	480-588-5430
ACA	602-241-6760	Sexaholics Anonymous	602-439-3000
Anasazi Foundation	480-892-7403	Sex/Love Addicts Anonymous	602-337-7117
Aurora Behavioral Health	623-344-4400	Sex Addicts Anonymous	602-735-1681
AZ Office of Problem Gambling	800-NEXTSTEP	SANON	480-545-0520
AWEE	602-258-0864	Sober Living of AZ	602-478-3210
Banner HELP LINE	602-254-4357	Suicide Hotline	800-254-HELP
Bipolar Wellness Network	602-274-0068	St. Lukes Behavioral	602-251-8535
CCARC	602-273-9999	Step Two Recovery Center	480-988-3376
Cocaine Anonymous	602-279-3838	Teen Dating Violence	800-992-2600
CoDA	602-277-7991	TERROS	602-685-6000
COSA	480-232-5437	Valley Hosptial	602-952-3939
Commun. Info & Ref	602-263-8856	WINR	480-464-5764
Community Bridges	480-831-7566	Workaholics Anonymous	510-273-9253
Cottonwood de Tucson	800-877-4520		
Crisis Response Network	602-222-9444		
The Crossroads	602-279-2585		
Crystal Meth Anonymous	602-235-0955		
Emotions Anonymous	480-969-6813		
EVARC	480-962-7711		
Gamblers Anonymous	602-266-9784		
Greater Phx. Teen Challenge	602-271-4084		
Grief Recovery	800-334-7606		
Heroin Anonymous	602-870-3665		
Magellan Crisis Hotline	800-631-1314		
Marijuana Anonymous	800-766-6779		
The Meadows	800-632-3697		
Narcotics Anonymous	480-897-4636		
National Domestic Violence	800-799-SAFE		
NCADD	602-264-6214		
Nicotine Anonymous	877-TRY-NICA		
Our Common Welfare	480-733-2688		
Office Problem Gambling	800-639-8783		
Overeaters Anonymous	602-234-1195		
Parents Anonymous	602-248-0428		
Psychological Counseling Services (PCS)	480-947-5739		
The Promises	866-390-2340		

TUCSON

Alcoholics Anonymous	520-624-4183
Al-Anon	520-323-2229
Anger Management Intervention	520-887-7079
Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cottonwood de Tucson	800-877-4520
Crisis Intervention	520-323-9373
Information Referral Helpline	800-352-3792
Half-Way Home	520-881-0066
Narcotics Anonymous	520-881-8381
Nictone Anonymous	520-299-7057
Overeaters Anonymous	520-733-0880
Sex/Love Addicts Anonymous	520-792-6450
Sex Addicts Anonymous	520-745-0775
Sierra Tucson	800-842-4487
The S.O.B.E.R Project	520-404-6237
Suicide Prevention	520-323-9372
Surv. of Incest Anonymous	520-881-1794
Tucson Men's Teen Challenge	520-792-1790
Turn Your Life Around	520-887-2643
Workaholics Anonymous	520-403-3559



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Down to Earth

WITH DR. MARLO ARCHER www.drmarlo.com

What *IF* this was your last year?

There are a variety of colorful theories floating around about what 2012 might bring, some of which suggest the world will cease to exist. Certainly, if you believe any of those theories to be true, you are now facing what will be your last hurrah here on the planet. However, if you are among the skeptical, who think we'll all still be kicking around this big, blue marble in 2013 and for many decades to come, it is still a novel experiment to spend some time thinking about what you would do if your time here was suddenly limited to another month or another year.



all still around next year, you have a clear picture of what's really essential.

As you look through your list, there are certainly some things that would be best left undone, particularly if the world doesn't end.

Telling your current boss that you think he's a blockhead might not be a great idea if you'll still need to be working in 2014. A surprise visit to an old boyfriend could have a devastating effect on your current marriage.

Trying skydiving might be too risky an endeavor for a parent of three to attempt if the world isn't actually coming to a close.

However, even as you look at the items on your list that should not be attempted, it still gives you some clarity about your wants, your needs, your desires, your goals, your hopes, your dreams. Things that get forgotten during the monotony of day-to-day living. To remind yourself that your boss really is a blockhead can remind you to spend some time looking for another job. To have that yearning for the fire of a youthful relationship may spark up some romance in the one you've got, and to be aware that you still have dreams of doing thrilling things may cause you to try some of the safer adventures you've been putting off. Maybe you won't actually sky-dive, but perhaps you'll take a helicopter ride or try zip-lining if those seem less risky.

In any case, as the New Year approaches, take a moment and ask yourself what you'd like to be different about next year, in the event that it happens to be your last. Then do that every year for the rest of your life. The results might just amaze you.

Dr. Marlo Archer is a licensed psychologist specializing in working with kids, teens, and their families. She can be reached at www.DrMarlo.com or 480-705-5007. Follow Down To Earth Enterprises on Facebook or DrMarloArcher on Twitter.



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*Discount offers available; call for details

Campaigns: Addiction Recovery Insurance Equity

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

On October 3, President Bush signed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 into law as part of the Emergency Economic Stabilization Act (HR 1424). The law will begin to end the insurance discrimination facing people with addiction and mental illness.

Exercise Your New Rights and Benefits

The Parity Toolkit for Addiction and Mental Health Consumers, Providers and Advocates: Simplifying the Appeals Process: Strategies for Winning Disputes with Your Health Plan is a new resource from the Parity Implementation Coalition. Learn all about the law - including how to file complaints and appeal denied claims if you need to.

For more information about the Parity Implementation Coalition (Faces & Voices is a member), go to www.mentalhealthparitywatch.org.

June 21, 2010

A legal victory in the U.S. District Court of the District of Columbia moves us one step further in implementing the Wellstone-Domenici law. Judge Colleen Kollar-Kotelly has dismissed the lawsuit brought by some managed behavioral health care organizations who unsuccessfully argued that the regulations issued in February violated the original intent of the law.

March 31, 2010

The Parity Implementation Coalition issued a press release with information from an analysis of the final parity regulations that found that health plans must offer a range and scope of addiction/mental health services on par with medical services, but that they can apply equitable cost containment.

Tell Us How It's Working!

We encourage you to share your personal experiences with the new law - what's working and what's not. We need your help to inform members of Congress about whether or not the Wellstone-Domenici Act is making it possible for more people to get the help they need to recover. Are there steps that need to be taken to strengthen the law and improve enforcement? Is your health plan making it easier to access the services that you or family members need?

Has your health plan improved coverage for addiction and mental illness by eliminating treatment limitations or having a lower deductible?

• Has your health plan dropped coverage that it previously offered for addiction and mental illness treatment?

• Is your health plan still imposing an arbitrary limit on covered inpatient days or outpatient visits?

• Is your health plan applying a separate lower deductible or higher cost sharing for outpatient addiction services?

• What's the name of your health plan?

• What type of plan do you have? (group health plan, self-funded health plan)

• Does the company you work for have more than 50 employees?

• What specific problems are you experiencing in getting coverage for treatment for mental illness and addiction?

Is there other information you'd like to let us know about?

Email info@facesandvoicesofrecovery.org or mail to MHPAEA, Faces & Voices of Recovery, 1010 Vermont Ave. NW #618, Washington, DC 20005.

Tell Us if You've Been Denied Coverage

If you've been denied coverage, we'd like to know more about your experience. Answer the questions below along with any supporting documentation.

- Short summary and reason for denial
- Date of Service
- Health Plan Summary of Service (Please include MH/SU and Medical/Surgical)
- Explanation of Benefits
- Written reason for denial provided

Email info@facesandvoicesofrecovery.org or mail to MHPAEA, Faces & Voices of Recovery, 1010 Vermont Ave. NW #618, Washington, DC 20005.

Three federal agencies are involved in carrying out the law: the US Departments of Health and Human Services, Labor and Treasury. For more information about the law, go to the Faces & Voices web site at www.facesandvoicesofrecovery.org/about/campaigns/equity.php.

DRIVE HAMERED... GET NAILED

about the laws’ impact on drug users, bystanders, paramedics and police.

A research team at the University of Washington is studying the impact of Washington State’s Good Samaritan law, which not only provides this legal immunity, but also allows the prescribing of an opioid antidote medicine, naloxone (Narcan), to drug users and their partners. The law states a person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual suffering from an apparent opiate-related overdose.

New Mexico and New York have similar laws and others are currently working on passing such legislation. About 15 other states also have programs to distribute naloxone, which can help a person who has stopped breathing because of an opiate drug overdose (heroin or prescription-type opiates) to breathe more normally.

With a grant from the Robert Wood Johnson Foundation’s Public Health Law Research Program, Caleb Banta-Green, of the Alcohol and Drug Abuse Institute, with University of Washington colleagues Patricia Kuszler and Phillip Coffin, are investigating how the law is affecting heroin overdoses in Seattle. The study examines the legal intent, implementation and outcomes of the law. Ultimately they will report on how the law is impacting overdoses and 911 calls.

Under the law, passed in 2010, immunity does not extend to outstanding warrants, probation or parole violations, drug manufacture or delivery, controlled substances homicide or crimes other than drug possession.

Law enforcement and prosecutors’ associations initially opposed the law, thinking it was unnecessary because people are rarely arrested or prosecuted for drug possession during overdoses. However, as they heard from their constituents, such as campus police supportive of alcohol Good Samaritan laws, and learned about the dramatic increase in the use and abuse of pharmaceuticals by people across the age spectrum, they became supportive. “The law gives legal cover to what’s been standard practice for a long time,” Banta-Green says. Legislators and organizational stakeholders agreed that framing the law as a public health issue, not as a legal issue, was also key to its passage.

As part of Banta-Green’s research, drug users, police officers and paramedics were asked about the frequency with which they encounter overdoses. They were also questioned about whether they’d heard of the law, whether they had a correct understanding of it and how they thought it would change their future actions during an overdose.

A survey conducted this year by Public Health-Seattle and King County found that 42 percent of heroin users had witnessed an opiate overdose in the prior year and 911 was called in half of the cases. Police responded along with medics 62 percent of the time, but just one person was reported to have been arrested at the scene of an overdose. Only one-third of heroin users had heard of the Good Samaritan law. According to the survey, 88 percent indicated that now that they were aware of the law, they would be more likely to call 911 during future overdoses.

Nutrition in Recovery: The Power of Pigment

By LISA MacDONALD, MPH, RD, Director of Nutrition Services at Cottonwood Tucson

When Chef Serna and I first began discussing this article, he indicated that he would like to present a recipe featuring pomegranate, as it is now in season. My intention then became to write an article focusing on the nutrition properties of pomegranate. After Chef Richard provided me with this smoothie recipe I decided it would be short-sighted to focus only on pomegranate. This smoothie is packed full of nutrient dense foods. Often in the health industry and certainly in our culture we look for that magic bullet, the one food that will be the end all, solve all to all of our health concerns. The popularity of and health claims associated with pomegranate juice, gogi berry juice and acai juice are all examples of this quest for the magic bullet. Unfortunately, there is not a magic bullet. If we eat only one food, we miss out on all the nutrition properties of other foods.

Around the world, low fat diets rich in fresh produce contribute to longer, healthier lives. Inclusion of colorful fruits and vegetables is a key feature of any diet for optimum health. These fruits and vegetables contain disease fighting compounds called phytochemicals that work as antioxidants. “Phytochemicals” and “antioxidants” are million dollar nutrition words that get bounced around in the media without much explanation. Phytochemicals are minute substances in plants that may reduce the risk of cancer and heart disease. Antioxidants are compounds that combine with oxygen to prevent oxygen from destroying important substances such as unsaturated fats in cell membranes, DNA and other cell parts. There are many phytochemicals found in the berries and in the pomegranate in this recipe, one of which is very much related to the color or the pigment of the fruits. The red and blue fruits contain the pigment anthocyanin which acts as an antioxidant.

Nutrition experts recommend eating at least 2 cups of fruit daily. Aim to eat something red, orange-yellow, green and blue-purple everyday. This recipe is a delicious way to take care of the red and blue-purples. Don’t forget to include the other colors at some point in the day.

Lisa MacDonald, MPH, RD is the director of Nutrition Services at Cottonwood Tucson. Lisa is a Registered Dietitian with expertise in nutrition education, weight management and eating disorders. She has worked in a managed care organization, a public health agency and in the health and wellness/spa setting. Lisa is committed to scientific integrity and the “non-diet” approach to weight management.

For more information on the programs offered at Cottonwood Tucson, visit www.cottonwood.com or call (800) 877-4520.

The Recovery Chef

By EXECUTIVE CHEF RICHARD SERNA



(Makes 2 cups; 4 - ½ cup servings)

- ¼ cup raspberries (frozen or fresh)
- ¼ cup blackberries (frozen or fresh)
- ¼ cup strawberries (frozen or fresh)
- ½ cup blueberries (frozen or fresh)
- ¼ cup plain yogurt
- 2 tsp flax seed (ground)
- 1½ tbsp honey
- 1 tbsp water
- 1 whole banana
- ¾ cup ice
- ½ cup fresh pomegranate seeds

Instructions:

Combine all ingredients except for the pomegranate seeds into a blender. Blend on low until all ingredients are well blended and ice is incorporated. Remove from blender; mix in the pomegranate seeds saving a few to garnish the on top. Add a ½ cup of the mixture into each glass, garnish with the remaining pomegranate seeds and enjoy!

*All Nutritional Facts estimated by ESHA Research SQL Food Processor Programs

Vitamin A 0%	•	Vitamin C
Calcium 2%	•	Iron 2%
*Percent Daily Values are based on a 2,100 calorie diet. Your daily values may be higher or lower depending on your calorie needs:		
		Calories: 2,000
Total Fat	Less than	65g
Saturated Fat	Less than	20g
Cholesterol	Less than	300mg
Sodium	Less than	2,400mg
Total Carbohydrate		300g
Dietary Fiber		25g
Calories per gram:		
Fat 9 • Carbohydrate 4 • Prot		



Chef Richard Serna serves as executive chef at Cottonwood Tucson. Cottonwood is a dual diagnosis rehabilitation facility that wanted to foster a holistic approach to recovery. As any chef knows, health begins with what you eat. Richard has completely revitalized the culinary program at Cottonwood in only two years. He became sous chef for Chef Cary Neff at Miraval Life in Balance Spa, which was voted the #1 spa in the world while he was there. Next he was the sous chef at Enchantment Resort in Sedona. He ran the sushi bar at AJ’s Fine Foods, attended the culinary program at Pima Community College, and did his internship at the Anaheim Hilton.

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The Five D's of Smoking Cessation

Nicotine withdrawal is an intense phase of smoking cessation. It can include everything from physical symptoms that mimic illness to feelings of sadness and seemingly nonstop thoughts of smoking.

Understanding what to expect when we quit smoking and having a plan to manage the discomforts that come with early smoking cessation keep us in control and headed for long-term success.

The Five D's of Smoking Cessation

The Five D's are a handy tool that will help you quickly respond to smoking urges in a healthy way.

- **DELAY** until the craving to smoke passes. Most urges come and go within a three- to five-minute span.
- **DISTRACT** yourself. Shift your attention away from thoughts of smoking -- go for a walk around the block or work on a crossword puzzle. Distraction effectively stops the unhealthy mindset that enables thoughts of smoking.
- **DRINK** water to beat cravings to smoke. It works surprisingly well, and good hydration has the added benefit of helping us feel better overall.
- **DEEP** breaths help you relax and let the stress of early smoking cessation go. Close your eyes and breathe in slowly for a count of three and exhale for a count of



three. Repeat and you'll begin to feel your body release the tension it's holding.

- **DISCUSS** your feelings with someone close to you or with other ex-smokers using the support forum at About.com Smoking Cessation or visit www.ashline.org.

There is nothing better for a person's resolve than connecting with those who are walking the path alongside us, or hearing from those who have navigated smoking cessation successfully.


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LIFE 101

By COACH CARY BAYER www.carybayer.com

Car Crashes, Meditation and Grace Under Pressure

I know, you're thinking—what does Cary have in mind, linking meditation with car crashes. If you're in a crash, and you've called the police and your insurance company, and exchange licenses and insurance cards with the other motorist, you'll find yourself waiting for the police to arrive. Meditating in your car until they get there can release some of the trauma that you've been through, and can keep your mind clear for all the questions that you'll soon need to answer.

The average driver who is minding his own business and is then rear-ended by a motorist who isn't paying proper attention can easily be consumed with anger. But no amount of anger can possibly change such circumstances; a good amount of meditation, however, can change how you react to those circumstances.

Meditation can also help you tap spontaneously into the Zone, that delightful "grace under pressure" presence of mind that effortlessly enables you to do precisely what you need to do under difficult conditions. This might include making sure that you and everyone else affected by the accident is okay physically and emotionally, and to make the proper phone calls and information exchanges. Anger might provide an understandable release; compassion and grace under pressure, however, provide you with understanding.

Just Cruising

I was cruising down I-95 recently, in southern Maryland, after giving a prosperity class at a Unity church near Annapolis. I was driving to, of all places, a meditation lecture that I was about to give in northern Virginia. My GPS informed me that I would arrive about an hour and a half early — time, in fact, to meditate and have a bite to eat. My plans were working perfectly. Funny thing about the best-laid plans of mice and men — they don't always work. I have a sign on my desk that reads, "Want to make God laugh? Talk about your plans." My GPS, even with its heavens-eye view, couldn't take into account what was just moments away in my future.

Traffic was moderately heavy on I-95 and, all of a sudden, the traffic pattern had necessitated a full stop on the highway. I saw the car in front of me suddenly break, so I did the same. The motorist behind me, unfortunately, didn't — or didn't in time — and he crashed into me at a pretty high speed. I suffered injuries to my back, neck, shoulder, and arm, and my beloved new Prius was taken to the

auto hospital for a month of intensive care that totaled more than \$8,300.

With the delay caused by the accident, the towing of my car, the rental of a new car, etc. there was now no way that I could get to the venue on time. Unless, of course, I was Superman and could fly there—but Superman is more of an archetype of our inner potential than he is a demonstration of what we can physically do. (If this idea intrigues you, catch my classes—"Christ, Superman, & You," "Zen Teachings of Superheroes," or my two mini-books on superheroes at <http://carybayer.com/the-popular-culture-series.html>)

I called the producer and she, in turn, called the people registered for the talk; half of them were able to make it when I'd be able to—about an hour and a half late. And so I gave a talk on the Higher Self Healing Meditation that I founded in 2010 after teaching Transcendental Meditation to hundreds of people for three decades. And I told them that grace under pressure is a sign of a high state of consciousness, and your higher Self awakens through the regular practice of the meditation that I was describing.

Half of the people who came signed up to learn and they are now cruising along on the highway of their evolution. It looks like smooth sailing for them, but, if they're suddenly rear-ended or blind-sided by cars or other events, they now have a tool that will keep their nervous systems fresh as a daisy.

And that will allow each of them to act like their teacher before them; namely, with grace under pressure, with their higher Selves waking up in crisis, rather than their lower selves reacting in anger.

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- Thoughts of Suicide, Hopelessness /Helplessness
- Personality and Thought Disorders

Where healing starts and the road to recovery begins.

for SERENITY to convey the horror of addiction and the beauty of sobriety. What followed were hundreds of hours of conversation, practice, planning, pain, sadness, happiness, despair, hope, laughter, tears, negativity, positivity, brick walls, closed doors, screaming, kicking and — finally — success, including the support of many of the masters of metal who make their appearance on this CD.

Our message is that addicts can win their struggle with addiction, that a life lived sober can be infinitely more rewarding, and that those dealing with an addict should never give up hope. Always love, always encourage, and never let despair get in the way.

SERENITY is our gift to the millions of people looking for a way out of the dark. May you find the light, and may it shine forever.

SERENITY's Rewards

If you are an addict, SERENITY is as near as you desire it to be. Once it's found, it's whole and complete and more powerful than any drug you have ever tried. Keep trying, keep hoping, keep your mind on the day and sometimes the minute at hand. You will achieve greater things than you ever dared to imagine.

If you are the loved one of an addict, always encourage but never enable. Always believe, but not so much that you start to forget who you are or start to take yourself for granted. You must be strong during the storm and take shelter for yourself first. Then you can begin to build a foundation for yourself and those you want to help - if and only if, they want it. You can't convince anyone to get sober, but you can be there when they try.

These are lessons that SUPER STAR and ROCK STAR learned on the journey that culminated in this CD. Both had prosaic careers before addiction — and inspiration led them to make SERENITY. SUPER STAR was a computer consultant who lost it all in an endless procession of crack houses and worse. ROCK STAR ran his own web design business.

The magic started to happen when SUPER STAR finally resolved to use the tools he learned in rehab to climb out of the gutter. Together, the Star brothers conceived of the SERENITY project and convinced many of the luminaries of the metal world to lend their talents to the CD. They reached for the stars and they succeeded beyond their wildest dreams - solid proof in the power of sobriety to mend a broken life and send it soaring.

Today, SUPER STAR and ROCK STAR pay it forward. They have found that it's the only way to live. Life CAN be great and all of your dreams CAN be accomplished, providing you stay on the right path, treat others with respect, work hard, love one another, be responsible, ALWAYS ask for help when you need it, and extend a hand to help those who are struggling to help themselves.

If you want to contact us, go to www.rockstarsuperstarproject.com. We answer all mail and can help point you in the right direction for any help that you may need.

If you are a student and want us to come to your school to talk about the ROCK STAR /SUPER STAR story, email us at bookings@rsshworldwide.com

The ROCKSTAR SUPERSTAR PROJECT and the Story of Serenity

Many of us don't like to be lectured. Many of us don't like to read a book. But most of us love music. And now there is SERENITY, the first music CD dedicated to combating addiction: because we believed that the lan-

guage of music would reach addicts unable to take the helping hands offered them through other channels.

The SERENITY story begins with twin brothers. One was struggling with a drug ad-



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diction that nearly killed him; the other was struggling with what to do about it. This was the dynamic between SUPER STAR and Rock Star for nearly 15 years.

Then one day, after two stints in rehab and years of leaving nothing but disaster, overdoses and heartbreak in his wake, SUPER STAR had an epiphany. He decided to pick up the pieces from his trail of devastation and, with ROCK STAR's help, forge a new path for himself and fellow addicts using music as the compass.

The brothers set out to write the songs

NCADD

The National Council on Alcoholism and Drug Dependence

One Agency –Three individual Programs for Women

- Intensive Outpatient Therapy-Group therapy for addictions, facilitated by LISAC Counselors. Clients receive one-on-one, family and couples counseling as needed**
- Weldon House-Supportive Housing for mothers with children. Women already in our IOP needing safe housing for themselves and their children.**
- Healthy Connections for Moms-to-Be-Case Management and service referrals for pregnant women with addictions**

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Recovery Resources

RECOVERY SERVICES

ACT Counseling	602-569-4328
Alcohol Recovery Solutions	480-496-9760
Amity Foundation	520-749-5980
AZ. Dept. of Health	602-364-2086
Office of Problem Gambling	800-NEXTSTEP
Aurora Behavioral Health System	623-344-4444
Banner Health Helpline	602-254-4357
Celebrate Recovery with	
Chandler Christian Church	480-963-3997
Celebrate Recovery Glendale	602-620-4076
at CrossPoint Christian Church	
Chicanos Por La Causa	602-233-9747
Clean and Sober Living	602-540-0258
Clean Adventures	877-442-8767
Community Bridges	480-831-7566
Community Bridges Access to Care Line	877-931-9142
Cottonwood de Tucson	800-877-4520
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Complete Testing Solutions	480-507-2307
Decision Point Center	928-778-4600
Dr. Dan Glick	480-614-5622
Dr. Dina Evan	602-997-1200
Dr. Janice Blair	602-460-5464
Dr. Marlo Archer	480-705-5007
Dr. Mamiko Odegard	480-391-1184
English Mountain Recovery	877-459-8595
Franciscan Renewal Center	480-948-7460
Gifts Anon	480-483-6006
Glenstone Village	520-647-9640
Hospice of Arizona	602-678-1313
Intervention ASAP	602-606-2995
Geffen Liberman, LISAC	480-388-1495
Magellan of Arizona	800-564-5465
MASK	480-502-5337
The Meadows	800-632-3697
NAATP	717-392-8480
NCADD	602-264-6214
NotMYKid	602-652-0163
Pathway Programs	480-921-4050
Phoenix Metro SAA	602-735-1681
Promises	866-390-2340
Psychological Counseling Services (PCS)	480-947-5739
Remuda Ranch	800-445-1900
River Source-12 Step Holistic	480-827-0322
Run Drugs Out of Town	480-513-3909
Sage Counseling	480-649-3352
Scottsdale Intervention	480-588-5430
Seabrook House	800-761-7575
SLAA	602 337-7117
Sober Living AZ	602-478-3210
Sundance Center	480-773-7329
Sex Love Addicts Anonymous	520-792-6450
St. Luke's Behavioral	602-251-8535
Teen Challenge of AZ	800-346-7859
Turn Your Life Around	520-887-2643
TERROS	602-685-6000
Valley Hosptial	602-952-3939
WINR	480-464-5764

FINANCES / TAXES

First Arizona Credit	602-248-0203
Suzie Adams – Taxes	602-277-0521
Bernie Scarborough CPA	480-540-8628

LEGAL SERVICES

Dwane Cates	480-905-3117
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REAL ESTATE

LaRae Erickson	602-625-9203
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RESOURCE DIRECTORY LISTINGS

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